

PAE	Th			N OF ASBES t to NJAC 8:6				वी	10	V	4	
Date of Notification (1)		· ·	Name o	of Building Ow	mer/O	nerator (2)	•	*				
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Agencies Notified Type Not	ification		Street /	Address O	^	0	10.1			1		
□ EPA Initia	and the second of the second o		City St	ate, Zip Code	O.	Box	508			ii s	100	111
DOL Ame	ended endment #		only, or			linsvi	اماا	MITAUS	883	2018	the careful to the ca	
	ergency (includir fication)	ng	Name o	of Contact	20 00		i	Telephone			1000	-
	cellation					irano	1	A73276			1724	
Name of Facility Where Abatement	is Taking Place	(3)	FAC	LITY INFOR	MATIC		of Facility		ENSIN	JGi		
Single family	Dwellin	5	D	EMO)		School (K-	1. *				
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County (6)	,		County	Code (7)		Curre	ent Use (Pr	ior if being dem	olished)		5 (
Somerse			•	USE ONLY)		- Sir	ig le	family	Du	sell	25	
Name of Monitoring Firm Hired by E	Building Owner ((8)	ASCI	M No.		Name of Aba	tement Co			22		
Street Address		ь _э р		14/44	-+	Street Addres	SS	chaol	2016		Ir	16
P.O. Box	331					P.O.	Box	337			•	
City, State, Zip Code	L M	T	08	5.33		City, State, Z	ip Code	AL AL	TI	19	53	3
Project Manager for Movithri gr-irm		-	Telepho	ne No.		Telephone N	. JY	Licens	e No.	700	70	
Steve Schen	Ker			758-33	65 6	609 758	3-334	5 (00	34	14	
Start Date (10)				Date (11)		Name of OSI			_			
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Facility Closed/Vacated During			nent				7.70	337				in the
Abatement Performed Outside Other – Describe:						City, State, Z	ip Code	. 15-				5
Scope of Work (Check All That App.	lv)					New i	=gyp+	W	08	353	33	
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In Facility (13)		(12)				ng, VAT, or scellaneous)		SF or LF)	Kemova	Repair	Encapsulate	Enclosure
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City, State New Equot	2 NZ				isposa 3 ~	1 Date 15-18	City, Stat	isuille	PA			
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Steve Schenker	H	resid	ent		-	Dlesse)	DCKe	cha		0 0	1710	٥

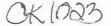
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8/1/18					of Building e of Elia			Street, and the second		Jalo N	low U	lama	- 11	_		200
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⊠ DOL	Amendmen Emergency		_	Wall,	NJ 077	19				ASS	ESTOS	SCO		ROL	Ĉ.	Afrikan
▼ DOH	justification)			f Contact					Tele	phone	Numb	(-		-	
☐ DCA	Cancellation	n			Aikins											
Name of Facility Where	Abatement is Taki	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type of F	Facility (4	1)						
home		.9 (0	,				1									
Street Address		- Curse Course						Sub	nool (K-12 ochapter	²) 8 (Othe	r than l	K-12)				
								Oth etc.	er (i.e. p	rivate &	comm	ercial	build	dings,	hom	es,
City (5)								Square F	4	# of	Floors		В	ldg. A	ge	
Howell								2600		2			7	5		
County (6) Monmouth					Code (7) USE ONLY	1		Current l	Jse (Prio	r if bein	ng demo	olished	1)			
Name of Monitoring Firm	Lisad by Building	O.u (0)				-		home								
Name of Montoning Pini	i mired by Building	Owner (8)		ASC	VI NO.			of Abatem Environ				10				
Street Address								Address	imental	Servi	ces, L	LLC				
								ox 483,	4 E G	ate Dr	ive					
City, State, Zip Code							City, St	ate, Zip C	ode				-			
							Glenv	vood, N	IJ 074	18						
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Telepho				Licens	e No.				
Start Date (10)		Sabadula	d Con	nlation	Date (11)			64-227			703					
8/3/18		8/10/18	}	ipietion	Date (11)		Name o	of OSHA	vionitor							
Occupancy Status During	g Abatement (Che	ck Only On	e)				Street A	ddress								
Facility Closed/Vaca Abatement Perform	ated During Entire	Period of A	batem	ent								-3-11-11				
X Other – Describe:	boiler room and ext	nai Facility erior	Hours				City, Sta	ate, Zip C	ode							
Scope of Work (Check A	II That Apply)						1									
23 sf or ≥3 lf	,	X R	enova	tion			×	Full Co	ontainme	ot with	Nogati	. D.				
× ≥160 sf or ≥260 lf			emoliti					Mini-Er	nclosure		negauv	ve Pres	ssui	е		
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Location		N	ormall	у		De	scription o	of						Ту	ре	
Asbestos-Containing TO BE ABA			d Solel ntenar			tos Con	taining Ma	aterial (AC			nount				Щ	
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(13)			(12)			other r	miscellane	eous)					oval	air	Encapsulate	Enclosure
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exterio	or			х			siding			160	0 SF	X				
exterio	or			X		gai	rage roc	of		900) SF	X				
			n ->>>													
Name of Registered Was	te Hauler		10,000,000	JDEP W			Yards	Na	ame of R	egister	ed Land	dfill				
Tonys Cleanup & Ha	auling			auler ID 7787	IVO.	of Was	ste	С	hrin Br	others	s Sani	itary I	_ar	dfill		
City, State							sal Date	Ci	ty, State							
Bridgewater, NJ						TBD		E	aston F	PA						
Completed by A. Scott Higgins		Title	d t			S	Signature		1.			Date				
A. Scott riggins		Presid	ient						1	~		8/1/	18			

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Date of Notification (1) 8/1/18					of Building New Ho			r (2)	EG	E	TW		n		
Agencies Notified	Type Notification				Address orest St	reet			AUG	I	6 2018	Control Control of the Control of th			
DEP × DOL	Amended Amendment		_		ate, Zip Co ny NJ 07				1		2.010	10.			
DOH DCA	Emergency (justification) Cancellation	inciuaing		Name of	of Contact Russo				ASBEST LI		ephone No 3-809-7				
None of Facility Add				FAC	ILITY INF	ORMAT	ION								112.512
Name of Facility Where home Street Address	Abatement is Takin	g Place (3)					☐ s	of Facility (4 school (K-12 subchapter 8	2)	ar than K	12\			
City (E)								X C	other (i.e. pr tc.)	ivate 8	commerc	cial buil			es,
City (5) Kearny								Square 2700		# of 2	Floors		31dg. i 32	Age	
County (6) Hudson					Code (7) USE ONLY)		Curren	nt Use (Prior e	if beir	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCN	M No.		70000000		ement Control		0.00				
Street Address								Address Box 48	3, 4 E Ga	ate Dr	ive				
City, State, Zip Code							City, S	State, Zip			.,,,				
Project Manager for Mor	itoring Firm			Telepho	ne No.		Teleph	none No.			License 1	No.			
Start Date (10) 8/6/18		Schedul 8/16/1		npletion	Date (11)		Name	of OSH	A Monitor						
Occupancy Status Durin	g Abatement (Check	Only O	ne)			77	Street	Address	3					-	
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm exterior	eriod of al Facilit	Abaten y Hours	nent			City, S	State, Zip	Code					76-52-5	
Scope of Work (Check A	II That Apply)		V				L					-			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mini- Glov	Containmer -Enclosure rebag Proce -Exempted (dure				e	
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		Yes	No	N/A										te	CD .
exterio	or			Х		exte	rior sid	ling		180	00 SF	Х			
Name of Registered Was Tonys Cleanup & Ha			Н	JDEP W auler ID 7787		of Wa	Yards ste		Name of Re Chrin Bro				ndfill		
City, State Bridgewater, NJ						Dispo TBD	sal Date		City, State Easton F	PA					
Completed by A. Scott Higgins		Title Pres	ident			5	Signature	4			1000	ate /1/18			

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Date of Notification (1)					Name	of Buildir	g Owner/	Operator (2			DUL - IL	JUAY	contail	-	
	31 / _	18	-		Pame	la Rose			4						1
Agencies Natified	Type Notifica	ation	T. Company		Stree	Address			1	BES	TOS CONTAC ICENSING)L&			T
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D DCA	⊠ Emergen		ludina		Mont	clair, NJ	07042			, !		1			
(NJAC 5:23-8)	justificati	ion)			Nami	of Conta	ct			17	Telephone Wup	Noen /	FI		Γ
	Cancalla Cancalla	tion			Pame	la Rose			Paris				int/		1
					FA	CILITY	NFORM!	TION							
Name of Facility When	Abatement is	Taking	Pisca	(3)					Type of F			-			
Private house									☐ Scha	(K-12)				
Street Address									Subci	i e n	(Other than K-1 divate and comme	2) eraial buil	Idinas	1	
										, mi =)				7	
City (5)									Square 8	iet	# of Floors	Bld	g. Ag	ê	
Montelair, NJ 07042								141							
County (6)					Çou	nty Code (i	(STATE L	ASE ONLY)	Current	se (Pr	or If being demo	ished)			
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Name of Monitoring Fi	rm Hared by Bui	iding D	wher (3)	ASCN	No.	Name	of Abatame	ant Contra	tor (B)	E.				
								h LLC							
Street Address							Streat	Address							
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City, State, Zip Code							Landon State Control	tets, Zip C							
								, NJ 074	70	-					
Project Manager for M	onitoring Firm			Tele	ephoni	a No.		one No.			License No.				
	····			<u></u>				18-1777			01127				
Start Date (10) 02 / 01	/ 18					ate (11) 18	Name	of OSHA f	Nontor						
								vision Co	maukann	hic_					
Occupancy Status Dur					·man)		1	Address							
Abelsment Perform	red Outside of N	lamel	Facility	/ Hau	sca - De	escribe	20-21	Wagaraw itete, Zip C	Road, F	dg A	35E				_
Time of Abatement	: AM-	Ph	AI	PM		AM.	100000000000000000000000000000000000000								
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IN Fa			Cus	(12)	Staff	•	suri	Sacing, VA1	r, or		SIF or LF)	1	14,	Enca psuiate	City
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Gr Tech LLC					0033	785	_ A	agi Date	T.R.R						_
City, State		8						2000							
Wayne, NJ 07470	Tunal	1 Tith			(IIII)			BD Signature/	Tullyt	WI.	<u> </u>	Date			
Completed By (Print t	u (Abe)						1	6.1	whe w	•	4		a		
N.Jeytic		Qw	-					-		MAGA	<u> </u>	07/31/18	3		
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^{*} Do not use this form for asbestus licensure exempted acti; 'tes

	4.8		Sta	ate of	New J	ersey				Check	#]	.6330	
	PAID					TOS ABATEMENT	7.						
Date of Notification	n (1)	-				7 and 12:120-7 Owner/Operator		(2)	The state of the s			- Contraction	
7/31/2018	. (1)			ex R			-) E C		Ŵ	E	m
Agencies Notified	Type Notificat	ion	Stree	t Addr	ess			1	3				
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[]DEP	Notifica	CION		State							-010		had !
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	[]EMERGENCY	11		ex Ri					ne Number	15,	G		
[]DCA	[]Cancellat:	ion	227	-a 1/(
						INFORMATION							
Name of Facility Who	ere Abatement i	s Takin	g Pla	ce (3)			T	Type of Facil	ity (4)				
Alex Rubin								[]School	(K-12) ter 8 (Othe	er tha	n K-	12)	
Street Address							11		i.e., priva				
							11	cial b	uildings, 1	nomes,	etc	.)	
								Square Feet	# of Floo	ors E	ldg.	Age	
City (5	C	ounty (6) Ess	ex	1000	nty Code (7)	11						
West Orange					(SI	ATE USE ONLY)	1	Current Use (Prior if be	eing d	emol	ished	1)
The second of th		ssex					11						
Name of Monitoring E	Firm hired by B	uilding	ASC	M No.		Name of Abate							
Owner (8) N/A						AZTECH N	MA	NAGEMENT	, Inc.				
Street Address						Street Addres	ss						
						86 Chris	st	copher St	•				
City, State, Zip Coo	ie					City, State,	Zi	ip Code					
-						Montclai	ir	, NJ 070	42				
Project Manager for	Monitoring Fir	m Tel	ephon	e Numb	er	Telephone Num	nbe	er		Licens	e Nu	mber	
	_	N/	A			(973) 744	4-	-8800		003	71		
Scheduled Start Date	(10) Sched	. Comple	ation	Date	(11)	Name of OSHA	Mo	onitor					
8 - 21 1	Salar I and	3 - 2		18		N/A							
Month Day Y	ear Mon	th Da	ay	Year									
Occupancy Status Dur [X] Facility Clo						Street Addres	ss						
of Abatemen		ing Ent	ire i	Period									
[]Abatement Pe	rformed Outside			Facili	ty	City, State,	Zi	ip Code					
	ribe: «OffHours												
[]other - Desc			Desci	ript»		11							
Scope of Work (Check	all that apply	Α)				[]Full	Co	ontainment wi	th Negative	Pres	sure		
[X]≥3 sf or		[X]Reno	vation	1			nclosure					
[] <u>≥</u> 160 sf o	or <u>></u> 260 lf	1]Demo	olition	1			ag Procedure iable Procedu	~ 0				
		Т	Is			[]NOII-E	Fil	Table Flocedo		Al	ate	nent	Type
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Asbestos-Con			Used			Asbestos-Con		775 - 575 / BOKO TI S	Amount	E	1 2		C
Material mo PE AP			olely Mair			Material (i.e., thermal			(Specify	Y M	E	D	LO
TO BE AB		te	nance	e/	in	sulation, surf		1000	LF)	V	7		S
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City, State					12	sposal Date		City, State	, page 10	2007E			
Montclair, NJ	07042				8	3/24/18		Bronx,	NY, 104	74			
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Completed By (Print	50 (5)					Signature	е	11/	1.	Date	∋ 1/20	10	
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	To the Market							1	F	BE	110	CK		1	JJ	3
Date of Notification (1) 07/25/2018					of Building		Operator	r (2)	<u> </u>		U V	7 [-	1		
Agencies Notified	Type Notification				ory Bekh Address	Ш		1 100								
		la la		Street	Ruuress				AU	IG -	3 20	18	Contractor	1		
EPA DEP	Initial Amended		ŀ	City, St	ate, Zip Co	ode		j	-				-	State of the last		
X DOL	Amendmen		_	Plainf	field, NJ,	07060)		ASBES	TOS C	ONTE	ROL	[G	New Zellas		
X DOH	Emergency justification				of Contact			1		Tèlè						
DCA	Cancellation	1			ory Bekh				*							
Name of Facility Where A	Abatement is Takir	ng Place (3	3)	FAC	ILITY INF	ORMAT	ON	Type of	Facility (4)						
Residential Propert		.9 (0	7					_	chool (K-1							
Street Address				20 ===					ibchapter		er than	K-12)				
								X Ot	her (i.e. p	rivate 8	comm	ercia	buile	dings	hom	es,
City (5)						71-21		Square		# of	Floors		В	ldg. A	ge	
Plainfield								2,857		3				896		
County (6) Union					Code (7) USE ONLY)		Current	Use (Prid	or if beir	ng dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI			Nome	-6 Ab -4-		4	(0)					
realite of Monitoring Film	Tilled by ballallig	Owner (6)		ASCI	VI INO.				ment Con tracting		(9)					
Street Address								Address	iradiirig			-				
							240	South 5	oth St.							
City, State, Zip Code								State, Zip								
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Project Manager for Moni	toring Firm		- 1	Telepho	ne No.			none No. 906-41:	00		Licens		1			
Start Date (10)		Schedule	d Con	nletion	Date (11)			of OSHA			0135	5				
08/04/2018		08/10/2		ipiction	Date (11)				nental L	_abora	atories	3				
Occupancy Status During	Abatement (Ched	k Only On	e)				Street	Address								
Facility Closed/Vaca	ted During Entire	Period of A	batem	ent			2333	3 Route	22 Wes	st						
Abatement Performe Other – Describe:	ed Outside of Norr	nal Facility	Hours	ii.				state, Zip								
Scope of Work (Check Al	That Applie						Eliza	abeth, N	J 0720	6						
	тпат Арріу)		SOANOTA LINES FILLS					7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova: emoliti				×	Mini-E	ontainme Enclosure		Negati	ve Pre	essui	re		
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TO BE ABA In Facilit		Custo	odial S	taff?	(I.e.		systems sing, VA	s insulatio T, or	on,		or LF)		Remova	Repair	псар	nele
(13)			(12)			other m	niscellan	neous)					oval	bair	Encapsulate	Enclosure
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Name of Registered Wast	e Hauler		190,000	JDEP W		Cubic '		1	Name of R	Register	ed Lan	dfill	-31			
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City, State			101	0/4			al Date	(City, State							
Elizabeth, New Jerse	У					TBD			Morrisvi		X					
Completed by		Title				Si	gnature			1		Date				\neg
Jeymy Donneys		Owne	er					Whi	UW	y	2	07/2	25/2	2018		

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Date of Notification (1) 07/25/2018						of Building		7.5	(2)	-		AHC	- 2	2010		
Agencies Notified	Тур	e Notification	ı		Street A	Address				114	4	AUU	- 3	ZUIÒ		[had]
EPA DEP		Initial											A Windows Commission		in the second	
DEP DOL		Amended Amendmen	t#			ate, Zip Co RINGTO!		k			Ac	BEST LIC	JS CO JENSIN	VTRC IG)L&	
	×	Emergency justification	(including			f Contact	VI AIV	u c		10,000	Tel	ephone l			production of the same	
DOH DCA		Cancellation			FABIO	CAMP	AGNA				1					
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Street Address									Sut Oth	ochapter (ner (i.e. pr	8 (Oth	er than K & comme	(-12) ercial bu	ildings	, hom	es,
City (5) HARRINGTON PAI	RK								Square I		# of	Floors	T	Bldg.	Age	
County (6) BERGEN						Code (7) USE ONLY)				Use (Prio		ng demo	lished)	00		
Name of Monitoring Firm	Hired	d by Building	Owner (8)		ASCN	/ No.			of Abaten	nent Cont						
Street Address									Address	OI EINV	IRUN	NIVIEN I	AL LL	C.		
									5. 51st,	STREE	T					
City, State, Zip Code N/A								10.750000	tate, Zip C		NJ. 0	7047				
Project Manager for Mon	itoring	g Firm	550151161		Telepho	ne No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	one No. 776-064	2		License 01300				
Start Date (10)					npletion	Date (11)		Name	of OSHA	Monitor						-
07/26/2018 Occupancy Status During	Abo	tomost (Char	07/29/					- X- V	15L	Anal	4+	ical				
			00000000000000000000000000000000000000		nont				Address							
Facility Closed/Vaca Abatement Perform Other – Describe:							_	City, S	tate, Zip C	code					111-30-50	
Scope of Work (Check Al	II That	t Apply)							40	M. C.	1	1-				\dashv
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit				×	Mini-E Glovel	ontainmer nclosure pag Proce xempted	edure				re	
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TO BE ABA In Facili (13)	TED		Cus	intenar todial S (12)	Staff?		thermal surfac		insulation T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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GARAG	3E			X		F	PIPE II	NSULA	TION		6	.LF	X			
Name of Registered Was	te Ha	uler		N	JDEP W	aste	Cubic	Yards	IN	ame of R	egister	red Land	Ifill			
TRI - STATE ASSO	С	Na Na			auler ID 9951	No.	of Was	ste		MINERV	ASSA TOTAL			INC.		
City, State BRONX NY.			U				Dispos	sal Date	1	ity, State VAYNE,	SBUI	RG OH	10			
Completed by CARLOS ESQUIVEL	-		Title MAN	AGE	₹		. S	ignature	Teyen	urfu	efel	11/01	Date 07/25	/2018	3	
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Delte of Notification (1) Option 27/18 South Plainfield Board of Education Agencies Notified PPA		PATT	110	(Pu		o NJAC 8					E (GE	N W	F	1700	
Agencies Notified Type Notification Type N	Date of Notification (1)	7 10 18 18-17											u v	15		Control Contro
EPA							d Boa	rd of E	duc	ation		110			-	10000
City, State, Zip Code County (6) County (6) City, State, Zip Code City, State City	Agencies Notified T	ype Notification					VO.				A	Ub - 6	2018		1	and the same of
DOL Amendment # South Plainfield, NJ 07080 ASSENSING Allephone Number Thomas Wiggins Tolephone Number Tolephone Num				-										- 4		-
DOH		1000 EX						07080		1	ASBE)L. &		- Chouse
DCA			cluding	-							Tele	and the second second second	and the second second			<u>.</u>
Name of Facility Where Abstement is Taking Place (3) South Plainfield Middle School Street Address South Plainfield Ave. Square Feet South Standard Square Feet South Plainfield South Plain					Thoma	s Wiggi	ns									
South Plainfield Ave. Street Address Subchapter 8 (Other than K-12) Subchapter 8 (Other than					FACIL	ITY INFO	RMATI	ON								
Schoolupier (County (and the second part of the s			Place (3)						- B	e of Facility (4	1)					
2201 Plainfield Ave. City (5) Square Feet		16 0011001							×			er than K-	.12\			
Square Feet									H	Other (i.e. p				dings,	home	es,
County (6) Cou	City (5)								Squ		# of	Floors	TE	ldg. A	ge	
Name of Monitoring Firm Hired by Building Owner (8)	South Plainfield														Ü	
OMEGA Env. Services, Inc. Street Address 280 Huyler St. City, State, Zip Code South Hackensack, NJ 07606 South Hackensack, NJ 07606 South Hackensack, NJ 07606 Totowa NJ 07512 City, State, Zip Code Totowa NJ 07512 Telephone No. 201-489-8700 Telephone No. 201-489-8700 Telephone No. 201-489-8700 Telephone No. 201-489-8700 Same as above Steet Date (10) 07/11/18 Same as above Street Address Street Address Steet Address Steet Date (10) 07/11/18 Same as above Street Address S									Cur	rent Use (Pric	or if bei	ng demoli	ished)			
Street Address 280 Huyler St. 205 Route 46 Suite 14 205 Route 46 Suite	Name of Monitoring Firm H	ired by Building Ov	/ner (8)		ASCM	No.		Name	of At	patement Con	tractor	(9)				-
280 Huyler St. 205 Route 46 Suite 14 City, State, Zip Code South Hackensack, NJ 07606 Project Manager for Monitoring Firm Geiser Fajardo Scheduled Completion Date (11) Off/28/18 O7/11/18 Same as above Occupancy Status During Abatement (Check Only One) Zifacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Zifo of or 2260 if Abatement Abatement Performed Outside of Normal Facility Used Sollely by Maintenance/ Custodial Staff? (12) Yes No N/A Throughout hallways & classrooms X Emergency Cleanup TBD X X X Emergency Cleanup TBD X X X Name of Registered Landfill Facility Fairless Landfill	OMEGA Env. Service	es, Inc.			0012	0		Acad	dem	y Construc	tion Ir	nc				
City, State, Zip Code South Hackensack, NJ 07606 South Hackensack, NJ 07606 Project Manager for Monitoring Firm Geiser Fajardo 201-489-8700 271-489-8700 273-832 4244 01155 Start Date (10) 06/28/18 Start Date (10) 06/28/18 Start Date (10) 06/28/18 Start Date (10) 06/28/18 Start Date (10) 07/11/18 Same as above Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Start Date (10) 07/11/18 Same as above Street Address City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code City, State Completed by City, State Completed by City, State City, State City, State City, State Completed by City, State City, State City, State City, State City, State Completed by City, State City, St	San Contract to Salar San San San San										0,40,000					
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Project Manager for Monitoring Firm Geiser Fajardo 201-489-8700 973 832 4244 01155	The state of the s	1107606								Harris and the second						
Geiser Fajardo 201-489-8700 973 832 4244 01155				- -	Telenhor	e No						License	No			
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Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply)	Occupancy Status During A	Abatement (Check	Only One)				Street	Addı	ress						
Salidity Secondarion Se	Abatement Performed						_	City, S	State,	Zip Code						***************************************
Name of Registered Waste Hauler Academy Construction Inc Completed by	Scope of Work (Check All 7	That Apply)													-	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Throughout hallways & classrooms Name of Registered Waste Hauler Academy Construction Inc City, State Totowa NJ Completed by Title Abatement Type Abatement Type Abatement Type About Amount (Specify SF or LF) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Amount (Specify SF or LF) Type Abatement Type About Amount (Specify SF or LF) Amount (Specify SF o								2		Mini-Enclosure Glovebag Prod	e cedure	Name of the same			e	
Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			ls L	ocati	on									Abat	emen	t
Maintenance Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A N/A	Location o	f	No	ormall	y		De	scription	n of					T)	/pe	T
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Academy Construction Inc O034422 3 Fairless Landfill City, State Totowa NJ Completed by Title Disposal Date TBD Morrisville, PA Signature	Name of Registered Waste	Hauler					C. 242 (0.1)			Name of	Regist	ered Lanc	l Ifili	J		1
City, State Totowa NJ Completed by Title Disposal Date TBD Morrisville, PA Signature Disposal Date TBD Date	Academy Constructio	n Inc		10000			1972-991110-0980	iste		Fairles	s Lan	dfill				
Completed by Title Signature / / Land Date					30772		Dispo		e	10.000			11000 			
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			1233333					Signatur	e /	1 /	1	1		/18		

[5 1 411 H5 H				uant to NJA								
Date of Notification (1 08/01/2018	1)		Nar Oa	ne of Buildir ak Knoll Sc	ng Owner/o hool of th	Operator e Holy	Child		reck /	No. 1	193	
Agencies Notified	Type Notification			et Address Blackburn	Road		W-5-6-1		1	20000112		
□ EPA □ DEP □ DOL	☐ Amendment : Emergency (i			, State, Zip nmit, New		7901	LI LI AUG -	- 6 2018	\parallel		***	
⊠ DOH	justification) □ Cancellation	nordanig	Nar	ne of Contac	ct	1001		Telephone Numb	per	12		
□ DCA				e Concalv			ASBESTOS	908-522-8160 HSING	Jeholo Service			
Name of Facility Whe	ere Abatement is Takir	ng Place (3)		ACILITY IN	FORMAT		of Facility (4)	ROUNG	}			
Street Address	or the Holy Child						chool (K-12)	1446 476. 1861. 1861.				
44 Blackburn Road	I						Subchapter 8 (Other ther (i.e. private & co	than K-12) ommercial building	s, hon	ies, e	etc.)	
City (5) Summit, New Jerse	ey 07901					Squar 10,00	re Feet 00	# of Floors 2	Bld 50	lg. Ag	ge	
County (6) Bergen	0.0425	\$100 miles		nty Code (7 NTE USE ONL		Curre	nt Use (Prior if being Private	demolished) School				
Name of Monitoring F T & M Associates	irm Hired by Building	Owner (8)	A	SCM No.		Name Lilich	of Abatement Contra Corporation	actor (9)				
Street Address 40 Monmouth Park	Highway, Suite 2						Address IcBride Ave					
City, State, Zip Code West Long Branch,	New Jersey 07764					City, S Wood	tate, Zip Code land Park, New Je	ersey				
Project Manager for N Kevin Burns	Monitoring Firm			phone No -676-4000			one No. 25-8400	License No. 01104				
Start Date (10) 08/13/2018		Scheduled 08/17/201		ion Date (11	1)		of OSHA Monitor ovironmental Labo	ratories, LLC				
Occupancy Status Du	iring Abatement (Chec	k Only One)				Street	Address					
□ Abatement Perfor		Period of Aba al Facility Ho	tement urs			City, St	Route 22 West tate, Zip Code					
□ Other – Describe: Scope of Work (Check				8		Union,	, NJ 07083					
≥3 sf or ≥3 lf	к Ан тнагарруу	⊠ Ren	ovation				Full Containment	with Negative Pre	eeura			
□≥160 sf or ≥260 lf			olition				Mini-Enclosure Glove Bag Proce	dure / Limited Con	tainm		Tent	i
		lala	cation			Ш	Non-Exempted (*)	and Non-Friable P Amount		ure baten	nent	
	tion of	Non	mally Solely by		D	escriptio	n of	(Specify SF of LF)		Тур	e	
Asbestos-Contain TO BE A	ing Material (ACM) ABATED	Mainte	enance/	As	bestos Co	ntaining al system	Material (ACM) ns insulation,		מג		Ē	ш
In Fa	acility 3)		ial Staff? (2)	' '	surf	acing, V	AT, or		Remova	Repair	Encapsulate	Enclosure
(.	-,	Yes N	lo N	/A	other	IIIISCEIIA	meous)		val	Ħ.	ulate	ure
Various Locations)	(Asbest	os Pipe &	Elbow	(wrap & Cure)	66 LF		Х		
Name of Registered V	Vasta Hauler		NIDE	P Waste	Cubic	V	N(D					
Lilich Corporation	vaste Haulei		070155550	r ID No.	of Was		Fairless L	gistered Landfill andfill				
City, State Woodland Park, Ne	w Jersey				Dispos 08/17	al Date /2018	City, State Morrisville,	PA				
Completed by Adriana Olejarova		Title Presid	lent		\$	ignature	Sal	Date 08/	01/20	18		

State of New Jersey

	Ctate of New Sersey
NOT	FICATION OF ASBESTOS ABATEMENT
	(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)					Na	ame	of Building	y Ow	ner/Operato	or (2)	ا ا	-					1	
08/	01 /	18					cese of (A110	·	c 2	Λ1 0	and the set of the set	
Agencies Notified	Type Notifica	ation			St	reet	Address				1	id la	1	-Au) -	V10		and a
⊠ EPA						631	Market S	Stre	et		1		-					-mid-billi	
⊠ DOLWD	Amended				Ci	ty, S	State, Zip C	ode		-	E E		AS	BEST	OSO	CON	TRO	- &	
□ DOH	Amendm Emergen		dudina			Car	nden, NJ	081	102		Ī			L	ICEN	SINC	ì	NATION TONG	Street S.A.c.
(NJAC 5:23-8)	justificati		Juding	9	Na	ame	of Contac	t		-		T	Telep	hone	Numb	er			
	☐ Cancellat	2. 5550 * U U				Anı	ne Haday							6-429					
									RMATION					- 120	1000				
Name of Facility Where A	Abatement is	Taking	Place	(3)							Type of Facilit	ty (4)						
Holy Eucharist Pari											School (K-		•						
Street Address								-			☐ Subchapte	r 8 (Other	than	K-12)				
344 Kresson Road											Other (i.e., homes, etc		ate a	nd cor	nmer	cial bu	uilding	js,	
City (5)				_						-	Square Feet	u.)	# 05	Floors		DI	da A	~~	
Cherry Hill											50,000		2	1 10018	2		dg. A 80	ge	
County (6)		102-10			10		tu Cada 17	VOTA	TE USE ONL	10	7/	n -				. 1	00		
Camden						oui	ity Code (7	JOTA	HE USE ONL	r)	Current Use (I	Prior	it bei	ing aei	molisi	nea)			
	I line of the Death	-li O		(0)	100	21.4		Ι			Church								
Name of Monitoring Firm MDG Environmenta		aing O	wner	(8)	ASI	JIVI	No.				ent Contractor (
	II, LLC									95,0%	onmental, LL	С							
Street Address								0.0000000	eet Address										
1000 Maplewood Di	rive, Suite 2	:07							23 Cutler										
City, State, Zip Code								, Marchine	y, State, Zip										
Maple Shade, NJ 08										de,	, NJ 08052								
Project Manager for Moni	toring Firm			1	lepho			l voca	ephone No.				Lice	nse N	0.				
Chris Macri							-9300	8	56-755-00	99			00	842					
Start Date (10)	0.00	Schedu	uled C	omp	letion	Da	te (11)	Nar	me of OSHA	M	lonitor								
08 /20 /	18	_0	8_ /	_2	24	1 -	18	E	MSL Anal	yti	ical, Inc.								
Occupancy Status During	Abatement (Check	only o	one)				Stre	eet Address			-7 US -							
□ Facility Closed/Vacate	d During Entir	re Peri	iod of	Abat	emer	ıt		2	00 Route	130	0 North								
Abatement Performed								City	, State, Zip	Co	ode								
Time of Abatement: _	AM	PM	1/	_PI	л	_	AM	1.0			, NJ 08077								
Scope of Work (Check all	that apply)	77.77									-								
M >2 of or >2 if			Ø n-						⊠ Full Co	ont	ainment with N	egat	ive P	ressur	e				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	moli					☐ Mini-E		osure Procedure								
											mpted (*) and N	lon-	Friabl	e Proc	cedure	9			
					ation							T				Ab	atem	ent T	ype
Location				Vorm	ally lely b				Description								-		
Asbestos-Containing I TO BE ABA		1)			nance				Containing I rmal system		terial (ACM)			mount		emo	Repair	nca	nclo
IN Facilit		1	Cus		l Staf	f?	(1.6		urfacing, VA					pecify or LF		Removal	=-	nsd	Enclosure
(13)	•	-		(12	2)				ner miscella							_		Encapsulate	O)
			Yes	No	N	I/A									- 8				
Room 106				\boxtimes]	Carpet I	Vlas	tic				41	5 SF					
]													
]				- 65				0.0					
]						1							
Name of Registered Wast	e Hauler				NJDE	PV	Vaste	Cub	oic Yards of		Name of Reg	iste	red La	andfill		-			
Freehold Cartage					Haule 159	er ID		Was			Fairless I	Lan	dfill						
City, State									oosal Date	000	City, State								
Freehold, NJ								08	8/24/2018		Morrisvill	le, F	PA						
Completed By (Print or Ty	pe)	Title							Signature	7		7-3-1			Date	е	10,777		
Christina Lynch		Vie	ce Pr	esic	lent	of C	Operation	IS	1	2	丈つ				8.	1/	18		

PAID

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

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Print Form

Date of Notification (1)			Nomo	of Building Ow	nar/Operato	. (2)		11. 15 0	9 15	<u> 1</u>	(1)	
07/27/18				ater Twp S		507 (5)		\mathcal{L}			0010	And the second second
Agencies Notified Type Notification			Street A	Address Stillwater Ro	1		1	III A	UG -	6	2018	han
EPA Initial Amended		-		ate, Zip Code			-	-				-
X DOL Amendment #				ater, NJ 07			L. Terret	ASBE	STOS	CO	NTRO	_&
Emergency (ir justification)	ncluding		Name o	of Contact				-Telephone			4.00	
DOH justification) Cancellation				Metzgar				973-383	-8954	-88		
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFORI	MATION	Type of F	acility (4)			Dispace		
Stillwater Elementary School	1 1000 (-,				-	ool (K-12)					
Street Address						Subo	chapter 8	(Other than		. 2667.007	763	
904 Stillwater Rd.						Othe etc.)	r (i.e. priv	ate & comm	nercial t	ouildin	gs, hon	ies,
City (5)						Square Fe	eet	# of Floors			g. Age	
Stillwater				0 . (7)				1		50	+	
County (6) Sussex				Code (7) USE ONLY) _		School		if being dem	olished)		
Name of Monitoring Firm Hired by Building O	wner (8)	1	ASCN		W. W	of Abateme		actor (9)				
Westchester Environmental LLC Street Address			0012	21	1000000	O Service	es inc.					
1248 Wrights Lane						Maple Av	e.					
City, State, Zip Code						state, Zip Co		2	-77			
West Chester, PA 19380						ington, N						
Project Manager for Monitoring Firm			Telepho			none No.			se No.			
Paul McCaa Start Date (10)	Calaadiil	10		31-7545		221-9092		0110)7			
, ,	08/10/		npietion	Date (11)		of OSHA M aw Nalod						
Occupancy Status During Abatement (Check	Only Or	ne)				Address						
Facility Closed/Vacated During Entire Pe						Maple Av						
Abatement Performed Outside of Norma Other – Describe:	il Facility	/ Hours	S			tate, Zip Co ington, N		7				
Scope of Work (Check All That Apply)					VVall	ington, iv	3 07037			2 - 1 1 1 -		-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	- Inches	Renova Demolit	A 100 CO		×	Full Cor Mini-En		with Negati	ve Pres	sure		
							ag Proced	fure ') and Non-F	riable i	Proce	dure	
	le	Locati	ion		Entit	I HON EX	emplear	Jana Norri	nable i	177	atemer	ıt
Location of	1	Vormal	ly		Description	of				_	Туре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intena	nce/		Containing N			Amount (Specify	1.	,	E E	m
In Facility	Cus	todial 9 (12)	Staff?	, s	urfacing, VA	T, or		SF or LF)		Removal	capsula	Enclosure
(13)	Yes	No	N/A	ot	ner miscellar	ieous)				<u> </u>	Encapsulate	sure
crawlspace under rooms B22 & B20		*		СО	ntaminate	d soil		, 90 sf.	*			
crawlspace under rooms B22 &B20								70 lf.	*			
				ipe insula	s. ~500.4007							
Name of Registered Waste Hauler		1 1/335	JDEP W lauler ID		ubic Yards Waste	0-640		gistered Lan	ndfill			
Newark Carting Inc.		0	5409	10)	1	CSL					
City, State Newark,NJ				11 222	isposal Date 3/13/18	1 100000	y, State en Argyl	,PA				
Completed by	Title				Signature		1 -		Date	V		
Leslaw Nalodka	Presi	dent			1/2	- 1	al		07/2	7/18		



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

GAC Project # 060-18													
Date of Notification (1)	1 2010	,			Name of Building Owner	er/Opera	tor (2)		-42 AC -CC - G - CC - C				_
August 1	1, 2010		n Tuno		RUTGERS, THE	STATE	UNI	VERS	SITY C)F NJ			
□ EPA □ DCA			Notificated No	otification#	Street Address ENVIRONMENTA 74 STREET 1603,	L HEA BLDG	LTH 411	& SA 6, LIV	FETY INGS	DEP TON	Γ. (RE	HS) PUS	4
X DOL			gency ication	(including	City, State, Zip Code PISCATAWAY, N.	1 0885	4 5	- P		1 1//	G I		
DEP- No Longer REQUIRE	.D	□ Cance		/	Name of Contact	111	17,15	Title	phone !	lumbe		M	-
				EAOU ITY II	MICHAEL F. SMIT HEALTH & SAFE		۷.	848 AUG	-445-2		UTA-KANDELIA	THE REAL PROPERTY OF THE PARTY	2500
Name of Facility Where Abateme	nt is Taki	ing Place (3))	FACILITY	VFORMATION Type of Facility (4)	- [4]		AUG	6	2018	- 11		
LOUIS BROWN ATHLE	TIC CE	NTER, E	LDG#	4156	School (K-12)		-				-un-made	100	
Street Address			-		Subchapter 8 (other th	an K-12)	AS	BEST	OS CO	NTRO	L &	201	
LIVINGSTON CAMPUS					Sq. Feet: N/A	ommerci # of Flo	al build oors: I	lings H	Ida Ac	ie: 60	+ vea	rs	
	ounty (6)			y Code (7)	T					77.70	2		
		ESEX	(State	Use Only)	Current Use (prior if bei	ng demo	lished): Exi	terior Ti	rench l	Duct B	ank	
Name of Monitoring Firm Hired by ATC	Bldg. Ov	wner (8)	000		Name of Contractor (9)								
19-00 0.18 artists			000	90	GREENWOOD ABA	TEME	NT C	ONSU	JLTAN	ITS. II	۱C.		
Street Address 3 TERRI LANE					Street Address					, , ,			
					511 MAIN STREET								
City. State, Zip Code BURLINGTON, NJ 08	016				City State, ZipCode BUTLER, NJ 07405								
Project Manager for Monitoring Fir	m	Telephone			Telephone Number			Licen	se Numb	oer			-
BRIAN R. KEARNEY		609-386	6-8800		973-492-0477			0084	10				
Scheduled Start Date (10) 08/10/18		Scheduled 09/10/18		on Date (11)	Name of OSHA Monitor ENVIROVISION, IN	<u> </u>		000					
Occupancy Status During Abate	ment (Cl	heck only o	ne)		Street Address	U.							
☐Facility Closed/Vacated Durin ☐Abatement Performed Outside	g Entire	Period of A	batemer	nt	20-21 WARGARAW	ROAD	, BL	DG# 3	35E				
Describe:					City, State, Zip Code		-						
▼ Other- Describe: Schedule: WEEKENDS AS NEEDED)	3PM -	5AM Dail	y (24 H	OURS &	FAIRLAWN, NJ 074	10							
WEEKENDO AO NEEDED)													
Scope of Work (Check all that app	ly)								-				_
□ ≥ 3 sf or >3 lf				101a		Full Co			ith Nega	ative Pr	essure		
⊠ ≥ 160 sf or ≥ 260 l	lf			Renovation Demolition		☐ Mini-E☐ Glove			ro / \\/-c	- ° C			
	,				I	X Non-E						edure	
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normal by Maint./Cu		Description of As	bestos Containing Material nal systems insulation, surfac	1	Amoun	t	Abater				
* * * * * * * * * * * * * * * * * * *	Staff? ((12)		VAT, or other mis	scell.)		or LF)	уъг	Remove	Repa	r Encap	Enclose	2
Conduit Duct Bank (Exterior	TES	NO	NA										
Trench)		X		Transite			400 I	_F	X				
Name of Reg. Waste Hauler	1	NJDEP Was	te Haule	I r ID #	Cubic Yards of Waste:	200 C	v	Name	of Regis	tered I	andfill		_
See Hauler Below #1 & 2		See Below	/		Cubic Tards of Waste.	200 0	1		D.W.S.			fill	
Hauler #1) Greenwood Abatemen NJDEP # 12561	t Consult	tants, Inc	Butler, N	NJ 07405		Dispos	al Date	<u>e</u>		City, St			
Hauler #2) Newark Carting, Inc.,	Newark,	NJ 04509				09/10	1/201	8			w Ford rrisvill		
NJ DEP# 4509						03/10	11ZU I	J		19067 215-73	5-1700	N/45-650	
Completed by (Print or Type)	Title				Signature			Date					-
RAYMOND C. PEDALING	100000	NIOR PI		T	Raymond C. De	Edalino			ust 1, 2	2018			
	IVIA	イルトコード											- 1



				(P	ursuant	to NJAC	8:60 an	d 12:120	0)	1		- P	F	пп	ПП		
	te of Notification (1)					Building				Parket.	115	C			/ [1	11
	7/31/18						ownsh	ip Boa	ard o	f Education	คีโ			-0700		-	100
Age	encies Notified EPA	Type Notification Initial			Street A					Brown to any of the control of the c	To the street	AUG	- 6	20	18	Samuel Samuel	
	DEP	Amended		T	City, Sta	te, Zip Co	de			Proposition of the Parket				y-10		1	-
X	DOL	Amendment Emergency		_		ington, l	NJ 078	82		and the state of t	AS	BESTO	SCC	NTF	OL &	1	Douglassy
X	DOH	justification)		Ī	Name of					L		lephone				CTOPHUS.	
	DCA	Cancellation				el Ange					9	08-689)-111	9			
Na	me of Facility Where A	Abatament is Takin	a Place /3	8/	FACI	LITY INFO	DRMATI	ON	Tun	e of Facility	(4)						
	rass Castle School		g i lace (c	,,					X	School (K-							
Stre	eet Address								Ĥ	Subchapte		ner than	K-12)				
16	Castle St.									Other (i.e. etc.)	private	& comm	nercia	build	ings,	home	es,
100000	y (5)									are Feet	# 0	of Floors		В	dg. A	ge	
	ashington									,000sf	_ 1				0+		
1	unty (6) arren				County (Code (7) JSE ONLY			1.00	rent Use (Pr ementary		Allen Server and Control of the	olishe	ed)			
Nar	me of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.		Name		patement Co				2775.53			
R	K Occupational &	Env. Analysis,	Inc.		090			Aca	dem	y Constru	ction	Inc					
1000	eet Address				***************************************			Street									
	1 James St.									te 46 Suit	e 14						
100000	y, State, Zip Code nillipsburg, NJ 08	865								Zip Code NJ 07512							
	ject Manager for Mon				Telephoi	ne No	-	Teleph		action of the second second second second		Licen	ee No				
1	ohn Gilbert	noming 1 mm			50	54-6316		92.00		4244		0115					
	rt Date (10)		Schedul	ed Cor	mpletion I	Date (11)		Name	of OS	SHA Monitor	-						
	3/13/18		08/20/					Sam	ne as	above							
Occ	cupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Addr	ess							
×	Facility Closed/Vaca Abatement Perform Other – Describe: _	ated During Entire ed Outside of Norn	Period of A	Abater / Hour	nent s			City, S	State,	Zip Code							hombas(a) a. et el.
Sco	ope of Work (Check A	II That Apply)															
X	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	550 99900	and the same of th	Renova Demoli				2	Y G	ull Containn lini-Enclosu llovebag Pro lon-Exempte	re ocedure	,				e	
			Is	Locat	ion											ement	t
	Location			Norma ed Sole		190-207		scriptior							1 y	ре	T
	Asbestos-Containing TO BE ABA		Ma	intena	nce/			taining N system		al (ACM)	4	Amount Specify		ZI.		E	_ m
	In Facil		Cus	todial (12)		(surfa	cing, VA	AT, or			F or LF)		Remova	Repair	caps	Enclosure
	(13)			1	-		other r	miscella	neous	5)				val	air	Encapsulate	sure
			Yes	No	N/A											Ф	
	Boiler Ro	oom		X		Boile	r Insul	atior	1		10sf		х		Х		
					-				nescipa					CHARLES CO.			
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	/B			L													
	me of Registered Was ademy Construct			F	NJDEP W Hauler ID)34422		of Wa	Yards ste		Name o			ndfill				
City	/, State				707722			sal Date)	City, Sta	ate						-
	towa NJ						TBD			Morris		PA					
A 202.50	mpleted by		Title				5	Signatur	е		. /		Dat	e			
Fili	p Geleski		Sup	erviso	or				ナナ	1.0 20	ak		07	/31/	18		



	D. A.	N MV														
Project #	1 4 8	且其为	3		CATION	ate of Ne	BESTOS	ABATE		pastrilina.	Ch	eck #=43	78	(I) I	2 r	7
	•	4		1)	ursuant	to NJAC	8:60 an	d 12:120	u)		E	6 E		y i		111
Date of Notification (1))				Name o	f Building	Owner/0	Operator	(2)	114						-
07/26/2018					Delaw	are Val	lley Sc	hool D	istric	t IIII						
Agencies Notified	Туре	Notification			Street A						1	4UG - 6	: 20	Πŏ	Į	
EPA		Initial			19 Ser	nator S	tout Ro	t		1	- under				1	
DEP		Amended			City, Sta	ate, Zip C	ode			l	L		0.17	D.C.I		3
DOL	E3	Amendment Emergency			French	ntown,	08825					ESTOS C	21615		čι	
■ DOH	EI	justification)			100000000000000000000000000000000000000	f Contact				1	Tel	ephone Nur	nber			
DCA		Cancellation	1			, Brien		-2-2			908	3-686-63	33			
Name of Facility Miles	0	Table	na Diana /	21	FAC	ILITY INF	ORMAT	ION	Tun	a of Facility	/4)			-		
Name of Facility When	re Abatei	ment is Takir	ig Place (3)					Туре	e of Facility	(4)					
School										School (K-		orthon V 1	21			
Street Address	Б.								H			er than K-12 & commerci		dings	home	es,
19 Senator Stout	Rd									etc.)	(i)			- 7		
City (5) Frenchtow	n, 088	25							Squa	are Feet	# 01	f Floors	E	3ldg. A	\ge	
County (6)						Code (7)			Curr	ent Use (Pr	ior if bei	ng demolish	ned)			
Hunterdon					(STATE	USE ONL	Y)									
Name of Monitoring Fi	irm Hired	by Building	Owner (8)	ASCI	M No.		Name	of Ab	atement Co	ntractor	(9)				
RK Occupational	& Env	rironmenta	al Analy	sis	0090)		Nick	Rest	oration L	LC					
Street Address								Street	Addre	ess						
403 St, James Av	/e							72 Br	ooks	side Rd						
City, State, Zip Code	8.							City, S	State, 2	Zip Code						
Phillipsburg, NJ 0	8865							Rand	lolph	, NJ 078	69					
Project Manager for M	onitoring	; Firm			Telepho	ne No.		Teleph	hone N	No.		License N	ο.			
Patrick D. McGuir	nness				908-45	4-6316	6	97393	33-2	550		01358				
Start Date (10)			Schedul	ed Co	mpletion	Date (11)	Name	of OS	SHA Monitor	•					
08/08/2018			08/17/2	The state of the s				IRIS								
Occupancy Status Dur	ring Abat	tement (Ched	ck Only O	ne)				Street								
Facility Closed/Va	acated D	uring Entire	Period of	Abate	ment			70.000	alberta est	2 West						
Abatement Perfo Other – Describe		itside of Norr	nal Facilit	y Hour	rs					Zip Code						
		t Annly)						Unior	1 , N.	J 07083						
Scope of Work (Check	(All Ina	(Apply)	prompt (
≥3 sf or ≥3 lf ≥160 sf or ≥260 li	f			Renov Demol						ull Containn ini-Enclosu		Negative F	ressu	ire		
= 100 31 01 = 200 II			LJ '	Jemoi	10011					lovebag Pro						
									_ No	on-Exempte	d (*) an	d Non-Friab	le Pro			
				Loca											ement /pe	t
	ion of			Norma	ally ely by			escription					-	1	T	Т
Asbestos-Containi TO BE A				inten			stos Con e. therma			al (ACM)	E 6516	mount Specify	71		Ē	ш
In Fa			Cus		Staff?	(1.6		cing, VA		iauori,		or LF)	Remova	Repair	сар	nclo
(1:	3)			(12)			other	miscellar	neous)			oval	air	Encapsulate	Enclosure
			Yes	No	N/A								-		e	6
District / Guidance	e Offic	es		×		Vinil:	asbest	ns floo	r tile	9	2400	SF	×			
	0 0 1110		1		1	Viiiii	200000	00 1100	i tilo	3	2400	01	1			
			+		+-								+	+		
			1													
Name of Registered W	Vaste Ha	uler			NJDEP V			Yards		Name of	Registe	red Landfill	-		-	•
Nick Restoration I	LLC			- 1	Hauler ID 003378		of Wa	iste		G.R.O.	W.S					
City, State	VI COLUMN		Alexander of the second	10	,00010	_		sal Date		City, Sta	te			-		
Randolp	h, NJ						TBD	a	l.	Tullyto		1				
Completed by			Title					Signature	9 11	-		Da	ite			
Nikica Mrda			Presi	dent					(1)	al	1 100	07	/26/2	2018		
									100	0	0.0	1				



PAID

Date of Notification (1) \$\int I \int I \int \text{Check # 3221}	*	Name of Holy N	f Building Ov Name of Je	ner/Operator	r (2) eton Early Lea	rning Ce	G E	1	\mathbb{V}	E,	m
Agencies Notified Type Notification EPA Initial		Street A			10 mm	111	AUG -	G 2	กาด	AA TANKING	
DEP Amended Amendment			ate, Zip Code Drange, NJ			12	100	U A	.010	and installed the same	Small .
DOH Emergency (justification) Cancellation	including		f Contact		-7144-00	Telep	hone Num 675-444	ber 4	HOL	. &	and the part
		FACI	LITY INFOR	MATION			70.50			1140-1044	
Name of Facility Where Abatement is Taking Middletown Early Learning Center	g Place (3)				Type of Facility School (K-						
Street Address 200 Midland Ave	-				Subchapte Other (i.e. etc.)	r 8 (Other			dings,	home	es,
City (5) East Orange					Square Feet 20,000	# of F	loors	20.75	Bldg. A	ige	
County (6) Essex	_		Code (7) USE ONLY)		Current Use (Pr School	or if being	demolishe	ed)			
Name of Monitoring Firm Hired by Building ON/A	Owner (8)	ASCN N/A	Л No.		of Abatement Co Services	ntractor (9)				
Street Address N/A					Address 69th st						
City, State, Zip Code N/A				City, S	State, Zip Code enberg, NJ, 07	7093					
Project Manager for Monitoring Firm N/A		Telepho N/A	ne No.	Teleph	none No. 295-1700	L	icense No				
Start Date (10) 08/0/18	Scheduled Co	100000000	Date (11)	Name	of OSHA Monitor		71074				
Occupancy Status During Abatement (Check	08/4/18			N/A							
Facility Closed/Vacated During Entire F	eriod of Abate	ement		N/A	Address						
Abatement Performed Outside of Norm Other – Describe:	al Facility Hou	rs		City, S N/A	state, Zip Code						
Scope of Work (Check All That Apply)					· tota						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renov Demo			×	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	1			<u> </u>	Non-Exempte	a (*) and N	Non-Friable	Pro	Abate		
Location of	Is Loca Norma	ally		Description	of				Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Mainten Custodial (12)	ance/ Staff?	(i.e. the		Material (ACM) s insulation, T, or	Amo (Spe SF or	ecify	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A						<u>a</u>	51	ate	ē
Basement Electrical Room	X		AC	M pipe ins	ulation	3 L	-F		Х		
				4							
Name of Registered Waste Hauler		NJDEP W	15.15.15.74	ubic Yards	Name of	Registered	d Landfill				
Tri-State Transfer Associates		Hauler ID 19551		f Waste		a Entrep	rise				
City, State Bronx, NY			2000000	isposal Date BD		e sburg, O	Н				
Completed by Gina Betances	Title Office Ma	anager		Signature	Quas		Date	S 1	18		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Un THE VALLEY HOSPITAL Date of Notification (1) /2018 Street Address AUG - A Agencies Notified Type Notification 223 NORTH VAN DIEN AVENUE 2018 Initial Notification City, State, Zip Code **EPA** Amended Notification #2 DEP RIDGEWOOD, NEW JERSEY 07652 Cancellation ASSESTOS CONTRO X DOL 2. DOH On Hold Name of Contact Telephone Number LICENSING **EMERGENCY NOTIFICATION** DCA GEORGE GANCSOS 201-447-8141 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) VALLEY HOSPITAL Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 50.000 40+ 670 WINTER AVENUE 1 County Code (7) Current Use (Prior if being demolished) City (5) County (6) **PARAMUS** BERGEN (STATE USE ONLY) ABANDONED Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION COLDEN CORPORATION Street Address Street Address 313 SPOOK ROCK ROAD 131 VARICK STREET, SUITE 1022 City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 NEW YORK, NEW YORK 10013 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm JIM MIADES 347-435-3561 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor EMSL #11506 /18 /19 6 / 30 Month Year Month Year Day Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM X City, State, Zip Code NEW YORK, NEW YORK Full Containment Scope of Work (Check all that apply) Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Is Location Description of Asbestos-Abatement Type Location of Amount normally used Containing Material (ACM) **ENCLOSUR** Asbestos-containing REPAIR ENCAPSUL REMOVAL (ie. Thermal systems (Specify Material (ACM) solely by Maint/Custodial insulation, surfacing, VAT, SF or LF) TO BE ABATED or other miscellaneous) in Facility (13) Staff (12) Yes No N/A 1ST FLOOR THROUGHOUT JOINT COMPOUND 25,000 SF X X 1,500 SF 1ST FLOOR ROOMS 100 & 101 CEILING TILES 1,450 SF X X VAT & MASTIC 1ST FLOOR ROOMS 101 & 102 100 SF X 1ST FLOOR ROOM 182 X **BOILER INSULATION** 1ST FLOOR ROOM 182 **BOILER BREECHING** 80 SF X X 2 SF X **ROOF HATCH TAR** 1ST FLOOR ROOM 180 Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL ASBESTOS TRANSPORTATION CO. INC. Hauler ID No. 100 2 MORICHES MIDDLE ISLAND ROAD 1A-371

Disposal Date

DIRECTOR OF OPERATIONS

6/07/18 - 12/30/18

Signature

City, State

PLAINFIELD TOWNSHIP, PA

Date

City, State

SHIRLEY, NEW YORK 11967

Completed by (Print or Type)

BENJAMIN SANCHEZ

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) m Name of Building Owner/Operator (2) Date of Notification (1) THE VALLEY HOSPITAL /2018 Street Address Agencies Notified Type Notification 223 NORTH VAN DIEN AVENUE AUG EPA Initial Notification City, State, Zip Code DEP Amended Notification #1 RIDGEWOOD, NEW JERSEY 07652 DOL Cancellation S CONTROL & DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** GEORGE GANCSOS 201-447-8141 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) VALLEY HOSPITAL Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 670 WINTER AVENUE 50.000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) **PARAMUS** BERGEN (STATE USE ONLY) ABANDONED Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) COLDEN CORPORATION PAR ENVIRONMENTAL CORPORATION Street Address Street Address 131 VARICK STREET, SUITE 1022 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code NEW YORK, NEW YORK 10013 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JIM MIADES 347-435-3561 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6 / /18 30 /19 EMSL #11506 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing Containing Material (ACM) normally used Amount ENCAPSUL **ENCLOSUR** REMOVAL REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR THROUGHOUT JOINT COMPOUND 25,000 SF X 1ST FLOOR ROOMS 100 & 101 X CEILING TILES 1,500 SF X 1ST FLOOR ROOMS 101 & 102 X VAT & MASTIC 1.450 SF 1ST FLOOR ROOM 182 X **BOILER INSULATION** 100 SF X 1ST FLOOR ROOM 182 X **BOILER BREECHING** 80 SF X 1ST FLOOR ROOM 180 X ROOF HATCH TAR 2 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill **NEWARK CARTING** Hauler ID No. 100 GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD 913 City, State Disposal Date NEWARK, NEW JERSEY ELD TOWNSHIP, PA 6/07/18 - 12/30/18 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

	NC	OTIFIC	State of New Jersey	ABATEMENT	d property	3.2	150	\mathcal{C}	
		(1 013	Name of Buildi	ng Owner/Operato	or (2)	TE	G	E	
/2018				OSPITAL		4	1	***************************************	
				N DIEN AVENUE		111			
	ation		The second secon		1		概形	-6	20
Amended N	otificat	ion	RIDGEWOOD I	Jode NEW IEDSEV 076	=2	100			
Cancellation					02	LACE	anna changa		
	SV NO	TICIO			Telephone	Number	EBII Lic	18 1 T	MITTE
LIVIERGEING	ST NO	TIFIC			201-447-81	41	1		100
nent is Takir	ng Plac	ce (3)	FACILITY INFORMATION						
	.5	00 (0)		School (ity (4) K-12)				
						an K 12	1		
				X Other (ie	e. private & con	nmcl. ble	<i>)</i> das h	omes	. etc.
				Square Feet	# of Floo	rs	Ble	dg. Ag	е
County (6)			County Code (7)	250000000000000000000000000000000000000	1			40+	
BERGEN			(STATE USE ONL)		Prior if being de	emolishe	ed)		
by Building	Owne	er (8)		/		ctor (9)			
			· '	PAR ENVIRO	NMENTAL CO	RPORA	TION		
22									
				City State 7in	Code				
YORK, NEW				SUFFERN, NE	EW YORK 109	01			
rm						-	Numb	er	
Ie.				845-369-7500		1101			
18				Name of OSH	A Monitor				
ar	Month								
ent (Check of	only on	e)	A I pas un provincio de la						
Outside of N	ormal i	iod of . Facilit	Abatement V Hours - Describe:	307 WEST 38	TH STREET				
MONDAY -FF	RIDAY	7AM-	3:30 PM	City, State, Zin	Code				
1					NEW YORK, N	IEW YO	RK		
	enovati	on		ntainment					
[X_]/(C	Ji lova li	OII							
			X Non-Fr	iable Procedure					
			Description of	Asbestos-		T	Abaten	nent T	vne
l no	- 10 CO 10 CO 10 CO			erial (ACM)	Amount		교		
Ma			insulation surf	systems		N N	PA	ξ Q	ENCL
			" Todiadion, built	ellaneous)	SF or LF)	\\ \\ \\ \	2	PS	OSUR
Ye	s No	N/A				1		F	둤
	+	X	JOINT COMPOUND		25,000 SF	X			
	+	X	CEILING TILES		1,500 SF	X			
	+-	X	VAT & MASTIC		1,450 SF	X			
	+-				100 SF	X			
	+	1	BOILER BREECHING		80 SF	X			
	+-	X	ROOF HATCH TAR		2 SF	X			
NII	DED W	lasto	Cubia Vanda of Minut	10					
1000000			NO.55 ENGGE	Name of Regist	ered Landfill				
			100	GRAND CENTR	KAL SANITARY	LANDE	FILL		
			Disposal Date	City, States					_
Title			6/07/18 - 12/30/18 Signature	PRAKIFIELD TO		1	_/	^	
111116					1.00	ate / C			_
	Amended N Cancellation On Hold EMERGENG nent is Takin County (6) BERGEN BERGEN Dy Building 222 YORK, NEW Imm India Check of During Enti Outside of N MONDAY -Ff Diy) X Re NONDAY -Ff NI Hat	/2018 Polying and provided the provided solution on Hold and provided the provided	/2018 Polyification Initial Notification Amended Notification Cancellation On Hold EMERGENCY NOTIFICATION Inent is Taking Place (3) County (6) BERGEN I by Building Owner (8) Description Telephor 347-435- Sched. Comp Ament (Check only one) During Entire Period of Outside of Normal Facility MONDAY -FRIDAY 7AM- Description Is Location normally used solely by Maint/Custodia Staff (12) Yes No N/A X X X NJDEP Waste Hauler ID No. 913	NOTIFICATION OF ASBESTOS (Pursuant to NJAC 8:60-7 and Name of Building THE VALLEY H. V	NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator THE VALLEY HOSPITAL Street Address 223 NORTH VAN DIEN AVENUE City, State, Zip Code RIDGEWOOD, NEW JERSEY 076: On Hold On Hold EMERGENCY NOTIFICATION Name of Contact GEORGE GANCSOS FACILITY INFORMATION Name of Abatement Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 7AM-3:30 PM Is Location normally used solely by Maint/Custodial Staff (12) Yes INo IN/A NAME of Regist Is Location normally used solely by Maint/Custodial Staff (12) Yes INo IN/A NAME OF RESTON IT PROMATION IT PR	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC sic-07 and 12:120-7) Name of Building Owner/Operator (2) THE VALLEY HOSPITAL Street Address Notification Cancellation On Hold On Hold Cancellation On Hold Cancellation On Hold	NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) THE VALLEY HOSPITAL Street Address 223 NORTH VAN DIEN AVENUE Initial Notification Cancellation On Hold EMERGENCY NOTIFICATION Rent is Taking Place (3) TAKE ADDRESS OF TAKE	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:805-7 and 12:120-7) Name of Building Owner/Operator (2) THE VALLEY HOSPITAL Street Address Street Address Initial Notification Amended Notification Cancellation On Hold EMERGENCY NOTIFICATION CEORGE GANCSOS FACILITY INFORMATION Telephone Number Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Type of Facility (4) School (K-12) Typ	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80-7 and 12:120-7) Name of Building Owner/Operator (2) THE VALLEY HOSPITAL Street Address Notification Linitial Notification Cancellation On Hold EMERGENCY NOTIFICATION EMERGENCY NOTIFICATION Rent is Taking Place (3) FACILITY INFORMATION Telephone Number Square Feet Square Feet Square Feet Square Feet Square Feet Square Feet For Divisite & Commot bidgs, homes Square Feet Square Feet

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT E C E LAKE SINGLE (Pursuant to NJAC 8:60 and 12:120)

Date of Notification	(1)		Name	of Buildin	g Owner/Operator (2)	Hall	C	TT 9/11	/			_
8/1/18					Regional Medical	Center		The state of the s				
Agencies Notified	Type Notification			Address			AUG - 6 9	1018 IIII				_
			703	Main S	treet	l î		10 I				
☐ DEP	☐ Amended		City, St	ate, Zip Co	ode	- Indiana	Married Street, Street	The strong				
⊠ DOL	Amendment #				JJ 07503	ASB	ESTOS COM	TROL &				
	Emergency (including			of Contact		100 mg - 100 mg	Tetephone Numbe					
☑ DOH ☐ DCA	justification)		Juan	Cobos			860-200-466	4				
LI DCA	☐ Cancellation			E /	ACILITY INFORMAT	TION						
Name of Facility Whe	ere Abatement is Taking Place (3)				ACILITY INFORMA	Type of Facility (4)						
	gional Medical Center - Dialy	sis Area	a, 2nd F	loor		Commence of the Commence of th	21					
Street Address						_	5	121				
703 Main Stree	t						8 (Other than K-					
				0		Other (i.e. p	irivate & Comme	rcial buildings, ho	mes, e	tc.)		
City (5) Paterson						Square Feet	# of Floors	Bldg. Age				
raterson						30,000+	3+	50+				
County (6) Passaic				1777	Code (7) USE ONLY)	Current Use (Prior if be Hospital	ing demolished)					
Name of Monitoring I	Firm Hired by Building Owner (8)			1	ASCM No.	Name of Abatement Co	antractor (9)					_
						Unicorn Contract						
Street Address						Street Address	ing corp.			-		
						32 Willow Way						
City, State, Zip Code						City, State, Zip Code				-	-	_
						Woodland Park,	NJ 07424					
Project Manager for N	Monitoring Firm			Telepho	ne No.	Telephone No.		License No.		11111111111		
						973-333-9176		01331				
Start Date (10)			Schedul	ed Compl	etion Date (11)	Name of OSHA Monitor			-			
8/10/18			8/17/	18	27- 196	Envirovision Cons	sultants, Inc.					
- W	ing Abatement (Check Only One)					Street Address						
l .	sed/Vacated During Entire Per			t		20-21 Wagaraw F	Rd., Bldg. 35-E					
I	t Performed Outside of Normal	Facility I	Hours			City, State, Zip Code				-3111.5	-5:21	
	scribe: 7-4					Fair Lawn, NJ 074	410					
Scope of Work (Check												
≥3 sf or ≥3			\boxtimes	Renova	ation	☐ Full Containr	ment with Negati	ive Pressure				
.≥160 sf or a	≥260 If			Demoli	tion		ire					
						Non-Exempt	ed (*) and Non-F	riable Procedure				
	Location of		ls Location Normally						A	bater Typ		
Asbestos-	Containing Material (ACM)	110	ed Solely	100	Asbesto	Description of os Containing Material (AC	(M)	Amount		Ť	T	
	TO BE ABATED	1	aintenand stodial Sta			hermal systems insulation		(Specity			m	
	In Facility (13)	Cu	(12)	III T		surfacing, VAT, or other miscellaneous)		SF or LF)	R e	_	ncap	Enc
	1777	Yes	No	N/A		other miscenarieous)			Removal	Repair	Encapsulate	Enclosure
Mechan	ical Equipment Room	X			Air (Cell Pipe Insulation	- Marie and a second	75 LF	X	=	0	n
Mechan	ical Equipment Room	X				itting Insulation		15 ea	X	+	+	
	ical Equipment Room	X				Black wall Mastic		50 SF	X	+	+	
2nd	FI Drop ceiling	X				itting Insulation		100 ea	X	\dashv	+	
Name of Registered W	aste Hauler		NJDEP W	aste Haul		Cubic Yards of Waste		Name of Regustered I	1			
Unicorn Contract	ting Corp.		00358			2+	/	Fairless Hillstar				
City, State						Disposal Date	17	City state				-
Woodland Park,	New Jersey					TBD	/// /	Morrisville, PA				
Completed by		Title				Signature	11 11	1	Date			
Dimo Golcev		Genera	al Mana	ager		///	2/	7	8/1/2	18		
							1//		-, -,			

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Date of Notification (1) 6/28/18					ner/Operator Board of E		on		AllG	<u>-s</u>	201)	To the comments of
Agencies Notified Type Notification EPA Initial		10000	reet Add	ress kson Av	e.			L.	the Special Control of the Control				
DEP X Amended Amendment #1				, Zip Code Plainfield,	NJ 07080)	1		ASBEST(OS COI CENSIN	VTR()L.&	
DOH justification Cancellation	luding		ame of C	ontact Wiggins	3				phone Nur 3-754-46				
			FACILI	TY INFOR	MATION								
Name of Facility Where Abatement is Taking P South Plainfield Middle School	lace (3)					X s	f Facility (4 chool (K-12 ubchapter)	2)	rthan K 1	21			
Street Address 2201 Plainfield Ave.							ther (i.e. pr	rivate &	commerci	al buildi			s.
City (5) South Plainfield						Square 60,00	00	2	Floors	50	ig. Ag)+	je	
County (6) Middlesex			ounty Co	ode (7) SE ONLY)		Elem	it Use (Prio nentary S	chool		hed)			
Name of Monitoring Firm Hired by Building Ow OMEGA Env. Services, Inc.	ner (8)	1	ASCM 00120		San		ement Con Construc						
Street Address 280 Huyler St.					1 7007	t Address Route	s 46 Suite	14					
City, State, Zip Code South Hackensack, NJ 07806					2500	State, Zip owa Nu	Code J 07512						
Project Manager for Monitoring Firm Gaiser Fajardo			elephon	e No. 9-8700		hone No 3 832 4			License N	No.			
Start Date (10)	cheduled 07/11/18		oletion D	ate (11)		e of OSH	A Monitor						
Occupancy Status During Abatement (Check	Only One)			Stree	t Addres	s						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			ent		City,	State, Zi	p Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf		novati molitio				Min Glo	Containmoni-Enclosure	e cedure				9	
	le l	ocatio	n I					X-4			Abate	ment	[
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	rmally Solel Itenan	y y by ice/	(i.e. th	Descriptions Containing the mail systems surfacing, Nother miscell	Material ms insula /AT, or		(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Throughout hallways & classrooms	165	140	X	F	mergency	Cleanu	n	,	TBD	- x			-
Throughout nailways & classrooms				L-1	nergency		P		100				_
Name of Registered Waste Hauler		2002	JDEP W	400000000	Cubic Yards	3	Name of	Regist	ered Land	fill	-	1	de un re
Academy Construction Inc		- 1	auler ID 03442	- 1	of Waste 4		Fairles	ss Lan	dfill				
City, State Totowa NJ					Disposal Da TBD		City, Sta Morris		PA		a bare a real and		to a manual of the
Completed by Filip Geleski	Title Supe	rviso	ır		Signat	ure Tro	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Cente	′	Date 06/28	/18		

r l			NOI				BESTOS ABAT AC 8:60 and 5:1	6)	GEI	$\overline{\mathbb{W}}$	EI	<u></u>	Part Joseph
Date of Notification (1)					Nam	e of Buildin	g Owner/Operator (2)	and the same of th		\equiv		-
8/	3 /	18	_			ıtgers Uni		111 331	1807 ₅ 2328 _{6 2}	Ole Ch	k. #5	101	
Agencies Notified	Type Notific	cation			Stree	et Address				- 10	- I had	0000	
⊠ EPA					33	Knightsb	ridge Road	į (and and	Manage (co.	
⊠ DOLWD	☐ Amende	2722			City,	State, Zip (Code	AS	BESTOS CONT	ROL	Öt.	20	
☑ DHSS □ DCA	Amendm						NJ 08854	*	LICENSING			il and a	
(NJAC 5:23-8)	☐ Emerger justificat		cludin	g	-	e of Contac			Tolonham No.	1	W. Compressor.	mound.	
(10/10 0.20 0)	☐ Cancella				100000000	an Stanto			Telephone Num 848-445-24				
					-		IFORMATION		0.00.00.24				
Name of Facility Where A	batement is	Taking	Place	e (3)				Type of Facility	(4)			_	
Building #3084 - Kre								School (K-12					
Street Address	- 5	5						Subchapter 8	.) 3 (Other than K-12	2)			
151 College Avenue								Other (i.e., p	rivate and comme	rcial b	uildin	gs,	
						-25-11-21-21-2		homes, etc.)					
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Piscataway								14000	1		40		
County (6) Middlesex					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Name of Monitoring Firm I	liand by D. II	1: 0		(0)	1			Vacant					
Criterion Laboratori		aing C	wner	(8)	ASCM	No.	Name of Abateme						
Street Address								Mold Service	s, Corp.				
400 Street Road							Street Address						
City, State, Zip Code							3859 Sylon B						
Bensalem, PA 19020)						Hainesport, N						
Project Manager for Monito				Tel	ephone	No	Telephone No.	00030	Liernes No				
Mike Panepresso	•			Christian Company	15-244	1.000000	609-702-0400		License No. 00862				
Start Date (10)		Schedi	uled C	1000		ite (11)	Name of OSHA M	onitor	00002	CV 11-7			
8 /13 /						18	EMSL Analyti						
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
□ Facility Closed/Vacated	During Entir	re Peri	iod of	Abate	ment		200 U.S. Rout	e 130 North					
Abatement Performed (Outside of No	ormal l	Facility	/ Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:		PIV	1/	_PM		AM	Cinnaminson						
Scope of Work (Check all t	hat apply)									-			
≥3 sf or ≥3 If			☐ Rei	novat	ion		☐ Full Conta	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			⊠ De				☐ Glovebag						
							Non-Exen	npted (*) and Nor	-Friable Procedu	e			
Location o				Loca: lorma			220000000000000000000000000000000000000			Ab	atem	ent T	уре
Asbestos-Containing M		N			ely by	Ashaa	Description of		V • BARTON OF STANK	Z	Z	Ш	ш
TO BE ABAT	ED	'		ntena		(i.e.	tos Containing Mat , thermal systems ir	erial (ACIVI)	Amount (Specify	me	Repair	nca	nck
IN Facility			Cust		Staff?	(surfacing, VAT,	or	SF or LF)	Removal	=	psu	Enclosure
(13)		-		(12)	T	-	other miscellaneo			-		Encapsulate	9
Enterior		-	Yes	No	N/A	Total Control							
Exterior		_	Ш			Cement	Board Siding		1500 SF				
Exterior						Black Ta	ar Paper Vapor E	Barrier	4500 SF				
Exterior					\boxtimes	Roofing			14,000 SF				
										П	П	П	П
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill	1-			
Champion				Н	auler IE		Waste	Grand Cent					
City, State	73				32707		5 Disposal Date	City, State					
Hainesport, NJ							9/14/18	Penn Argyle	e. PA				
Completed By (Print or Typ	e)	Title					Signature		actus ex-sens				
Joann Mullarkey		977777	fice C	oore	linator				Da		: 0		
SB-41							LIXU		ð	-3-	10		

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Date of Notification (1)		Name o	of Building Owner/C	perator (2)		-Hn-E-	6	15	1-1	/
Hyayst 05. 20	12		CCAIr	board	F	AKERT	1/0			
Agencies Notified Type Notification	1 4		Address			11000	10	11	-	-
D, EPA D Initial		66	3 Ma	in Floor	9	INTEL FO	UG.	6	20	18
Ø DEP □ Amended		City, St	ate, Zip Code	1111111			- OR			
DOL Amendment		Pa	SCAIC	NO	1	da 455				
DOH Emergency (in justification)	rciuaing	Name o	of Contact			Telephone Nun	nber	ENIC	MATT	101.4
□ DCA □ Cancellation		B	166			251-3	Annual Property	- 0	岩子	-9-
No. of Falls, Mr.		FAC	ILITY INFORMATION							
Name of Facility Where Abatement is Taking	1 /		3	Type of	Facility (4)				
Street Address	001 6	4M		D / Sc	chool (K-12)				
in Street Address	- (/		□ St	ubchapter 8 Ther (i.e. pri	Other than K-12 (Other than K-12)	l) al buil	dinae	home	200
170 / au 11509 F/L	<u></u>	i		eto	c.)					53,
PASSAIC N	1	02	nrr	Square		# of Floors	1	Bldg. A	******	
			055		0,000			14	5	
County (6)	,		Code (7) USE ONLY)	Current	Use (Prior	if being demolish	ed)			
Name of Monitoring Firm Hired by Building 9	Vmor (0)	A71.0020300.00		Nom (A)		-1 (0:				
ENVIRO VISION CONSUL	Tine 1.	ASC	VI INO.	Name of Abate			M.	ju si		, ,
Street Address	Tilly Inc.			Short	TVE	VELOP	17 (-10	1	666
20-21 Waganaw 1	21 11	1	20E	Street Address	5 12	THEFER		_		
City, State, Zip Code	0, 171	da	576	City, State, Zip		SIRCE	/	7	411	6.1
FAIR LAWN N.D	-)	610				NO	~7 ~		2 3	
Project Manager for Monitoring Firm	-07	Telepho	ne No	Telephone No.	1/1000	License No	7	10	12	
Frederick Larson	1	97	3-6369/45	917-21	6-56		1.	-		
	Scheduled Con	-/ /		Name of OSHA		12/0/2	4	6		
08.17.2018		. 20			1110111101					
Occupancy Status During Abatement (Check	2 1 - 1	, , ,		Street Address					-	
Facility Closed/Vacated During Entire Pe		nent								
 Abatement Performed Outside of Norma 	Facility Hours	i	F	City, State, Zip	Code					
Other – Describe:										1
Scope of Work (Check All That Apply)										
☐ / ≥3 sf or ≥3 lf	☐ Renova	tion		□ Full C	ontainmen	t with Negative P	essu	re		
≥160 sf or ≥260 lf	☐ Demolit	ion		☐ Mini-E	Enclosure		0000			
					bag Proce	dure *) and Non-Friabl	e Pro	cedur	9	1
	Is Locati	on			-nomptou (y and reon i habi	110		ment	
Location of	Normali	У	Des	cription of				Ту	ре	
Asbestos-Containing Material (ACM)	Used Sole Maintenar		Asbestos Conta	ining Material (A	CM)	Amount			п	
TO BE ABATED In Facility	Custodial S		(i.e. thermal s	systems insulation ing, VAT, or	on,	(Specify	Rer	R	пса	Enc
(13)	(12)			iscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A		•			a	7	late	Te
15T El 18 mile cultarie			1/71 +	.)		5 BOARS	-	-	-	
1 > FLOOR MAIN ENTRANCE		V	VATT	ILES		2000S.F	V			
Name of Registered Waste Hauler	N.	JDEP W	laste Cubic Y	ards 1	Name of Re	egistered Landfill	-	نـــا		
NEWARK CARTING		auler ID		le l	CRU	egistered Landtill マミークラシアA	. L	maj /	iel	4
City, State	1	450-		CP CONTEN						
A	37 1 1 =	1	Disposa	200	City, State	6. 115 6	1			
Completed by	0 + 0	ر			15/10/21	suille it	4			
JOIAN SUPPOSAL	C) 11	NE	Sign Sign	gnature	×	, Dat			le I	e-
erities of the sound of	12 1	100		And the second s	and the	- 105	. 0	5. 8	-51	100

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				TTT T P T					_				-	-	7
Project #			ICATIO	N OF AS	BESTOS	ABATE		7	C	hack#	4378				+
		(F	, menau	t to NJAC	C 8:60 an	id 12:12	0)	1	1	ÁÜ			2018	3	\forall
Date of Notification (1)			Name	of Building	g Owner/	Operator	(2)							- /	1
08/03/2018				are Va	lley Sc	hool D	İstri	ct							1
Agencies Notificatio	n			Address		4			1//	AIVE	RA	Op	PRN	VF	:
EPA Initial		-		nator S		<u> </u>		L	4.4	/ II V L	.11 /1		NU	V L	- 1
DEP Amended Amended Amendmen	ni #			ate, ZIp C											
Emergency	(including	9		ntown,		-			I/TE	lanken	ht			-	
DOH justification) Brien				111	门屋	ephone 8-686	Munipe		W	E	Г
				ILITY INF		ION		-11	11 130	0-000	-60333		U	5	\mathbb{H}
Name of Facility Where Abatement is Tak	ing Place	(3)					Тур	e of Facili	ry (4)					_	Ť
School								School (Subchar	(-12)	AUG	- 6	21	018		
Street Address								Subchar (i	dar 8 (Oli e. private	ner than	K-12)				L
19 Senator Stout Rd							Ц	e(c)					20 Texas - 20		3,
Frenchtown, 08825							Squ	ere Feet	ASE	LIC	S CO ENSI	IF IG	ROL	&	
County (6)				Code (7)			Cur	rent Use (Prior if be					-	-
Hunterdon				USE ONL	" —	_									
Name of Monitoring Firm Hired by Building			ASCI					inemete:		r (9)					
RK Occupational & Environment	tal Analy	ysis	0090)				toration	LLC						
403 St, James Ave						Street									
City, State, Zip Code								side Rd Zip Code						_	
Phillipsburg, NJ 08865				72		100 miles		, NJ 07	860						
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	none I	No.	008	Licens	ae No.				
Patrick D. McGuinness		1	908-45	4-6316	3	973 9				0135	8				
Start Date (10)	Schedu	led Co	npletian	Date (11))			SHA Manit	or				-		
08/08/2018	08/17/														
Occupancy Status During Abatement (Che						Street	Addr	886							
Facility Closed/Vacated During Entire Absternant Performed Outside of Nor Other - Describe:	Period of mal Facilit	Abater ty Hour	nent s			City, 3	tele,	Zip Code				_			
Scope of Work (Check All That Apply)					- D- 2				1351/1212						_
≥3 af or ≥3 if ■ ≥160 af or ≥260 if		Renove					M G	uli Conteir Ini-Enclos Iovebag P	ure rocedure						
	1 .	s Local		T		Lan	1 140	on-Exemp	led () ar	d Non-r	TIADIO P	-	betem	ent	_
Location of		Norma	(FA)		Da	scription	o.f						Туре		
Asbestos-Containing Material (ACM)		ed Sole		Asbes	stos Cont	alning N	lateria	al (ACM)	1	mount				, [
TO BE ABATED		stodial :		(1.6.	. thermal	systems cing, VA		lation.		Specify For LF)	6	'	Repair		Endosure
(13)		(12)				niscellan)	"	Of LF /	Kemova		Repair		USS
	Yes	No	N/A								=		ä	1	9
District / Guidance Offices		×		Vinil a	sbesto	s floor	tile	5	2,400	SF	>	=		I	
	-		-										1		
	+	-							-		-	+	+	+	_
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name	of Registe	red l an	dfill			1	
Newark Carting		Н	auler ID 000004	No.	of Was			G.R.C		nes edil	(a)				
City, State Randolph, NJ					Dispos	al Date		City, St							
Completed by	Title					ignature	_	Tullyto	wn, Pa	1	Date	_		_	
Nikica Mrda	Presi	dent									08/03/	20	18		



PAIL				to NJAC 8:60 a			CK-	#-/	118				
Date of Notification (1)				f Building Owne		r (2)		In	FC	F		W/	5 [
08/02/2018				Construction	Corp			11.11		15	П	El F	=
Agencies Notified Type Notification			Street A						4.1.1				
EPA X Initial		-		estervelt PI					AU	j -	6 2	018	
DEP Amended Amendment	#			ate, Zip Code aic, NJ 07055									
Emergency (i		_		f Contact	,			Tal	ASBEST	08.0	ONT	ROL	8
DOH justification) Cancellation			Zev	Contact				(3)	ephone Nu 47) 451-	mper.	SING		
			FACI	ILITY INFORMA	TION			(0	17) 401	1000	-		No constant
Name of Facility Where Abatement is Taking	Place (3)				Туре	of Facility (4	1)					
Private Home Street Address							School (K-1	2)					
Street Address							Subchapter Other (i.e. p				dinas	home	20
City (5)							etc.)		(17500		.0,
Passaic						Squa	re Feet	# of	Floors	E	Bldg. A	Age	
County (6)			County (Code (7)		Curre	ent Use (Prio	r if hei	na demolis	hed)		_	
Passaic				USE ONLY)		Curre	711 000 (1 110	i ii beli	ng demons	neu)			
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	/ No.	Name	of Aba	tement Con	tractor	(9)				
							Safety LL						
Street Address					177.057.050	Addre							
City Chata 71 O. I.						rosby							
City, State, Zip Code							ip Code						
Project Manager for Monitoring Firm			Telepho	na Na			NJ 07502	2					
report manager for mornioning I initi			releptio	He NO.	2000 0000	hone N -400-8			License N 01332	10.			
Start Date (10)	Schedul	ed Com	pletion I	Date (11)			HA Monitor		01332				
08/12/2018	08/14/		•				Safety LL	С					
Occupancy Status During Abatement (Check	Only O	ne)				Addres							
Facility Closed/Vacated During Entire P	eriod of	Abatem	ent			osby							
Abatement Performed Outside of Norma Other – Describe: 7:00AM -5:00PM	al Facility	y Hours			100000000000000000000000000000000000000		ip Code						
Scope of Work (Check All That Apply)					Pate	erson,	NJ 07502	2					
≥3 sf or ≥3 lf	जि				1		CAP AND (
≥3 St or ≥3 it ≥160 sf or ≥260 lf	_	Renova Demoliti			>	Ful Mir	l Containme ni-Enclosure	nt with	Negative I	Pressu	re		
_					2		vebag Proc						
		01				■ No	n-Exempted	(*) and	Non-Frial	ole Pro			
Location of	1	Location Normali	5.555	_								ement pe	
Asbestos-Containing Material (ACM)	Use	ed Solel	y by	Asbestos Co	escription ntaining N		(ACM)	Δι	mount				
TO BE ABATED In Facility		intenar todial S		(i.e. therm	al system	s insula	ation,	(S	pecify	Re	꼬	Encapsulate	Enc
(13)		(12)			facing, VA miscellar			SF	or LF)	Removal	Repair	nsq	Enclosure
	Yes	No	N/A							<u>a</u>	7	late	Ге
Basement			х	Pip	e Insula	tion		4	0 LF	x		x	
Basement			X	F	loor Tile			15	0 SF	x		x	
									0 01			^	
										+			
Name of Registered Waste Hauler		I N	JDEP W	aste Cubi	ic Yards		Name of F	Panista	red Landfil				
Removal Safety, LLC		H	auler ID	No. of W	aste		Grows I	-	rea Landiii				
City, State		00	037007		and D.								
Paterson, NJ				TB	osal Date Γ		City, State Morrisvi		Δ				
Completed by	Title				Signature	2.	/			ate			_
Lasko Veskov	Pres	ident			Las	600	Loskor		1 700	8/02/	2018		



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Date of Notification (1) August 3, 2018					of Building Jersey					- 11	-AU			10	1000			
	Notification			Street Address GSP Interchange 145 NB Toll Plaza ASBESTOS CONTROL & LICENSING											&			
DEP X	Amended Amendment			City, State, Zip Code East orange, NJ 07017														
M DOH	Emergency justification) Cancellation				of Contact Venger				Telephone Number 7327505300									
					ILITY INF	ORMAT	ION											
Name of Facility Where Abater GSP Interchange 145 N	nent is Takin B Toll Plaz	g Place (3 :a)						of Facility (chool (K-1	10000								
Street Address GSP Interchange 145 N	B Toll Plaz	a		10				☐ 'S × °	ubchapter other (i.e. p	8 (Othe	r than K-1 commerc	2) ial bui	ldings	, hom	nes,			
City (5) East Orange								Square N/A		# of	Floors	1	Bldg. Age					
County (6) Essex					Code (7) USE ONL	0		Curren Toll F	it Use (Prio	or if bein	g demolis	hed)						
Name of Monitoring Firm Hired by Building Owner (8) N/A					M No.				ement Con			Inc.						
Street Address							Street	Address										
City, State, Zip Code							City, S	state, Zip	Code									
Project Manager for Monitoring Firm					Howell, NJ 07731 Telephone No. License No. 732-751-2089 01055							lo.).					
Start Date (10) July 24, 2018		Date (11)	32.4			A Monitor		01055	().									
Occupancy Status During Abate	ement (Chec	August	0.000,000	2010			Stroot	Addross										
Facility Closed/Vacated Do Abatement Performed Out Other – Describe: Bridge /	uring Entire F	eriod of A	batem Hours					Address tate, Zip										
Scope of Work (Check All That	Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	The same of the sa	Renovation Demolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		lol	Locati	on.				1 14011-	Exempled	() and	NOII-FIIAD	T Pro	04.4					
Location of		N	ormall	У		Dec	scription	of					Abatement Type					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Sole Maintena Custodial (12) Yes No				ice/	Asbes (i.e.	tos Cont thermal surfac	aining M	Material (ACM) s insulation, T, or		(Sp	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
Toll Booth Counter	Tops			X		ACM C	ounter	Tons		30	SF	Х						
								ТОРО			01	Δ.						
Name of Registered Waste Hau	ler		N.	JDEP W	aste //	Cubic	Yards		Name of R	Registere	d I andfill							
George Harms Construction	on Co., Inc	į.	Ha	auler ID		of Was		100	Waste N									
City, State Howell, NJ			100	.555		A CONTRACT	al Date		City, State Tullytow									
Completed by		Title					ignapure		11 /	11, FA	Da	P						
Sam Hahn		Project Engineer					Ann	///	Mhy		Ja	8/	3/8	1019	3			

Date of Notification (1) 08/02/2018					of Building		Operato	r (2)	alter to the upon		E C			W	6	Th		
Agencies Notified	Type Notification			Street Address														
EPA DEP DOL	X Initial☐ Amended			City, State, Zip Code								AUG - 6 2018						
X DOH DCA	Amendmen Emergency justification) Cancellation	(including		Name of Contact Bill Linden, NJ 07036 ASBESTOS CONTROL Telephone: Number NG										11.8	· ·			
Name of Facility Where	Abatement is Takir	g Place (3)		FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)			-3-					
Private Home								_										
Street Address								×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than & comm	K-12) nercia	l buil	dings	, hom	es,		
City (5)									re Feet	# o	f Floors		LE	ldg.	Age			
Linden, NJ 07036															.5-			
County (6) Union					Code (7) USE ONL	0		Curre	nt Use (Pr	ior if be	ing dem	olishe	ed)					
Name of Monitoring Firm Hired by Building Owner (8)					M No.	F			tement Co Safety L		(9)							
Street Address							Street	Address										
City, State, Zip Code					osby /													
Decical Manager C. M. W. C.									p Code NJ 0750									
Project Manager for Monitoring Firm					ne No.			one No 400-8			License No. 01332							
Start Date (10) Scheduled Completion 08/14/2018 08/17/2018							Name	of OSH	IA Monitor		0100	_						
Occupancy Status During Abatement (Check Only One)								Addres	Safety Ll									
Facility Closed/Vaca Abatement Performe	ted During Entire F	Period of Ah	aten	nent			8 Cr	osby A	Ave									
Other – Describe: _7	:00AM -5:00PM	rai r domey r	Tour			_	City, State, Zip Code Paterson, NJ 07502											
Scope of Work (Check All ≥3 sf or ≥3 If ≥160 sf or ≥260 If	That Apply)	-	nova molit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		Is L	ocati	on						<u> </u>		Induic		1500	ement			
Location			rmal	lly December of								Туре						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Sole Maintena Custodial (12)				Asbestos Containing Notatif? Asbestos Containing Notatif?				Material (ACM) as insulation, AT, or		(S	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A											ate	Ф		
Basement				х	x Pipe Insulation 11					11	5 LF	5LF x			х			
												-						
Name of Registered Waste	e Hauler		I NI	JDEP W	asta	Cubic	V		N									
Removal Safety, LLC			Н	auler ID I 037007	No.	of Was		Name of Registered Landfill Grows North										
City, State			10	001001			al Date		City, State									
Paterson, NJ						TBT	ui Date		Morrisv		Α							
Completed by _asko Veskov		Title Preside	ant			a strangers	gnature	7	1/2	2		Date				\dashv		
	OIIL				XCEJ	100	wed	wv		08/0	$\frac{1}{2}$	018						



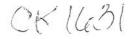
State of New Jersey

	ATION OF ASBESTOS ABATE	
(Pt	ursuant to NJAC 8:60 and 5:16)	Frederick Control

Date of Notification (1)				-	Nam	a of Buildin	g Owner/Operator	(2)	CEH	WF	Lune P	7					
8/	3 /	18	3				Forge, LLC	, 111 11 Income	ob #1808-2330	L. L.	ik.#	5105					
Agencies Notified	Type Notific	ration				et Address	J - ,					100	20.5				
⊠ EPA	☐ Initial	Jation				Statistic Roll of	ameilla Daad	أخبأ	AUG - 6 20	18	11						
☑ DOLWD	☐ Amende	ed					onville Road	Median Market			hour	1					
☑ DHSS	Amendr	nent#			1 8	State, Zip (1			Č.	VIEW TOTAL					
☐ DCA			cludin	g	-		NJ 08016	ASBESTOS CONTROL &									
(NJAC 5:23-8)	justificat				100000000000000000000000000000000000000	e of Contac		The state of the s	Telephone Nu	ımber	~~~~						
	☐ Cancella	ation			Mr	. Victor J.	. DiAnna, Manag	ging Member	609-239-8	000	(500)						
					FA	CILITY IN	IFORMATION										
Name of Facility Where A		Takin	g Place	e (3)				Type of Facility	y (4)								
Commercial Proper									2)								
Street Address								Subchapter	8 (Other than K-	K-12) nmercial buildings,							
5 Crosswick Cheste	d						homes, etc		nerciai d	ullain	gs,						
City (5)								Square Feet	# of Floors	l B	ildg. A	lae					
Chesterfield								11431.6	2	-	107	.90					
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	olished)							
Burlington								Vacant	1. The second								
Name of Monitoring Firm	Hired by Buil	ding (Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9))								
Finog Environmenta	al							d Mold Servic	•								
Street Address							Street Address		ос, ос.р.								
617 Stokes Rd., Sui	te 4-318						3859 Sylon E	Culevard									
City, State, Zip Code							City, State, Zip C										
Medford, NJ 08055																	
Project Manager for Monit	oring Firm		-	Те	lephone	No	Hainesport, NJ 08036 Telephone No. License No.										
Rebecca Rubinitz						5-2211	609-702-0400	í									
Start Date (10)	15	Sched	uled C	11 6	etion Da		Name of OSHA M		00862								
8 / 6 /					0 /		EMSL Analyt										
Occupancy Status During	Abatement (Check	only	one)			Street Address										
☐ Facility Closed/Vacated					ement		200 U.S. Route 130 North										
☐ Abatement Performed	Outside of No	ormal	Facilit	у Но	ırs - Des	scribe	City, State, Zip Code										
Time of Abatement:	AM	PN	N/	_PN	1	AM	Cinnaminson, NJ 08077										
Scope of Work (Check all	that apply)						Management of the	80		`~\~.	1	×					
≥3 sf or ≥3 If			☐ Re	nova	tion		□ Full Containment with Negative Pressure □ Mini-Enclosure										
≥160 sf or ≥260 lf			⊠ De	molit	ion		☐ Glovebag Procedure										
							☐ Non-Exe	mpted (*) and No	on-Friable Proced	dure							
				Loca						At	atem	ent T	уре				
Location of Asbestos-Containing N	if Natorial (ACM	n		Norm	lely by	A-b	Description o	f	/	Z	Z	Ш	Ш				
TO BE ABAT	TED	"	Ma	inten	ance/	Aspes	tos Containing Ma , thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	nca	nclo				
IN Facility			Cust		Staff?	(surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure				
(13)		1	Yes	(12 No	1	1	other miscellane	ous)	SUCCESSOR PROGRAMMENT &			late	(D)				
Four Locations		-				Pipe Ins	ulation		100 LF		-						
Four Locations						Floor Til											
						FIOOI III	ie		800 SF								
					10												
Name of Desisters 11M																	
Name of Registered Waste	Hauler			- 6	NJDEP \ Hauler II		Cubic Yards of	Name of Regis		•							
Waste Management				,	17273		Waste 5	Grand Cer	ntral								
City, State							Disposal Date	City, State									
Lafayette, NJ							8/10/18	Penn Argy	le, PA								
Completed By (Print or Typ	e)	Title					Signature	. ^	10	Date			-				
Kimberly A. Trumbet	:ti	Of	fice C	coor	dinator	•		1110		8:3	-10						
ASB-41										0 =	10	9					

MAY 11

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



PAID

Date of Notification (1)		LN	(5 "") F		N W	1 15	Sent Sent	11				
8/3/18	C	me of Buildin armela Lat	ig Owner/ udando	er/Operator (2)												
Agencies Notified Type Notification			eet Address	200												
≚ EPA	☐ Initial					□ □ □ AUG - 6 2018										
DEP Amended	,	N 253833.71	y, State, Zip (-				and	-				
Emergency (i	× Emergency (including							ASBESTOS CONTROL &								
DOH justification) DCA Cancellation	3		me of Contac armela Lau			-	Telephone Number									
			FACILITY IN		1011											
Name of Facility Where Abatement is Taking	Place (3)		ACILITIN	FURMAI	ION	Type of Facili	ty (4)									
Residential Home						School (
Street Address						Subchar	ter 8 (Oth	ner than K-	12)							
City (5)						etc.)	e. private	& commer	cial bu	ildings	s, hon	nes,				
Bayonne						Square Feet 2300	3	of Floors		Bldg.						
County (6)		Cou	unty Code (7)	1		Current Use (ina domeli	- 1	70 +	/-					
Hudson		(ST	ATÉ USE ONL	y)		Residentia	I Home	ing demons	sried)							
Name of Monitoring Firm Hired by Building O Project Manager	wner (8)	A	SCM No.		Name	of Abatement (Contractor	(9)								
Street Address	2					tages Abate	ment									
Check / Iddiess			1774	Address N. Midland A												
City, State, Zip Code			tate, Zip Code	we.												
				lle Brook, N	J 07663											
Project Manager for Monitoring Firm	phone No.		Teleph	one No.		License I	No.									
Start Date (10)				- 100	600-3184		01305									
8/6/18	Comple	tion Date (11))	Name	of OSHA Monit	or										
Occupancy Status During Abatement (Check	Only One)				Street	Address										
Facility Closed/Vacated During Entire Pe	riod of Aba	atement			255500 27 20000			54								
Abatement Performed Outside of Norma Other – Describe:	I Facility H	lours			City, St	ate, Zip Code										
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf	X Ren	novation			Ιx		10 2000									
× ≥160 sf or ≥260 lf	= '	nolition				Full Containment with Negative Pressure Mini-Enclosure										
						Glovebag Pr Non-Exemp	ocedure	d Non Ericl	ala Des							
	Is Lo	cation		1*		HOITEXCHIP	led () and	i Non-Filai	T PIC	72.	ement	t				
Location of	Non	mally Solely by		Des	scription	of					Туре					
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enance/	Asbes	stos Cont	aining M	aterial (ACM) insulation,		mount			m	_				
In Facility (13)		lial Staff? 12)	, (1.0	surfac	ing, VA7	, or		pecify or LF)	Remova	Repair	тсар	nclo				
(10)				other m	niscellane	eous)			oval	pair	Encapsulate	Enclosure				
4-4-51	Yes N	NO N	/A								te	10				
1st FI	- '	X		P	laster		96	962 SF								
2nd FI x				Р	laster		92	3 SF	×							
				.1		-										
Name of Registered Waste Hauler		NIDE	P Waste	T 0												
Newark Carting		Hauler	ID No.	Oubic \ of Was		Name of Registered Landfill										
	04509							Sanitary Landfill								
				-						J		-				
City, State				Disposi	al Date	City, Sta										
	Title			TBD	al Date		rgyl, PA	l Da	to							