CK 4053

								11	-	EPF	7 1	- 8/7	T	- Security
Date of Notification (1)		N	lame of I	Building Ov	wner/Ope	erator (2)	<u> </u>	And Control	Ulr	15 6 1	5 0	\ <u>\</u>		اال
4/22/17		-	treet Ade		(. 0510			Par					+
Agencies Notified Type Notification		3	. Au	uress						APR	27	201	7	day
☐ EPA		C	ity, State	e, Zip Code				1						
DOL Amendment		-	CLI	FTON	. 1	NJ.	970	11	L.,	OPECTO	200	LITTE	~	4
DOH Emergency (i	ncluding	N	lame of	Contact .				100	Tele	phone Number	100	IVIII	VI. (
□ DCA □ Cancellation				42					_					Ī
			FACIL	ITY INFO	RMAT	ION	pe of Fa	oilin (A						-
Name of Facility Where Abatement is Taking P							5.0							
AL ACTOS	5100						Subc	ol (K-12 hapter 8	(Other)	than K-12)				
Street Address							Other	(i.e. pr	ivate &	commercial b	uilding	s, hon	nes, et	c.)
C:- (5)						Sc	uare Fee	t	# of	Floors	Ble	dg. Ag	;e	
City (5)				* 4			210			2 .		19.	30	
CUFTON County (6)		To	County C	ode (7)	-	Cı			if being	demolished)				
PASSAIC				SE ONLY)				200	1001	V CE	8			
Name of Monitoring Firm Hired by Building O	wner (8)	_	ASCM	No.		Name of A	batemen	t Contra	ector (9)					
							Remo	val II	nc					
Street Address						Street Add	ress							
							South		r Stre	et				- 1.
City, State, Zip Code						City, State			07601	i				
						Hacke		, NJ	0/00	License No.				
Project Manager for Monitoring Firm		T	Telephon	e No.		Telephone	No. 1-329	7444		003				
2 2 40	Scheduled (Ca1	ation Do	to (11)		Name of C								
Start Date (10) 5/8/17	Scheduled C			ue (11)		100000000000000000000000000000000000000	ga En		menta	al		180		
Occupancy Status During Abatement (Check O		// '				Street Add	No. of the last of	VHOIL	1110110		•		722.2	
		mant		+.2		280	Huyle	r Str	eet				. ~	,
☐ Facility Closed/Vacated During Entire Pe ☐ Abatement Performed Outside of Normal	Facility Hour	·C		12		City, State	, Zip Co	de		11.05/0/				
Other - Describe: 8:00 AM 10	SEDO PF	-1		10	—	Sou	th Had	kens	ack, I	NJ 07606				
Scope of Work (Check All That Apply)						541			12		-			
≥3 sf or ≥3 lf	2000ml 0000m	novati		157						Negative Pres	sure			
□ ≥160 sf or ≥260 lf	□ Dea	molitie	on			-8-	Mini-Er Gloveba	g Proce	edure					
							Non-Ex	empted	(*) and	Non-Friable	roced			
	Is I	ocatio	on									Abate	ment pe	
Location of		ormally				escription of					-			
Asbestos-Containing Material (ACM) TO BE ABATED		Solely ntenan		Asbes	tos Cont	taining Mate tems insulati	rial (ACI	M) cing		amount Specify	R	x	Enc	En
In Facility	Custo	dial St (12)	taff?	(i.e. aici		VAT, or				For LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other	miscellaneo	us)				/al	-	late	ire
	Yes	No	N/A								-			-
BASEMENT			×	THERM	AC SY.	STEM INS	JUNTI	N	7	OLF	×			_
	+ +													
	+			-										
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards	IN	ame of	Register	ed Landfill	, ,,			
			auler ID	No.	of Wa	iste						o T	TC	
Best Removal Inc			171	09	7:	207		ity, Stat		rva Enter	prise	78, L	T.C	
City, State						sal Date	2			rg, OH 4	4689	8		
Hackensack, NJ 07601	Tiel					5/9// Signature	/	way.	HESUL	Da	te .	- 2		
Completed by J. Maiorano	Title		to=		1,	Signature /	Pai	ممرد	سع			22/	17	
J. IVIAIOIAIIO	LSI	tima	IUI			- X ·	1	-			•		- 1	
ASB-41 (R-06-08)						() * D	o not use	this for	rm for a	sbestos licens	ure exe	anptec	activ	ities.

CK# 0962

Date of Notification (1)				Name	of Building O	wner/Operato	(2)	27700	<u> </u>	17		00	_
4/24/17					of Garfield	wnenOperato	(2)) E	C	5 1	\mathbb{W}	E
Agencies Notified	Type Notification	1		-	Address			111	111				
П гол	_				Dutwater L	n			1				
EPA DEP	Initial Amended		1		ate, Zip Code				L - 1	IPR-	27	2017	
X DOL	Amendmen	ıt #			eld, NJ 07			1					1
X DOH	☐ Emergency				of Contact	-		Te	lonkona	Numah		On the last of the	-
DCA	justification Cancellatio				, comac			1 16	lephone				NL 8.
				FAC	ILITY INFOR	MATION		:	-	LIUI	ENSIN	<u>.</u>	1.60
Name of Facility Where	Abatement is Taki	ng Place (3	3)	170	ILIT I HAT OF	MATION	Type of Fa	cility (4)					
Garfield Public Libr	ary						THE REAL PROPERTY.	ol (K-12)					
Street Address								napter 8 (Oth	ner than k	(-12)			
500 Midland Ave							Other	(i.e. private	& comm	ercial b	uildings	s, hom	es,
City (5)							etc.) Square Fee	. 4	£ =1		Dist	^	
Garfield								1 333	of Floors		Bldg.	Age	
County (6)				Country	Code (7)		10,000	2			50+		
Bergen					Code (7) USE ONLY)		Current Use	e (Prior if be	ing demo	olished)		
Name of Monitoring Firm	Hirad by Buildin-	Ourne- /01					Library						
Environvision Cons	and the state of t	Owner (8)		ASCN	и No.		of Abatemer						
Street Address	ultarits						nony Cont	racting in	С				
21 Wagaraw Rd						3.007.50	Address						
City, State, Zip Code							Palisade A	W7/47					
Fair Lawn, NJ							tate, Zip Cod						
Project Manager for Mon	1						ield, NJ 07	7026					
Guillermo Morales	itoring Firm			Telepho			one No.		Licens				
					36-9145		60.6026		0125	5			
Start Date (10) 5/3/17				npletion l	Date (11)		of OSHA Mo						
	A1- 4- 1 (O)	5/7/17					nony Cont	racting In	C		00.000		
Occupancy Status During							Address						
Facility Closed/Vaca Abatement Performe	ited During Entire	Period of A	Abaten	nent			Palisade A						
Other – Describe:	ed Outside of Norr	nai Facility	Hours	3		1	tate, Zip Cod						
Scope of Work (Check Al	That Analy					Gart	ield, NJ 07	7026					
Proof.	i iliai Appiy)	(Const.)				Pro-	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		District	lenova emolit			×	Full Conta	ainment with	Negativ	e Pres	sure		
2100 01 01 2200 11			emont	1011			Mini-Encl	osure Procedure					
						×		npted (*) an	d Non-Fr	iable P	rocedu	re	
		Is	Locati	on							100	ement	
Location		Lico	lormal d Sole	ly ly by		Description	of			-	- 1	ype	
Asbestos-Containing TO BE ABA	State of the state		intena			Containing M			mount		_	四	ш
In Facilit		Cust	odial S	Staff?		ermal systems surfacing, VA			Specify For LF)	á	Re	ncap	incl
(13)			(12)			ther miscellan			0. 2.)	Namova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						=	-	ate	e e
Baseme	ent		х		I	Pipe Insula	tion		9 LF	X			
Basement Stora	age Room	Х				VAT		50	00 SF	K			
2nd Floor	Loft		х			VAT		60	00 SF	X			
Name of Registered Wast	e Hauler		1 5 7 7	JDEP W		ubic Yards	Nam	e of Registe	red Land	fill			
Harmony Contracting	g Inc			auler ID 33137		f Waste BD		OWS Lar					
City, State						isposal Date	City,	State			**************************************		
Garfield, NJ						BD	1 200	rrisville, P	Α				
Completed by		Title	N. 1974			Signature	_			Date			
Kristina Caporino		Secre	etary			Kunta	/ 1	2400		4/24/	17		

CK2687	1	N		CATION	te of Nev OF ASBE to NJAC 8	STOS	ABATE				EC			/ E	To the second
Date of Notification (1)	1/24/17		1	Name of	Building (Owner/C		(2)			<u>AP</u>	R 2	7 20	17	
Agencies Notified Ty	pe Notification		5	Street A	ddress _					-	To Cale				
П ЕРА	Initial										ASBES"	TOS C	ONT	ROL	.8
□ DEP □	Amended			City, Sta	te, Zip Co	1	, ,	, 1	- 671	4	l	ICENS	SING		
▼ DOL	Amendment #_ Emergency (in	cluding	-	$\{V\}$	07+6	1011		VJ	010	アリノ					-224
□ DOH	justification)	cidaling	1,4		Contact					I Tele	phone Nu	mber			
DCA C] Cancellation			Eric Pl									_		
				FACI	LITY INFO	RMATI	ON	T	of Facility (4	67					
Name of Facility Where Aba	tement is Taking I	Place (3)													
Street Address									School (K-1) Subchapter Other (i.e. p etc.)	8 (Othe	er than K-1 commerc	2) cial build	lings,	nome	s,
City (5)	+(n./	/			un/				re Feet	# of	Floors	В	ldg. A	ge 7	
County (6)	11 CLMIT		1	County (Code (7)			Curre	nt Use (Pric	or if bein	ng demolis	shed)		1	
County (o)	ex.				JSE ONLY)	Y Parameter			H	DN		130			
Name of Monitoring Firm His	red by Building Ov	vner (8)		ASCN	1 No.		Name	of Aba	tement Con						
Ivaine or wormoring r inn r in	ica by ballaning or	,,,o, (e)			10.771		Brick	k Indu	stries Inc	2	800				
Street Address							Street	Addres	SS						
Oli Col 7 (dal Coo							P.O.	Box 9	915						
City, State, Zip Code							City, S	State, Z	ip Code	Li oniziali E					
Oity, Otato, Zip Oodo							100 CO. C.		v Jersey (08723					
Project Manager for Monitor	rina Firm		Π.	Telepho	ne No.		Teleph	hone N	0.	T	License I	No.			
1 Tojoot Managor To Monto	9						(732)899-	7499		01196				
Start Date (10)	7 5	Schedule	d Com	1	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During A				, 1	<u> </u>		Street	Addres	SS						
Facility Closed/Vacated Abatement Performed Other – Describe:	d During Entire Pe Outside of Norma	riod of A I Facility	batem	ent		_	City, S	State, Z	ip Code						
Scope of Work (Check All T	hat Apply)	-		-							in				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				Ř	_ Mir	II Containme	9	Negative	Pressu	re		
-							-		ovebag Prod n-Exempted		d Non-Fria	able Pro	cedur	Э	
													Abate	ment	
700 000 0		20.75	Locati Iormali			D-	scription						Ту	ре	
Location of Asbestos-Containing Ma			d Sole		Asbes				I (ACM)		mount			ш	П
TO BE ABATI			intenar odial S		(i.e.		system		ation,		specify or LF)	Ren	Re	ncar	ncl
In Facility (13)			(12)				cing, VA			31	OI LI')	Remova	Repair	Encapsulate	Enclosure
(15)		- T	NT-	N1/A	1							<u>s</u>		ate	, e
		Yes	No	N/A					11.1	100	1 =	-	_		
					wie	760	ME	101	llation	170	1	0			
							1								
				-											
Manage Davids and Mr.	Hauler		l N1	JDEP V	Vasta	Cubic	Yards	-	Name of	Registe	ered Landi	fill			
Name of Registered Waste	Hauler			lauler ID		of Wa		,	1000000000						
Brick Industries Inc.			2	1602			_)	GROW		2				
City, State Brick, New Jersey						Dispo	sal Date	7	City, Stat	е					
Completed by		Title					Signatur	e /	10/		[[Date	_	1 ,	
Eric Plackis		Pres	ident					24	11			4	24		

								Г	-	7 (6		n	17	Pgi	ntEc
CK3136	N		ICATION	ate of New OF ASBE to NJAC 8	ESTOS	ABATE		Т	D/-	<u> </u>) E		- W	<u> </u>	Mary lands of the
Date of Notification (1) 4/20/2017			Name o	f Building (ence	Owner/O	perator	(2)			AP	R 2	/	201	f	
Agencies Notified Type Notification X EPA X Initial			Street A	ddress				1	AS	SBES	TOS	CO	NTF	OL	8.
▼ EPA ▼ Initial ▼ DEP ▼ DOL ■ Amended ▼ Amendment	#	_		ate, Zip Co					-	-	ge to the Alexand			Se de	
Emergency (justification) DCA Cancellation	including	Ī		f Contact Cerullo-E	Depaol	a			Tele	phone	Numb	er			
			1100-0-1110	LITY INFO					T						
Name of Facility Where Abatement is Taking Residence	Place (3))					Тур	oe of Facility (School (K-1	5.65%						
Street Address							×	Subchapter Other (i.e. p	8 (Othe			build	ings,	home	es,
City (5) Linden, NJ 07036							Squ 11	etc.) uare Feet 00	# of 2	Floors			dg. A 7 yrs		
County (6) Union				Code (7) USE ONLY)			Cui	rrent Use (Pri	or if bein	g demo	olished	1			
Name of Monitoring Firm Hired by Building C A. Seine Lighthouse Solutions	Owner (8)		ASCN	Л No.				batement Cor ank Servic		9)					
Street Address PO Box 354						Street 1256		ress erty Avenu	ie						
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 49-2666		Teleph 844-		No. -7465		Licens 0131					
Start Date (10) 5/8/2017	Schedule 5/12/20		npletion	Date (11)				SHA Monitor Lighthous	e Solut	ions				-115	
Occupancy Status During Abatement (Check	Only One	e)				Street	Add	ress							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A al Facility	baten Hours	nent S				state,	Zip Code					-		
Other – Describe:					_	Sout	h O	range, NJ	07079						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	4	Full Containme Mini-Enclosure Glovebag Pro	e cedure	5					
	Is	Locat	ion				<u> </u>	Non-Exempted	u (*) anu	NON-F	паріе		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	lormal d Sole ntena odial ((12)	ly by		tos Conta thermal surfac		Mater s ins T, or		(S	nount pecify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
	Yes	No	N/A											ite	е
basement		X			pip	oe wra	р		5	Olf	2	ζ			
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	Yards	Vee	Name of	Register	ed Lan	ndfill				
Newark Carting		H	lauler ID 4509		of Was			Waste	Manag			ndfil	1		
City, State East Orange, NJ					Dispos	al Date		City, Stat Penn A		PA					
Completed by Alison Lamers	Title Office	e Mar	nager		S	ignature		nevs	>		Date 4/20		17		



Date of Notification (1) 4/24/2017				of Building	Owner	/Operator	(2)	The same of the sa		(F	2 П	D /7		parane.
Agencies Notified Type Notification	77.	-		revedi				110),	E C	E		\V/	E	M
■ EPA Initial			Otrocti	Tuul 033				lin						
DEP Amended		Ī	City, St	ate, Zip C	ode				APF	?	7	2017	- 1	
X DOL Amendment Emergency		-		ood Par		07407							ì	Later Mary
DOH justification) DCA Cancellation			Name o	of Contact				I	lephone	Nun	nber CON	URC)L. 8.	
Name of Facility Where Abatement is Takir	a Diago (2)		FAC	ILITY INF	ORMAT	TION		The same of the sa	-		is the			
Residence	ig Place (3)						Type of Facili							
Street Address							School (Subchap		her than	K-12	2)			
							Other (i.e					dings	, hom	ies,
City (5)							Square Feet	# (of Floors	9	E	Bldg. /	Age	
Ship Bottom		2.					625	1			1	+05		
County (6) Ocean				Code (7) USE ONLY)	<u>. T.</u>	Current Use (Residence		ing dem	olish	ed)		0	
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		Name	of Abatement (Contracto	r (9)	-				
N/A							Way Abaten	nent LL	С					
Street Address							Address Bartlett Ave	F6 ***	9.2					
City, State, Zip Code	7. 1						tate, Zip Code	Della Francisco		-				
Project Manager for Monitoring Firm			Telepho	na Na			t Creek, NJ	08092	111					
•			relepho	nie ivo.		100	one No. 618-5955		Licens 0131).			
Start Date (10) 5/3/2017	Scheduled 5/5/2017		npletion	Date (11)		Name N/A	of OSHA Monit	or						
Occupancy Status During Abatement (Chec	k Only One)					Address				-	-		
Facility Closed/Vacated During Entire I	Period of Ab	atem	nent											
Abatement Performed Outside of Norm Other – Describe:	al Facility F	lours				City, S	tate, Zip Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processes.	nova moliti					Full Contain Mini-Enclos Glovebag P	ure		ve Pr	essu	re		
	1					×	Non-Exemp	ted (*) an	d Non-F	riable	e Pro	333		
Lacellacet	1000	ocation rmall										Abate Ty	ement pe	t
Location of Asbestos-Containing Material (ACM)	Used Maint	Solel	y by	Asbes		scription taining M	of aterial (ACM)	A	mount				_	
TO BE ABATED In Facility	Custoo	lial S		(i.e.		systems cing, VA	insulation,		Specify F or LF)		Rer	Re	Encapsulate	Enc
(13)	. (12)				niscellan		31	oi LF)		Remova	Repair	psula	Enclosure
	Yes	No	N/A								=		ate	.e
Exterior	1	Х				Siding			200		х			
					-			-		_				
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards	Name o	of Registe	ered Land	dfill				
Timster Trucking Inc		1000000	auler ID	No.	of Was	ste		e Mana						
City, State		1				sal Date	City, St	ate					1-11-11	-
West Creek, NJ					TBD			own, P	4					
Completed by Amanda Mears	Title	C-	f=\\\!-		S	ignature		^		Date				
Amanua Wedis	Owner-	· Sa	ievvay				10			4/2	4/20)17		



<u> </u>									FR	PI	17	7 [2 ["
Date of Notification (1)	72020 W	1972					g Owner/Operator	(2)	MEG		V		2
	/	17			CH	ARLOTT	E HARRISON		1150				
Agencies Notified	Type Notifica	ation			Street	Address			111	0.7	20	17	111
⊠ EPA									U LA APR	27	20	1/	1
☑ DOLWD	Amended				City, S	State, Zip (Code		2				\vdash
⊠ DHSS	Amendme		dudina		WC	ODSTO	WN NJ		ASBEST	OS CC	TNC	ROL	- 8.
☐ DCA (NJAC 5:23-8)			auaing	3	Name	of Contac	t		Telephone Num	per NS	NG		
(☐ Cancellat				CH	ARLOTT	E HARRISON						
					FA	CILITY IN	IFORMATION				_		
Name of Facility Where	Abatement is T	aking	Place	(3)		01211111	ii orumarion	Type of Facility	(4)				-
Resident				, ,				School (K-12	30 Car				
Street Address								Subchapter	8 (Other than K-12				
								Other (i.e., p	rivate and comme	cial bui	lding	S,	
City (5)				-	100000			Square Feet	# of Floors	RId	g. Ag	10	
WOODSTOWN NJ								1,600Sf	2Floors		951	jc	
County (6)					Cour	ty Code (7)(STATE USE ONLY)		rior if being demolis		001	-	
Salem COUNTY					Joodi	ity oddo (i	MONNIE GOT ONE!	Resident	nor it being dernois	incu)			
Name of Monitoring Firm	Hired by Build	lina O	wner ((8)	ASCM	No.	Name of Abatem						
		g	,,,,,,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B consequences of the contract of		tal Service, LLC				
Street Address							Street Address	T ETTYTI OTHER					
							14 Read Driv	Α.					
City, State, Zip Code	80 - 12 12 - 12 - 12 - 12 - 12 - 12 -						City, State, Zip C						
ong, onno, mp occo							Sicklerville, I						
Project Manager for Mon	itorina Firm			Tele	phone	No	Telephone No.	10 00001	License No.				
, and the same of				1000	,p110.10	. 10.	856-318-1341	ř	01158				
Start Date (10)	15	Schedu	ıled C	omple	tion Da	te (11)	Name of OSHA N		01100				
_04 / 22 /	- 1					17			tal Services, LL	•			
Occupancy Status During							Street Address						
Facility Closed/Vacate				0.5	ment		14 Read Driv	•					
☐ Abatement Performed						cribe	City, State, Zip Co						
Time of Abatement: 7							Sicklerville, I						
Scope of Work (Check a	Il that apply)		-		-		Sicklei ville, i	42 00001					
ocope of work (offect a	ii tiiat appiy)						☐ Full Con	tainment with Ne	gative Pressure				
□≥3 sf or ≥3 lf			⊠ Re				Mini-End						
_≥160 sf or ≥260 lf			∐ De	moliti	on		☐ Gloveba	g Procedure moted (*) and No	on-Friable Procedu	re			
		T	Is	Loca	ion	T		()			teme	ent T	vne
Location				Norma			Description of						
Asbestos-Containing TO BE ABA)		intena	ely by ince/		stos Containing Ma ., thermal systems		Amount	em	Repair	nca	nclo
IN Facil			Cust		Staff?	(1.6	surfacing, VAT	or	(Specify SF or LF)	Remova	=	psu	Enclosure
(13)		ŀ		(12)	T	-	other miscellane		1000 1000 1000 1 0	-		Encapsulate	9
			Yes	No	N/A					1			
Basement				\boxtimes		Asbest	os duct Paper		21SF				
							85.6						
			П								П	П	
					+	-							
N						<u> </u>		1			Ш	Ц	Ш
Name of Registered Was					IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis		T			
Graham-Tech Envi	ronmental S	ervice	e, LL		00346				North Landfill &	lullyi	own	li .	
City, State							Disposal Date	City, State					
14 Read Drive Sick	ierville, NJ 0	8081					. /	1513 Brod	entown Rd. Moi	risvill	e,PA		
Completed By (Print or T	ype)	Title					Signature	· A	Da	te /	ni.	2.120	7
Vernice Graham		Pro	eside	ent			I W LL	A U.L.	MI	1.9	10	1	/

State of New Jersey - Notification of Asbestos Abatement

			(Purs	uant to <u>N.J.A.C</u>	. 8:60-7 and 12:120-7)	proposacione		· ·	3	00 1	
Date of Notification (1) April 21, 2017					Name of Building Owner. Nancy Juelis	Operator (2)) E	CE		/ E	
Agencies Notified XEPA DCA x DOL X DEP x DOH	2).	Notification Initial	al Noti ed Certi ency (i ation)		Street Address City, State, Zip Code Bloomfield, NJ Name of Contact Nancy Juelis		10 51	PR 2	7 20°	* *	0
Name of Facility Where Abate	ment is T	aking Place (3)		FACILITY INF	ORMATION Type of Facility (4)		*****************	1014-20-4121	court to Comment.		THE BUILDING MICH
Private Home					☐ School (K-12)						
Street Address					Subchapter 8 (other tha Sq. Feet: Unknown	commercial b				vears	S
City (5) Bllomfield	County (Code (7) Use Only)	Current Use (prior if being	- 100 No. 100 No. 100			<u>→</u> . 50(7±	,	
Name of Monitoring Firm Hire EnviroVision Const			ASCM 0007		Name of Contractor (9)		(1				
	uitants	inc.	0007	9	GREENWOOD ABA	TEMENT C	ONSUL	LTANTS	s, INC		
Street Address 20-21 Wagaraw Road	, Bldg	# 35E			Street Address 511 MAIN STREET						
City, State, Zip Code Fairlawn, NJ 07410					City State, ZipCode Butler, NJ 07405						
Project Manager for Monitoring	g Firm	Telephone N			Telephone Number		License	e Number			
Fred Larson		973-636	9145		973-492-0477		00840	0			
Scheduled Start Date (10) May 6, 2017		May 7, 20		n Date (11)	Name of OSHA Monitor EMSL inc.						
Occupancy Status During Al Facility Closed/Vacate Abatement Performed	ed During	Entire Period	of Abater		Street Address 1056 Stelton Road						
Describe Other – Describe:					City, State, Zip Code Piscataway, NJ 08	854					
Source of Work (Check all that	t apply)					F 0 1					
≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 2	60			Renovation Demolition		Full Contain Mini-En x Glovebag Non-Exemp	closure Procedu ted (*) a	ire and Non-l	Friable	Proced	dure
Location of Asbestos-Containi Material (ACM) in Facility (13)	Sol	ocation Normal ely by Maint./Cu ff? (12) S NO			estos Containing Material al systems insulation, surfaci cell.)	ng, (Specif or LF)	v SF	Abateme Remove			Enclose
Crawlspace			X	Pipe & fitting	insulation	7 If		X			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	2	NJDEP Was See Below		ID#	Cubic Yards of Waste: 2		Meado G.R.O	of Registe owfill La).W.S va Ent. (ndfill	ıdfill	
Hauler #1) Greenwood NJ DEP # 12 Hauler #2) Newark Carti	561 NY	DEP#		A.	7405	Disposal Da May 7, 20		Ro	ty, State oute 2, E idgepor 14-842-2	Box 68 t, WVA	
Completed by (Print or Type) Marin Graure		Title SENIOR PI	ROJEC	т	Signature Marin Graun	z.e.	Date April	1 21, 20	17		

Marin Graure

MANAGER

CKai	2002		NOTI		ATION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:1		DEG	E	7	<u> </u>	
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	APE	7 2	7 2	117	1000
04/	24 /	17			Div	ision of	Property Manage	ement & Cons	truction	1 6	1 6	JII	16
Agencies Notified	Type Notifica	ation			Street	Address							4
⊠ EPA	☐ Initial				20 1	W. State	Street, 3rd Flr.		ASBEST				L &
□ DOLWD	☐ Amended					State, Zip (1 1	CEN	DHAE	7	
⊠ DOH	Amendme	-				nton, NJ						41-4	- 55
DCA (NJAC 5:23-8)			cluding			of Contac			Telephone Numb	ner			
(110/10/0.20-0)	☐ Cancellat				1000000	k Ferrera	3		, samone runn	<i>/</i> C1			
		784 765				V 31/2011 6 30-4 41/4/2	IFORMATION				-		
Name of Facility Where A	batement is T	aking	Place	(3)	TA	JILITI IN	IFORWATION	Type of Facility	(4)				
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Street Address								Subchapter	8 (Other than K-12)				
								Other (i.e., p	rivate and commer	cial bu	iilding	S,	
City (5)								homes, etc.	# of Floors	DI	da A	-	
Newark, NJ								Square Feet	# 01 F1001S	DI	dg. A	ge	
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Hea /Di	rior if being demolis	hod)			
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Name of Monitoring Firm	Hired by Build	dina C	wner (8)	ASCM	No	Name of Abateme	ent Contractor (9)	1		-		
Bio Terra Solutions		9 0	,,,,,,	٠,	7100IVI	110.		NAGEMENT L					
Street Address							Street Address	MACLMENT				_	
P.O. Box 1224							27 Outwater	l ano					
City, State, Zip Code							City, State, Zip Co						
Union, NJ							Garfield, NJ						
Project Manager for Moni	torina Firm			Tele	phone	No	Telephone No.	07020	License No.				
Rick Eustaguio					73-494		973-928-4888	í	1188				
Start Date (10)	5	Sched	uled C		tion Da		Name of OSHA M		1100				
04 / _26_ /				ALIZAN BURNE		17		NAGEMENT L	.LC				
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address			000000000000000000000000000000000000000			
□ Facility Closed/Vacate							27 Outwater	Lane					
Abatement Performed	Outside of No	ormal	Facility	Hou	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: _	AM	PN	1/	_PM		AM	Garfield, NJ	07026					
Scope of Work (Check all	that apply)											_	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			□ Re 図 De		7.5		☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedur	re			
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Location Asbestos-Containing	.00	.		lorma d Sol	illy ely by		Description of				_		
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(13)		i	Yes	No	N/A	1	other miscellane	ous)				ate	(D
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Name of Registered Was				11 (-2)	JDEP \		Cubic Yards of Waste	Name of Regis					
Century Waste, LLC	•			Τ.	32797		As Needed		ehem Landfill				
City, State							Disposal Date	City, State					
Elizabeth, NJ							TBD A	Bethlehen	ı, PA				
Completed By (Print or T	ype)	Title					Signature	1/	Da	te/	11		
Allen Monchik		Pi	oject	Man	ager			$\sim 1/$	_	H2	411	7	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(h)	100/7	NOTI				C 8:60 and 5:16			э п	71.77		para
Date of Notification (1)	1000			Name o	of Building	Owner/Operator (2	2)	MEGU		-W	E	1
04/	24 / 17				- 3	roperty Manage		ruction				
Agencies Notified EPA	Type Notification Initial				Address V. State S	Street, 3rd Flr.		APR	27	2017	7	
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☑ DOH □ DCA	Amendment #_			Tren	nton, NJ	08608		ASBESTOS	S CO NSI		OL 8	Ý.
(NJAC 5:23-8)	justification)	Juding	-	Name	of Contact			Telephone Numb				
	☐ Cancellation			Rick	Ferrera							
				FAC	ILITY IN	FORMATION		2				
Name of Facility Where	-	Place	(3)				Type of Facility	330500				
Residential House							School (K-12	2) 8 (Other than K-12)				
Street Address							Other (i.e., p	rivate and commerc	ial bui	ldings	5,	
City (5)							Square Feet	# of Floors	Bld	lg. Ag	е	
Newark, NJ												
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Essex												
Name of Monitoring Firr	n Hired by Building C	wner (8) /	ASCM N	Vo.	Name of Abateme						
Bio Terra Solution	s					ALL PRO MA	NAGEMENT L	.LC				
Street Address						Street Address						
P.O. Box 1224						27 Outwater						
City, State, Zip Code						City, State, Zip Co						
Union, NJ						Garfield, NJ	07026					
Project Manager for Mo	nitoring Firm			phone N		Telephone No.		License No.				
Rick Eustaquio	10-1			3-494-		973-928-4888		1188				_
Start Date (10)	AV JOHNSON DOMESTICA			tion Dat	10 200	Name of OSHA M	NAGEMENT L	LC				
Occupancy Status Duris						Street Address						
☐ Facility Closed/Vaca					!!	27 Outwater						
Abatement Performs Time of Abatement:	AMPI					City, State, Zip Co Garfield, NJ						
Scope of Work (Check	all that apply)		1-1-7-7-11			Carrotter Section 19	a 60 0000 0000 0000	220 200				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Re 図 De				☐ Mini-End ☐ Gloveba	g Procedure					
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Locatio	n of	1	Norma	lly		Description of	of		_	ateme		
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TO BE AS			todial		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	SVOI	air	apsı	nso
(13)			(12)	_		other miscellane		0. 0. 2. 7	-		ılate	ē
		Yes	No	N/A					-			_
First Floor- Kitchen	& Rear Storage				VAT/Ma	estic		480 SF			П	Ш
Name of Registered W	aste Hauler		7.0	JDEP \		Cubic Yards of		istered Landfill			,	
Century Waste, L	LC			lauler II 32797		Waste As Needed	IESI Beth	lehem Landfill				
City, State						Disposal Date	City, State					
Elizabeth, NJ						TBD	Bethleher	n, PA				

Completed By (Print or Type)

Allen Monchik

Title

Project Manager

	all) +		(Pu	rsuan	t to NJA	C 8:60 and 5:16	6)) E		F	n n	7 [F I
Date of Notification (1)	- 0 -			T	Name	of Building	g Owner/Operator (2	2)		11-1-	, (07	lung.		/ 1	
04/	24 /	17	_		Divi	ision of I	Property Manage	ement & Const	tructi	on					
Agencies Notified	Type Notifi	cation			Street	Address				i	APR	27	20	17	
	☐ Initial				20 \	N. State	Street, 3rd Flr.			1					i
⊠ DOLWD	☐ Amende	0.000		İ	City, S	state, Zip C	Code		1	ASE	BEST	25.0	ONT	ROI	8
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(113/10/3.23-0)	☐ Cancell					k Ferrera	7.0		1 1010	prioric	· i vairie	_			
					FAC	CILITY IN	FORMATION		1		9				
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)						
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								Other (i.e., p homes, etc.)		and co	ommer	cial bu	ilding	S,	
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County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if b	eing d	emolis	hed)			
Essex						2 (6)		*							
Name of Monitoring Firm	Hired by Bu	ilding (wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9))						
Bio Terra Solutions	3						ALL PRO MA	NAGEMENT L	.LC						
Street Address							Street Address								
P.O. Box 1224							27 Outwater I	Lane							
City, State, Zip Code							City, State, Zip Co	ode							
Union, NJ							Garfield, NJ	07026							
Project Manager for Mon	itoring Firm			Tele	ohone l	No.	Telephone No.		Lic	ense	No.				
Rick Eustaquio					3-494		973-928-4888		1	1188					
Start Date (10)						te (11)	Name of OSHA M	lonitor							
04 /26 /			5_ /	26	_ / -	17	ALL PRO MA	NAGEMENT L	LC						
Occupancy Status During							Street Address								
☐ Facility Closed/Vacate							27 Outwater I	Lane							
Abatement Performed Time of Abatement: _	Outside of I	Normal	Facility	/ Hour	s - Des	cribe	City, State, Zip Co	ode							
			vu			AIVI	Garfield, NJ	07026							
Scope of Work (Check al	I that apply)						□ F!! C			D					
≥3 sf or ≥3 lf			П Re	novatio	on		☐ Mini-Enc	ainment with Neglosure	gative	Press	ure				
≥160 sf or ≥260 lf			□ De	molitio	n		☐ Glovebag	Procedure							
					e700-9140-0		Non-Exe Non-Exe	mpted (*) and No	n-Fria	ble Pr	ocedur	e			
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TO BE ABA	TED	6		intena todial S			., thermal systems i	insulation,		(Speci		Removal	Repair	Encapsulate	Enclosure
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City, State							Disposal Date	City, State							
Elizabeth, NJ							TBD	Bethlehem	n, PA						
Completed By (Print or T	ype)	Title	9	-17			Signature	-			Da	te/	1		

Allen Monchik

Project Manager

											Pri	nt Form
Ch13			CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 and	ABATE	일일 아이는 사람이 없는 것이 없다.		EG				
Date of Notification (1) 4/25/2017				f Building Owner/C r J. Pope	Operator	r (2)		APR	27	20	17	
Agencies Notified Type No	otification		Street A	ddress			i			010	DOL	2
	tial nended		City, Sta	ate, Zip Code			A	SBESTO	S U	UN I	MUL	. Cs
l En	nendment # nergency (including	<u>, </u>	Collin	gswood, NJ 08	3108							
	tification) ncellation			f Contact el S. Pope			Tel	ephone Nun	nber			
Name of Facility Where Abatemer	at is Taking Place (3)	FACI	LITY INFORMATI	ON	Type of Facility	(4)					
Residential Home	it is Taking Flace (3)				School (K-						
Street Address						Subchapte	er 8 (Oth	er than K-12 & commercia	2) al buile	dings,	home	es,
City (5) Collingswood						Square Feet 2,000	# o	f Floors		lldg. A 96	ige	
County (6) Camden				Code (7) USE ONLY)		Current Use (Pr Home	rior if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by)	ASCN	l No.	170000000000000000000000000000000000000	of Abatement Co					4.55-511	
Environmental Testing Con Street Address	Isuitants		n/a			Asbestos Aba Address	temen	LLC				
413 N. Black Horse Pike		AV-SID- ON FIDE			180	0 Federal Stre	et					
City, State, Zip Code Runnemede, NJ 08078						State, Zip Code nden, NJ 0810)5					
Project Manager for Monitoring Fil	m		Telepho		Telepl	hone No.		License N	0.			
Howard Zenobi Start Date (10)	LSabadu			52 1311 Date (11)		630 3288 of OSHA Monitor		01303				
5/6/2017	5/9/20		pletion	Date (11)		monitor	Ιĕ					
Occupancy Status During Abatem	28. 52				Street	Address	38					
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:					City, S	State, Zip Code						
Scope of Work (Check All That Ap	ply)				_	_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promote	Renoval Demoliti			2	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	in eticol d uccini antenio			0	
W. C.		s Location				- Non-Exemple	Jan Jan	G NOITH HAD	10 1-10	Abate	ement pe	
Location of Asbestos-Containing Material TO BE ABATED	(ACM) Us	Normall ed Solel aintenar stodial S	ly by nce/	Asbestos Cont (i.e. thermal	system	/laterial (ACM) s insulation,	(5	mount Specify	Re			E
In Facility (13)	Cus	(12)	itelli?		cing, VA niscellar		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
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Basement			х	TSI	on hea	ater	3	6 SF	x			

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 04 26 17 Mondelez International Street Address Type of Notification Agencies Notified 2211 Route 208 North Initial 1 **EPA** City, State, Zip Code DEP Amended Fairlawn, New Jersey, 07410 7 DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification ROBERT GABEL Cancellation ASBESTOS CONTROL **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mondelez International School (K-12) Street Address Subchapter 8 (Other than K-12) 2211 Route 208 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** Fairlawn 1,000,000 Bergen Current Use (Prior if being demolished) 40 + Bakery/WAREHOUSE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO AET NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 907 Doolittle Drive City, State, Zip Code 32 Williams Parkway Bridgewater, NJ 08807 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Eric Houseknecth 908-218-1108 East Hanover, NJ 07936 Sheduled Start Date (10) Sched, Completetion Date (11) Telephone Number License Number 17 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 7 Other - Describe: __7AM - 7PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Full Containment with Negative Pressure 4 Renovation Mini - Enclosure >3sf or >3lf >160 sf or >260 lf 1 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Description of Location of Is Abatement Type Location Asbestos - Containing Asbestos Containing R Normally Material (ACM) Amount E R N N C E C (I.e., thermal systems (Specify M TO BE ABATED Used insulation, surfacing, VAT, SF or LF) 0 in Facility Solely P (13)by Mainor other miscellaneous) ٧ 0 S S tenance/ A 1 Custodial R U U Staff (12) R YES NO N/A BAKERY CL-M-26 4 PIPE INSULATION 15 LF PIPE INSULATION 270 LF BAKERY 1ST FL / MEZZ Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste City, State Disposal City. State NEWARK, NJ Date BETHLEHEM, PA 18105 Completed by (Print or Type) Signáture Title Heurs. the 04/26/17 Steve Stiles Project Manager

ASB-41

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	400	07	2017	.11
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Date of Houseastern	4/19/2017		Br	ian S	Severa	nce			A CELE	STOS C	WARITTY!	71 2				
Agencies Notified	Type Notifica	ition	Str	eet A	ddress				ASDE	TICEN;		JLa				
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Name of Facility W	here Abateme	ent is Taking Pla	ce (3)				Type of Facility	(4)								
Residence							School (K-1	2)	K-12)							
Street Address							Subchapter Other (i.e. r	8 (Other than	norcial build	ings hor	nes etc	.)				
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							Square Feet	# 01 -1001		Diag. A						
City (5)		County (6)	Cour	nty Co	ode (7)		3000	2 50+								
Atlantic Highlan	de	Monmouth					Current Use (Prior if being demolished)									
Atlantic mgman	143				Name and		Residential									
Name of Monitoring	a Firm Hired b	y Building Owne	er (8)		ASCN	No.	Name of Abater	ment Contract	or (9)							
Name of Monitoring	me of Monitoring Firm Hired by Building Owne						Alpha Enviro	nmental Ser	vices							
Street Address	eet Address					Street Address										
Oli CCt / tadi oso	reet Address						2129 Route 3									
City, State & Zip C	ode						City, State & Zi									
							Telephone Nun									
Project Manager for	or Monitoring	Firm	Telepi	none	Numbe	Г	609-847-2956									
			-l-ti-	- Det	- (11)	-	Name of OSHA									
Scheduled Start D		Scheduled Com	pietio	Dau	e (11)		EMSL Analyt									
4/28/20	017	4/30/2017	ly one	1	appendiction (Control	OT A PURING	Street Address									
Occupancy Status	During Abate	During Entire P	eriod c) of Aba	temen	ŧ	107 Haddon									
Facility Cit	oseu/vacaleu	Outside of Norma	al Hou	rs - 7	7am to	3pm	City, State & Z	p Code								
Describe:		Juiside of North	at 1.00				Westmont, N									
4	cupied Durin	a Ahatement														
Scope of Work (C	book all that	apply)						Full Containment with Negative Pressure								
Scope of Work (C	ileck all triat t	2001)					Ļ			II Negau	Ve Fiese	Juic				
☐ ≥3 sf or ≥3	3 If		\boxtimes		ovation			Mini-End	ag Procedur	200						
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	Location of		Is	ocat	ion		Description		Amour		Abateme	ant Type				
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M	faterial (ACM)			olely			Material (AC (i.e., thermal sy	stems	0, 0, 2	. ,	Rer	Encapsulate				
TO	BE ABATE	<u>)</u>			staff?	i	insulation, surfaci	ng, VAT			Repair	nsc				
	in Facility		Cust	(12)	Otan:		or other miscella	neous)			2 7	late				
	(13)		Yes	No	N/A											
					\Box		Pipe Insula	tion	200lf		$\boxtimes \Box $	$ \cup \cup $				
Basement	Basement						3:			1511						
Name of Registered Waste Hauler				IN.	JDEP V	Vaste	Cubic Yards Name of Registered Landfill									
Name of Registe			auler II		of Waste	Grows Landfill										
ALPHA ENVIRONMENTAL					00333	30	1		uTIII							
City, State							Disposal Date	City, State								
1							Various	Morrisville	PA							
Trenton, NJ								D 4								
Completed By (Print or Type)							Signature				/19/20	17				
Rod Richards	on			1,541,000,000	roject	Rod Richardson										
	N	lanag	31	. 0												

Date of Notification (1)				Name of Building Owner/Operator (2) APR 2 7 201								1			
04/	17 /	17			us-KTV			June Bush	3.77			-			
Agencies Notified	Type Notific	ation		Stree	t Address			ASBEST	ros.	000	TO	21 2			
⊠ EPA				24	N Brvn N	Mawr Avenue Su	ite 286			ISIN		<i>J</i> L 0			
□ DOLWD	☐ Amende	d			State, Zip			3	-						
☐ DHSS	Amendm	Control of the last of the las	_	1		Pa 19010									
DCA (NJAC 5:23-8)	☐ Emerger justificati		ng		e of Contac			Telephone Numi	hor						
(145/40-3.25-0)	Cancella				ry Toll	ot .		relephone Num	Del						
						NFORMATION									
Name of Facility Where A	batement is	Taking Pla	ce (3)	- 17	CILITI	NORWATION	Type of Facility (v (A)							
Fomer Office Buildi		raning r ia	00 (0)				School (K-12								
Street Address	9		-				☐ Subchapter 8	r 8 (Other than K-12)							
222 Cameron Drive	•						Other (i.e., pr homes, etc.)	ivate and commer	cial b	uilding	gs,				
City (5)					10400		Square Feet	# of Floors	В	ldg. A	ge				
Phillipsburg NJ 088	65						132,000Sf	4 Floors		1913	}				
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)						
Warren COUNTY						1984	Office Buildi	있는							
Name of Monitoring Firm	Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Abateme									
							n Environmenta	al Service, LLC.	.LC.						
Street Address						Street Address									
					14 Read Drive										
City, State, Zip Code						City, State, Zip Co									
						Sicklerville, N	J 08081	T							
Project Manager for Monit	oring Firm		Tel	ephone	No.	Telephone No.		License No.							
0						856-318-1341		01158							
Start Date (10)		Scheduled			100	Name of OSHA M	Teres vers seeks								
04 /26 /				0_/	17_	Graham-Tech	n Environmenta	al Services, LLC).						
Occupancy Status During		- 5	63			Street Address									
☐ Facility Closed/Vacated☐ Abatement Performed						14 Read Drive									
Time of Abatement: 7A	M-11:30PM	/ PN	ity mou 1-	AM	scribe	City, State, Zip Co									
				_		Sicklerville, N	IJ 08081								
Scope of Work (Check all	tnat apply)					☐ Full Cont	ainment with Nega	ative Pressure							
□≥3 sf or ≥3 lf			enova			☐ Mini-Encl		alive i ressure							
_≥160 sf or ≥260 lf			emoliti	on		☐ Glovebag		n-Friable Procedur	9						
			s Loca				() and ()		1	atem	ent T	vne			
Location		. 116	Norma ed Sol			Description of				_		-			
Asbestos-Containing N TO BE ABAT		′ N	aintena	ance/		stos Containing Mat ., thermal systems i		Amount	Remova	Repair	nca	ncl			
IN Facility		Cu	stodial		(1.0	surfacing, VAT,	or	(Specify SF or LF)	ova	≝.	Encapsulate	Enclosure			
(13)		Yes	(12) No	N/A	1	other miscellaned	ous)		1		late	9			
1st , 2nd, 3rd and 4th	floor		No	N/A	Ashast	os Floor Tile		67.00005							
iot ; aira; ora aira +air	11001		-	-	Aspest	os riooi ille		67,000SF							
					-	-			Ш	Ш	Ц	Ш			
Name of Registered Waste		1000	IJDEP \ lauler II		Cubic Yards of	Name of Registe									
Graham-Tech Enviro	ervice, LI	-C r	00346		Waste		orth Landfill &	Tully	towr	1					
City, State		0001				Disposal Date	City, State	/	25 VI. 0	9V 22270					
14 Read Drive Sickle		8081					1513 Brode	htown Rd. Mori	risvil	le,PA	1				
Completed By (Print or Typ	e)	Title				Signature	- /-1	Dat	e /	/)	_			
Vernice Graham		Presid	ent			Vous	1	M	4.	1	1-1	/			

Ch 2225			CATION	tate of New C N OF ASBES to NJAC 8:6	TOS ABATE		NT				<u>L</u>		<u>W</u>	[5.] Ii	
Date of Notification (1) 4-21-2017				of Building Ov h Creighto		r (2))		<i>F</i>	APR	2	7 2	017		
Agencies Notified Type Notification EPA		_ [Clark,	Address ate, Zip Code NJ 07066 of Contact				Tel	SBE	LIC	ENS	ON.	RO	_&_	
DOH justification) DCA Cancellation				h Creighto	n			1							
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFOR	MATION	Тт	ype of Facility	(4)					1		
Residential Street Address							School (K- Subchapte	12) r 8 (Oth				dings,	home	es,	
City (5) Clark, NJ 07066U						1000	quare Feet 210	# o	f Floors		1000	ldg. A 9+	ge		
County (6) Union				Code (7) USE ONLY)		С	urrent Use (Pr	ior if bei	ng demo	olish	ed)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	M No.			Abatement Co Environmen			, LL	0				
Street Address					Street 235		dress ginia Avenu	ie							
City, State, Zip Code							e, Zip Code City, NJ 07:	304							
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 201-		e No. 38855		Licens 01174						
	Schedul 4-22-2		npletion	Date (11)			OSHA Monitor as above								
Occupancy Status During Abatement (Check	Only Or	ne)			Street	Ade	dress								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:					City, S	State	e, Zip Code								
Scope of Work (Check All That Apply)														-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									Iro.			
	100	Locati										Abate	ment pe	1	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normall ed Solel iintenar todial S (12)	ly by nce/ staff?	(i.e. the	ermal systems surfacing, VA	aining Material (ACM) Amount					Repair	Encapsulate	Enclosure		
Basement	Yes	No X	N/A		Duct insula	atio	n	1	5 LF		X			-	
Dasement		^			Duct Irisula	atiO		4	3 LF		Λ.				
Name of Registered Waste Hauler	1995	JDEP Wauler ID		Cubic Yards of Waste		Name of									
Green Environmental Services	165.00	34889) 1			G.r.o.w		rth Lar	ndfil		Va. 57 - 1				
City, State Jersey City, NJ			oisposal Date -22-2017		City, Stat Morrisv		Ą								
Completed by Liliana Serrano	e Man	ager		Signature		wen	LD.	Date 4-21-2017							

Print Form

2220	пот	TFICA (Pursi	TION OF	of New Je F ASBEST NJAC 8:60	TOS AB	ATEM 2:120)	ENT			1 ₀ <u>G</u>		1/-		7		
Date of Notification (1) 4-21-2017				uilding Own d Devel			2)			APR 2	- 20	17		\prod		
Agencies Notified Type Notification			eet Add	ress ton Stree	et					ni n	2.0	1.1	-			
EPA Initial Amended Amendment #		Cit	y, State,	Zip Code				i		STOS LICE	ISPIG	RO.	1			
	cluding		me of C	ontact nschuch					Telen	hone Nur	mhor		-			
_ box	- (a)		FACILI'	TY INFOR	MATIO	N	Type of	Facility (4)								
Name of Facility Where Abatement is Taking Commercial Street Address	Place (3)						Sc St	chool (K-12 ubchapter 8 ther (i.e. pri) (Other	than K-1	2)	nas h	nmes			
721 Grand Street							et	c.)				g. Ag		*		
City (5)							Square 20000		3	Floors	75					
Hoboken, NJ 07030 County (6)			ounty Co				Curren	t Use (Prior	r if bein	g demolis	hed)					
Hudson		(S		SE ONLY)		_			ractor (0)			-	_		
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		Gree	n Envi	ement Cont ronment	al Ser	vices, L	LC					
Street Address						235		a Avenue)							
City, State, Zip Code						City, S Jerse	state, Zip ey City	Code , NJ 073	04							
Project Manager for Monitoring Firm		Т	elephon	e No.			none No 33388			License 01174	No.	0.				
Start Date (10) 4-22-2017	Scheduled 4-22-20		oletion D	ate (11)			of OSH ie as a	A Monitor bove				-1-1-1				
Occupancy Status During Abatement (Chec	k Only One	2)				Street	Addres	S								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Al nal Facility	bateme Hours	cment Irs City, State, Zip Code								70'D					
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	100	enovat emoliti					× Mir	Containme ni-Enclosure nvebag Prod n-Exempte	e cedure							
						L	No	n-Exempte	d () all	d Non-Fi	able 1 10	Abate	emen	t		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	Location lormallid Solel ntenar odial S (12)	y y by ice/	Asbest (i.e.	os Cont thermal surfa	syster cing, V	Materia	erial (ACM) Amou sulation, (Spec or SF or			Removal	Repair	e Encapsulate	Enclosure		
	Yes	No	N/A	Dinai	noulot	ion /	wran a	nd cut	f	30 LF	X	-		+		
1st Floor Garage		X		Pipe I	insulat	ion / v	wiap a	na cat	,							
														-		
CD with and Marke Haylor		l N	IJDEP V	Vaste	Cubic	: Yards	i	Name o	f Regis	tered Lan	dfill			_		
Name of Registered Waste Hauler Green Environmental Services		H	lauler ID 03488	No.	of Wa	aste				orth Lar	ndfill					
City, State Jersey City, NJ						sal Da -2017		City, Sta Morris		PA	D :					
Completed by Liliana Serrano	е Ма	nager		- 1	Signati	ure LCL	wla	Date 4-21-2017								

	NOTIF (P	ICATION ursuant	to NJ	New Jersey SBESTOS A AC 8:60 and	12:120)			1 1 -0				7		
ate of Notification (1)		Name of	f Build r Dor	ling Owner/O mbroski	perator (2)		APR	2 7	20	1			
04/21/2017 Gencies Notified Type Notification		Street A				5,155		ASSEST	000	VAT	7/\I	- 9		
gendes realized								ASSEST III	JENG	113	IUL	-		
EPA Initial Amended		City, Sta	ate, Zi	p Code	11000	ΛR		-						
Amendment #	ecluding			ven Park, I	42 000	00		Telephone Number	er					
iustification)	Icidaling	Name o		tact			The second second	30		1				
DOH DCA Justification		Walte		INFORMATI	ON							_		
Name of Facility Where Abatement is Taking	Place (3)	FAC	,ILIII	IN ORMA		Туре	e of Facility (4)							
Name of Facility Where Abatement is reiting Residence	()						School (K-12)	Other than K-12)						
Street Address		MIEC V.				×	Other (i.e. priva	ate & commercial	building	gs, ho	mes,	E		
Street Address						_	etc.)	# of Floors		. Age				
City (5)						19:	alo. oo.	2	50+					
Long Beach Township		ap.m.s.y				Cur	rent Use (Prior i	f being demolished	d)	9	in e			
County (6)	and the second	County	y Code F <i>USE</i>	e (7) ONLY)			sidence							
Ocean				Securities	Name	100 000	patement Contra	ontractor (9)						
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	CM No).	Saf	eWa	y Abatement	nt LLC						
N/A					Stree	t Add	ress							
Street Address					128	Bar	tlett Ave	garlein and the second						
			S 1 (4)	Andrew Street, Street, St.	City,	State	, Zip Code							
City, State, Zip Code							reek, NJ 080	92 License No						
Project Manager for Monitoring Firm		Telep	hone l	No.	Tele	phone	No.	01319).					
Project Manager for Monitoring 1							3-5955 OSHA Monitor	01010				-		
Start Date (10)	Scheduled		on Dat	te (11)	Nam N/A		JSHA MONITO							
05/03/2017	05/05/20				- 2270	et Ado	dress			18.81.0				
Occupancy Status During Abatement (Che	ck Only One)				******									
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of Aba	atement			City	, State	e, Zip Code							
Abatement Performed Outside of Not Other – Describe:	mai i domity i i											_		
Scope of Work (Check All That Apply)														
	☐ Re	novation				H	Full Containme Mini-Enclosure	nt with Negative F	ressur	е				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	x De	molition					Ol Droo	odure	ala Dros	oodur	2			
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	Is I	ocation								Ту	ре	_		
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Location of Asbestos-Containing Material (ACM)		Solely by		Asbestos (containir mal svst	ig Ma ems i	terial (ACM) nsulation,	(Specify	Rer	Re	ncal			
TO BE ABATED In Facility	Custo	dial Staff	f?	SI	urfacing, er misce	VAI,	or	SF or LF)	Remova	Repair	Encapsulate			
(13)		(12)		otr	er misce	ellarie	ous)		1 2		ate			
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Exterior		х			Sid	ing		1920 35	A	-	-	+		
Exterior											-			
		-												
		NI ID	EP W	laste C	ubic Yar	ds	Name of	Registered Land	fill					
Name of Registered Waste Hauler			iler ID	No. 0	f Waste	2000 65°	Waste	Management						
Timster Trucking Inc		210)79	100	BD	Det	City, Sta							
City, State				11000	isposal BD	⊔ate		own, PA						
West Creek, NJ						ature			Date					
Completed by	Title	141	Jun -	r	Sigi	Luie	11/6		04/21	1/201	7			
Ada Moors	Safe	Way- C	JWITE	1		1	1							

Amanda Mears

State of New Jersey

ate of Notification (1) 4/23/17						0.00	S ABATEME and 12:120)			APR 27	2011	-	7	/
ate of Notification (1) 4/23/17				Name	of Build	ling Ov	wner/Operator (2)			- 11 - 14 - 14 - 14			
4/23/1				Sear	1 Cour	is				SECTION	()		7	
The state of the s	7				t Addre					LICEN	11111		1	market or
gencies Notified	Type Notificat	ion	- 1	Suec	Madie				1				7	
1 EPA	Initial Amended		-	City	State, Z	p Code	e	Course						
DEP	Amondme	nt#	_	Col	lingsw	ood, l	NJ 08108		LTol	ephone Number				
DOL	Fmergeno	cy (includin	g	Nan	ne of C	ontac	:t		1 161	epitotic riams				
DOH	justificato	on	- 1		Couri									
] DCA	ouriconate						RMATION						\dashv	
			(0)		CILIT			Туре	of Facility (4)					
lame of Facility Where Residence	Abatement is T	aking Plac	;e (3)						chool (K-12) ubchapter 8 (O	ther than K-12) e 8 commercial t	buildings			
Street Address								- h	omes elu.	of Floors	Bldg.	Age	_	١
				_				Squa	ale i cor		40 yrs			
City (s)								180		f being demolish				1
Collingswood, NJ	08108			TC	ounty C	ode(7)) (STATE	Curr	ent Use (Prior I	I Dellig dellionor				1
County (6)				U.	SE ONL	11			idence					1
O Jan NI		Idina Our	er	ASC	M No.	T	Name of Abate		ontractor (9)					1
Name of Monitoring F	irm Hired by Bui	liding Own	pt:	1	w761 BBF8		AEi2, LLC							1
(8)				_		-	Street Addres	S						
Street Address							361 E. Flem	ing Pi	ke					
						-	City, State,	Zip Co	de 19037					_
City, State, Zip Code							Hammonton	n, NJ C	10037	License No.				
	the stage E	irm	TT	elepho	one No.		Telephone No	1.00		00689			_	
Project Manager fo	or Monitoring r	-11111	1	0.00			609-481-2							
		Schedule	ed Com	pletion	n Date (11)	Name of OSh		tor					_
Start Date (10)		5/9/17	, ,				AEi2, LLC				- N			
5/2/17	AL stamo	nt /Check	only or	ie)			Street Addr	ess	Dilea					_
5/2/17 Occupancy Status D Facility Closed/V					nent		361 E. Flo	eming	PIKC			CHI-C-		
Facility Closed/V	rmed Outside 0	f Normal F	acility I	Hours			City, State, Z Hammon	ton. N.	08037					=
Abatement Perio	Separated	Area					Taimion		is most with Ne	gative Pressure				
Other - Describe	and all that ann	(v)								3				
Scope of Work (Ch	eck all that app.	,,,	ZI Dan	ovatio	n		-	i-Enclos	And the second second second second					
≥3 sf or ≥3 lf		F	Ren	olition	11		Hair	vebay n-Even	noted (*) and No	on-Friable Proce	dure	1		_
≥160 sf or ≥26	0 If	L						AI EXOII			A	atem Type	ent ent	
			Is Lo	cation mally	n				1		-		E	
			Used	Solely	by		Descript estos Containin	a Mater	ial (ACM)	Amount	R	R	n c	
Asbestos-Contain	cation of ning Material (A	CM)	Main	tenand	ce/	Asbe (i.e	a thormal syst	ems IIIs	ulauoii,	(Specify SF or LF)	m	e p	a p	
TO BE	ABAILU		S	taff?		4	surfacing, other misce	VAI. U	1		v	a i	u	
IN	Facilily (13)			(12)			Office Hillson		: 5 3		1	r	1 a	1
	1.21	1			N/A		Toronto Super Report Con			140 LE	X	1	c	T
			Yes	No	X	Pipe	Insulation			140 LF	- A	H		+
Basement					Λ						-	-	-	+
		200			-	_					_	-	-	+
						-								1
							I Cubic Ya	rds	T Name of Re	gistered Landfill				
		or			NJDEP I Hauler II	Naste	of Waste	30	TBD					_
Al	red Waste Haul	El		1	naulei II	J 140.	2							
Name of Registe	red Waste Haul	iei			21376			Married	City State					
AEi2, LLC	red Waste Haul				21376		Disposal	Date	City, State					_
AEi2, LLC					21376		TBD	11	City, State	Dat				_
AEi2, LLC			ile		21376		TBD	Date ature	F 484.37.33	1/1/2	te 3/17			=

MO#24219197987		(1	Purs	uant t	o NJAC	3:60 and 5:16		14-								
Date of Notification (1)			N	ame of	Building O	wner/Operator (2	2)		APR	27	2017					
04	24 / 17		CH	elfrev	Max LLC				- 1				1			
Agencies Notified	Type Notification		_	treet Ac						0.00	NITTO	7.T	2.			
☐ EPA	Initial							1	ASBESTO	15 60 ENSE	nern vG	JL	OL.			
☑ DOLWD	☐ Amended		C	ity, Sta	te, Zip Cod	е	-	L.		Call along the management of						
DHSS	Amendment #				Brook, NJ											
DCA	Emergency (incli	uding			Contact	00000			elephone Numbe	۲.						
(NJAC 5:23-8)	Cancellation		R	ick En	staquio			1								
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6 F 111 15 15 16 16 16	Abstancet is Taking I	Place /3	\	FAUI	LIII IIVI	JICHIA ITOIL	Tv	pe of Facility (4)	y (4)							
Name of Facility Where	Abatement is Taking i	riace (3)				П	School (K-12)	12)							
Private house							JĦ	Subchapter 8 (Other than K-1 2)	e a la consu	fin and					
Street Address								Other (i.e., priv homes, etc.)	ate and commerci	al build	ings.					
							100	quare Feet	# of Floors	Blda	. Age					
City (5)							30	quale i cct	, di 110010							
Hackettstown, NJ 078	40			0	0 - 1 - (7) (0)	TATE LICE ONLY	10	urrent Use (Prin	if being demolish	ned)		-	\dashv			
County (6)				County	Code (7) (5	IMIE USE UNLI)	100	urrent osc (i no	i boing dome.							
Warren		(0)				1		Contractor (0)					-			
Name of Monitoring Fire	n Hired by Building O	wner (8)	A	SCM N		Name of Abatem	ent	Contractor (9)								
					10.7	ir Tech LLC										
Street Address						Street Address										
						76 Valley Rd										
City, State, Zip Code						City, State, Zip C	Code									
						Wayne, NJ 074	70		License No.			_				
Project Manager for Mo	nitoring Firm		Telep	hone N	lo.	Telephone No.										
						73-638-1777			01127		-		_			
Start Date (10)		uled Co				Name of OSHA	Mon	nitor								
05/04	/ 17 0	5 /	_05	_ / _		Envirovision C	ons	sultants,Inc								
Occupancy Status Duri	ng Abatement (Check	only or	ne)			Street Address										
	ated During Entire Per	riod of A	baten	nent		20-21 Wagaray		5E								
Abatement Perform	ed Outside of Normal	Facility	Hours	s - Desc	cribe	City, State, Zip	e									
Time of Abatement:	AMP	VI/		/	-101	Fair Lawn, NJ	074	110	mination with negative pressure							
Scope of Work (Check	all that apply)					Clean	up a	and decontamini inment with Neg	ation with negative	a pressu	ne					
F7 0 1 215		⊠ Rer	navatio	20			1	A STATE OF THE PARTY OF THE PAR		_						
>3 sf or >3 lf > 160 sf or >260 lf			nolitio			Clause	000	Drocodure T	Tent with Negative	e Pressi	ure					
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			Locat				0.000				ateme					
Locati		The second second	lorma d Sole	C	Aches	Description tos Containing			Amount	Remova	Repair	Enc	Enclosure			
Asbestos-Containir TO BE A		1000000	intena		(i.e.	, thermal system	ns in	isulation.	(Specify	nov	pair	aps	uso			
IN Fa	cility	Cust	odial (12)	Staff?		surfacing, V/ other miscella	AT,	or .us)	SIF or LF)	<u>a</u>		Encapsulate	ē			
(13	3)			Τ	1	Other Iniscend	HEO	usj				O				
		Yes	No	N/A					POID		П	П	Г			
Basement				\boxtimes	Pipe insu	ılation			80 LF				-			
										Ш	Ш	_				
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100		Щ		1	0. bis Ven1 - 114	Mo-1	Name of Regi	stered I andfill			beend	1				
Name of Registered V	Vaste Hauler	NJ	DEP Wast	te Hauler ID No.	100000000000000000000000000000000000000	vasie										
Gr Tech LLC			00337	85	TBD		T.R.R.F. Inc									
City, State					Disposal Date		City, State									
Wayne, NJ 07470			TBD		Tullytown, F											
Completed By (Print of				Signature		1.	Date									
		* (**) (* **					H	eule Wen	04/24/17							
N.Jevtic	101	wner														

MAY 11

State of New Jersey

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

		Pursua	ant to	NJAC 8:	60-7	mer/Operator (2)		1111-12	(0)	<u> </u>			-11
te of Notification						of Mary Ro	th							
4/24/2017			1							APR	27	201	7	
gencies Notified	Type Notificat	ion	Stree	t Address	S				top to					
[]EPA	[X]Initial					1-		2	ASBE	=STO	SCC	MITE	ROL	28
	Notifica	tion	City	, State,	Zip C	,NJ,07039		PPP	ASDI	LIC	ENSI	NG		
[]DEP	[]Amended Notifica	tion	1			,10,0		Telephone Nu	mber					
[X]DOL			Name	of Conta	ict									
[X]DOH	[]EMERGENCY		Mi	ke Min	nogu	le		1						27
[]DCA	[]Cancellat	ion		TACIL	TTY I	NFORMATION		-	(4)					Ť.
		· - Male	ing P					of Facility						
Name of Facility Wh	ere Abatement	ıs Tak h	ing -	1400 (-)				School (K-1 Subchapter		than	K-12	2)		
The Estate of	Mary Roc	11					· r	Subchapter X Other (i.e ouildings, ho	., privac		commer	cial		
Street Address									of Floor		ldg.	Age		-
	_							TE LOOP						_
		County	(6)		Cou	nty Code (7)	Cur	rent Use (Pri	or if bei	ng de	emoli	shed)	
City (5) West Orange		Esse			(31									_
						Name of Abate	ment	Contractor ((9)					
Name of Monitoring	Firm hired by	Build	ing	ASCM No.		AZTECH N	MANZ	AGEMENT,	Inc.					_
Owner (8)						Street Address	ss		10 - Seri u					
N/A Street Address						86 Chri	sto	pher St.				_		
50204						- Ctate	Zip	Code						
City, State, Zip	ode					Montcla	ir,	NJ 07042	2		se Nu	mhor		_
				37	hor	Telephone Nu	mber				se Nu 371	mber		
Project Manager fo	or Monitoring H	Firm	Telen N/A	phone Num	Der	(973) 74	4-8	800		00.	J 1 =			
110]					(11)									
Scheduled Start D	ate (10) Scl	hed. C	omple 5-4-	tion Date	: (11/	N/A								
5-3-1	7		Da	y Yea	ar		200							
	Iear	1 (01)	agle o	nly one)	d	Street Addre	255							
[X] Facility	CTOSCO, .					City, State	Zir	Code						
of Abate		side o	f Nor	mal Facil	ity	City, State	, 212							
Hours - D	escribe: «Other	Occup	ancy	Descript	<u>></u>									
[]other - D	escribe. would	apply)				[]Fu]	ll Co	ntainment wit	th Negati	ve Pr	essur	e		
Scope of Work (C		** -	1.0	[]Renovati	ion	rarl Mix	ni-En	closure ag Procedure						
[X]≥3 sf	or >3 lf sf or >260 lf		[]Demoliti	ion	[X]Glo	ove-D n-Fri	able Procedu	re		Abat	emei	t Ty	уре
[]≥160	gi or 2200			Is									E N	E
8	· · · · of			ocation		Descrip Asbestos-	conta	ining	Amour		R	RE	CA	C
Ashestos	tion of -Containing		-	Used		Wateria	1 (A	CM)	(Speci		M O V	P A	PS	o s
Mater	ial (ACM)		Dry Ma	intenancustodial	e/	(i.e., then insulation, s	urfac	cing, var,	LF)		A	I	U	UR
TO E	E ABATED Facility		st	aff (12)	/A	or other mi	scell	laneous)			L			E
	(13)		Yes	110		Pipe insul	ati	on	85L	F	X			
Basement 1				X		Pipe insul Pipe insul	ati	on	75L	F	X			-
Basement 3				X		Pipe insu	Lau							
Basement 3						Cubic Yards		Name of Reg	istered I	andf:	ill :	TN	C	
Name of Registe	ered Waste Haul	er		JDEP Wast	No.	of Waste 1.	5	Minerv	a Ente	rpr	ıse	TIA		
AZTECH MA	NAGEMENT,	INC		17040		Disposal Date		City, State	1			4 (0	0	
attata						5-5-17	763 1	Waynes	burg,	Ohı	0 4	400	0	
Montclair	NJ 07042							1			Date	3		
		Titl	e			Sign	ature	1-1	-1/		4/2	4/20	17	
Completed By (print or Type)			lent			./	enfaul	en//ica					
Constanti	TE ATATOM						10	-	V					

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)

te of Notification (1)		Name of Building Owner/Operator (2) Wonder Lofts, LLC APR 2.7 2017										7	li-Dediti		
20-2017 encies Notified Type Notification		Stre	et Addre	SS			1			200	\$ 13TT		0		
EPA Initial Amended		City	, State, Z	en Court Zip Code J 07470			serve extract	F	ASBESTO LIC	ENSI	NG		1		
DOL Amendment #_ Emergency (incl justification) Cancellation	uding	Nar	me of Cor vie Wins	ntact				Teleph	none Numbe	er					
ame of Facility Where Abatement is Taking P	lace (3)		FACILIT	/ INFORMA	TION	Туре	of Facility (4)					7 OS			
ame of Facility Where Abatement is Taking F Commercial treet Address							School (K-12) Subchapter 8 Other (i.e. priv	(Othor	than K-12) commercial	building	s, hor	nes,			
16 Clinton Street						Squa	etc.) are Feet	# of F			. Age		1		
ity (5) Hoboken, NJ 07030		T 66	ounty Coo	te (7)		100 Curr	00 ent Use (Prior	2 if being	demolishe				-		
County (6) Hudson		(5	TATÉ USE	ONLY)	Name	of Ah	atement Contr	actor (9	9)			-	\dashv		
Name of Monitoring Firm Hired by Building Ow	vner (8)		ASCM N	0.	Gree	en Er	nvironmenta	al Sen	vices, LLC				-		
Street Address					235		nia Avenue	65					_		
City, State, Zip Code					City, Jers	State, sey C	Zip Code ity, NJ 0730	04							
Project Manager for Monitoring Firm		T	elephone	No.		ohone -333	No. -8855		License No 01174).					
Start Date (10)	Scheduled 4-26-201		pletion Da	ate (11)			SHA Monitor s above								
4-21-2017 Occupancy Status During Abatement (Check		211			Street Address										
Facility Closed/Vacated During Entire Package Abatement Performed Outside of Normal Other – Describe:	eriod of Ab	ateme	ent		City, State, Zip Code										
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				Н	Mini-Enclosur	ainment with Negative Pressure losure g Procedure mpted (*) and Non-Friable Procedure							
	ls I	ocati	ion			ш_	Non Exemp				Abate Tyl	ment			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormal Sole ntena	lly ely by ince/ Staff?	(i.e. the	Containin ermal syst surfacing.	Description of Containing Material (ACM) rmal systems insulation, surfacing, VAT, or her miscellaneous) Amour (Special Special Specia					Repair	Encapsulate	Enclosure		
	Yes	No	N/A		Roofing	mate	rial	2	400 SF	X					
Roof		X			Cooling	mato									
										-			-		
			NJDEP V	Vaste	Cubic Yar	ds			stered Land				_		
Name of Registered Waste Hauler Green Environmental Services			Hauler ID 003488	No.	of Waste 7		Green City, Si		ronmenta	al Serv	rices				
City, State Jersey City, NJ					Disposal 4-26-20	17	morri	sville,	PA	Date					
JULISUY UNITY I I I	Title				Sign	nature			1	4-20-					

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

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) APR Name of Building Owner/Operator (2) **Dubin Contracting** 4/24/17 Street Address Type Notification ASBESTOS CONTRO Agencies Notified 31 Birch St LICENSING Initial City, State, Zip Code FPA Amended Lakewood, NJ 08701 DEP Amendment #_ × DOL Telephone Numb Emergency (including Name of Contact justification) DOH Natalie Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) 814 Forest Ave Lakewood Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address X etc.) 814 Forest Ave Bldg. Age # of Floors Square Feet City (5) Lakewood Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Name of Abatement Contractor (9) Ocean ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT Street Address City, State, Zip Code LAKEWOOD, NJ 08701 City, State, Zip Code License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 1200 732-668-9078 Name of OSHA Monitor Scheduled Completion Date (11) AAA LEAD PROFESSIONALS Start Date (10) 5/4/17 Street Address Occupancy Status During Abatement (Check Only One) 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours LAKEWOOD, NJ 08701 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation × Mini-Enclosure ≥3 sf or ≥3 lf Demolition Glovebag Procedure × ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Туре Is Location Normally Description of Amount Encapsulate Asbestos Containing Material (ACM) Location of Used Solely by Enclosure (Specify Removal Repair Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Maintenance/ SF or LF) Custodial Staff? surfacing, VAT, or TO BE ABATED other miscellaneous) In Facility (12)(13)N/A No Yes 500SF X FLoor Tile INTERIOR 80 LF X

		NOTIEI		ate of Ne			MENIT	20								
Ch 2085 , ,				to NJAC					In	EG	E	1	// [8			
Date of Notification (1)														7		
Agencies Notified Type Notification			Stroot A	UDC (-	T	WICE				APF	1-2	20	17	11		
			Street F	duless	//~			_						-		
EPA Initial Amended Amendment #	ŧ		City, Sta	ate, Zip C	Ode L	110	Λ	IT 6	177	ASBEST	OS C	ONT	ROL	&		
Emergency (i justification)	ncluding		Name o	f Contact	VIC. 11	1601	11	0 1 -	Tele	ephone Nui	-	1140				
DCA Justinication			Eric P	lackis												
Name of Facility Where Abatement is Taking	Place /3	5)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)							
Name of Facility Where Abatement is Faking	riace (c)					П	School (K-								
Street Address								Subchapte Other (i.e.	r 8 (Othe			dings,	home	es,		
City (5) Middle DINC)						Squa	etc.) are Feet	# of	Floors	В	ldg. A				
County (6)	1			Code (7)			Current Use (Prior if being demolished)									
MOAMOUT	\mathcal{M}		•	USE ONLY)		Mome									
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	ЛNo.				atement Co ustries Inc		(9)						
Street Address					Street P.O.	Addre Box					<u> </u>					
City, State, Zip Code		SHOTE						Zip Code	00700							
Desired Manager for Manitoring Firm			Talanha	as No		Teleph		w Jersey	08723	License N	e No.					
Project Manager for Monitoring Firm			Telepho	ne No.				7499		01196	0.					
Start Date (10)	Schedule	ed Con	pletion	Date (11)		Name	of OS	HA Monitor	Ň							
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addre	SS								
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:						City, S	ty, State, Zip Code									
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 If	N .	Renova	tion			B	7 Eu	II Containm	ent with	Negative F	ressiii	re e				
≥160 sf or ≥260 lf		Demolit				Ē	Mi Gi	ni-Enclosur ovebag Pro	re cedure							
		1	2020				J NO	n-Exempte	d (*) and	Non-Friad		Abate				
Location of	1	Locati Normall	У		De	scription	of					Ту	ре			
Asbestos-Containing Material (ACM)	0.0000000	d Sole	•		stos Con	taining N	/ateria	I (ACM)	2.27	mount	71		En	ш		
TO BE ABATED In Facility	Cust	todial S (12)	taff?	(1.e		cing, VA	T, or			pecify or LF)	Remova	Repair	caps	Enclosure		
(13)					other r	niscellar	neous)				oval	air -	Encapsulate	sure		
	Yes	No	N/A	2110	cici	n -	11		701							
		8	ODK.	1001	1001	nu		38	75+	()			-			
					-											
Name of Registered Waste Hauler		LN	JDEP W	laste	Cubic	Yards		Name of	Registe	red Landfill						
Brick Industries Inc.	No.	of Wa		· ·	GROW											
City, State Brick, New Jersey Disposal Da								City, Sta	te							
Completed by Title Signatu							-/	7.10	/	Da	te,/	1	_			
Completed by Title Signatu Eric Plackis President								2/1/			4/2	11				