nock

			(F	ursuant	to NJAC	8:60 an	d 12:120	0)			Edward C. P				
Date of Notification (1)					of Building as Realt		Operator	(2)	***************************************		AP	R 2	3 7	2018	the safe our plant and a
Agencies Notified	Type Notification				Address rensch [	Drivo		-			Accio	11.5 11.7 M		7:.7	寸
EPA DEP	Initial  Amended	3	ŀ		ate, Zip Co					f	Present				
X DOL	Amendment Emergency		[	New N	Milford, I	NJ 076	46								
DOH DCA	justification)	20 70			f Contact ekdas						ephone Nu 1-221-68				
Land					ILITY INF	ORMATI	ION			20	1-221-00	10			
Name of Facility Where	Abatement is Takir	g Place (3	3)					Тур	e of Facility	(4)					
Street Address	-								School (K- Subchapte	r 8 (Oth			<b></b>	b	
241-251 Crooks Av	e							×	Other (i.e. etc.)						es,
City (5) Paterson									uare Feet ,000	# of	Floors	100	inkno	COLUMN TO A STREET	
County (6) Passaic County				County (STATE	Code (7) USE ONLY	,			rrent Use (Pri mmercial				е		
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCA	A No.				batement Co Demo & E			Servi	ces L	LC	
Street Address							Street 6207		ress dson Ave						
City, State, Zip Code								Zip Code w York, N.	J 0709	3					
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 201-3		No. -3820		License N 01354	lo.				
Start Date (10) 4/3/2018			noletion 201	Date (11)		Name N/A	of O	SHA Monitor							
Occupancy Status During	g Abatement (Chec	k Only Or		100	0		Street	Addı	ess						$\dashv$
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Nom	Period of A	Abaten / Hour	nent s			City, S	tate,	Zip Code		-				
Scope of Work (Check A	Il That Apply)				-										-
≥3 sf or ≥3 if ≥160 sf or ≥260 if	20.00 0000	The state of the s	Renova Demolii				×	N	full Containm fini-Enclosure Blovebag Pro- Ion-Exempte	e cedure	•			e	
		Is	Locat	ion								T	Abate	ement	
Location Asbestos-Containing			Normal ed Sole				scription					-	1 1 1	pe	
TO BE AB/ In Facil (13)	ATED	Ma	intena todial ( (12)	nce/		thermal surface		inst T, or		(S	nount pecify gr LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		6	
Roof		-	X	-			ng Mat				00 sq ft	X			
Roof	X	_		oof Fla					5 In ft	X			_		
Inside at C	X	-	The	rmal Sy	/stem I	Insu	ilation	150	0 In ft	X	_				
Name of Registered Was	te Hauler		IN	JDEP W	laste	Cubic '	Yarde		Name of	Register	red Landfill		L		$\dashv$
Rovic Transport		Н	lauler ID 0785	300	of Was 25-30	ste		Conest							
City, State Riverdale, NJ						Dispos 4/14/1	al Date	27	City, Stat		PA				
Completed by Dean Schaffer		Title Proje	ct Ma	anager			ignature		TA		Da 🕹		118	,	
AND THE RESERVE OF THE PARTY OF								T				-	-	-	

		١,	ursuan	L TO NOAC	0.00 and	1 12.12	20)		1111	Contract of the		- 1		77
Date of Notification (1) 4/19/1	8		Name of PSE8	of Building kG	Owner/C	perato	r (2)		1	APR	2 3	20	18	
Agencies Notified Type Notification  EPA Initial				Address HADLE	/ ROAD	)			1.4 121	— ALL	la si	20		
DEP Amended Amendment		_		ate, Zip Co TH PLAII		), NJ (	07080	0		F				N
□ DOH     □ DCA     □ Emergency justification)     □ DCA     □ Cancellation	including		Name o	of Contact	J G	2;β	SE	N	Tel	ephone Nur	mber	19-	21	23
N			FAC	ILITY INFO	ORMATIO	NC								
Name of Facility Where Abatement is Takin	g Place (3)						Туре	of Facility School (K-	2005 2005	79 June 1 (2003) Harmon (1902)	=			
Street Address 444 SAINT	PAUL		4 V/=	•			×	Subchapte	r 8 (Oth	er than K-12 & commerci		dings	, home	es,
City (5) JERSEY C			110					are Feet	100000000	Floors	1 1	Bldg. A		7
County (6) HUDSON	17			Code (7) USE ONLY	)		Curr	2,000 ent Use (Pr	ior if bei	ng demolish	ned)		201	
Name of Monitoring Firm Hired by Building (	Jupar (9)		-04100-10-1	M No.		N	[	GAS	HE	EADG	UA	RI	EK	3
ENVIRONMENTAL TACTICS	owner (o)		004					atement Co SYSTEM			A INC	;		
Street Address 64 BROAD STREET							Addre WHI	ess ΓΕΗΕΑD .	AVE.					
City, State, Zip Code MATAWAN, NJ 07747								Zip Code RIVER, N	1 0888	2				
Project Manager for Monitoring Firm TOM GEIGER			Telepho	one No. 90-2217		Telepi	hone N	10.		License N	0.			
Start Date (10) 4/10/10	Scheduled		npletion	Date (11)		Name	of OS	HA Monitor		25.31.31.70.70				
Occupancy Status During Abatement (Check	Only One	10	281	18			Addre	SYSTEM	S OF A	AMERICA	INC			
Facility Closed/Vacated During Entire P	eriod of Ah	aten	nent			396	WHIT	EHEAD,	AVE.					
Abatement Performed Outside of Norm Other – Describe:	S Facility F	lours	•		_			ip Code RIVER, N	J 0888	2				
Scope of Work (Check All That Apply)	-													
≥3 sf or ≥3 If ≥160 sf or ≥260 If	_	nova molit					- Min	II Containm ni-Enclosure ovebag Pro	e cedure	100 m				
	le I	aaati					NO.	n-Exempted	d (*) and	Non-Friabl			ement	$\dashv$
Location of	No	ocati rmal	ly		Desc	cription	of					Ту		
Asbestos-Containing Material (ACM)  TO BE ABATED	Used Main				os Conta thermal s	ining N	1ateria			nount	_		m	m
In Facility (13)	Custo	dial S (12)	Staff?	(1.6.	surfaci	ng, VA	T, or	ation,		pecify or LF)	Remova	Repair	icaps	Enclosure
(13)		No	N/A		other mi	scellar	neous)				oval	air	Encapsulate	sure
Roo F		X_		ACM	Roofi	09	MAT	ERIALS	12.	05F	X			
						/								
Name of Registered Waste Hauler	Ni	97.93	JDEP Wauler ID		Cubic Y of Wast			Name of	Register	ed Landfill				
ETGI					APPY	- 8	0	FAIRLE	SS					
City, State ELIZABETH, NJ					Disposa	I Date		City, State MORRI		 F PΔ				
Completed by	Title					nature	1	/	1	Dat	е .	,	,	
CAROL RAIMO	OFFICI	ΕM	GR.		0.8	2	ar	alka	in.	20	4/	17	//8	8

CK # 8857

PEN	Print Form
1 - 10	1 111161 01111

Date of Notification (1)		-	Name	of Building (	)wner/(	Operato	r /2)	<u> </u>		in C	100		1
4/5/1	8		PSE		JWHEIT	operato	(2)				001	n	
Agencies Notified Type Notification	1			Address HADLEY	DOM	n			APR	2 3	201	ĕ	Botton
EPA Initial Amended				state, Zip Coo	200221802302					77. 7			1
■ Amendmen     ■ Emergency		_	SOU	TH PLAIN		D, NJ (	07080	F		1211.4534			
DOH justification Cancellation	)		Name	of Contact	) (	Z; B	SON		ione Nu		19.	2	112
Name of Facility Where Abatement is Takin	ng Place /2	)	FAC	CILITY INFO					29				~
PSE+G	ig Flace (3	))					Type of Facility						
Street Address	0, 1		A .	_			School (K	er 8 (Other ti	han K-1	2)		7	
444 SA:NT	PAUL	- /	4 VE	5.			etc.)	. private & co				M. 1 C. 10 / M. 1	nes,
JERSEY C	itx						Square Feet 52,000	# of Flo			Sldg.	- T	0
County (6) HUDSON	/		County	Code (7)			Current Use (P	rior if being	demolisi	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)			M No.		Name	of Abatement C	HE !	7 D C	u A	RT	ER	5
ENVIRONMENTAL TACTICS	50/1		004				QUE SYSTEM		IERIC	A INC			
Street Address 64 BROAD STREET							Address WHITEHEAD	AVE		- 110			
City, State, Zip Code					8	City, S	State, Zip Code						2010
MATAWAN, NJ 07747 Project Manager for Monitoring Firm			Teleph	one No.			TH RIVER, N						
TOM GEIGER	BEIGER						none No. 432-8350		cense N 1111	0.			
Start Date (10) 4/18/18	Schedule			Date (11)			of OSHA Monito		EDIO	INIC			
Occupancy Status During Abatement (Chec	k Only On	e)	10/	70	-		Address	15 OF AIVI	ERICA	INC	·-		
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of A	batem	nent				WHITEHEAD	AVE.					
Other - Describe: OUT Sook	S	nouis			- 1		tate, Zip Code TH RIVER, N	J 08882					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enova emoliti					Full Containn Mini-Enclosu	nent with Neg	gative P	ressur	e		
						×	Glovebag Pro	cedure	n-Friahl	e Pro	adur	۵	
		Location						( ) and ( )	ii i iiubi	1	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Used	ormall Solel	y by	Aspesto	Desc s Conta	cription	of aterial (ACM)	Amou	nt		Ту		
TO BE ABATED In Facility		ntenan			ermal s		insulation.	(Speci	ify	Ren	Re	Enca	Encl
(13)	-	(12)			other mi	iscellan	eous)	Or or c	-1 /	Removal	Repair	Encapsulate	Enclosure
D =	Yes	No	N/A	0.0	1							ю	
RooF		<u>X_</u>		ACM K	DOFIL	ug 1	NATER: ALS	120	5/	X			
									-Delile				
Name of Registered Waste Hauler			IDEP W		Cubic Y		Name of	Registered I	_andfill				
WASTE MANAGEMENT			125	/	200x	2	FAIRLE						
City, State ELIZABETH, NJ					Disposa	I Date	City, Sta	e ISVILLE, F	ЭΔ				
Completed by CAROL RAIMO	Title					nature	1	1		4/	/	/	
ON TOL TAINIO	OFFIC	E M	GK.			/	aral 80	in man		7/	5	1/8	8

no ck

Date of Notification (1)					Name	of Buildin	g Owner/Operator (	(2)			- 17:		1 1
4/	5 /	18	<u> </u>		0000		nmunicatins					and the same of	
Agencies Notified  EPA	Type Notific	ation				t Address	Avenue		APR 2	3	2018		has
□ DOLWD						State, Zip (							
⊠ DOH	Amendm	nent #	Rev#	<u>1-</u>			, NJ 08401		,				
DCA (NJAC 5:23-8)	4/19/18			20		of Contac			T-1-1		1115		
(NJAC 5.23-0)	☐ Emerger justificat		cluding	g	100000000000000000000000000000000000000		PT1		Telephone Num				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- 4-0		an Kings			201-256-516	6			
Name of Facility 2011		=			FA	CILITY IN	IFORMATION						
Name of Facility Where A Verizon Atlantic Cit		ı akınç	Place	(3)				Type of Facility ( ☐ School (K-12)	0.000				
Street Address		-			241-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			☐ Subchapter 8	(Other than K-12	)			
1609 Pacific Avenu	е							Other (i.e., pr homes, etc.)	ivate and commer	cial b	uilding	IS,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Atlantic City								-+75,000	7		+-50		
County (6)					Cou	nty Code (7	)(STATE USE ONLY)		or if being demolis	hed)			7
Atlantic								Verizon					
Name of Monitoring Firm	Hired by Buil	ding (	)wner	(8)	ASCM	No.	Name of Abateme						
ESIS							BRISTOL EN	VIRONMENTAL	., INC.				
Street Address	4 Oth El						Street Address						
10 Exchange Place, City, State, Zip Code	13" Floor						1123 BEAVE						
Jersey City, NJ 073	02						City, State, Zip Co BRISTOL, PA						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.				
Brian Kingsbury	12731				01-256		215-788-6040		00509				
Start Date (10)	9	Sched	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					_
ON HOU		_	/		/ .		BRISTOL EN	VIRONMENTAL	., INC				
Occupancy Status During	Abatement (	Check	only	one)			Street Address						
☐ Facility Closed/Vacate							1123 BEAVER	R STREET					
Abatement Performed Time of Abatement:						cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)						5,40,702,77	10007					-
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re	novat moliti			☐ Mini-Encl	Procedure					
						т	☐ Non-Exer	mpted (*) and Non	-Friable Procedur	е			
Location	of			Loca Norma						Ab	atem	ent T	уре
Asbestos-Containing N		1)	Use	d Sol	ely by	Asbes	Description of stos Containing Mat		Amount	Re	Re	En	E
TO BE ABA				intena	ince/ Staff?		, thermal systems i	nsulation,	(Specify	Removal	Repair	caps	Enclosure
IN Facility (13)	у		Ouo	(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
N 3			Yes	No	N/A		ottro: micociianet	, ,				e	
Basement Stairwell					$\boxtimes$	VAT and	d Mastic		100 SF				
1st Floor Storage Roo	m				$\boxtimes$	VAT and	d Mastic		375 SF				
7 <sup>th</sup> Floor and Loft					$\boxtimes$	VAT and	d Mastic		100 SF				
6th Floor Office					$\boxtimes$	Ceiling	Tile		8 SF				
Name of Registered Waste				100	JDEP V	A STATE OF THE STA	Cubic Yards of	Name of Registe	ered Landfill				
BRISTOL ENVIRONI	MENTAL IN	C.		F	lauler IE 18706		Waste	ACUA Hane	man Environm	enta	l Par	k	
City, State							Disposal Date	City, State			1000	112-31	
Bristol, PA							TBD	Egg Harbor	Township, NJ				
Completed By (Print or Type	pe)	Title					Signature	Λ .	Da	te	-		
Dillan DeCaro		Es	timat	or			Dellar	1 DiCaro	1 ML 1	1-10	9-1	8	



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

Ch# 3343

Date of Notification (1)					Man	an of Dullett	0 10		A LEAST THE PROPERTY OF THE PARTY OF THE PAR	Military was a series of	er derive – i — i	tertaintur	2754 V
4 / 5	/	18			1		ng Owner/Operator mmunicatins	(2)					
Ø EPA 8718	pe Notifica Initial Amended	d			16	et Address 609 Pacific State, Zip			AP	R 23	201	8	1
DOH 8701	Amendme		_	_	1		y, NJ 08401						
□ DCA (NJAC 5:23-8)	Emergen		udin	g		ne of Contac	5(0)		Telephone	NI	- , - , -		
1 10 250 10000	Cancellat	6.70				rian Kings			201-256	1.9	11.14.	e 1454	-
							NFORMATION		201-256	-5100			
Name of Facility Where Abat	ement is T	aking F	lace	e (3)		ACILIT II	NFORMATION	Type of Facilit	(4)				
Verizon Atlantic City C				. (0)				School (K-	7.00.000				
Street Address								☐ Subchapte	r 8 (Other than	K-12)			
1609 Pacific Avenue								Other (i.e., homes, etc	private and cor	nmercial	buildi	ngs,	
City (5)								Square Feet	# of Floors		Bldg.	Δαο	
Atlantic City								-+75,000	7		÷-5		
County (6)					Cou	inty Code (7	)(STATE USE ONLY)		Prior if being der	molished			
Atlantic								Verizon		1112345	,		
Name of Monitoring Firm Hire	d by Build	ling Ow	ner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9	9)				
ESIS							BRISTOL EN	VIRONMENT	AL, INC.				
Street Address							Street Address						
10 Exchange Place, 13t	h Floor						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Jersey City, NJ 07302							BRISTOL, PA	19007				9	
Project Manager for Monitorin	g Firm				phone		Telephone No.	-	License No	٥.			
Brian Kingsbury Start Date (10)	10	-11-1		1		6-5166	215-788-6040		00509				
_4_ / _19 / 18						ate (11)	Name of OSHA M						
	_					18	BRISTOL EN	VIRONMENTA	AL, INC				
Occupancy Status During Aba							Street Address						
☐ Facility Closed/Vacated Du ☐ Abatement Performed Outs	iring Entire	mal Fa	ot /	Abate	ment	oribo	1123 BEAVER						
Time of Abatement:	_AM	_PM/ <u>5</u>	:00	PM- <u>2</u>	:00AM	scribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that	apply)												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				novati			☐ Mini-Encl						
				Locat							baten	nent T	vpe
Location of Asbestos-Containing Mater	ial (ACM)	1		orma d Sole	lly ely by	Achaa	Description of				_	1	-
TO BE ABATED	iai (i toili)		Mai	ntena	nce/		tos Containing Mat thermal systems in	nsulation.	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)			usi	(12)	Staff?		surfacing, VAT,		SF or LF)	val	-	lusc	sure
(10)		Ye	es	No	N/A		other miscellaneo	ous)				ate	
Basement Stairwell						VAT and	I Mastic		100 SF		1		
1st Floor Storage Room						VAT and	Mastic		375 SF				
7 <sup>th</sup> Floor and Loft					$\boxtimes$	VAT and	Mastic		100 SF	×			
6th Floor Office			T		$\boxtimes$	Ceiling 7	Tile		8 SF				
Name of Registered Waste Hau	ıler			N.	JDEP V		Cubic Yards of	Name of Regis			10		
BRISTOL ENVIRONMEN	TAL INC.	•		(1000000	auler ID 18706	901 000 000 00 00 00 00 00 00 00 00 00 00	Waste		eman Enviro	nmenta	al Pa	rk	
City, State							Disposal Date	City, State					
Bristol, PA							TBD	Egg Harbo	r Township,	NJ			
Completed By (Print or Type)	Т	Γitle					Signature	^	10	Date		-	
Dillan DeCaro		Estin	ato	or			Dulan	De Caro,	/ gx	4-5	5-1	8	

CKUC 40014

Date of Notification	eral No	tification	of Asbe	stos Ab	atement (F	ursu	ant to NJAC 8:60-7 and	12:120-7)		0 6 7 K		1 7
	9	1 1	1 8	MAC	e of Buildin	ig Ow ORA	ner/Operator TE SERVICES	(17.5)				
-					71 0 00111	Oivi	TE OLIVIOLO					
Agencies Notified USEPA	Type o	of Notificat	ion		et Address				AP		3 20	18
X DEP	^	Initial Notification	n	/ WI	EST SEVE	NTH S	STREET	9				
X DCA/DOL		Amended		City,	State, Zip	Code		to a	-		-	27.51
X DOH		Cancellat	ion	CINC	CINNATI, O	HIO	45202					
									35			
				Nam	e of Contac	:t		Telephone Num	ber			
				TIA	VENRICH			513-579-7000				
				FACII	ITY INFOR	TAMS	TON	1313-379-7000				
Name of Facility Where	: Abate	ment is Ta	king Pla	ace			Type of Facility					V2.
MACY'S MONMOUTH	MALL					1	( ) School (K-12)					
Street Address						$\dashv$	( ) Sub-Chapter 8 (O ( X ) Other (I.e. private	ther than K-12)				
00 DOLLTE 05							buildings, homes,	etc.)				
80 ROUTE 35 City		0				SF	of Bldg.	# Floor		Age	e of Bldg	g.
nty		County		County State us		C	2000	00	3		50+	
ATONTOWN		MONMOU	ITH I		oc Only	Cu	rrent Use (prior if being d	emolished)				
ame of Monitoring Fire	m Hired	by Buildin	ng Owne	er	ASCM No	. Na	me of Abatment Contract	ог				
ennoni Associates Inc												
treet Address							M CONSULTING CORP.					
						Str	eet Address					
15 Grove Street Ste 18	3					215	0 STANLEY TERRACE					
ity, State, Zip Code						City	y, State, Zip Code					
addon Heights, NJ 080	035						ION NI CTOO					
roject Manager for Mor	nitoring	Firm	Te	elephone	No.	Tel	ION, NJ 07083 ephone Number	Il ionnan Number				
						1.0	ephone Number	License Number				
D BE DETERMINED cheduled Start Date			TO BE	DETER	RMINED		-687-1008	0057	5			
crieduled Start Date	(	Scheduled	Comple	etion Da	te	Nar	me of OSHA Monitor					
5 2	2018	5	15	2018		FM	SL ANALYTICAL					
onth Day	Year 1	Month	Day	Year			eet Address					
ccupancy Status Durin Facility Closed/Va	g Abate	ement (Ch	eck Onl	y One)								
Abatement Outside	e Norm	ouring ∈ntil al Facility	re Perio Hours	d of Aba	atement		WEST 38TH STREET					
Describe: 9:00PM	TO 6:3	30AM	110013			City	, State, Zip Code					
Other - Describe:						NE	W YORK, NY 10118					
cope of Work (Checl O	nly One	2)			Λ l4	<u> </u>				42.000		
Demolition	my One	-)			Abatement		iod Containment with Negati	vo Proceuro				
>3sf or >3lf							-Enclosure	ve riessule				
≥ 160sf or ≥ 260lf Renovation					72		ebag Procedure					
Renovation			116		X on Normally		-Friable Procedure	14	1			
cation of ACM Facility					Custodial S		Describtion of ACM to be	Amount to be Removed	Abate	emen	t Type	
CEMENT DATE				Yes	NO		Removed	(Specify SF/LF)	Rem.	Rep	Enc.	Enc
SEMENT PADS B & I							FLOOR TILE	2825 SF	X			
SEMENT PADS B & I	= & K					_	TILE & MASTIC	8325 SF	Х			
OLIVILINI PADIK / J			-				MASTIC	2480 SF	X			
						-		-	-			
			-					-	-			_
								1	+		-	
me of Registered Was	te Hau	ler		1	Waste ID	No.	Cubic Yds waste	Name of Register	ed Lan	dfill		
I-STATE TRANSFER y, State	ASSO(	C., INC.			SW1896		TBD	MINERVA ENTER	RPRISE	ES, IN	1C	
ONX, NY				TBD	al Date		City, State of Registered WAYNESBURG, OHIO	Landfill	100 mm 1 5-10 mm			
mpleted By (Print or T	ype)			Title			Signature /	1		Date		
ITA SMOLAR	solution Vil				ΡΑΙ ΜΑΝΑ	050	Signature	/ 10.		Date		

# State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) 04-19-18	d	K# 28%	nu		Name of Building Owner/Or	perator (2)	V E		-1-	44 -	
Agencies Notified	· ·	Notification	Type		Upper Saddle River School Street Address	ol District		197	COLUMN TO THE PARTY OF THE PART		1
⊠ EPA		T I - W - I N			395 West Upper Saddle Ri	ver Road	111		8 8 8		
□ DCA		☐ Initial No		on	City, State, Zip Code	1,11		APH 2	3 2	2018	1100
⊠ DOL			ncy not	ification (including	Upper Saddle River NJ 07	458	Tolonh	N			
☐ DEP 図DOH		justification  Cancelle	)	73 500	Mr. Michael DeSocio		201-96	one Nur 1-6450	nber		1.1
		La Caricelle	ed				j.				76.
Name of Facility Where A	hatement is	Toking Place	(2)	FACILITY IN	FORMATION						
Cavallini Middle Sc	hool	Taking Place	(3)		Type of Facility (4)  School (K-12)						
Street Address					Subchapter 8 (other that	n K-12)					
392 West Saddle R	iver Road	L			Sq. Feet: # of Floors: 3 Bldg	. Age:	1960's				
<u>City (5)</u>	County (6)		Coun	ty Code (7)	Current Use (prior if being de	emolished	:Middle \$	School			
Upper Saddle	Be	rgen	(State	e Use Only)							
River Name of Monitoring Firm	Hirod by DId	m. O	100								
Name of Worldoning Firm	nired by Bid	g. Owner (8)	ASC	M No.	Name of Contractor (9)						
Street Address					Panoramic Window & Door	Systems	Inc.				
<u>Street Address</u>					Street Address 712 Sergeantsville Road	2.000					
0.4 0.1 7. 0					712 Sergeantsville Road						
City, State, Zip Code					City State, Zip Code						
Project Manager for Monit	oring Firm	Telephone I	Number		Stockton, NJ 08559 Telephone Number		Licence	NI. mala a			
					P (732)926-0900 x102		License 01237	Numbe	Ē		
Scheduled Start Date (10)		Scheduled (	Comple	tion Date (11)	Name of OSHA Monitor						
04/19/18		05/03/18		, , , , , , , , , , , , , , , , , , ,	IAQ GURU LLC						
Occupancy Status During	Abatement (	Check only or	ie)		Street Address						
☐ Facility Closed/Vacated ☑Abatement Performed C	During Enting Outside of No	re Period of Al	ateme	nt 3:00 11:00pm	87 Main Street						
Describe	40.00	intain admity i	10015 —	5.00-11.00pm	City, State, Zip Code				_		
□Other – Describe:											
					Lincoln Park, NJ 07035						
Source of Work (Check all	that apply)										
≥ 3 sf or	> 3 If			☑ Renovat	tion		222				
≥ 160 sf		f		□ Demol		ni-Enclosu Blovebag F					
				57.038	⊠ Non-	Friable Pr		i.			
Location of Asbestos- Containing Material (ACM)		cation Normal Solely by	ly	Description of Asi	bestos Containing Material	Amoun		Abater	ment T	уре	
Facility (13)	Main	t./Custodial St	aff?	surfacing, VAT, or	nal systems insulation, r other misc.)	(Specify	SFor	Remove	Repair E	ncap En	close
	(12) YES	S NO	NIA		ent their entry, of other relations of a	,	1		is outmand to		10.41804
East Side Classroom	1120	INO	NA	ACM	I perimeter caulk	110 LF		X			
Windows					· permoter oddin	approx		X	- 1		
Store Front Windows			X	ACM Exte	erior Perimeter caulk	80 LF		X			
Boiler Room Door and			X	Caulk A	And Transite Panel	20If		X			
Louver						>10sf T	ran.	X			
Roof Access Windows	oof Access Windows				xterior Caulk			X			
Name of Reg. Waste Haule	er I	NJDEP Wast	er ID #	Cubic Yards of Waste	1	Name of	Registe	rodi	nden		
Panoramic Window & Dr	Sve Inc	0036057		gasio raido di vvasto		Chrin Bro					
- anoranic window & Di	JyS IIIC			Die	posal Det		1 0:1	04-1			
				DIS	posal Dat	<u> </u>		Stateston, P.			
Complete II 15											
Completed by (Print or Type Mark M Jovic	<u>=)</u>	Title PM			Signature/	1.33	<u>Date</u>	- 1			
		05-05 <del>1111</del>			holler		04/19/18				

CK# 5079 A State of New Jersey

(205 Check) ROTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

									172"	-		
Date of Notification (1)	Africa Production (1986 e Al Carlotta (1985)						(2)		hee			1
Agencies Notified Type Notification			Street A	130	BI	145	Sac. LLC	7 7 7 7		-		-
Agencies Notified Type Notification		1	oireei Ai	TIR.	アフハ			AP	R 2	3 21	ns	
EPA Initial								11111111111			-	1
DEP Amended Amendment		İ	City, Sta	te, Zip Co	de / //		-					
DOL Amendment	# (including	- 1	(h2	REY.	1/1/	10	/					
DOH justification)				Contect	1			Telephone No				
☐ DCA ☐ Cancellation	1		10	-				60950	20	Po	<u> </u>	
No. of Faith 18th are Abstragatio Tabi	a Diaga (2)	3	FACI	LITY INFO	DRMATIC	M	Type of Facility	(4)				
Name of Facility Where Abatement is Takin			1/-	00	-000	50						
MBJ ASS	CINIC	1 /	163	216.6	y chi	7	School (K-	12) r 8 (Other than K-	12)			
Street Address		0				i	Other (i.e.	private & commerc	cial build	dings,	home	ıs,
1200 wyn	wood	Pope	٤.				etc.)	RESILEA	10,2			
CHERRY HI	11						Square Feet	# of Floors	ŝ	ldg. A	_	
							2300	ior if being demolis		65	ナー	
County (6)				Code (7) USE ONLY)	1				shed)			
CAMDEN								BURSON				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCA	A No.			of Abatement Co		_			
			1		<u> </u>		ACE 1 450	7/19/1000	0			
Street Address						Street	Address	w laces 1	2			
						95000	u spise k	1)				
City, State, Zip Code				1	City, S	tate, Zip Code	6 in-					
						(0	14 NEC,	knt c	フフコ	フ		
Project Manager for Monitoring Firm		-	Telepho	ne No.	90.00	Teleph	one No.	License	No.			
		4			-	739	of OSHA Monitor	7 000	25			
Start Date (10)	Schedule			Date (11)	15	Name	of ÓSHA Monitor					
4-13-18 Occupancy Status During Abatement (Che	4-20	1-18	<									
Occupancy Status During Abatement (Che	ck Only On	e)			note be to a second	Street	Address					
Facility Closed/Vacated During Entire	Period of A	batem	ent		and the same of th							
Abatement Performed Outside of Non Other – Describe: 1/4/0	nal Facility	Hours			And then	City, S	tate, Zip Code					
					$ \perp$							
Scope of Work (Check All That Apply)						_	-					
≥3 sf or ≥3 lf	government. At	enoval				-		ent with Negative	Pressu	re		
2160 sf or ≥260 lf	A D	emoliti	on			b	Mini-Enclosur Glovebag Pro					
								id (*) and Non-Fria	able Pro	cedur	е	
	Is	Locati	on					ļ			ement	
Location of	N	Iormali	ly	A C	Dec	cription	of.			Ту	pe	,
Asbestos-Containing Material (ACM)		d Sole intenar		Asbes			faterial (ACM)	Amount		-	п	
TO BE ABATED	E	odial S		(i.e.			s insulation,	(Specify	70	R	nca	inc
In Facility (13)		(12)			other m	ing, VA iscellar		SF or LF)	Removal	Repair	Encapsulate	Enclosure
()	Yes	No	N/A						22	L	late	ll'e
A /	res	140	INA						-		1	
MEARY GARE				PIS	09100	12.P1	W/	1 YOLF	2	_		
Whiliti (0)m			4	TI	101-1	-1		(1001)	_			
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	1 1		-					<del></del>	-	-		-
			1050 11	(t-	1000	1	1.2	10-1-1	-	1		
Name of Registered Waste Haufer	-1	4	JDEP Wauler ID		Cubic Y		ivame o	f Registered Landi	itti			
ACRINST IN FIRM	0		1096		Ó			FAIR LESS				
City, State		70	37		Dispos		City, Sta	ite , /	)			
COHSKECK NT					1		MADA	15VI112 TA	2.			
Completed by	Title				Sig	gnature	NICK &		Date			
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Manager 10 200 -11	/	12	01 6			A	TONE					
ASB-41 (R-06-08)					6	Do no	ot use this form for	r asbestos licensu	ire exer	npted	activi	ties.

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		(P	urs	uar	nt t	0 <u>N</u>	.J.A	<u>.C.</u> 8:60 an	d 12:1	20)	) E	9 P.	9 9	70	0.00
Date of Notification	(1) 4-17-2017			Na	me	of Bu	uilding	Owner / Opera	ator (2)	1 200	))		A		
Agencies Notified	Type Notific	ation		00	AI	my E	ngin	eer District, P	hiladelp	hia Contrac	ting Divisi	en 🤈 🤈	201	0	
⊠ EPA	Type Roune	ation		100000000000000000000000000000000000000			Iress	:::-:: 400 D	0		E3] "11	ن شد ۱۱	401	O	E lance
DEP		(Courtesy		Cit	ana	mak	er Bu	uilding, 100 Pe	enn Squ	are East					1
The second	1 00 mm 10 m	ication)		CIL	.y, c	otate	a ZI	p Code		<u>{</u>	A		1.7%		-arth
□ DOL	☐ Ame			Ph	ilad	elph	ia P	A 19107		ř.	. A real property of the second				^
□ DOH	☐ Eme	rgency		Na	me	of C	onta	ct				Tolonk		_	* .u.
☐ DCA		ellation				Sosdo		Ot .				Teleph 609-72			mber
				F	AC	ILIT	Y IN	FORMATION				009-12	23-0		
Name of Facility Wh	ere Abateme	ent is Taking P	lace	(3)				Type of Fa	cility (4)						
Building 342 Nava	air Cryogeni	cs Lab							I (K-12)						
Street Address										Other than K	-12)				
Joint Base-McGuir	e-Dix							○ Other	(i.e. priva	ate & comme	rcial buildii	nas hon	nes	etc.)	
								Square Fee	et	# of Floors		Bldg. Ag		010.7	
City (5)		County (6)	(	Count	у С	ode (	(7)	12,000		1		56	,0		
Lakehurst, NJ		Burlington							e (Prior i	f being demo	lished)	00			
								Cyrogenic		a coming dictions	or.iou)				
Name of Monitoring	Firm Hired b	y Building Owr	ner (	8)		ASC	M No			t Contractor (	(0)			211111111111111111111111111111111111111	
Health & Safety Se	ervices, LLC		,	•		117		V100 10000000	Manage	ement Group					
Street Address								Street Addr	ess	ornerit Group	J, LLO				
PO Box 365										nue, Suite 20	2				
City, State & Zip Coo	de						- 411	City, State							
Berlin, NJ 08009								Trenton, N	J 08619	9					
Project Manager for	Monitoring F	irm		ephor			er	Telephone			License I	Number			
Mr. Jim Proctor				3-839				609-977-6				0118			
Scheduled Start Date		Scheduled Con				(11)		Name of OS							
4-18-2017			4-27	7-201	8					al Laboratori	es Inc				
Occupancy Status D	uring Abaten	nent (Check or	nly o	ne)				Street Addr							
<ul><li></li></ul>	ed/vacated L	ouring Entire P	erio	d of A	bate	emer	nt	2333 Rout							
Describe:	enormed du	ring Normal Ho	ours					City, State 8		de					
Describe: 7								Union, NJ	07083						
Scope of Work (Che															
coope of work (offer	ok all tilat ap	piy)								- " o · ·			<u> </u>		
≥3 sf or ≥3 lf				D	ono	vatio	_		H	Full Containr	nent with N	Negative	Pres	ssure	Э
≥160 sf ≥260	If					olition				Mini-Enclosu					
Z -:00 01 -200				D	emo	HIUOH	1			Glove Bag P					
loc	cation of		le	Loca	otion			D		Non-Exempte					
	s-Containing			mally				Description Asbestos-Co			Amount	Aba	atem	ent T	уре
	rial (ACM)	'		Solely				Material (A			(Specify SF or LF)			-	
	<b>E ABATED</b>			ntena				(i.e., thermal		,	of ULLI)	R	מ	nc	En
	Facility		Cus	todia		aff?		insulation, surfa	acing, VA	AT		Remova	Repair	aps	los
	(13)	_		(12				or other misce	llaneous	)		va	¥.	Encapsulate	Enclosoure
Roof A			Yes	No		V/A	D (	•						Ф	Ф
Roof A			ᆜ		-	-		membrane			,650 SF				
Roof A			ᆜ			F		ing material/	tar	;	350 SF				
Roof D				1	_	-		ing sheeting			350 SF				
N001 D	oof D							ing material/	tar		250 SF				
			Ц												
Name of Dogisters 11	Monte III			Щ											
Name of Registered V	vaste Haule	r		IN.	JDE	EP W	aste	Cubic Yards	Name	of Registere	d Landfill		•		
Resource Management	Group, LLC				0352	er ID 218	No.	of Waste	Grows	Landfill					
City, State						1400000		Disposal Date							
Hamilton, NJ 08619								TBD Disposal Date	City, S Morrisy	itate rille, PA					
Completed By (Print of	or Type) Bria	n Haney		T	itle:	Presi	ident	Signature				Date 4	1.17	2019	
	one neutralization (2009)	re-rodestino-hillit. ♥D		1	ಂತ್					-		Date 4	+-1/-	2010	2
								11/	The state of the s						

### CKEH218 PAID

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK = 4518 P	AI										30	
				TCATI	ON OF AS	lew Jersey BESTOS ABATE C 8:60 and 12:12	The Party of the P	DEG		1.7		
Date of Notification (1)				Nar	ne of Build	ing Owner/Operator		MITRIAGE U	16-	2010		-
Agencies Notified Type N	otification	on		Stre	eet Addres		- 50	1		en 10		loons
☐ ÉPA IZ Initia	al ended				01-1-7-	155 RT	20					_
☑ DOL Ame	endment			City	, State, Zip	REEMFIE	O NI	J 082	30		1.6.	
	argency ification		ing	Nan	ne of Conta			Telephone Num		14.75	7	_
	cellation	i			BR	UCE						
	.)			F	ACILITY IN	FORMATION		1				
Name of Facility Where Abatemer			ce (3)				Type of Facili	ty (4)				
RESID	EN(	E					School (K-	12) er 8 (Other than K-1)	2)			
Street Address							Other (i.e.,	private & commerci		dings		
City (5)							homes, et Square Feet	c.) # of Floors	IBI	dg. A	voe	
OCEA	N (	CIT	Y				2000	7		50		
County (6)			-	Cou	unty Code	(7) (STATE	Current Use (	Prior if being demoli	shed)			
CAPE MAY	V.			US	E ONLY)			CAMIT				
Name of Monitoring Firm Hired by	Building	Owne		ASCN	A No.	Name of Abatem		8 19/1	-0-1			
NA		- 50	1			Street Address	MCO I	NC			_	_
Street Address	C 5000	KE MIE										
369 S SPIRUCE ALE												
City, State, Zip Code							E SHAD	E M.J	080	252	2_	
Project Manager for Monitoring Fin	m		Tel	ephone	No.	Telephone No.		License No.	2000			
			_			856-77	9-0472	004	44			_
Start Date (10)	1				ate (11)	Name of OSHA N	Monitor 1 A					
5-1-18		5 -		-18			NA					_
Occupancy Status During Abatem						Street Address	2					
Facility Closed/Vacated During  Abatement Performed Outside of						City, State, Zip Co	ode .			_		=
Other - Describe:	I NOTTE	al Facel	ity i iou			City, Sizite, Zip O	ode .					
Scope of Work (Check all that appl	v)											_
	11					☐ Full Con ☐ Mini-Enc		egative Pressure				
≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf		N D	enovat emolitic	ion in		Gloveba	g Procedure					
<u> </u>						Non-Exe	mpted (*) and N	Ion-Friable Procedu	_	bater	ment	
			Location Location						1	Typ		
Location of			d Solet		Aches	Description of tos Containing Mate	erial (ACM)	Amount	П		m	
Asbestos-Containing Material (AC TO BE ABATED	·M)	C	ustodia		(i.e.,	thermal systems in	sulation,	(Specify	Re	Z.	Encapsulate	Enclosure
IN Facility		1	Staff? (12)			surfacing, VAT, other miscellaneous		SF or LF)	Remova	Repair	psul	uso
(13)		-		I NVA					a		ate	9
		Yes	No	N/A	-	0.1.15.5	-	150-	~	$\dashv$	-	_
SIDING				X	<u> </u>	RANSITI		1500 SE	X	$\dashv$	-	_
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						0.11.77	I Name of B	internal   c - 45"				_
lame of Registered Waste Hauler			- 1	UDEP V auter ID	- 1	Cubic Yards of Waste	Name of Reg	istered Landfill	ı A			
KLEMIO IN	<u></u>		_[]	790	54		( , M	1.C. M.U.	H			_
City, State	14.6	т	ă.			Disposal Date	City, State	DBINE		:		
MAPLE SHADE	Title				1	Signature	^ -	Date		. 0		
Minhau Klomm	1.00	5	UP.			Duel	Un		8-	10		]

CK 4 4518

#### PAID

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Date of Notification (1)	18-18			Na		ing Owner/Operato		AVIS DEVI	1100	0	IME	INI
Agencies Notified	Type Notificat	tion		Str	eet Addres	s D 0		las in the second			i.	
□ jePA □ deP	Initial Amended			Cit	, State, Zip		DOX I	088				_
⊠ DOL	Amendmen Emergence		ina	( CR)	, заве, Др	CAPE	MAY	N. J 08	201	1		
Ø DOH	justificatio	n)	"9	Nar	ne of Conta	act		Telephone Num				_
□ DCA	Cancellatio	n ———				CAY		1				
			(0)	F	ACILITY IN	FORMATION	T = - 28 %					
Name of Facility Where	SIDEW (	iking Plac	ce (3)				Type of Facili					
Street Address	310000						☐ Subchapte	er 8 (Other than K-1) private & commerci		dings	i,	
City (5)	PE IMI	AY	**********				Square Feet	# of Floors	В	ldg. /		
County (6)	MAY			Co	unty Code E ONLY)	(7) (STATE	Current Use (I	Prior if being demolis	shed)	30		=
Name of Monitoring Firm				ASC	A No.	Name of Abatem						=
(8)	l.A					K	LEMCO	INC				_
Street Address	1					Street Address	S. SPI	RUCE WIE				
City, State, Zip Code						City, State, Zip C		ADE W.J	08	05	Z	
Project Manager for Moni	toring Firm		Tek	phone	No.	Telephone No.		License No.	111		1.5	
			<u></u>	tion D	-1- (44)	856-77° Name of OSHA N		# 00Y	44			=
Start Date (10) 4 - 30 - 18	9	reduled (	ompie 7	- I		Name of USHA N	NIA					
Occupancy Status During		neck only	one)			Street Address						_
Facility Closed/Vacate												_
Abatement Performed Other - Describe:	Outside of Norm	nai Facili	ту нош	rs		City, State, Zip Co	ode	4				_
Scope of Work (Check all	that apply)			77		□ Full Con	tainment with Ne	egative Pressure				
>3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-Enc ☐ Gloveba	losure g Procedure	NOTE   N	_			
		Isl	ocatio	ะก	T	Nortexe	impled ( ) and N	on-Friable Procedur	_	bate	nent	
l anation of			ormally Solely			Description of				Typ	е	
Location of Asbestos-Containing Ma	iterial (ACM)	Mair	ntenan	œ/		os Containing Mate		Amount (Specify	_		E	ш
TO BE ABATE IN Facility	D	1 5	Staff?		(i.e.,	thermal systems in surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		-	(12)			other miscellaneou	us)		laval	바	ulate	9 mg
		Yes	No	N/A							_	
SIDING				X		ean SITE		6500SF	X		4	$\dashv$
		1.							_	-	-	$\dashv$
		$\bot$	_						_	-	-	$\dashv$
	Haulas		IN	IDEP (	Vacte	Cubic Yards	Name of Rec	istered Landfill				$\dashv$
Name of Registered Waste	INC			nuter ID	No.	of Waste		.M.C.V.	A			
City, State MAPLE SHA	OF W.T	-				Disposal Date	City, State	SO BING	٨.	T:		
Completed By	Tittle					Signature	M	Date	8-	18	:	
MICHAEL KLOWI	ur	PRES	<b>.</b>			Medil	14		0	10	_	_

	DATE						ABA ( EMEN nd 12:120)	I						
Date of Notification (1 04/17/2018	) A CREE		Ì	Name	of Building	Owner/	Operator (2) ny -Troy Hills	Check # 1	082					-
Agencies Notified	Type Notification			Street	Address Parsippar				A Prophysical	Pe	enra saar saar	an was	·	rrautur,
☐ EPA ☑ DEP	<ul><li>☑ Initial</li><li>☐ Amended</li></ul>		-		tate, Zip C						7.2   2*	1		22
⊠ DOL	Amendment :			933	3 555		ey 07054		114/					
☑ DOH ☑ DCA	justification)  □ Cancellation	3			of Contact K Given				Telepi 973-5	one Numi 40-0361	per2	3 2	018	alpete-virus
				FAC	ILITY INF	ORMAT	ION							-
Name of Facility When The Stickley Museu	re Abatement is Taki im at Craftsman Fa	ng Place (3 arms	3)				Type of Fa	00000000000	3	F		•	34.	í.
Street Address 2352 Route 10 Wes	st							apter 8 (Other i.e. private & c		2)		nes, e	etc.)	47 X4K
City (5) Morris Plains, New	Jersey 07950						Square Fee 2,500	et	# of FI 1	oors	Blo 50	lg. Aq +	ge	
County (6) Morris				County (STATE	Code (7) USE ONLY	n	Current Us	e (Prior if being Museur		shed)				
Name of Monitoring Fi Horizon Environmen	rm Hired by Building ntal Group, Inc.	Owner (8)		ASC	M No.		Name of Ab Lilich Corp	atement Contro oration	actor (9)					
Street Address P. O. Box 316							Street Addre							
City, State, Zip Code Thorofare, New Jers	sey 08086						City, State, Woodland	Zip Code Park, New Je	ersey					
Project Manager for M Steve Flanigan		Telepho 856-84	one No 8-0800		Telephone 1 973-225-8		10000	cense No. 1104						
Start Date (10) 04/30/2018	ed Cor 018	npletion	Date (11)		Name of OS Iris Enviror	SHA Monitor nmental Labo	ratories	s, LLC						
Occupancy Status Dur	ing Abatement (Che	ck Only On	e)				Street Addre							
☐ Facility Closed/Va☐ Abatement Perforr☐ Other — Describe:	cated During Entire med Outside of Norm	Period of A al Facility I	batem Hours	ent			City, State, 2 Union, NJ	Zip Code						_
Scope of Work (Check	All That Apply)						10 12							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovai emoliti	100000000			☐ Mi	II Containment ini-Enclosure ove Bag Proce on-Exempted (*	dure / L	imited Con	ntainm	ent &	Tent	ı.
		Is	Locati	on				on Exempted (	Am	ount	77	bater		_
Locati Asbestos-Containir			lormal d Sole				escription of			ecify of LF)		Тур	e	_
TO BE A In Fac	BATED cility		ntenar odial S (12)			e. therma surf	ntaining Mater al systems ins acing, VAT, or miscellaneou	ulation,			Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							_		ate	(D)
MER/Cleaning Supp	- 02	X			Ceiling	0.0500000000000000000000000000000000000				50 SF	Χ			
MER/Cleaning Supp			Wall Pla	aster				15 SF	Χ					
MER/Cleaning Supp			Ceiling	Panel				50 SF	Χ					
Name of Registered W	anta Unidan		1.51	IDEDIA		1		1						
Lilich Corporation	aste nauter		Н	JDEP W auler ID 18724		of Was		Name of Re	<del></del>	Landfill				
City, State Woodland Park, New Jersey						Dispos 05/06	al Date /2018	City, State Morrisville,	PA					
Completed by Adriana Olejarova	ompleted by Title						ignature	Q		Date 04/	17/20	18		



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

2018-101A

Date of Notification	(1)	- 11	Name of	Building Own	ner/Operator (2	١							
10 14 1/12 10	J/ <u>I1  8  </u>						East Orange	in E		4			44.41
Agencies Notified	Type Notifica	tion	Street Ad			, 01 L	- Crange		1.7			11	1111
∐ EPA	X Initial		160 H	alsted Str	eet					ww			
☐ DEP	_		City, State	e, Zip Code					<del>PR 2</del>	3 20	110	- 1	
X DOL	Amend	ment	East	Orange, N	J 07018								
<b>▼</b> DOH	П с	11	Name of C	Contact				Telephon	e Numbe	r	90.		
☐ DCA	☐ Cancel	ation	Duan	grat Simp	kins			(973)	678-025	0 -			100
				FAC	ILITY INFORM	IATIO	N		٠	古			
Name of facility wh	ere abatement	is taking p	lace (3)		<del></del>		I	Type of Facility					
Vacant house									I (K - 12)				
Street Address				X				F. STATE OF THE PROPERTY OF TH	apter 8 (C (Private/C			-12)	
								Bldgs.	Homes, e	tc.			
City (5)		Cot	inty (6)			Co	unty Code (7)	Square Feet 1800	# of Floor	rs	50+	dg. A	ge
East Orange			sex				ate use only)	Current Use (P		g den			
Name of Monitoring	- Firm Him d b					L,		vacant home	9				
Pennoni Asso		Biag. Owr	ier (8)		ASCM No. N/A		Name of Abatement						
Street Address	Control Miles					_	B & G Restorat Street Address	ion, Inc.					
24 Commerc	e Street, Su	ite 300					105 Ryerson R	toad					
City, State, Zip Code Newark, NJ (							City, State, Zip Code						
						_	Lincoln Park,	NJ 07035			*******		
Project Manager for Ralph Coppo	170	1		Phone Numb 973-265-			Telephone Number (973)696-686	9	License 00	Numb 378	ber		
Scheduled Start Dat	outer.	Sche	d. Comple	etion Date (1		_	Name of OSHA Moni	tor					
04/30/2018	,		05/2018	•	.,,		B & G Restorat	ion, Inc.					
Occupancy Status D	Ouring Abateme				THE RESERVE	-	Street Address 105 Ryerson R	nad					
X Facility closed	/vacated during	entire per	iod of aba				City, State, Zip Code						
Describe:	rformed outside	of norma	facility ho	ours-									
Other-Describ						_	LincolnPark, N.	J 07035					
Scope of Work (che	eck all that appl	50.50				П.		. r	_				
>3 sf or >3 if	X	Renovati					Full Containment w/neg Mini-enclosure		Glove				
		≥160 sf or		y used solely	vl		Willi-ci closure	<u>_</u>	<b>★</b> Non-fr	R	R	E	1
Location of asbestos-con			enance/c			on of a	asbestos-containing	Amount		e m	е	n	E n
material to be abated in facil		Yes	No	N/A	material (			(Specify S LF)	F or	0	p a	c a	C
<u> </u>		100	140							е	r	р	<u> </u>
exterior, front &	rear sides	X X					(wrap & cut)	120 lf		X	片	Ц.	<del>  -</del>
exterior, front &		X	transite si	aing		1,100 sf		X	H	H	卄		
					]					H	H	H	计
,													
Registered Waste Ha B & G Restorati	auler on, Inc.	NJD	EP Haule 19563	r ID# C	ubic Yards of V 15	Vaste	Traine or regiotoroa	Landfill Resource & Re	· · · · · · · · · · · · · · · · · · ·	C	0.5		
City, State				Disposal D			City, State		covery	CEIII	CI		
Lincoln Park, N				05/	07/2018		Tullytown,	PA				V:	
Completed by (Print Gordana Luna	or Type)	Title Secreta	ry/Trea	surer	Signature		Gordana Luna		Date 04/20	)/201	8		

#### State of NJ Notification of Asbestos Abatement

B & G proj. #:

2018-101B

(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	n (1)	1	Name of	Building Ow	ner	/Operator (2)					nomental de la	1-2-X 1995	a desire per a		
10 14 1/12 10	1/118					of the City	of E	ast Orange					W (		
Agencies Notified	Type Notificat	tion	Street Ac		_				11				-	- /	111
☐ EPA	X Initial		160 H	lalsted St	ree	et					ADD	2 2	2018	-	
☐ DEP				e, Zip Code						1 14	Filti	4-0	/1/10		
X DOL	Amend	ment		Orange, N	NJ (	07018			1			+ +			1
▼ DOH	☐ Cancell	ation	Name of	Contact					:	Telepho	ne Numb	ег		3 . 24.	65 50 1074 - 50
☐ DCA	Cancen	ation	Duar	igrat Simp	okir	ns				(973)	678-02	50		75.5	
				FA	CILI	ITY INFORMA	TIOIT	N				10.000000 10			
Name of facility wh	here abatement	is taking	place (3)						Туре	of Facility					
Vacant house	9									=	ol (K - 12	<b>2</b> 0.	han V	10)	
Street Address							-	-			hapter 8 ( (Private/			12)	
										Bldgs	./Homes,	etc.		A	
City (5)		Co	ounty (6)			T	Cou	inty Code (7)	1800	re Feet	# of Floo	ors	50+	dg. A	ge
								ate use only)	_		Prior if bei	ng den	_	ed)	
East Orange			ssex							ant hom	e	ST-S			
Name of Monitorin Pennoni Ass		Bldg. Ow	/ner (8)		1	ASCM No.		Name of Abatement		107.00					
Street Address					1-	N/A	_	B & G Restorat	ion, Ind	D					
	ce Street Su	# 120 PM PM						105 Ryerson F	Road						
City, State, Zip Cod	Commerce Street, Suite 300 ite, Zip Code						=	City, State, Zip Code							
Newark, NJ	Newark, NJ 0713							Lincoln Park,	NJ 070	35					
Project Manager for		1		Phone Num				Telephone Number (973)696-686	:Ω		Licens		ber		
Ralph Coppo				973-265		753		Name of OSHA Mon				0378			
Scheduled Start Da	ite (10)			etion Date (	11)			B & G Restorat		O					
04/30/2018			5/05/201					Street Address							
Occupancy Status I								105 Ryerson R							
	erformed outside							City, State, Zip Code							
Describe: Other-Descril	he:						-	LincolnPark, N	J 0703	5					
Scope of Work (ch		y)												- 13	
▼ Demolition		Renova	tion			[	□F	Full Containment w/ne	gative pr	essure	Glove	ebag pi	ocedu	re	
> 3  sf or $> 3 $ If	X	≥160 sf	or ≥260 If				X	Mini-enclosure				friable			
Location of				ly used sole	ly				T			R	R	E	E
asbestos-con material to be		staff(12	ntenance/o	ustodiai				sbestos-containing		Amount (Specify	SF or	e m	e p	n	n
abated in fac		Yes	No	N/A		material (A	CIVI)			LF)	01 01	O V	a	a	L
basement			-	X	+	nine insulati	ion	(wrap & cut)	-	5 If		e X	r	$\Box$	<del> </del>
exterior, front or	f house		1	×	=+=	transite sidi		(Wiap & Cut)		00 sf		X	H	+	卄
					╬	transite siai	iiig			00 01		T	H	一	計
Registered Waste H B & G Restorat	tion, Inc.	NJ	DEP Haul 19563	er ID#	Cub	oic Yards of Wa 7	aste	Name of Registered Tullytown		rce & R	ecover	Cen	ter		
City, State				Disposal			-	City, State			333701)	0011	.01	•	
Lincoln Park, N				_ 05	_	7/2018	_	Tullytown,	PA					У	
Completed by (Print Gordana Luna		Title Secret	ary/Trea	surer		Signature		Gordana Luna			Date 04/2	0/201	18		

CKODLEK 294

PAID	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)														
Date of Notification (1) 04/20/2018			Name of PSE&C	Building (	Owner/C	Operator	(2)	The Control of the Co	Samuel Company	APR	. 2	3 2	018	And in Special Control	
Agencies Notified Type Notification			Street Ac 80 Parl	ddress k Place				154		-AH	4	<del>V - 51</del>	V10-	1	man.
EPA Initial Amended Amendment				te, Zip Cook, NJ 07							4.1	C+34			
Emergency ( justification)  DCA  Cancellation	including	1 2	Name of Glenn	Contact Milarczy	rk				Tel	ephone 4-239-	Num	ber	2 man 1 m	* bom : * *	
			FACIL	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking PSE&G Bayway Substation	Place (3)	)					Туре	of Facility ( School (K-1							
Street Address 400 Clifton Street							×	Subchapter Other (i.e. p	8 (Oth				ings,	home	s,
City (5) Elizabeth					-		Squa	etc.) are Feet	# o	f Floors		5.0783	dg. A	ge	
County (6) Union			County C	Code (7)		80		ent Use (Pri Pump Ho		ing dem	olishe	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM				of Ab	atement Cor	tractor		_		AUSANS		
Bureau Veritas Street Address						Bran Street	000000000000000000000000000000000000000	ourg Indus	trial S	Service	Cor	npar	ıy		
110 Fieldcrest Avenue - Raritan Pla City, State, Zip Code	aza I							Iman Driv Zip Code	е						
Edison, NJ 08837	Tolophone No							n, PA 180	15						
Project Manager for Monitoring Firm JB Chadwick										Licens 0072					
Start Date (10) 05/07/2018	Schedule 05/11/2		npletion [	Date (11)		Name Bran		HA Monitor ourg							
Occupancy Status During Abatement (Chec						Street 2217		ess Iman Driv	e						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	State, 2	Zip Code m PA 180				. 5315			
Scope of Work (Check All That Apply)						Dour	110110	11174 100	-		-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				>	M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure	_				e	
		Locati			=								Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormali d Sole intenar odial S (12)	ly by nce/		tos Con thermal surfa	scriptior taining M I system icing, VA miscella	Materia s insu AT, or		(	Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	CD
Roof of Oil Pump House	Roof of Oil Pump House					of Flash	- 753			20 LF		Х			
Roof of Oil Pump House	Roof of Oil Pump House						nt Ca	ıulk	:	50 LF		X			
											-				
Name of Registered Waste Hauler WM of New Jersey		H	JUDEP W lauler ID		of Wa	Yards		Name of WM Fa				fill			
City, State		1	7273			sal Date		City, Sta	te						
Bethlehem, PA Completed by Stephen Carne	Title Envir	onme	ental Er	ngineer	I amount of	7/18-05 Signatur	20.7	Iviornist	mie, F	A 190	Dat	te /20/2	2018	8	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Q# 3352

DATE			тои				BESTOS ABATAC 8:60 and 5:1		U. I	wesasta	سلاما معصورون	<del>arrare</del>	_wege, **±*.
Date of Notification (1)									T G M	E	9 1	7 9	2 .p
	19 /	18					ng Owner/Operator ( mmunications	(2)		15 5			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified	Type Notific	ation			Stree	et Address			APR	2 3	20	18	-113
□ EPA					13	3 Prospe	ct Street		II U AFN	la i	, 20	10	i inco
⊠ DOLWD	☐ Amende				City,	State, Zip	Code		1			44	ناعت.
⊠ DOH	Amendm			-	0.00	ssaic, NJ			Acidos		·	1 1	ĥ.
DCA (NJAC 5:23-8)	☐ Emerger justificat	ion)	ciuain	g	0.000	e of Contac			Telephone-Num	har		Ericky Se	. e
(	☐ Cancella					ian Kings			201-356-516				
		3-1			-		NFORMATION		201-330-310	-			
Name of Facility Where A	batement is	Taking	Place	e (3)				Type of Facility	(4)				
Verizon Passaic CC	)							School (K-12					
Street Address								Subchapter	8 (Other than K-12				
133 Prospect Street	t							M Other (i.e., p homes, etc.)	rivate and commer	cial b	uildin	gs,	
City (5)								Square Feet	# of Floors	IB	ldg. A	.de	-
Passaic								88,165	6		+-50		
County (6)				-	Cou	inty Code (	7)(STATE USE ONLY)		ior if being demolis	(bed)			
Passaic						,	Normal Sociality	Verizon	ioi ii boilig demoils	neu)			
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)	1				
USA Environmenta	Managem	ent						VIRONMENTA					
Street Address							Street Address						
8436 Enterprise Ave	9						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co					-	-
Philadelphia, PA 19	153						BRISTOL, PA						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.		-		
Mark Jenkins			8 0	2	67-78	4-8651	215-788-6040	)	00509				
Start Date (10)	15	Sched	uled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor					
_5_/_3_/	18	_ 5	5 /	_ 5	5 /	18	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During	Abatement (	Check	only	one)			Street Address						
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ement		1123 BEAVE	R STREET					
Abatement Performed	Outside of N	ormal	Facilit	у Ноц	ırs - De	scribe	City, State, Zip Co	ode					-
Time of Abatement:		PN	1/ <u>5:00</u>	!PM- <u>2</u>	2:00AM		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)						□ Full Cont	rainenent with New					
≥3 sf or ≥3 lf			⊠ Re	nova	tion		Mini-Enc		jative Pressure				
≥160 sf or ≥260 lf			☐ De	moliti	on		⊠ Glovebag	g Procedure					
			lo	Loca	tion	T	☐ Non-Exe	mpted (*) and No	n-Friable Procedur	-			
Location	of			Norm:			Description o			Ab	atem	ent T	ype
Asbestos-Containing N	Naterial (ACN	1)			ely by	Asbe	stos Containing Ma	terial (ACM)	Amount	Rer	Repair	En	Enc
TO BE ABA IN Facility					ance/ Staff?	(i.e	., thermal systems i	insulation,	(Specify	Remova	bair	aps	Enclosure
(13)	,		70070	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>m</u>		Encapsulate	ure
			Yes	No	N/A			1				te	
Basement Fan Area						Pipe Fit	tting Insulation		15 LF				
										ĪП	ĪП	П	
			П			1				Ti	H		
		_											
Name of Registered Waste	e Hauler				NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill			ш	Ш
SERVICE TRANSPO		, INC		1000	dauler I 2099	D No.	Waste	MINERVA					
City, State				-			Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESB	URG, OH				
Completed By (Print or Ty	oe)	Title					Signature		Dai	te			-
Dillan DeCaro		Es	timat	tor			Dillam	Delana	/ me 10		19-	18	



PAID

			NOTI	FICATIO Pursuar	ON OF ASBE	STOS	ABATE	MENT	Trans.	E	C		7 1	17	73	ra ·
Date of Notification (1)					of Building O				-114		<u> </u>	1:-		7	200	Pi
04/17/2018	T 11 115			Hack	kensack Po	olice	dept	(-)		This section of					The same	
Agencies Notified  EPA	Type Notification			Street 225	Address State stree	et			III L		APR	23	20	18		9
X DEP	Initial Amended			City, S	tate, Zip Cod	e			-	-			7/ 1.	*****		-
	Amendmen Emergency	(includin	g		censack ,N	J,07	601									
DOH DCA	justification) Cancellation				nell Horne					2	dephone 01-83	e Num 2-912	15er	en . ceru	indu e. eg	<b>.</b>
Name of Facility Where	Abatement is Takir	ng Place	(3)	FAC	CILITY INFOR	RMAT	ION	Toma	-f F - 101	10						
Police DPT		.g . 1200	(0)					-	of Facility School (K							
Street Address 225 State Street								×	Subchapte Other (i.e. etc.)	er 8 (Oth	ner than & comr	K-12) nercia	l I bui	ldings	, hom	ies,
City (5) Hackensack									re Feet		of Floors /A	S		Bldg.	Age	
County (6) Bergen				County (STATE	Code (7) USE ONLY)			Curre	nt Use (Pi VATE H	rior if be	ing den	nolishe	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASC	M No.		Name EHW	of Aba	tement Co	ntractor T LLC	(9)					
Street Address							Street 89 F	Addres	s KLIN ST	REET						
City, State, Zip Code	V.						City, S	tate, Zi	p Code N,NJ,07	7524						
Project Manager for Moni	toring Firm		Telepho	one No.		Teleph		).	:00:00:00:00:00:00:00:00:00:00:00:00:00	Licen:	se No	6		13,000		
Start Date (10) 04/19/2018		Schedu 04/20	led Cor /2018	mpletion	Date (11)		Name of	of OSH	IA Monitor	THE				-		
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addres	S							
Facility Closed/Vaca Abatement Performe Other – Describe:	d Outside of Norm	Period of al Facilit	Abater y Hour	nent s			City, St	ate, Zi								
Scope of Work (Check All						-	PATE	ERSC	N,NJ,07	7524						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,		Renova Demoli				×	Min	Containm -Enclosur /ebag Pro -Exempte	e cedure					_	
			Locat						Excitipio	u ( ) um	<u> </u>	Habie	- 77	Abate	ment	
Location Asbestos-Containing N	Material (ACM)	Use	Normal ed Sole	ly by	Asbestos		cription		(ACM)	۸	mount	ŀ	-	Ту	pe	
TO BE ABA In Facility (13)			intena todial 3 (12)		(i.e. the	ermal : surfac	systems ing, VAT iscellane	insulat , or		(8	pecify or LF)		Remova	Repair	Encapsulate	Enclosure
December 1/1	No	N/A									<u>B</u>	7	late	re		
Basement /stora	Х		D	ebris	clean	up		2	20sf				х			
																111111111111111111111111111111111111111
Name of Registered Waste	Hauler			JDEP W		ubic Y	'ards	Т	Name of	Registe	red Lan	dfill				
EHW ABATEMENT				auler ID 037095		f Wast BD	e		TRY S				3			
City, State PATERSON,NJ						isposa BD	al Date	8	City, State BRON)	e K,NY						
Completed by Victor Espíritu		ect ma	nager		Sig	gnature /	1/1/	W	71.		Date 04/	7/2	018			



n				
P	rın	τ	Form	k

Date of Notification (1)	5 <u>2-5</u>		PAID			ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE				G.	( <u>.</u>	1	
General Monitoring Firm   Telephone No.   Street Address   Street Addres						Name of Pass	of Building Owner aic Weatheriza	Operato ation D	r (2) ept		Colored dates on	APR	2.3	20	18
DOF	IX	EΡΔ													
DOH   DOA     Districation   Same of Contact   Telephone Number   973-569-4719	×	DEP DOL	Amended Amendment								French	3	+++		
Name of Facility Where Abstement is Taking Place (3)	×	100000000000000000000000000000000000000	justification)		9				11.7						
School (K-12)   Subchapter 3 (Other than K-12)   Subchapter 3 (O	N.					FAC	ILITY INFORMAT	ION						-	
Subchapler 8 (Other file, private 8 commercial buildings, homes, etc.)   City (9)   City (9)   City (9)   City (9)   City (10)   County (10)   Square Feet   M/A   M/A   M/A	P	rivate House	Abatement is Takin	g Place (	(3)				-						
City (6)   City (7)   County (8)   For it is being demoifshed   For it is being demoifshed   PRIVATE HOUSE									Other (i.e. p	8 (Other rivate & o	than K-1 commerc	2) ial buil	dings	, hom	es,
Passaic  Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  Street Add	Cit	y (5) lifton							Square Feet					Age	
Street Address  Street Address  Street Address  STRANKLIN STREET  City, State, Zip Code  PATERSON,NJ,07524  Telephone No. Telephone No. O1274  Telephone No. Telephone No. O1274  Telephone No. O1274  Start Date (10) O4/28/2018  Scheduled Completion Date (11) Name of O514 Monitor  EHW ABATEMENT LLC  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All That Apply)  Sation of Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Location of Abatement With Negative Pressure Mini-Enclosure  Glovebag Procedure  Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (2) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (2) and Non-Friable Procedure  Non-Exempted (3) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure						County (STATE	Code (7) USE ONLY)		Current Use (Prio PRIVATE HO	or if being	demolis	ned)			
City, State, Zip Code    City, State, Zip Code			Hired by Building (	Owner (8	)	ASCI	M No.	Name EHV	of Abatement Cont N ABATEMENT	tractor (9	))				
Project Manager for Monitoring Firm  Telephone No.  Telephone No.  973-333-5144  License No. 01274  Start Date (10) 04/27/2018  Scheduled Completion Date (11) 04/28/2018  Scheduled Completion Date (11) 04/28/2018  Name of OSHA Monitor EHW ABATEMENT LLC  Street Address 89 FRANKLIN STREET  Tellity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Scope of Work (Check All That Apply)  23 sf or 23 if 2160 sf or 2260 if  Renovation Demolition  Street Address 89 FRANKLIN STREET  City, State, Zip Code PATERSON,NJ,07524  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13)  Basement  X pipe insulation 30 LF X  Name of Registered Landfill TRY STATE TRANSFER  City, State TRD  Disposal Date TRD  Date  City, State BRONX,NY  Completed by Title Signature //  Signature //  Date	Str	eet Address								EET					
Start Date (10) O4/28/2018    Scheduled Completion Date (11) O4/28/2018   Scheduled Completion Date (11) O4/28/2018   Scheduled Completion Date (11) O4/28/2018   Name of OSHA Monitor EHW ABATEMENT LLC   Street Address   SP FRANKLIN STREET	Cit	y, State, Zip Code								524					
O4/27/2018  O4/28/2018  EHW ABATEMENT LLC  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  2 3 sf or ≥3 lf ≥160 sf or ≥260 lf  Demolition  PASSENDED FATERSON,NJ,07524  Renovation Demolition  Description of Asbestos-Containing Material (ACM) In Facility (13)  Renovation Demolition  Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passement  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Renovation Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF)  Passetos Containing Material (ACM) (I.e. thermal systems insulation (I.e. thermal systems insulation (I.e. thermal	Pro	ject Manager for Moni	toring Firm			Telepho	ne No.					0.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Promed Outside of Normal Facility Hours  City. State, Zip Code PATERSON,NJ,07524  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asserting a state of the containing Material (ACM) In Facility (12)  To Be ABATED Custodial Staff?  (12)  Yes No N/A  Basement  X pipe insulation  Normally Description of Abatement with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  A	Sta 0	ort Date (10) 4/27/2018				npletion	Date (11)			LLC					
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code PATERSON,NJ,07524  City Code PAT	Oc	cupancy Status During	Abatement (Check	Only O	ne)										-
Scope of Work (Check All That Apply)  Full Containment with Negative Pressure Mini-Enclosure  Glovebag Procedure  Normally  Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Basement  X pipe insulation  Sole Yards  of Waste  Thype  The Abatement Type  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Full Containment with Negative Pressure  Moni-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement  Type  Abatement  Type  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Specify	×	Abatement Performe	ted During Entire P ed Outside of Norm	eriod of al Facilit	Abaten y Hours	nent				EET					
Saliding	L							PAT	ERSON,NJ,075	524					
Demolition  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Amount (Specify SF or LF)  Procedure  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  From procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Amount (Specify SF or LF)  Procedure  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  From procedure  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  From procedure  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  From procedure  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  From procedure  Abatement Type  Abate	SC		That Apply)	177				_	1	***************************************					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Pes No N/A  Basement  X pipe insulation  Name of Registered Waste Hauler EHW ABATEMENT  City, State PATERSON,NJ  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  NAME of Registered Waste Hauler Hauler ID No. 0037095  Title  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Abatement Type  Removal Amount (Specify SF or LF) Removal Registerial (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME of Registered Waste Hauler Hauler ID No. 0037095  Disposal Date TBD  City, State BRONX,NY  Completed by Title  Signature // (A Date Date Date Date Date Date Date Date	Ê			Element				×	Mini-Enclosure Glovebag Proce	edure		0/00/4000		•	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler EHW ABATEMENT  City, State PATERSON,NJ  Used Solely by Maintenance/ Custodial Staff? (12)  Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Page No N/A  Amount (Specify SF or LF)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Page No N/A  Amount (Specify SF or LF)  Page No N/A  Page				Is	Locati	on			2 Holl Exclipted	( ) and i	VOIT- Hab	10			
Maintenance   Custodial Staff? (12)   Maintenance   Custodial Staff? (12)   Yes   No   N/A   N												_	Ту	ре	
Basement X pipe insulation 30 LF X  Name of Registered Waste Hauler EHW ABATEMENT  City, State PATERSON,NJ  Disposal Date TBD  City, State PATERSON,NJ  Title  Signature // A Date		TO BE ABA In Facilit	TED	Ma	intenar todial S	nce/	(i.e. thermal surfa	systems cing, VA	s insulation, T, or	(Spe	ecify	Remova	Repair	Encapsula	Enclosur
Name of Registered Waste Hauler EHW ABATEMENT    NJDEP Waste Hauler ID No. O37095   The Disposal Date TBD   TRY STATE TRANSFER				Yes	No	N/A						_		te	· O
EHW ABATEMENT  Hauler ID No. 0037095  Of Waste TBD  TRY STATE TRANSFER  City, State PATERSON,NJ  Completed by Title  Signature // Date		Basement					pipe	insulat	ion	30 [	LF	X			
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EHW ABATEMENT  Hauler ID No. 0037095  Of Waste TBD  TRY STATE TRANSFER  City, State PATERSON,NJ  Disposal Date TBD  City, State BRONX,NY  Completed by  Title  Signature // Date	Man	ne of Dogistarad W	a Unidas			IDEE ::									
PATERSON,NJ  TBD  BRONX,NY  Completed by  Title  Signature //  Date			e nauler		H	auler ID	No. of Was					ER			
Vol. 5 1								sal Date	City, State BRONX	,NY					
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#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)	110	FOR CO. CO. C. L. C. L. C.
10141/10121/181	Name of Building Owner/Operator (2)	in 6 G E G E A
1.1-1.1-1.1-1.1	1 CAN 1835	
Agencies Notified Type Notification	Street Address	0
[X]EPA [ ]Initial	1000 CONVERY	BL NEW 11 APR 2 3 2018
[NDEP Notification	City State, Zip Code	
[X]DOL Z [X]Amended Z Notification	11 Perth Amboy	NJA 08861
[X]DOH	Name of Contact	Telephone-Number
[ ]Cancellation	JOP BOLLO	732 826 6600
	ENCIL THE INCOMPANY	1000000
Name of Facility Where Abatement is Ta	FACILITY INFORMATION king Place (3)	of Facility (4)
2 LANXESS		[]School (K-12)
Street Address		[ ]Subchapter 8 (Other than K-12)
. 1000 CONVONU B	11/4	[v]Other (i.e., private & commercial buildings, homes, etc.)
City (5)   County		e Feet # of Floors Bldg. Age
Partle Analogue at 1	(STATE USE ONLY)	nt Use (Prior if being demolished)
Name of Maria Mari	TIEDEX BO	oller Room
Name of Monitoring Firm Hired by Build: Owner (8)	ing ASCM No.   Name of Abatement Co	
20/7	Ad Vanced	Specia Ity Contractors
Street Address	Street Address	T = 1 0 '4 12
City, State, Zip Code		51 Extension Suite 10
City, State, Zip Code	City, State, Zip Coo	
Project Manager for Monitoring Firm   Te	Sayreville	
	lephone Number Telephone Number	C) (CO License Number
Scheduled Start Date (10)   Sched.Compl	etion Date (11) Name of OSHA Monitor	00/50
101411/1611/181 /10141112	5 10 1 1	1 1
	ay / Year   Street Address	vironental.
[ ]Facility Closed/Vacated During Ent	ire Period 724 70 +1	Avenue
of Abatement []Abatement Performed Outside of Norr	mal Facility City, State, Zip Cod	
Hours - Describe: Reged off Si [X]Other - Describe: Date - tage		NI ODZZI
Scope of Work (Check all that apply)	DUCK	N.V. 00124
[ Demolition [	[ ]Full Contain [ ]Mini-Enclose	nment with Negative Pressure
[X]>3 sf or >3 lf [∑160 sf or >260 lf	[X]Glovebag Pro	ocedure
	[]Non-Friable	
	ocation	Abatement Type E E
Asbestos-Containing	Used Asbestos-Containing	Amount E R C C
TO BE ABATED b	Solely Material (ACM) y Main- (i.e., thermal systems	SF or O P P O
(13)	enance/ insulation, surfacing, was to dial or other miscellaneou	AT I TEN ITIN C C
	taff(12) s  No N/A	L R L R
	+ Pipe insulation	
the state of the s		7.00
Added @ Boiler Room V	PIPE INSULATION	N 21 X
		Vale
	NJDEP Waste   Cubic Yards   Name of	Registered Landfill
treehold Cartage li	Sauler ID No. of Waste	GROWS
City, State	Disposal Date City, S	
Frehold NJR	4-25-18 M	5 C 10 11 11 - PA
Completed By (Print or Type) Title		rrisville f.A.
Kurt Nale   Bran	: //	A-20-18
ASB-41	1XIV	1 0 1 2000
JUN 95		

Apr 19 2018 10:52 NJ Asbestos Control 609.633.0664 page 1 04/19/2018 10:44 9733399747 UNICORN CONTRAC State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:60 and 12:120) Cate of Netification (1) Nema of Eukleine Owner/Operator (2) 4/19/18 Pasquale lacovone Agantima Notified Type Notification Street Address EPA B Inleial DEF Amended City. State. Zip Code X DOL Amendment #\_ Paterson, NJ 07501 X Emergency (including Name of Coasses X DOH justification) Pasquale lacovone DCA Cancelation FACILITY INFORMATION Name of Facility Whore Abatement is Taking Place (3) Type of Facility (4) Residence School (K-1 Street Ameres Subchaptu X Other (I.s City (8) Paterson, NJ Saupre Post 1600 County (6) County Cose [7] Current Line |Prier If b (STATE USE ONLY) Passale Home Mamo of Monitoring Firm Hires by Building Owner (8) ASCM No. Name of Abstament Unicorn Contra Street Address Street Address 32 WINOW Way City, States, Tip Code City, State, Zip Code Woodland Park Project Manager to Monitoring Firm Telephone No.

Scheduled Completion Date (11)

Renovation

Demplition

4/21/18

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No mally

Lised Solsly by

Maintenance/

Custodial Staff?

(22)

No

X

X

0035844

General Manager

N/A

MOER WESSE Haufer 10 No.

Yes

7lde

Start Date (10:

Occurancy Status Ouring Abatement (Check Only One)

Other - Describe: SAM START

Location of

Asbesto. Containing Mater of (ACM)

TO BEADATED

in Facility

[13)

BASEMENT

BASEMENT

Score of Work (Check All That Apply)

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Venue of Regulated Waste Hawles

Linkorn Contracting Corp.

Woodland Park, New Jersey

Criv. State

Cumpleted by

Dimo Galcev

Facility Closed/Vacated During Entire Feriod of Absternent

Abatement Performed Outside of Normal Facility Hours

4/21/18

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	Home	: IUR :: 6W 583944]					
	Name of Abarament					_	
	Unicorn Contra	intertor(9)					
	Street Address	. Corp.	-	-	department		
	32 WINOW Way						
	City, State, Zip Code					-	
	Woodland Park	NJ 37424					
	Telephone No.	total management	License Na.	Name and Address of the Owner, where	-	-	
	973-333-9176		01331				
1)	Name of DSHA Ments					-	-
-	Envirovision Co	sullants, Inc.		-			
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	☐ Glovebag :						- 1
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	Cathulas Outs		City, State			-	-
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Offe 4/19/18

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

CK 4568

				2000							
Date of Notification (1)	·	Na	me of	Building Owner/	Operator (2		501)				
- 1/ 0/ 1	Notification		eet Ad		302	STE VEN.	50,0			-	
		Suc			8	2		(A)		13 7	r=1
	nitial Amended	Cit	y, Stat	te, Zip Code			Telephone N	is t		10	
DOL	Amendment #	-   '	121	AMSEY	. NO	1. 074	46				
	Emergency (including ustification)	Na	me of	Contact			Telephone N	umber			
	Cancellation		1	IR STE	VENS	SON				ŗ	-
Name of Facility Where Abatemen	a in Talaina Plana (2)	I	ACII	LITY INFORMA	ATION	Type of Facility	(4)				
	GEVET STE	ا محدا	0.0	N		□ School (K	F				: - A.
Street Address	200	V 2 10	٥٠			☐ Subchapte	8 (Other than K-1	2)		77	
				***		Other (i.e.	private & commerc	cial buildi	ngs, no	mes, e	rtc.)
City (5)			3			Square Feet	# of Floors		Bldg. A	ge	
KAMSE	Υ					1800	2		193	0	
County (6)  RAMSE  County (6)  BERG	= a )			Code (7) USE ONLY)	* *	The second state of the second	ior if being demolis				
Name of Monitoring Firm Hired by			ASCN		Name	of Abatement Cor					
Name of Monitoring rum ruled by	y Building Owlier (8)	1	ASCIV	1110.							
Street Address						<u>t Remova</u> Address	I Inc.				
					450	South R	iver Str	eet			
City, State, Zip Code						state, Zip Code					1000
							NJ 0760				
Project Manager for Monitoring Fi	rm	Tel	ephor	ne No.	Teleph	ione No.	License				
0. (10)	0.1.1.1.1	Cl-+	D	-t- (III)	201-	- 329 - 744 of OSHA Monito		388		-	
Start Date (10)	Scheduled (		118								
Occupancy Status During Abateme	ent (Check Only One)	3/0	7 . 4	,	Street	g <u>a Envir</u> Address	onmental				
☐ Facility Closed/Vacated Duri	ng Entire Period of Abater	ment			280	Huyler	Street				
Abatement Performed Outside Other - Describe:	e of Normal Facility Hour	SPM			City, S	state; Zip Code					
					Sout	th Hacke	nsack, N.	J 07	606		
Scope of Work (Check All That A	pply)						72				
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		novation molition				Full Contains Mini-Enclose	nent with Negative re	Pressure			
☐ ≥100 St 01 ≥200 II	ъ В	mondon			0.77	Glovebag Pro	cedure	Ll. Dece	d		
				T		1 Non-Exempt	ed (*) and Non-Fria	DIE FIOCE		ement	
	1923	ocation ormally			<b>.</b>	6			T	уре	
Location of Asbestos-Containing Materia	L(ACM) Used	Solely b			Description ontaining M	or faterial (ACM)	Amount			ш	
TO BE ABATED In Facility		ntenance dial Staf		(i.e. thermal s	ystems insu VAT, or	lation, surfacing,	(Specify SF or LF)	Remova	Repair	ncap	Enclosure
(13)		(12)		oth	er miscellar			oval	Dair	Encapsulate	sure
	Yes	No	N/A	1							
BASEMENT			*	THERMAS	SUSTE	H INSULATION	95	LFX			
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Name of Registered Waste Hauler		NID	EP W	acte Cul	oic Yards	Name (	of Registered Landf	in L	1		
Name of Registered waste name			ler ID		Waste	/	A Registered Davids	•••			
Best Removal In	<u>c</u>	1	710	)9	C '		erva Ente	erpr	ise	3,_	LLC
City, State				Dis	posal Date	City, S		0		2.0	
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77 28											

### State of NJ

B & G proj. #:	2018-93	PAI	Constant.				Abatement and 12:120-7)	E Check	# 8948 8	74	4	_
Date of Notification	(1)	IIN	lame of Bu	Iding Owr	ner/Operator	(2)		**	1000			
10 14 1/12 10	]/[1  8		Gene Vi		SANTALTON L. Printer excluditive countries	****		APR 23 2	2018			
Agencies Notified	Type Notificat	ion	treet Addre	ss		- daw		Arn Z 3 /	1 010	+		
LI EPA	X Initial									-		
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X DOH		1.1	ame of Cor	tact				Telephone	e Number			-
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				FAC	ILITY INFOR	RMATION						
Name of facility wh	ere abatement i	s taking pla	ace (3)					Type of Facility (				
Gene Villone								=	I (K - 12)	h == 1/	40)	
Street Address							12	X Other (	apter 8 (Other ti Private/Comme Homes, etc.		-12)	
									# of Floors	Ble	dg. Ag	ge
City (5)		Cour	ity (6)			- 1	nty Code (7) te use only)	Current Hea (Pr	ing if boing don		-d\	
Watchung, N.	J 07069	Soi	merset			(0,0	is use only)	Current Use (Pr Residential	for it being deri	IOIISTIE	3Q)	
Name of Monitoring	Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)				
<u> </u>					n/a		B & G Restorat	ion, Inc.				
Street Address							Street Address 105 Ryerson F	Road				
City, State, Zip Code	9						City, State, Zip Code			-	-	
							Lincoln Park,	NJ 07035				
Project Manager for	Monitoring Firm	1	Ph	one Numi	ber		Telephone Number (973)696-686	9	License Numb	ber		
Scheduled Start Dat	e (10)	Sched	. Completic	n Date (1	1)		Name of OSHA Mon					
05/01/2018		05/0	02/2018				B & G Restorat	tion, mc.				
Occupancy Status D	Ouring Abatemen	nt (Check o	nly one)				105 Ryerson R	oad				
Facility closed	경기들이는 아이스 경기를 보고 있는데 되지 않아 되었다.	나를 하면 없었다. 하지만 해보는 사람들은					City, State, Zip Code					
Describe:	rformed outside	of normal	facility hour	'S-								
Other-Describ						_	LincolnPark, N	J 07035				
Scope of Work (che									~			
Section of the Control of the Contro	X	Renovatio				22.30	ull Containment w/ne	gative pressure [	Glovebag pr			
>3 sf or >3 lf	Ц	≥160 sf or	≥260 If n normally i	read colo	w.l	X V	fini-enclosure	L	Non-friable	Proce		T
Location of asbestos-conf	taining	by mainte	nance/cust		1	otion of a	sbestos-containing	Amount	е	e	E n	E
material to be	J	staff(12)	Γ			al (ACM)	spesios-containing	(Specify S	For m	p	c	n
abated in facil	ity (13)	Yes	No	N/A				LF)	v e	i	p	L
basement area				X	pipe (wr	ар & сі	it)	87 If	X	白		
					]							
										부	닏	빔
-					-			_	_	H	片	뷔
Registered Waste Ha	auler	INJDE	EP Hauler I	D# (	Dubic Yards o	of Waste	Name of Registered	LI andfill			Ш	
B & G Restorati	ion, Inc.		19563		1			Resource & Re	covery Cen	ter		
City, State Lincoln Park, N	IJ			Disposal I 05/	Date 02/2018		City, State Tullytown,	PA			1	
Completed by (Print Gordana Luna	or Type)	Title Secreta	ry/Treasu	ırer	Signature		Gordana Luna		Date 04/20/20	18		

B & G proj. #:

2018-100

#### MAG

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

Check # 8948

	9							Check	# ()	1 1	0		_			
Date of Notification	(1)	- 11	Name of	Buildina Owr	ner/Operator (2)	)		in E	GF	ξ,	11 ;					
10 14 1/12 10	/ 1 8	- 11		Borowski							-1	- y.a.				
Agencies Notified	Type Notificat	ion	Street Ad					111 111				1				
☐ EPA	X Initial								APR 2	3 2	018	-	1			
☐ DEP	i i i i i i i i i i i i i i i i i i i	11	City State	e, Zip Code								-	Impasto:			
<b>⋉</b> DOL	Amenda			n, NJ 0708	3			F.: :	ļa t			7				
X DOH		11	Name of 0	Contact				Telephon	Committee Commit	NAME AND ADDRESS OF			- 1			
☐ DCA	☐ Cancella	ation	John	Borowski						100 m						
				FAC	ILITY INFORM	IATIO	N	-								
Name of facility who	ere abatement i	s taking p	lace (3)					Type of Facility (								
John Borowski	i								I (K - 12) apter 8 (O	thort	an K	12)				
Street Address									Private/Co			-12)				
								Bldgs./	Homes, e	tc.		dg. A	20			
City (5)		Cou	unty (6)			Co	unty Code (7)	Square Feet	# of Floor	s	Ы	ıy. A	ge			
	202	111	nion				ate use only)	Current Use (P	rior if being	g dem	olishe	ed)				
Union, NJ 070	E-10000					<u> </u>		Residential								
Name of Monitoring	Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abatement C	5-94-11111111111111111111111111111111111								
					n/a		B & G Restoration	on, Inc.								
Street Address					Street Address 105 Ryerson Ro	oad										
City, State, Zip Code	)				-	City, State, Zip Code			-	****						
							Lincoln Park, N	J 07035								
Project Manager for	Monitoring Firm	1		Phone Numb	ber		Telephone Number (973)696-6869	)	License 00	Numb 378	er					
Scheduled Start Date	e (10)	Sche	d. Compl	etion Date (1	1)	_	Name of OSHA Monit	7.								
05/02/2018	~*c=\$		/03/201				B & G Restoration	on, Inc.								
Occupancy Status D	uring Abatemer	nt (Check	only one)			-	105 Ryerson Ro	pad								
Facility closed	/vacated during	entire per	riod of ab	atement.		- 1	City, State, Zip Code					-				
Abatement per Describe:	rformed outside	of norma	I facility h	ours-												
Other-Describ	e:						Lincoln Park, N.	J 07035								
Scope of Work (che	eck all that apply	y)														
Demolition	X	Renovati	ion				Full Containment w/neg	ative pressure	Gloveb	ag pr	ocedu	ire				
$\times$ >3 sf or >3 lf		≥160 sf o	r ≥260 lf			X	Mini-enclosure	[	Non-fr	iable į	oroce	dure				
Location of				ly used solel	У			1		R	R	E	E			
asbestos-cont material to be		staff(12)	tenance/c	ustodiai			asbestos-containing	Amount (Specify S	Eor	e m	e p	n	n			
abated in facil		Yes	No	N/A	material (	(ACM)	2	LF)	11 01	0	a	a	L			
basement		X	pipe insula	ation		55 If		e	·	р	<del> </del>					
laundry room, bo	1	-	] pipe irisuit	ation		55 11			H	H	卄					
main ro	#	1	-		-		Ħ	H	片	情						
					1			mos		Ħ	Ħ	一	一			
										Ħ						
Registered Waste Ha	auler	NJE	DEP Haule	er ID#	Cubic Yards of \	Vaste						_				
B & G Restorati	on, inc.	_	19563	Disposal I	1 Date		City, State	Resource & Re	ecovery	Cent	er					
Lincoln Park, N	J				03/2018		Tullytown, F	PA				15				
Completed by (Print	or Type)	-		Signature		·		Date								
Gordana Luna  Title Secretary/Treasurer				Gordana Luna 04/20/2018												

Chlos	33	(Pursuant	ATTON O	F ASHESTOS ABA	120-71	IN E	C. E	7 [	\ <u>\</u>	EI
Date of Notification	18	Name of	Buildir	Calhou	or (2)			·	1.7	<u> </u>
Agencies Notified	Type Notificatio	n Street A	ddress	Carnot	LVI	IIII A	PR 2	3 :	2018	the base of
[ ]EPA [ ]DEP	[X]Initial Notificatio									
[X]DOL	[ ]Amended Notificatio	n City, sta		ir, NJ.	07042	A Store	1.00	vsin	TRO G	<u>L 8.</u>
[ ]DCA	[ ]EMERGENCY	Name of (	Contact			nhana Mari				
- L JDGs	[ ]Cancellation	li R	en.		1050					
,				INFORMATION						
Name of Facility Wher	e Abatement is T	aking Place	(3)		Type of Fa	cility (4)				
_ ben la	Inoun				11	ol (K-12)				
Street Address					[ ]Subcl	napter 8 (Oth	er th	an K	-12)	
					[x]Other	c (i.e., priv L buildings,	ate &	com	mer-	
City (5)	Count	(6)			Square Feet				r. Ag	re .
	Count	φ (6)	Cot (S1	inty Code (7) PATE USE ONLY)						
Montclair		LSSEX		,	Current Use	(Prior if be	eing c	lemol	ishe	d)
Name of Monitoring Fir Owner (8)	m hired by Build	ing ASCM No		Name of Abate	Resider					
N/A	35	67		AZTECH M	ANAGEMEN	T, Inc.				
Street Address				Street Address		,				
Oi to Oi				86 Chris	topher S	t.				
City, State, Zip Code		*		City, State, 2						
Troject Wanner S				Montclai		042				
Project Manager for Mon	4	elephone Num	ber	Telephone Numb (973)744		Ĭ.	icens		mber	
Scheduled Start Date (1	Annual Communication and Commu	pletion Date		Name of OSHA M	onitor					
4-25-18 Month Day Yea:	Month	Dave 15		N/A						
Occupancy Status During [X] Facility Closed, of Abatement	Abatement (Chec/Vacated During B	k only one)		Street Address			-			
[ ]Abatement Perfor	: OffHours Descr	riptw	ty	City, State, Z	ip Code					
Scope of Work (Check al	1 that apply)	y Descripe,								
[X]≥3 sf or ; ? []≥160 sf or >	lf	[XRenovation		[ ]Gloveb	ontainment w nclosure ag Procedure iable Proced	ith Negative	Press	ure		
Location of	III (2	Is Location		Description	ot.		Aba	teme	ent I	The second second
Asbestos-Contain Material (ACM	iing	Normally Used		Asbesloz-Conta	ining	Amount	RE	R	E	E
TO BE ABATED	E	Solely By Main-	(3	Material (AC i.e., thermal s	M) vstems	(Specify SF or	M	E P A	CA	N C
In Facility (13)	C	cenance/ ustodial	insu	lation, surfact	ing, VAT,	LF)	V	I	SU	S
(13)	Yes	no N/A	or	other miscella	aneous)		A L	R	F	U R
DACE THAT		茶	-	**			is/		-	E
Basem	ien+	X	Pi	pe insula	etion	30LF	V		$\exists$	
View Control of the C									1	
Name of Registered Waste AZTECH MANACEME		DEP Waste	Cubic of Wa		Name of Regi	stered Landfi	11			
	1 , INC. 1	7040		0,0	Mineria	Enterpr	180	Ì	NO	-
.ity, State Montclair, NJ 07	0.40		Dispo		ity, State	C. Harry				
			1	1/30/18 t	Muinost	oura Oh	(0)	44	Flot	78
Completed By (Print or To Constantine Vivia	ype) Title an Preside:	nt		Signature	1 / 10/1	is a	ate 4	161	18	
				Confer Contract	- Just	AICO		,		

Project #	14		NOT	IFICATIO	State of N	BESTOS	BABATE	MEN		C	heck#				
Date of Notification (1)					of Buildin	L)	LLL	-	/		E (		П	M	E
04/17/2018					antha S			(2)		112			The state of the section of the sect		
Agencies Notified	Type Notification	1		Street	Address						ΛF	PR 2	3 2	018	11
	Initial Amended			City S	State, Zip	Codo				니니	FU	11 4	0 2	010	1
DOL	Amendmer				Valley,		353			-	festion of			TOO!	
<b>☑</b> DOH	Emergency justification	)	ng		of Contac					I To	A. I.I.				. či
DCA	Cancellatio	n			intha S									COOKING COMMENTS AND	MINISTER STATE
Name of Facility Where At	patement is Taki	ng Place	(3)	FA	CILITY IN	FORMAT	TION	Тур	e of Facilit	y (4)			A-1		
Residence									School (k	(-12)					
Street Address									Subchapt Other (i.e	ter 8 (Oth	er than I & comm	K-12) ercial bu	uilding	s, hon	nes,
City (5) Long Valley N	J				Conceedit on the			Squ	etc.) are Feet	# 0	f Floors		Bldg.	Age	
County (6) Morris		<del></del>			Code (7)			Curi	rent Use (F	rior if be	ing demo	olished)			
Name of Monitoring Firm H Bioterra	lired by Building	Owner (	8)	ASC	M No.		Name Nick F	of Ab	atement C	ontractor	(9)		-		
Street Address							Street	Addr	ess				-	_	
City, State, Zip Code									Side Rd Zip Code						
Project Manager for Monito	oring Eirm						Rando	olph	, NJ 078	369					
	ang riin				one No.		Teleph 97393				License 01358				
Start Date (10) 05/03/2018		Schedu 05/06/	led Co /2018	ompletion 3	Date (11	)	Name of IRIS	of OS	SHA Monito	r					
Occupancy Status During A		C1100001113					Street /		ess 2 West						
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norn	Period of nal Facili	Abate ty Hou	ment rs			City, St	ate, 2	Zip Code						
Scope of Work (Check All T	hat Apply)						OTHOR	, 140	J 07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demol					Mi Gl	ill Containr ni-Enclosu ovebag Pro on-Exempte	re ocedure				re	
Location of			s Loca Norma				0.0	1021						ement	t
Asbestos-Containing Ma	aterial (ACM)	Us	ed Sol	ely by	Asbes	stos Cont	scription of taining Ma	ateria	I (ACM)	Ar	nount			T	
TO BE ABATE In Facility	<u>=U</u>		stodial (12)	Staff?	(i.e	surfac	systems cing, VAT	or .			pecify or LF)	Rem	Re	ncap	Encl
(13)		Yes	No.	N/A		other m	niscellane	eous)			,	Removal	Repair	Encapsulate	Enclosure
Attic		1	х	1	Vermio	culate				400 S	F	×	-		
+3															
				-			- 1500								
Name of Registered Waste H	Hauler			JDEP W	aste	Cubic \	Varde		Name of	Dogistor	od I ondi				Щ
Nick Restoration LLC			H	lauler ID 03378	No.	of Was			Name of G.R.O.		eu Landi	111			
City, State Randolph, No.	J					Dispos	al Date		City, Star Tullytov						
Completed by Nikica Mrda		Title Presi	dent				gnature	·	Mar	1., ru	10.00	Date 4/17/2	0010		
						2	1.0	5-6-	111.	7	10.	7/1//2	-010		

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Date of Notification 4-17-2018	(1)			e of B Anello		Owner	/ Operato	or (2)					- 1		T
Agencies Notified  EPA	Type Notification			t Add							APP	23 7	วกาล		
☐ DEP ☐ DOL	☐ Initial ☐ Amended-Ai	r Monitor	City, Unior		& Zip (	Code					A! !!	L 0 1	_UIG	,	/
□ DOH □ DCA	☐ Emergency		Name	of C	ontact				-	— <u>ь</u> . А	- 17	Telepho	ne N	umbe	er
BCA	☐ Cancellation		Lory /	Anelic	)						1				
Name of Facility Wh	ere Abatement is Ta	aking Place (	(3)			Тур	e of Facil	lity (4)							
Residential			55.55				School (	(K-12)							
Street Address								e. private	e & com	mercia	) I building	js, hom	ies, e	tc.)	
City (5)	County	/ (6)   Co	ounty	Code	(7)	Sqı 3,8	uare Feet	·	of Floor	rs	В	ldg. Ag	e 68		
Union, NJ	Union				7.7	Cui	rrent Use			molish	ed)		00		
Name of Monitoring The Vertex Compan	Firm Hired by Buildi	ng Owner (8	)	AS	CM No	. Na	ne of Aba	tement	Contract	or (9)					
Street Address							source Ma		ent Group	p, LLC					
700 Turner Industria							5 Hamilto , State &			2					
Aston, PA 19014	ston, PA 19014 oject Manager for Monitoring Firm					Tre	nton, NJ (	08619	е						
Mr. Dave Brown	oject Manager for Monitoring Firm Dave Brown				ber		ephone N 9-914-427			Li	cense N	umber 0118	5		
					)	Nar	ne of OSI	HA Monit				0110			
Occupancy Status D	uring Abatement (C	heck only on	2018 e)				Environr eet Addres		aborator	ies, ind	). 				
☐ Facility Close ☐ Abatement F	ed/Vacated During E Performed during No	Entire Period	of Aba	ateme	ent		3 Route 2		Δ						
Describe:	8:30am – 5:00pm ipied During Abatem		City, State & Zip Code Union, NJ 07083						•						
Scope of Work (Che	ck all that apply)	ieni											-	9252115	-
≥3 sf or ≥3 lf		$\boxtimes$	Ren	ovatio	on		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure								
□ ≥160 sf ≥260	) If			nolitio				$\boxtimes$ G	Blove Bag	g Proc			2229	-	
	cation of	ls	Locati	ion			escription		lon-Exen		and Non- nount		Proc ateme		
	os-Containing erial (ACM)		mally l			Asbe	estos-Con aterial (A	taining		(Sp	ecify or LF)			T	
<u>TO B</u>	E ABATED Facility	Main	tenan	ce or		(i.e.,	thermal sy	ystems		SI	UI LF)	Ren	Re	nca	Encl
101	(13)	Cust	odial 9 (12)				on, surfacter miscella					Removal	Repair	Encapsula	Enclosure
Boiler room		Yes	No	N/A	D.									at	е
Bollet foolil		-+H	Н		Pipe v	wrap in	sulation			25	LF		H	H	뮈
													=	하	히
				-											
										1000000		$+ \vdash \vdash$	H	H	H
Name of Registered			DEP \		Cubic of Wa		Name o	of Regist	ered L	andfill					
Resource Manageme			35218		TBD		Grows	Landfill							
City, State Trenton, NJ 08619			4-1		Dispos TBD	sal Date	City, St Morrisv		'A						
Completed By (Print Mr. Brian Haney	or Type)		Titl Pre	e siden	t	Signat	ure					Date 4-17-2	2018		
					-		1	-		-		1			

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

Date of Notification 4-3-2018	(1)		1	Vame	e of B	uilding	Owner / Opera	tor (2)		M.	EG	周月	<u> </u>	IE I	7
Agencies Notified	gencies Notified Type Notification  EPA  DEP  Initial							T		This	11-0.10.00.00.00.00.00.00.00		THE STREET		
	⊠ Initial			`it. (	Ctoto	0 7:-	Codo				APR	موو	<del>1010</del>	4	Ш
☐ DOL	Amend	ed	ľ	Jnion	. NJ	& Zip	Code		1	hd hi	AI II	L U (	2018		1
□ DOH	☐ Emerge		1	Vame	of C	ontact					Same-Princi		•	b	er
☐ DCA	☐ Cancell	ation	L	ory A	Anello	)				£	4.511.75				
N									Anne-	W. Commission of the Commissio	Description to	1	A	nation and the	Edwins)
Name of Facility Wh	ere Abatement	is Taking F	Place (3	)			Type of Fac	ility (4)	Ki					-	
Residential Street Address							☐ School	(K-12)							
Street Address							Subcha	pter 8	(Other th	an K-	12)				
							Square Fee	t	# of Flo	ors	ciai bulidi	Bldg. A		(IC.)	_
City (5)		ounty (6)	Cou	inty (	Code	(7)	3,800		2			Diag. 7	68		
Union, NJ	ļŪ	nion					Current Use	(Prior	if being of	demol	ished)				
Name of Monitoring	Firm Hired by B	Building Ow	ner (8)		IAS	CM No	Residential  Name of Ab	atemer	nt Contro	otor (C	2/				
Health and Safety S	ervices		(-)		1		Resource M	anager	ment Gro	oup, Ll	_C				
Street Address P.O. Box 365							Street Addre		0 :: 0						
City, State & Zip Co.	de						2115 Hamilt City, State 8			02					
Berlin, NJ 08009	erlin, NJ 08009 roject Manager for Monitoring Firm						Trenton, NJ	08619							
Mr. Jim Proctor	oject Manager for Monitoring Firm r. Jim Proctor				Num 311	ber	Telephone N 609-914-427		r		License				
	: Jim Proctor heduled Start Date (10) Scheduled					)	Name of OS		nitor			011	85		_
4-17-2018	3		4-20-2	018	81 1		J&S Environ			ories,	Inc.				
Occupancy Status D	uring Abateme ed⊘acated Dur	nt (Check o	nly one	y one) Street Address riod of Abatement 2333 Route 22 West											
	erformed durin	g Normal H	ours:	s: 2333 Route 22 West City, State & Zip Code											-
Describe:	8:30am - 5:00p	m					Union, NJ 07	7083	Juc						
Scope of Work (Che	pied During Ab	atement													
(a) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	W P/85	')						П	Full Cor	ntainm	ent with	Negative	Pres	SUITE	
≥3 sf or ≥3 lf			$\boxtimes$		ovatio				Mini-En	closur	е	. roga		ouro	
☐ ≥160 sf ≥260	) IT			Dem	olitio	n		$\boxtimes$			ocedures				
Lo	cation of		ls L	ocatio	on	1	Descriptio	n of	Non-Ex		d and No Amount				
	os-Containing		Norma	200			Asbestos-Cor		3	I 8	Specify	AD	ateme	ant ry	pe
Mate TO B	erial (ACM) E ABATED			lely b			Material (A	CM)			F or LF)	R	_	Ш	·III
in	Facility		Mainte				(i.e., thermal sinsulation, surfa	systems cina V	S 'AT			em	Repair	cap	nclo
	(13)			(12)			or other miscel					emoval	ai.	capsulat	nclosure
D - 11			Yes	No	N/A							_		at	Ф
Boiler room	-		H	밁		Pipe	wrap insulation				25 LF				
			H	H	H							ᆜᆜ		믜	
			H	H								ᆜᆜ			뷔
			ᆔ	H	H							ᆜ片		H	믬
												러H	+++	井	H
Name of Registered	Waste Hauler						Cubic Yards	Name	e of Regi	stered	Landfill				_
Resource Manageme	ent Group, LLC				ler ID 5218		of Waste TBD	Grow	s Landfil	í					
City, State							Disposal Date	City,							-
Trenton, NJ 08619							TBD		sville, PA	4					
Completed By (Print	or Type)			Title Sig			Signature		le company			Date			
Mr. Brian Haney				Pres	siden	t	1					4-03-	2018		
							1		NAME OF THE OWNER						

CKF 2081 Print Form Name of Building Owner/Operator (2) Date of Notification (1) Agencies Notified Type Notification Street Address S CONTROL & LICENSING EPA Initial City, State, Zip Code DEP Amended Amendment # DOL Emergency (including Telephone Number DOH justification) DCA Cancellation DR7(0/ **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ROCK Mun for School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bidg. Age 101 400 County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) husa とうしろのって Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address MON tr City, State, Zip Code City, State, Zip Code 0145 Project Manager for Monitoring Firm Telephone No. Telephone No. 32214 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 30 11 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure

Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation. (Specify ≊nclosure Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 6 × 4010C Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste City, State Disposal Date City, State

Signature

Title

Decretary Treasprer

017

Completed by

Date

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iton.

Date of Notification 4/13/18  Agencies Notified EPA			PINON	FIGATION Irsuant t	OF ASE	SESTOS ABA :60-7 and 12:	TEME! 120-7)	TV	CK	77	57		
Street Address   Stre	Date of Notif	ication 4/13/		Name	of Building C	Owner / Operator (	- 1	In		EI	VEF		
DEP X DOL Amended Notification Amended Notification Cancellation DCA  X DOL DCA  X DOH DCA  X DON DCA  X DOH DCA  X DOH DCA  X DOH DCA  X DON DCA  X DOH DCA  X DON DCA  X DOH DCA  X DON	EPA			Street	Address				100	000	0040		
X DOL X DOH Cancellation DCA   Amended Notification Cancellation DCA	N 400 100 100 100 100 100 100 100 100 100			City, S				441	APR	23 0	2018		
A DOH   Cancellation   Name of Contact   Jon House   FACILITY INFORMATION	350 50000000								-				
Second   FACILITY INFORMATION   Table   Tab		Canc	ellation	- 1					Action	Telephi	në Number		
Name of Facility Where Abstement is Taking Place (3)	DOA					ODMARION		-	dependent on experience	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		
School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (O	Name of Facility W	Vhere Abaten	nent is Taking		CILITYINFO		(4)						
Subchapter 8 (Other (Le., private & commercial buildings, homes, etc.)  X Other (Le., private & commercial buildings, homes, etc.)  Square Feet # of Floors   Bidg. Age   34,000   1.5   60+		Vaca	nt Storefron	t									
County (6)   Middlesex   County Code (7)   Square Feet   # of Floors   34,000   Current Use (Prior if being demolished)   Commercial	Street Address	101 New	Brunswick	Ave		Subchapter	8 (Other	than K-	12) rcial buildi	ings, hon	nes, etc.		
Hopelawn   Middlesx   County Code (7)   34,000   1.5   60+	City (5)		01 (0)	1-		Square Feet							
Name of Monitoring Firm Hired by Building Owner (8)  Environmental Tactics  Street Address  443 Schoolhouse Road  City, State & Zip Code  Matawan, NJ 07716  Project Manager for Monitoring Firm  Telephone Number  732-290-2217  Scheduled Start Date (10)  4/28/18  Cocupancy Status During Abatement (Contex only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe:  Other - Describe:  Other - Describe:  Other - Describie:  Other - Non-friable   Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  Solely by Maintenance or or other miscellaneous)  Material (ACM)  Square Feet or Englaid on or Enclosure)  Maintenance or or other miscellaneous  Maintenance or or other miscellaneous  Full Containment with Negative Pressure  Amount (Specify Removal, Specify Sp		vn		County C	ode (7)					30 07			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics  Street Address 44 Broad Street  Street Address 44 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-290-2217  Scheduled Start Date (10) 4/24/18  Cocupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other -	порејач	vn	Middlesex			Current Use (Pri	or if being	demol	ished)				
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Street Address  Street Address  Street Address  443 Schoolhouse Road  City, State & Zip Code  Monroe Township, NJ 08831  Telephone Number  732-290-2217  Scheduled Start Date (10)  4/24/18  Occupancy States During Abatement (Check only one)  Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe:  Other - Describe:  Other - Describe:  Other - Describe:  Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe:  X Glovebag  Other:  Asbestos-Containing Material (ACM) Solely by Maintenance or In Facility (13)  Normally Used Maintenance or In Facility (13)  Maintenance or In Facility (14)  Maintenance or In Facility (15)  Maintenance or In Facility (16)  Maintenance or In Facility (17)  Maintenance or In Facility (18)  Maintenance or In Facility (19)  Maintenance or In Facility (10)  Maintenance or In Faci	Environmental 7	Factics	by Building Ow	/ner (8)	TO THE RESIDENCE AND A PROPERTY OF	Name of Abatem	ent Contr	tractor (9)					
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Abatement Performed Outside of Normal Facility Hours - Describe:  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  Full Containment with Negative Pressure Mini-Enclosure X Glovebag Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Maintenance or Custodial Staff? (12)  Maintenance or Custodial Staff? (13)  Maintenance or Custodial Staff? (14)  Maintenance or Custodial Staff? (15)  Maintenance or Custodial Staff? (16)  Maintenance or Custodial Staff? (17)  Maintenance or Custodial Staff? (18)  Maintenance or Custodial Staff? (19)  Maintenance or Custodial Staff? (19)  Maintenance or Custodial Staff? (10)  Maintenance or Custodial Staff? (10)  Maintenance or Custodial Staff? (10)  Maintenance or Custodial Staff? (12)  Maintenance or Custodial Staff? (12)  Maintenance or Custodial Staff? (13)  Material (ACM) (10)  M	A Facility Close	d/Vacated Du	ıring Entire Pe	riod of Abate	ement		se Pose						
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#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 6/23/17 Hazlet Township Public Schools Agencies Notified Type Notification Street Address EPA CUNTROL & 421 Middle Road DEP Initial City, State & Zip Code $\boxtimes$ DOL X Amended R#2-7/7/17 Hazlet, NJ 07730 X Emergency DOH Name of Contact Telephone Number Cancellation 4/19/18 DCA Mr. Charles Hildner 732-264-8402 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Raritan High School School (K-12) NON SUB-CHAPTER 8 Street Address Subchapter 8 (Other than K-12) 419 Middle Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Blda. Age City (5) County (6) County Code (7) 130,000 50+ Current Use (Prior if being demolished) Hazlet Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD ON HOLD Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Bristol, PA 19007 Facility Occupied During Abatement 7AM - 3:30 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) N/A No Throughout X Pipe Insulation Wrap & Cut 50 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 7cu yd Minerva Landfill City, State Disposal Date City, State New Castle, DE 7/8/17 Waynesburg, OH Completed By (Print or Type) Signature Title Date Gino Pizzigoni Project 4/19/18 Manager

State of New Jersey

Date of Notification (1) 6/23/17	Nam	e of Build	ding Owner / Oper	ator (2)	THE A	PR 2 3 2018
Agencies Notified Type Notification	Stree	et Addres	nship Public Sc	nools	45.000.07. 2000	The state of the s
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□ DOL □ Amended R#2-7/		et, NJ 0		19.		
□ DOH    □ Emergency     □ DCA    □ Cancellation		e of Cont				Telephone Number
☐ DCA ☐ Cancellation	Mr.	Charles	Hildner			732-264-8402
	FA	CILITY	INFORMATION			
Name of Facility Where Abatement is Taking	Place (3)		Type of Fa	cility (4)		
Raritan High School Street Address			⊠ Schoo	(K-12) NON SU	JB-CHAPTER	8
419 Middle Road			Subch	apter 8 (Other th	nan K-12)	
413 Middle Road			Causes Fe	(i.e. private & co	mmercial build	ings, homes, etc.)
City (5)   County (6)	County	Code (7)	Square Fee	33   2007 N	oors	Bldg. Age
Hazlet Monmout		Code (7)	130,0		2	50+
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Name of Monitoring Firm Hired by Building O	wner (8)	ASCM		and a manage of Court	. (0)	
Environmental Connection	writer (o)	ASCIVI		patement Contra	ctor (9)	
Street Address			Street Addr		1116.	
120 North Warren Street			1123 Bear			
City, State & Zip Code			City, State			
Trenton, NJ 08010			Bristol, P	A 19007		
Project Manager for Monitoring Firm Rollie Jones	Telephone		Telephone		License	Number
	609-392-4	TATALAN TO BE A STATE OF THE PARTY OF THE PA	(215)788-6		00509	
Scheduled Start Date (10) Scheduled Con HOLD	ON HOLD	te (11)		SHA Monitor		
Occupancy Status During Abatement (Check		-	Street Addre	vironmental Ir	10.	
Facility Closed/Vacated During Entire	Period of Aba	atement	1123 Beav			
Abatement Performed Outside of Norr			City, State 8			
Describe:		200 000	Bristol, PA			
Facility Occupied During Abatement 7	AM - 3:30 PM	1				
Scope of Work (Check all that apply)						
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ompleted By (Print or Type)	Title		Signature	0:		Date
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

CL# 3233

Date of Notification (1)		Mana - CD 11			basen 123	Company of the second s
6/23/17		Hazlet Tour	ding Owner / O	perator (2)		GENBE
Agencies Notified Type Notifica	tion	Street Address	nship Public	Schools	he /	the contract of the special property of the special pr
□ EPA □		421 Middle				
DEP Initial Amen		City, State & 2	Zip Code		-   La   Li   A	PR 23 2018 11
	ded R#1-6/30/17	Hazlet, NJ 0	7730	- 1	1	j
		Name of Cont	act		ASUS	Tolonk
LI DCA LI Cance	liation	Mr. Charles	Hildner		1 7000	Telephone Number 732-264-8402
		FACILITY	INFORMATIO	MC	on a company of the second second result	1-75-504-0407
Name of Facility Where Abatemen	t is Taking Place	(3)	Type of	Facility (4)		
Raritan High School Street Address			⊠ Sch	ool (K-12) NC	N SUB-CHAPTER	0.0
			□ Sub	chapter 8 (Ot	her than K-12)	7.8
419 Middle Road			Oth	er (i.e. private	& commercial buil	ldings, homes, etc.)
City (5)			Square F	eet #	of Floors	Bldg. Age
		ounty Code (7)	130	0.000	2	
naziet	onmouth				eing demolished)	50+
Name of Monitorina Firm III			School		s comonstica)	
Name of Monitoring Firm Hired by E Environmental Connection	Building Owner (8)	ASCM I		Abatement Co	ontractor (9)	
Street Address	- 2		Bristol	nvironmen	tal. inc.	
120 North Warren Street			Street Ad	dress		
City, State & Zip Code			1123 Be	aver Street		
Trenton, NJ 08010			City, State	& Zip Code		
Project Manager for Monitoring Firm	Telepi	hone Number	Tolonham	PA 19007		
Rollie Jones	609-3	92-4200	Telephone (215)788		License	Number
Scheduled Start Date (10) Sche	eduled Completion	n Date (11)		SHA Monitor	00509	
7/10/17	7/13/	17	Bristol E	nvironment	al Ino	
Occupancy Status During Abatement	(Check only one)		Street Add	ress	ai iiic.	
Facility Closed/Vacated Durin  Abatement Performed Outsid	g Entire Period of	f Abatement	14422 D-	ver Street		
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Facility Occupied During Abat	amont 7/11/ 2.00	D14	Bristol, P.	A 19007		
Scope of Work (Check all that apply)	ement /Alvi - 3:30	PM				
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≥3 sf or ≥3 lf	× i	Renovation		Full (	Containment with N	Negative Pressure
≥160 sf ≥260 lf	=	Demolition			Enclosure	
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Location of	Is Lo	cation	Description		exempted and Nor	n-Friable Procedure
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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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□ DCA □	] Cano	cellation	70	Mr.	Cha	arles H	ildner			I many many many many		732-26		
				F	ACI	LITY IN	FORMATION	ı .						
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Raritan High School							⊠ School	ol (K-12) N	ION SI	UB-CHAP	TER 8			
Street Address							Subcl	hapter 8 (0	Other th	han K-12)				
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City, State & Zip Code	eet						1123 Bea							
Trenton, NJ 08010							City, State Bristol, P		ie					
Project Manager for Moni	toring Fi	rm	Tel	ephone	e Nu	mber	Telephone			li inc	Al-			
Rollie Jones	3	55.55		9-392-			(215)788-			005	ense Nu	ımber		
Scheduled Start Date (10	)   S	cheduled Co	_				Name of O		tor	1000	03			
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ong, seems, any struct				City, Sta	te Zip Code Bride	CO	0889	57.
Project Manager for Monitoring Firm		Telephone	No.		238x7	Lice	vise No.	and a second
Start Date (10) 4 21 18	Scheduled Co		te (11)		OSHA Monito	PUUL C	0800	2
Occupancy Status During Apatement (Chec	6 Confu Circa)	<u> 1/18</u>	-	HANDLES CONTRACTOR CONTRACTOR	NECH_	INL		
Facility Closed/Vacated During Entire (	eriod of Abeler	nent		Street Ac		314		
Abatement Performed Outside of Norm Control Describe:	at Facility Flour	Š		City, Stat	e, Zip Coge Brick	and the state of t	0883	52
Scope of Work (Check All That Apply)	•	to the section of the	1	<u> </u>	D.Well	10.00	0,000	
23 sf or 23 ff 2160 sf or 2260 ff	Renova D Demoil	tion lon		全	Full Containm Mini-Enclosur Glovebag Pro Non-Exemple	(e:	-	
	is Locati	35						Abai Ty
Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)	Normal Used Sole Maintena Custodial S (12)	y by kee/	Asbestos Coma: (i.e. themails surfacti	ription of ning Mate valents in ng, VAT, o scellancou	sulation,	Amount (Specify SF or LF)	Reimoval	Repair
	Yes No	N/A						
			appropriate and a second	in and the second				
BASCHENT	and a property of the state of	X	THE ING	BULAT	lion. I	<1300	FX	-
				rapezinin-braifin-bildes-brad		gironia a garante de desente de productiva de la constitución de la co		ACCAPANA
Name of Registered Weste, Haujer (NOVATED) 110C	Ha	DEP Waste uler JD:No. 0-0 (	Gubic Ya of Vilaste 2			Registered Land 1.005.		
Olly State Oil CR NO. 089	فأنه فالهالم في من المناه و من المناه و مناها	hanning him beauthous him with	Pispojsaj,	Dete 18	City, State	SINE	ZA.	ì
Completed by PHEIDA	MPS) (	CATT	THE	The second second	Almas	1701	Date / 4 / / / / / / / / / / / / / / / / /	Tia
ASSAT (R-06-06)	115711	CIO!	J.:	July!	Mole driver for a	ebecice from	77	LED ted

email email		ACTIF	CATIO	NOR ASE	BESTOS	ABATE	MENT 0)		Roo	n li	10	150	35	_
Date of Notification (1) 4/19/18						Operator	r (2)		<u> </u>	FR	G I	W	F	M
					uercio		-		<u> </u>	<b>b</b> . W		en	La	
▼ EPA     □ Initial     □ DEP     □ Amended     □ Amended	. 4		City, Sta	ate, Zip C				100		APR	23	2018	erine) i elettrici tripeate	
Emergency	(including	_								_+:::::::::::::::::::::::::::::::::::::		127 - 57408	-onstant	
DCA justification) Cancellation									Tal	lanh'	•	{C	L &	
Name of Facility Where About			FAC	ILITY INF	ORMAT	ION		lesee	*				an territories	unighaghan i inn
Home	g Place (3	3)					Туре	of Facility	(4)					
Street Address										er than K.	.12)			
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City (5) Roselle								re Feet	1000	f Floors	- 1		Age	
County (6)							Curre	ent Use (Pri	- 1000	ng demol		7.7	Element of the second	
	0(0)				)				); 	200.70				
-	Owner (8)	W	ASCN	A No.							.C			
								55.	ate D	rive				
		6							18					
Project Manager for Monitoring Firm			Telepho	ne No.							No.			
Start Date (10) 4/28/18	Schedule 5/9/18	ed Con	npletion I	Date (11)										
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addre	SS					-0022	
Abatement Performed Outside of Norm	Period of A nal Facility	Abaten Hours	nent			City, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 2					×	Mir Glo	ni-Enclosure vebag Proc	edure				P	
Location of	2,000				5							Abate	ement	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	ntenar	nce/		tos Cont thermal surfac	aining M systems cing, VA	aterial insula T, or		(S	pecify	Remov	Repai	Encapsu	Enclosure
	Yes	No	N/A								<u>a</u>	-	ate	re
basement			Х		pipe	insulat	ion		13	0 LF	×			
Agencies Notified  Agencies Notified  Type Notification  Stee Address  Dot   Initial Amended Amended Processing   Initial Amended														
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Name of Registered Wasta Hauler		I NI	IDED W		0									
		H	auler ID I		of Was			100000 F000	31					
57(f)					Dispos	al Date								
Completed by A. Scott Higgins	Title Presid	dent				ignature		A-		D	ate ./19/1	3		

Date of Notification (1)				Nama	f Duilding Ou			(0)	M	eck		10	).	
4/19/18					of Building Ow H Yeomans		rator (	(2)		EG	EI	M	F	1
Agencies Notified	Type Notification			Street A	Address				1111)-	<u> </u>	12-1	VIII		
EPA DEP X DOL					ate, Zip Code vell, NJ 07					APR	23	2018	}	
× DOH □ DCA	justification)	1		Jame	_				Tèl	ephone N		N : RC	)L &	
Lincoln Technical Street Address		ng Place (	3)	FAC	ILITY INFORI	MATION		Type of Facility  School (Kong Subchapte Other (i.e.	-12) er 8 (Oth			ldings	home	es,
City (5) Union							- 1	etc.) Square Feet 2200	#02	f Floors	4 4	3ldg. <i>A</i>	\ge	
County (6) Union					Code (7) USE ONLY)			Current Use (Pi		ng demoli		7 3		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.			of Abatement Co Environment						
Street Address								ox 483, 4 E	Gate D	rive				
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15	ate, Zip Code vood, NJ 07	418					
2 250	itoring Firm			Telepho				one No. 64-2276		License 703	No.			
4/21/18		5/11/1	8	pletion	Date (11)	Na	me o	f OSHA Monito						
Facility Closed/Vaca	Period of	Abatem	ent				ddress	Kerl						
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	l That Apply)	-	Renoval Demoliti					Full Containn Mini-Enclosu		Negative	Pressu	re		
		_			Г		Н	Glovebag Pro Non-Exempte	cedure	d Non-Fria	ble Pro			
DEP DOL Amended Amendment # Emergency (including justification) Cancellation    DOH DCA   Cancellation   Cancellation			Location Normalled Solel	у	25 26 3000	Descript							ement pe	
DOH   DCA   Emergency (including justification)   Cancellation			intenar todial S (12)	ice/	(i.e. the		ems VAT		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Entrance L	obby	100		X	r	oipe inst	ulati	on	5	0 SF		x		
												<u> </u>		
	ii													
Name of Registered Wast	ıme of Registered Waste Hauler					ubic Yard Waste	is	Name of	Registe	red Landfi	II			
City, State				Di	isposal Da	ate	City, Sta	te	77					
DEP DOL Amended Amendment #_ Emergency (including justification)    DOH DCA   Cancellation			dont			Signat	ture	Mix			ate			
. Ocott i liggilis		Presi	uent							4	/19/1	В		

				and the same	eren a	Williams.			F	Printed Printed	-		-	Print	For
Date of Notification (1)		N	Li urst	TION/OF	f New Jer ASBESTO JAC 8:60	S ABAT	20)		elements dependent in an Andrews	DE	G	E.			
04 13/2018			Nan DIV	ne of Buil	ding Owne	r/Operati	or (2)				APR	23	20	18	#
Agencies Notified Type Notifica	ition			et Addres						1		2000			-
EPA Initial			14	WINTH	ROP ST				Ī	ASS	E910	8 O	ONTE	OL &	7
DEP Amende Amende	nent#			State, Zi					bas		Lic	ENS	ING		*******
DOH Emerge	ncy (includ	ding		ie of Cont	OD , NJ.	07648	1								
DCA Cancella			- 3	E TAFF						Telephone					7
Name of Facility Where Abatement is To	okina DI-	(0)			INFORMA	TION				201. 388	. 721	2			
PRIVATE	aking Plac	æ (3)					Ту	pe of Facil	ity (4)						+
Street Address		-						School (	K-12)						
							I	Other (i.	oter 8 (C e. prival	Other than I te & comme	(-12) ercial b	uildin	as hr	mpe	ĺ
City (5) NORTH BERGEN NJ. 07047								etc.) Jare Feet		of Floors					1
County (6)			10				2	2,000		2		1	g. Age 102		
HOUDSON			(STAT	ty Code ( E USE ON	7) ILY)		Cur	rent Use (		peing demo	lished)				1
Name of Monitoring Firm Hired by Buildin	ng Owner	(8)	AS	CM No.		Name	of Ah	atement (	5.73	ES (0)					
Street Address						NOR	RTH	EASTE	NVIRO	or (9) DNMENT	AL LI	LC.			
						Street	Addre	ess							1
City, State, Zip Code						1126		S1. Zip Code							
Project Manager for Manager								zip Code BERGEI	V N.I 1	07047					
Project Manager for Monitoring Firm			Teleph	none No.		Teleph	one N	No.	- 10.	License	No.				
Start Date (10)	Sched	uled C	ompletion	- D-1- (4	4.			-0642		01300	2000				
04/23/2018	04/2	5/201	8	Date (1	1)			HA Monito		10					
Occupancy Status During Abatement (Ch						Street A		VALITY(	JAL IN	IC.					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period o	f Abate	ement urs			307 V	V. 38	ST.							
Scope of Work (Check All That Apply)		5) 						ip Code RK N.Y.	10018	3					
≥3 sf or ≥3 lf															
≥160 sf or ≥260 lf	Z	Renov Demo	vation lition		8	X	Glo	n-⊏nciosui vebag Pro	re ocedure	h Negative					
	1	s Loca	ation				NOI	1-Exempte	d (*) an	d Non-Frial	ble Pro	CITE STORM			
Location of Asbestos-Containing Material (ACM)		Norma	ally ely by		Desc	cription o	n <del>f</del>						emen ype	t	
TO BE ABATED	Ma	aintena	ance/	Asbe	stos Conta . thermal s	ining Ma	terial	(ACM)		mount			m		
In Facility (13)	Cus	(12)	Staff?		surfaci	ng, VAT	or	uon,		Specify or LF)	Ren	Repair	ncap	Encl	
	Yes	No	N/A		other mi	scellaned	ous)				Removal	pair	Encapsulate	Enclosure	
First Floor (Living Room)	6500000	X	1377		IOIN OC	AADO	0.5						te	9	
Roof		X			JOIN CC					2 LF.	x				
				K	oof (Blac	k Memi	bran	e)	1,80	00 SF.	x				
Name of Registered Waste Hauler														_	
TRI -STATE TRANSFER		N	IJDEP Walauler ID I	aste	Cubic Ya			Name of F	Register	ed Landfill					
City, State			19951		TBD					ITERPRI:	SE IN	1C			
BRONX, NY					Disposal	Date		City, State						$\dashv$	
Completed by	Title				TBD	oture		WAYNE	RBUF	RG, OHIC	)				
CARLOS ESQUIVEL		TY N	/ANAG	ER		ature Acc	fu	ecef	eQ.	) Date 04	e /13/2	018			
ASB-41 (R-06-08)					1		1	+	11	04/	10/2	010			
909-020-020-00 PM					/* [	Do not us	se this	s form for a	sbestos	s licensure	exem	oted a	ctiviti	es.	

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Date of Novie Control		NO	TIFICA (Furs	State TON OF Light to	of New Je ASBESTO NUAC 8:60	OS ABAT and 12:1	EMEN 20)	NT	D)-	E ()			V E	7
Date of Notification (1) 04 13/2018			Na	me of Bu	ilding Own	er/Operati	or (2)			A DI		7 0	048	
Agencies Notified Type Notifica	- 43		DI	MTC C	ORP.		1			APF	1 2	3 2	018	and the same of th
[5]	ation			et Addre					-	P.O.T. Div. or				
DEP Initial	a d				HROP ST	Γ.			AS	BEST	99 C	ONT	ROL 8	+
X DOL Amenda	ment#				Zip Code					Talagam,	With the state of	SING	er Guerrania en maria	- Table   Tabl
DOH Emerge	ncy (inclu	ding	Nan	ne of Cor	DOD , NJ	. 07648								
DCA Cancella	ation			E TAF					Telephone	e Numb	ber			-
Name of Eacility Whom Alex					INFORMA	TION			201. 38	8.72	72			
Name of Facility Where Abatement is T PRIVATE	aking Plac	ce (3)		10/2		HOIN	Тур	e of Facility (	4)					
Street Address								School (K-1						
					1115			Subchapter	8 (Other than	K-12)				
City (5)							X	Other (i.e. p	rivate & comm	nercial	buildir	ngs, h	omes,	
NORTH BERGEN NJ. 07047								are Feet	# of Floors			g. Age		-
County (6)			Coun	tu Cada	(7)			,000	2		8	102	•	
HOUDSON			(STAT	ty Code	(/) NLY)		Curr	ent Use (Pric	r if being dem	olished	1)			-
Name of Monitoring Firm Hired by Buildin	ng Owner	(8)	AS	CM No.		I Name			YES					
Street Address						NOR	OT ADS	atement Con	ractor (9) IRONMEN		2000			1
Gireet Address		9.00.22				Street	Addre	Se ENV	IRUNIVEN	IALL	LC.	1		
City, State, Zip Code						1126								
, _p couc			5.7500			City, St	tate, Z	ip Code						1
Project Manager for Monitoring Firm			T.1.			NOR'	TH B	ERGEN N	J. 07047					
			i elepi	none No.		Telepho	one No	0.	License	e No.	_			-
Start Date (10)	Sched	uled Co	moletion	n Date (1	14)	201 -			0130	0				
04/23/2018	1 04/2	5/2010	prodoi	Date (	1)			A Monitor	1 22 22					
Occupancy Status During Abatement (Ch	eck Only (	One)	771-7			Street A	-, AN	ALITYCAL	- INC.					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period o	f Abater	ment s			307 W	V. 38	ST.						
						City, Sta		Code KN.Y. 10	040					
Scope of Work (Check All That Apply)					1		101	IN IN. 1. 10	J18					
≥3 sf or ≥3 if  ≥160 sf or ≥260 if	X	Renova Demolit	ition ion			X	Glov	ebag Proced	with Negative					
		s Locati			150000,				) and Non-Fris	able Pro				
Location of Asbestos-Containing Material (ACM)		Normall ed Solel			Desc	cription of						temer	IT	
TO BE ABATED In Facility	Ma	aintenan	ice/	Asbe	estos Conta e. thermal s	ining Mate	orial (	ACM)	Amount				$\prod$	
(13)	Gus	todial S (12)	tait?	(	surfaci	ng. VAT	or	on,	(Specify SF or LF)	Re	Į,	ince	Enc	
	Yes				other mi	scellaneo	us)	1	or of LP)	Removal	Repair	Encapsulate	Enclosure	
First Floor (Living Room)	res	No	N/A							1 2	'	late	ire	
Roof	+-	X			JOIN CC				72 LF.	x				
		Х		R	oof (Black	k Memb	rane	)	,800 SF.	х			$\vdash$	
	+													
Name of Registered Waste Hauter		I NI II	DEP Wa	204	T								$\dashv$	
TRI -STATE TRANSFER		Hai	uler ID N	iste Vo.	Cubic Ya of Waste				stered Landfill					
City, State		1	9951		TBD		A	MINERVA	ENTERPRI	SEIN	VC			
BRONX, NY					Disposal	Date	C	ity, State					_	
Completed by	Title				TBD		V	VAYNERB	URG, OHIO	O				
CARLOS ESQUIVEL	SAFE	TY MA	ANAGI	ER		ature	1	000	( Dar	te				
ASB-41 (R-06-08)				-	109	1	1 ve	ef 1	7 04	/13/2	018			
(1.00-00)					/ <sub>* E</sub>	o not use	e this f	form for seba	stos licensure		100			
								101 9206	acos ilcensure	exemp	oted a	ctivitie	es.	

CK# 358

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	IN EM	Control Control	11 7	()	
	18	_				wth Properties	· Black to		125 - 15 	if.	د. ورا سرا	
Agencies Notified Type Notified	cation			Street	Address		The state of the s					111
☐ Initial				585	From R	oad	11	III APR	18	2018		
☐ DOLWD ☐ Amende				City, S	State, Zip (	Code				2010		1
□ DHSS Amendr	4				amus, N			Laura	. 1021			
DCA Emerge (NJAC 5:23-8)		uding			of Contac			Telephone Numb	or		in G	i.
Cancelli					ly Webb			312-960-5000		 712 ar		
						IFORMATION		312-960-5000				
Name of Facility Where Abatement is	Taking F	Place	(3)	FAC	JILIII IIV	IFORMATION	Type of Facility	(4)				
Sears Departement Store							School (K-12	2)				
Street Address			-				Subchapter 8	(Other than K-12)				
585 Form Road							homes, etc.)	rivate and commerc	cial bu	ilding	S,	
City (5)		-					Square Feet	# of Floors	DI	dg. Ag	20	
Paramus, NJ 07652							10,000	2		19. A	Je.	
County (6)				Cour	tu Cada (7	)(STATE USE ONLY)	•			+5		
Bergen				Court	ity Code (7	)(STATE USE UNLY)	Current Use (Pri	ior if being demolis	ned)			
	Idia - O		0)	10011		To the second						
Name of Monitoring Firm Hired by Bu	laing Ow	mer (	8)	ASCM		Name of Abateme						
Hillmann Consulting				6225	52	JVN Restorat	ion Inc					
Street Address						Street Address						= 20/22
1600 Route 22 East		3-17-				47 Foster Ro	ad	6				
City, State, Zip Code						City, State, Zip Co	ode					
Union NJ 07083						Staten Island	NY 10309					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Tammy Lomax			90	8-577	-6171	718-605-6256		00774				
Start Date (10)	Schedul	ed C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
03 /26 /18	10	_ /	31	_ / _	18	Testor Tech						
Occupancy Status During Abatement	(Check o	only o	ne)			Street Address						
☐ Facility Closed/Vacated During En						10 59 Jackso	n Avenue					
	Normal Fa	acility	/ Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: 7:00AM-7:0	<u>0</u> PM/	P	M		AM	LIC NY 11101						
Scope of Work (Check all that apply)												
☐ ≥3 sf or ≥3 lf	15	7 Pa	novati	on		☐ Full Cont	ainment with Neg	gative Pressure				
⊠ ≥160 sf or ≥260 lf	-	10000	molitic				Procedure					
10 To 10 To								n-Friable Procedur	е			
			Locat						Ab	ateme	ent T	уре
Location of			lorma d Sole			Description of			-	-		T
Asbestos-Containing Material (AC TO BE ABATED	(NI)		intena	, ,		stos Containing Ma e., thermal systems		Amount	em	Repair	nca	ncl
IN Facility	10	Cust	odial	Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	Remova	=	psu	Enclosure
(13)	Η,	.,	(12)	1	-	other miscellane		province activisation (a)	-		Encapsulate	G.
Second Floor Throughout		Yes	No	N/A	0	<u> </u>			<u> </u>	_		
						am Glue Dots		10,000SF		Ш	Ш	Ш
First Floor Throughout	L				VAT			25,650SF	$\boxtimes$			
	] [											
	[											
Name of Registered Waste Hauler				JDEP \		Cubic Yards of	Name of Regis	stered Landfill	-			
Newark Carting			H	auler II NJ-56		Waste 100	IESI					
City, State				140-00		Disposal Date	City, State					
Newark, NJ						05/31 /18	Bethlehem	ı.PA				
Completed By (Print or Type)	Title					Signature		Da	to i			
Ralph Barnhardt		iect	Mana	ager	-	Jigitatare		< >   Da		17		
ASB-41		,,,,,,		-501		1			4	17	-1	
MAY 11	* Do	o not	use th	is form	for asbes	tos licensure exemp	nted activities.		NAME OF TAXABLE PARTY.			

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

CHECK # 25017/25072/25087/25180

Date of Notification (1) 04-17-18  Agencies Notified  Type Notificati  Initial  DEP  Amended  Amended  Emergen	on			of Building	Owner/	Operator	(2)	CHECK		AL EUROPEAN	NAMES AND ADDRESS OF	-		
EPA Initial DEP X Amended X DOL Amendment	on		River	rside Squ				on Property	Gro	up)		1.00	f	11.7
DEP X Amended Amendment				Address					0 2 2		m*1	16. 1		To the V
X DOL Amendme			The processor	30x 6120					plant of the state	(Section 1)	ADI	2 2	2 0	010
Emergen				tate, Zip Co napolis, I		206			[1,1	£1	AFI	1 2	J 2	.010
≥ DOH justification	y (includin	g		of Contact	114 402				Thio	phone N	ımbor			
DCA Cancellat				Fattah						7-640-2			· · ·	
Name of Facility May			FAC	ILITY INFO	ORMAT	ION			1 7	1, 1 . T 1, 1 . T		n e		7/ 4+ 4++
Name of Facility Where Abatement is Ta	king Place	(3)					Тур	e of Facility (4	)					
Street Address								School (K-12						
One Riverside Square							×	Subchapter 8 Other (i.e. pri etc.)	vate &	commer	cial bu	ildings	, hom	nes,
City (5) Hackensack							1 22.052	are Feet	1000000	Floors		Bldg.		
County (6)			County	Code (7)			1 12000	9111 ent Use (Prior	if being	a demoli		32 yr	S.	
Bergen				USE ONLY)				mmercial	ii belii	g demon	sileu)			
Name of Monitoring Firm Hired by Buildin TRC Solutions, Inc.	g Owner (8	5)	ASC	M No.				atement Contr Environmer						
Street Address 1430 Broadway, 10th Floor						Street 200 E		ess d Street		18.				
City, State, Zip Code New York, NY 10018	•							Zip Code NJ 07072						
Project Manager for Monitoring Firm		- 1	Telepho	ne No.		Teleph		Entry Moderning		License	No			
Arnel Javal				221-7822	2	201-9				00756	140.			
Start Date (10) (2)03-13-18	Schedu 03-05-		npletion	Date (11)		Name of		HA Monitor Inc.						
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of mal Facilit	Abaten y Hours	nent s			City, St	ate, Z	kson Avenu Zip Code	90.00 A 0.000	<i>1</i> 11				
Scope of Work (Check All That Apply)					_	Long	Isla	nd City, NY	1110	1				
23 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gl	II Containmen ni-Enclosure ovebag Proceo n-Exempted (	dure	8			re	
		Locati											emen	t
Location of Asbestos-Containing Material (ACM)		Normali ed Sole				scription					-	1)	/ре П	
TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?	(i.e. t	hermal surfac	aining Ma systems cing, VAT niscelland	insula , or		(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
Basement: Restroom	Yes	No	N/A										(D)	
1st Floor: Restroom		X			aulking				4SF	х				
Roof: Entrance Canopy Roof			X			aulking				2SF	х			
1st & 2nd Floors	-		X			ashing	_			0SF	х			
Name of Registered Waste Hauler		N	JDEP W	asto	Cubic `	/all Tar		North I	6,22		x			
ATC, Inc. / JBT (50071)		Ha	auler ID I	No.	of Was			Name of Re Minerva E			1			
City, State Shirley, NY / Bronx, NY					Dispos TBD	al Date		City, State Waynesb	urg, C	)H 446	88			
Completed by	Title				Si	gņature		100		-	ate			

#### Title Of Project: One Riverside Square Additional Materials / Floors

Pg. 2

1				8
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
(3) Ground: Room 191A	N/A	Floor Tile/Mastic	460SF	Removal
(3) Ground: Room 194B	N/A	ACM Mastic on Beam	80LF	Removal
		China em	Uki 2 Complete Lipschick Complete Compl	





Print Form

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	2, 1	CALA	N	IOTIF		te of New OF ASBE			MENT	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	EC	<b>E</b> 9	11.7		. :	
				(P	ursuant	to NJAC 8	3:60 and	12:120	))		E W			. e. , 2 2		111
	te of Notification (1) 4/20/2018					Building C Haseltor		perator	(2)		A F	PR 23	20	18		1
Ag	encies Notified	Type Notification		7	Street A	dress				111		11 2-0			1	
×	EPA	X Initial		L		-						in a part of the			فعد	
XXX	DEP DOL	Amended Amendmen	#		City, Sta Berna	te, Zip Coo rdsville ,	de NJ,079	24			Ballin					
×	DOH DCA	Emergency justification) Cancellation	(including	_		Contact Haseltor					Telen	hone Num	har		-	
		Curiociiatioi			FACI	LITY INFO	RMATIC	N		***************************************						
	me of Facility Where rivate House	Abatement is Takir	ng Place (3	)					Type	of Facility (	4)					
	eet Address								D S	School (K-1 Subchapter Other (i.e. p	8 (Other			lings,	home	s,
Cit	y (5)								- 6	etc.) re Feet	# of F	loors	T BI	ldg. A	ge	
	ernardsville								N/A		N/A			I/Ă		
	unty (6) omerset				County C	Code (7) ISE ONLY)				nt Use (Pridate house		demolishe	ed)			
	me of Monitoring Firm /A	Hired by Building	Owner (8)		ASCM	No.		Name EHV	of Aba	tement Cor	tractor (9	)				
Str	eet Address			****					Addres	SS KLIN STF	REET					
Cit	y, State, Zip Code				<u> </u>					p Code N,NJ,07	524					
Pro	ject Manager for Mor	nitoring Firm		Ī	Telephor	ne No.			none No -333-5			icense No 01274	i.			
	ort Date (10) 5/01/2018		Schedule 05/02/		mpletion I	Date (11)				A Monitor	LLC					
Oc	cupancy Status Durin	g Abatement (Che	ck Only On	ie)			-	Street	Addres	SS						
	Facility Closed/Vac	ated During Entire	Period of A	Abater	ment			89 F	RAN	KLIN STF	REET					
×	Abatement Perform Other – Describe:	ned Outside of Norr Occupied	mal Facility	Hour	S		_ [			p Code N,NJ,07	524					
Sco	ope of Work (Check A	All That Apply)														-
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				IVEV.	Mir	Containment-Enclosure	9	legative Pr	essur	re		
	· · · · · · · · · · · · · · · · · · ·									n-Exempter		Non-Friabl				
		0.000		Locat			TO A STATE OF THE							Abate Ty	ment pe	
	Location Asbestos-Containing		Use	d Sole	ely by		tos Conta		/laterial		Amo	ount			ш	_
	TO BE AB			todial	Staff?	(i.e.	thermal s	system sing, VA	s insula T. or	ation,		ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	(13)			(12)			other m	iscella	neous)				oval	pair	sulat	sure
			Yes	No	N/A										е	
	GARA	3888894D		Х			PIPE IN		ACCOUNTY SOME		60		X			
	APARM	ENT		X		F	PIPE IN	ISULA	MOITA		20	LF	X			
2000	me of Registered Wa				NJDEP W Hauler ID		Cubic \ of Was					d Landfill	D	×.77/55-57	W. 100	
	IW ABATEMENT	LLU	,		003709		TBD	2000		170.000.000.000.00	400101000 ENDX	RANSFE	n			
	y, State TERSON,NJ 075	524					Dispos TBD	al Date		City, Stat	e X,NY	į.				
Co	mpleted by		Title	act M	lananor		Sį	gnatur	en/.	11/4	1/	Dat		2018		



PAID

Date of Notification (1)			· 		f Building C	Owner/O	perator	(2)	1		t	9.1	81/03	- 1	1		
04/19/2018		Pete Portas Street Address							AF	R 2	3	2018					
Agencies Notified	Type Notification			Street A	daress					14 14							
EPA DEP DOL	Initial Amended Amendmen		_	City, Sta Boont	ate, Zip Cod on,NJ,07	de 7005					F			. 7 1			
DOH DCA	Emergency justification) Cancellation	1		Name of Contact Pete Portas					Telephone Number								
	AL-4	DI /0		FACI	LITY INFO	RMATIO	ON										
Name of Facility Where A Private House	Abatement is Takir	ng Place (3	)					-	of Facility (4	60) 20)							
Street Address					School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)												
City (5) Boonton								re Feet	et # of Floors Bldg. Age N/A N/A								
County (6) Morris		County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) PRIVATE HOUSE											
Name of Monitoring Firm N/A						ne of Abatement Contractor (9) HW ABATEMENT LLC											
Street Address						et Address FRANKLIN STREET											
City, State, Zip Code						State, Zip Code TERSON,NJ,07524											
Project Manager for Mon		Telephone No.				elephone No. License No. 01274											
Start Date (10) 04/28/2018	2018					Name of OSHA Monitor EHW ABATEMENT LLC											
Occupancy Status During	2017 10 190	89 F				t Address FRANKLIN STREET											
Facility Closed/Vaca Abatement Perform Other – Describe:	baten Hour	ement City, S				State, Zip Code FERSON,NJ,07524											
Scope of Work (Check Al	II That Apply)																
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	enova emoli					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
10 - 22	Locat	1000				- 110	LXCIIIpted				Abatement						
Location Ashestos-Containing	orma d Sole	lly ely by	Ashaat		escription of tataining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		-	Type						
TO BE ABATED In Facility (13)  Mainte Custodi (1				Staff?							thermal : surfac	Removal	Repair	Encapsulate	Enclosure		
			No	N/A			VAT	101.01			05	1		е			
BASEMENT						VAT			131 SF			X	-				
													_				
Name of Registered Was	IN	NJDEP W	Vaste   Cubic Yards			ds Name of Registered Landfill											
EHW ABATEMENT LLC				Hauler ID No. of \ 0037095			ite	Tri State Transfer									
City, State PATERSON,NJ		Disposal Date				e City, State Bronx,NY											
Completed by Victor Espíritu	ct M	anager		Si	ignature	1/	WN	1,1		ate )4/19.	/2018	3					

CK1082-PAID

Date of Notification (1)			Name of Building Owner/Operator (2)									Ğ	7 *			
04/18/2018  Agencies Notified Type Notification			Liya Woodworth					116	3	*** 7 - \$ - 10						
	Type Notification			Street A	Address			de la constante de la constant	Appropriate the second	ADD '	) )	2010	40			
EPA DEP	Initial Amended		-	City Sta	ate, Zip Code			14	The state of the s	APR 2	4.3	2018	- terbane	lange of the lange		
X DOL	Amendment	#			lle Park, NJ	07204		de la companya de la					J			
X DOH	Emergency ( justification)	including	-		f Contact	07201			Telen	hone Nur	nher	727	à.			
DCA Justification) Cancellation					Name of Contact Telephone Number  Liya											
Name of Facility Wilson		FACILITY INFORMATION														
Name of Facility Where Private Home	Abatement is Taking	Place (3	)				Туре	of Facility (4	)							
Street Address							School (K-12	chool (K-12)								
Savet Addition							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
City (5)							etc.)									
Roselle Park							Squa	ire reet	# 01 F	ioors	1	lldg. A	ige			
County (6)					Code (7)	Curre	ent Use (Prior	r if being	demolish	ned)						
Union					USE ONLY) _	Current Use (Prior if being demolished)										
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCA	A No.	Name	ne of Abatement Contractor (9)									
Charact A L L							moval Safety LLC									
Street Address							et Address									
City, State, Zip Code							rosby Ave									
City, State, Zip Code							State, Zip Code erson, NJ 07502									
Project Manager for Monitoring Firm				Telepho	ne No.		Telephone No. License No.									
				1050	7 (C.10)	973-400-8711 01332										
							me of OSHA Monitor									
04/30/2018 05/02/201				B Rer				emoval Safety LLC								
Occupancy Status During Abatement (Check Only One)								et Address								
Facility Closed/Vacated During Entire Period of Abat Abatement Performed Outside of Normal Facility Ho				ent			rosby Ave									
Other – Describe: 8:00am-4:30pm			nours	•		100000000000000000000000000000000000000	State, Zip Code erson, NJ 07502									
Scope of Work (Check A	II That Apply)				Pai	100011, 140 07 302										
≥3 sf or ≥3 lf	enova	vation			X Full Containment with Nove to B											
≥160 sf or ≥260 lf Demo							Full Containment with Negative Pressure Mini-Enclosure									
					Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Locati	on				II Exempted					Abatement					
Location of No				у		Description of					Туре					
Asbestos-Containing Material (ACM) TO BE ABATED			d Sole ntenar	Asbestos Containing			Material	(ACM)	Amount (Specify SF or LF)				ш	_		
In Facil	Custodial Staff? (12)			(i.e. the	rmai system surfacing, V	s insulation, T, or		Removal			Repair	ncap	incl			
(13)		(12)		other miscellar					o. o. z. ,		pair	Encapsulate	Enclosure			
		Yes	No	N/A							_		ite	· O		
Basement				х	P	Pipe Insula	ation		9 L	F	х		х			
Basement				Х		Floor Til	es		120	SF	x		x			
													^			
Name of Registered Waste Hauler			N	NJDEP Waste Cubic Y				eaistere	stered Landfill							
Removal Safety LLC			200	Hauler ID No. of Was												
City, State				0037007 3				City, State	. 1401111	n 						
Paterson, NJ				Disposal Date				Morrisville, PA								
Completed by Title				Signaty				/ //	,,,,,,,	Da	te					
Lasko Veskov	Presi	dent			Zan						18/2018					