

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

			NO						8:60 and 5:1		IN E	C		n n	// FE
Date of Notification (1)						Nam	e of Buildir	na (Owner/Operator	(2)		9	<u> </u>	1 1	/ <u>[</u> C
8/	13 /	1	88							District / Job #	#1808-5359 C	heck	#	001	
Agencies Notified	Type Notif	ication	n			Stre	et Address				1 1 1	100	1.0	201	8—
⊠ EPA						52	0 Nugent	tow	n Road						
☑ DOLWD	☐ Amend					-	State, Zip	A Control	F 000 2000 ASSAULT		ASSE	STOR	00	VITO.	712 0
☑ DHSS	Amend			_			ttle Egg H					LICE	VSIN	vint iG	JL &
DCA (NJAC 5:23-8)	☐ Emerge justifica		includi	ng	-		e of Contac		501, 110		T-1-1-1			On Street or other	and the state of the state of
(NJAC 5.23-0)	☐ Cancel						evin MacE	26	ald		Telephone Nu				
	_ Carloca	ation							ORMATION		856-662-9	500			
Name of Facility Where A	Abatement is	Takir	no Plac	e (3))	.,	OILITT II	41 (DIMATION	Type of Facility	(4)				
Pinelands Junior H			ig i iac	JC (5)	,					Type of Facility	A				
Street Address	igii ociioo	,1								School (K-12	:) 3 (Other than K-	12)			
525 (1) (2) (2) (3) (4) (5) (5) (4) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6										Other (i.e., pr	rivate and comm	ercial I	ouildi	ngs,	
590 Nugentown Ro	ad									homes, etc.)					
City (5)										Square Feet	# of Floors	E	3ldg.	Age	140
Little Egg Harbor, N	IJ														
County (6)						Cou	nty Code (7	7)(S	TATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Ocean											5 %				
Name of Monitoring Firm	Hired by Bu	ilding	Owner	(8)	A	SCM	No.	N	lame of Abatem	ent Contractor (9)					
TTI Environmental		150		115325				1000	AbateTech, I	The second of th					
Street Address								9	treet Address	110.					
1253 North Church	Street									DO Day 25					
City, State, Zip Code	Otteet								30 Maple Ave						
Moorestown, NJ 080	0.57							1	ity, State, Zip Co						
								-	Lumberton, N	NJ 08048					
Project Manager for Monit	oring Firm			-	eleph				elephone No.		License No.				
Jim Guilardi							0-8800		609-265-2107	E	00529				
Start Date (10)							ite (11)	N	ame of OSHA M	lonitor					
8/22/	18	_	8	_	31_	١.	18		EMSL Analyti	ical					
Occupancy Status During	Abatement	(Chec	k only	one)				St	reet Address						
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Aba	teme	nt		0	200 Route 13	0 North					
Abatement Performed	Outside of N	lorma	Facilit	ty Ho	urs -	Des	cribe		ty, State, Zip Co						72.0
Time of Abatement:	AM	PI	M/	PI	M	A-45900	AM		Cinnaminson						
Scope of Work (Check all I	that apply)								Cililaminson	, NJ 08077					
ocope of work (offect all	illat apply)								☐ Full Cont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf			⊠ Re						☐ Mini-Encl	osure	alive riessure				
≥160 sf or ≥260 lf			☐ De	emoli	tion				Glovebag						
10-11-11-11-11-11-11-11-11-11-11-11-11-1									⊠ Non-Exer	mpted (*) and Non	-Friable Proced				
Location o			1000	Loc Norm		1			_			At	aten	ent T	ype
Asbestos-Containing M		/ 1)		ed Sc		by	Ashes	etne	Description of Containing Mat	CONTROL OF	Amount	Re	Re	m	m
TO BE ABAT	ED	16		inter					ermal systems in		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todia (12	10	π?			surfacing, VAT,		SF or LF)	Val	7	lus	sure
(13)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T		174		of	ther miscellaned	ous)				ate	(D
Various Bathroom/Loc	kor Poom		Yes	No		N/A T	Dothuss		fixture caulk		20015		-	-	_
Cafeteria	Kei Kooiii	5			-	_	Cove Ba				600 LF				
					-	<u></u>	Cove ba	ise	Wastic		400 LF			12	닏
					-								1		
Name of Registered Waste	Harder		Ш				V4	_	L:- V- · ·	I					
	nauler			- 1			50335		bic Yards of aste	Name of Registe					
AbateTech, Inc.						750			iste lo	Fairless Lan	dfill				
City, State									posal Date	City, State	,				
Lumberton, NJ								8	/31/18	Tullytown, P	A/				
Completed By (Print or Type	e)	Title			- Neo T	***		_	Signature (A		ate 1		1 ,	
Gwendolyn Trumbett	200	0	oerati	ons	Cod	ordi	nator			$\mathcal{M}I$		8	3	110	5

ASB-41 MAY 11

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



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

Date of Notification (1)					TM	(5.71						-	-	
8/	13 /	1	8					Owner/Operator gional School	211 11	#1808-5359 C] ∭ heck⊣	# E		- Secondary Secondary
Agencies Notified ☑ EPA ☑ DOLWD	Type Notif ☑ Initial ☐ Amend		ı		1000000	et Address 20 Nugen		n Road		AUG 15	2018	}		\parallel
☑ DHSS	Amend	7.7	£		City	, State, Zip	Coc	le	1				al de la constantina della con	- Line
□ DCA	☐ Emerge			na	Li	ttle Egg I	Harl	oor, NJ	, ,	ASBESTOS CO	DAITD	31.0	Solds	adjusting.
(NJAC 5:23-8)	justifica	ition)		5	Nan	ne of Conta	ct			Telephone Nu	mber	بال ال		\top
	☐ Cancell	ation			K	evin Mac	Don	ald	-	856-662-9				لـــا
Name of Equilibria Miles A		- 1:	-	(8)	F	ACILITY I	NFC	DRMATION				- 1997		
Name of Facility Where Al			g Plac	e (3)					Type of Facility	* *				
Pinelands Regional	rign Sch	100							School (K-1	2) 8 (Other than K-	12)			
Street Address 565 Nugentown Roa	d								Other (i.e., phomes, etc.	private and comm	ercial b	ouildin	gs,	
City (5)									Square Feet	# of Floors	E	Bldg. A	age	
Little Egg Harbor, N.	J													
County (6)					Cou	inty Code (7)(S7	TATE USE ONLY)	Current Use (P	rior if being demo	lished)			
Ocean									T-12-1-1-1					
Name of Monitoring Firm H	lired by Bui	lding (Owner	(8)	ASCN	No.	N	ame of Abateme	ent Contractor (9)				
TTI Environmental								AbateTech, Ir	1C.					
Street Address							St	reet Address				15-7-		
1253 North Church S	treet						_	30 Maple Ave						
City, State, Zip Code							Ci	ty, State, Zip Co	ode					
Moorestown, NJ 0808							-	Lumberton, N	IJ 08048					
Project Manager for Monito	ring Firm			911	lephone		10000	lephone No.		License No.				
Jim Guilardi		<u> </u>		21	356-840		-	609-265-2107		00529				
Start Date (10)8 /22 /						ate (11) 18		ime of OSHA M E MSL Analyti	~					
Occupancy Status During A	batement (Check	only	one)			Str	reet Address			- 120			
☐ Facility Closed/Vacated	During Enti	ire Per	iod of	Abate	ement		1	200 Route 130) North					
Abatement Performed O	utside of N	ormal	Facilit	у Нос	ırs - De	scribe		y, State, Zip Co				72 72		
Time of Abatement:	AM	PN	Λ/	PN		_AM		Cinnaminson						
Scope of Work (Check all th	at apply)													
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf			⊠ Re □ De					☐ Mini-Enclo	Procedure U	Jray & CCC n-Friable Procedi				
				Loca							At	atem	ent T	vpe
Location of Asbestos-Containing Ma	torial (ACT)	.		Norma	ally ely by	77.4.7.7.7.7.7.7		Description of				_		-
TO BE ABATE		1)			ance/			Containing Material systems in		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility			Cust	todial (12)	Staff?	(5	surfacing, VAT,	or	SF or LF)	val	=	nsc	sur
(13)		ŀ	Yes	No	N/A		ot	her miscellaneo	us)				ate	(b)
Exterior						Roof Fla	ash	ing/tar		8,000 SF				
15 Areas						End cap	os			15 total				
												П	П	
Name of Registered Waste I	Hauler				JDEP V		Cul	oic Yards of	Name of Regis	tered Landfill	1"		_	-
AbateTech, Inc.				4 500	lauler II 18750	O No.	Wa		Fairless La					
City, State	100000000000000000000000000000000000000				10130			posal Date	City, State					
Lumberton, NJ								/28/18	Tullytown,	PA				
Completed By (Print or Type)	Title						Signature		-10-30-30	ate			-
Gwendolyn Trumbetti		30.00	erati	ons	Coordi	nator		Con	1		ate 13	118	<i>></i>	
OB 44								1	LH.		100	100	8	1

ASB-41 MAY 11

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

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Amendment #1 - Change of Waste transporter 8/14/18

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	24 /	18			of Building		/Operator (2	2)	L G E				Annual strange
	31 /	10				,011101							100
Agencies Notified EPA	Type Notification	on			Address 4 Peacht i	ree Rd	I NE, 4 th F	1	AUG 1	5 2018	}	L	/
□ DOLWD	Amended		Ī	City, S	tate, Zip C	ode		ļ			on horsey vices	2	and produced.
⊠ DOH	Amendmen			Atla	nta, GA	30326		1	ASBESTOS		B.JC		- I
DCA (NJAC 5:23-8)	☐ Emergency justification		İ	Name	of Contact				Telephone Ni				i
(140/10/05/20/07	Cancellation			Pau	l Tagliafe	erri			631-254-3	680			
				FAC	CILITY IN	FORM	ATION						
Name of Facility Where	Abatement is Tal	king Place	(3)		ZIEI I I II I			Type of Facility	(4)				
Shopping Center	Abatement is Tai	King i laco	(0)					School (K-12)				
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-	12) nercial bu	ildina	s	
66 Goffle Rd			772					homes, etc.)			dg. Ag		
City (5)	5							Square Feet	# of Floors	1 0	19. As 55	ic.	
Hawthorne								10000	1		00		
County (6)				Coun	ty Code (7))(STATE	USE ONLY)	Current Use (Pri		olisnea)			
Passaic								Shopping C	enter				
Name of Monitoring Firm	Hired by Buildin	ng Owner (8)	ASCM	No.	Name	of Abateme	ent Contractor (9)					
Arcturus Environm						Mic	rotech Co	ntracting Corp).				
Street Address						Street	Address						
1972 E 36 th St						38 F	Kean St						
City, State, Zip Code		-				City, S	State, Zip Co	ode					
Brooklyn, NY 1123	4					Wes	st Babylo	n, NY 11704					
Project Manager for Mor			Tele	phone l	No.	Teleph	none No.		License No.				
Frank Trimargo				2-617		631	-243-5559		01021				
Start Date (10)	Sc	heduled C	omple	tion Da	te (11)	Name	of OSHA N	lonitor					
08 / 14 /		08 /				San	ne as Abo	ve					
Occupancy Status Durin		neck only o	ne)			Street	Address						
☐ Facility Closed/Vacat				ment									
Abatement Performer	d Outside of Nori	mal Facility	y Hour	s - Des	cribe AM	City, S	State, Zip Co	ode					
Scope of Work (Check a	Il that apply)												
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 	п пас арруу		novati molitic]	☐ Mini-End	tainment with Neg losure g Procedure mpted (*) and No		dure			
			1 1			-		mpted () dire is			atem	ent Ty	уре
Location Asbestos-Containing TO BE AB IN Faci (13)	Material (ACM) ATED	Use Ma	Locat Norma ed Sole iintena todial (12)	lly ely by nce/ Staff?	Asbe: (i.e	stos Co ., therm surf	Description of Intaining Ma Inal systems facing, VAT Ir miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Tar on 0	Coping	as		200 SF	\boxtimes			
Roof 1				-	Tar on 0				100 SF				
Roof 1 & 2		$ \parallel$ $-$			1.550				400 SF				
Roof 2		ᆜᆜ			Tar und	_	pings		200 SF				
Roof 3					Tar on '		Yards of	Name of Regis			1		
Name of Registered Wa		Inc	1 (5)	IJDEP I lauler II 1953		Waste 5 20	9	Minerva E				_	
City, State	7		,		ampton,	Dispo	sal Date	City, State Waynesbu	ıra. OH				
Bronx, NY 10474	shirley, A	14/19	46	a B	ZyS,NY	4 245		1.0,1.0000	J .	Date		1	_
Completed By (Print or		Title Presid	ent			5	Signature / ×	\sim 0		7/	31	/18	
Vincent Arbucci		riesiu	CIIC									-	

CK10424

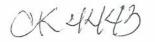
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

12	R.H.A.		(1	-ursu	ant to NJ	IAC	8:60 and 5:	16)		\mathbb{W}		3	all and make the
Date of Notification (1)				Nar	ne of Buildi	ing O	wner/Operator			<u> </u>	T		i
8/13	_ /	18		J	CP&L/Fire	stEn	ergy Compa	ny / Job #1808	3-5360 Check#		4		
Agencies Notified Type	Notificati	on		Stre	et Address	3			AUG 15	2018	-	IJ	-
⊠ EPA ⊠ Ini	tial			1	0 Legion	Plac	e- Building /	A			PORTCO		eruda des
N=2	nended				, State, Zip			· L	SBESTOS CON	TROI	2		1
	nendmen				orristowr				LICENSING		- Ct		
	nergency		ng		ne of Conta	320			Telephone Nur	nber		~~~~	4
	ncellation	500		Jo	ohn Greco	0			201-602-14				
				F	ACILITY II	NFO	RMATION						
Name of Facility Where Abateme	ent is Tak	ing Plac	ce (3)					Type of Facility	(4)				
JCP&L- East Hanover								School (K-12					
Street Address									8 (Other than K-1:		71.41		
159 Ridgedale Avenue								homes, etc.)	rivate and comme	erciai	ullair	igs,	
City (5)								Square Feet	# of Floors	TE	Ildg. /	Age	
East Hanover, NJ										-		.90	
County (6)				Cou	unty Code (7)(ST	ATE USE ONLY)	Current Use (Pr	or if being demoli	shed)			
Morris					, (. n		Substation	or it being derrion	311cu)			
Name of Monitoring Firm Hired by	/ Building	Owner	(8)	ASCN	/ No.	Na	me of Abatem	ent Contractor (9)					
1 Source Safety & Health,						100	AbateTech, I						
Street Address						-	eet Address	110.		_			_
140 S. Village Ave. Suite 1	30							e. PO Box 25					
City, State, Zip Code						-	y, State, Zip Co					-301	
Exton, PA 19341													
Project Manager for Monitoring Fi	rm		Tal	ephone	No		umberton, N	NJ 00040	T1:			_	_
Brian Hovendon			100000		4-5525		ephone No.		License No.				
Start Date (10)	I Sche	adulad (ate (11)		09-265-2107 me of OSHA M		00529				
8 /16 /18	Journe				18			69 399					
						-	MSL Analyti	icai					
Occupancy Status During Abatem						1 00	eet Address						
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	of Norma	eriod of	Abate	ment	م مانده م		00 Route 13						
Time of Abatement:AM	- F	PM/3:30	y nou PM-	rs - Des A	.M	1	, State, Zip Co						
		-	-0.000		11.1.1.1	С	innaminson	, NJ 08077					
Scope of Work (Check all that app	ly)						□ Full Cont	ainment with Neg	ativa Programa				
≥3 sf or ≥3 lf		⊠ Re	novati	ion			☑ Mini-Encl	osure	alive Flessure				
☐ ≥160 sf or ≥260 lf		☐ De	molitic	on				Procedure					
		1-	1		Т		☐ Non-Exer	npted (*) and Nor	-Friable Procedu			_	
Location of			Locat Vorma				Description			Ab	atem	ent T	ype
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbes	stos (Description of Containing Mat		Amount	Re	Repair	Ē	Ē
TO BE ABATED			intena todial			., the	rmal systems in	nsulation,	(Specify	Removal	pair	Encapsulate	Enclosure
IN Facility (13)		Ous	(12)	otan:			urfacing, VAT, er miscellaned		SF or LF)	a		sula	ure
(10)		Yes	No	N/A	1	Ott	iei illiscellanec	jus)				te	
Office			П	\boxtimes	Fittings				15 LF		П		
		H	П		Tittings				13 L1	1			
										12			
	C HILBERT HE R									분			
Name of Registered Waste Hauler				1077	Masta	Cubi	a Vanda of	Name (D)	11 150		Ш	Ш	Ш
AbateTech, Inc.			2.0	JDEP V	O No.	Was	ic Yards of te	Name of Registe G.R.O.W.S.					
City, State				18750		2 Disp	osal Date	City, State					
Lumberton, NJ						- 5	20/18	Tullytowń, F	PA				
Completed By (Print or Type)	Title	е					Signature		Da	te_ i		1.	0
Gwen Trumbetti	C	perati	ons C	oordi	nator			VX		8	13		8

ASB-41 MAY 11

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

CK# 1120 PA	D		CATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE		NT		EC	F 1	\ \ <u>\</u>	E	lame.
Date of Notification (1)			Name of	Building (Owner/C	perator	(2)			5 0	11-, 11	W	旦	7
08/13/2018			Chris	Morreal	е									The same of the sa
Agencies Notified Type Notification	8		Street A	ddress			DHEE-		UIII	AUG	15	018		11)
EPA X Initial													-	Local
DEP Amended DOL Amendmen				ite, Zip Co				Account	-	ASBESTO	10.00	10000		
X DOL Amendmen Emergency				am, NJ	07928	3			Contract of the Contract of th	Lil	FNSIA	GHC	1.8	
DOH justification				Contact					Tel	ephone Ni	umber	or a state of the particular		
DCA Cancellation	1		Chris											
Name of Facility Where Abatement is Takin	Diana (2	1	FACI	LITY INFO	DRMATI	ON	-	(F 33)	(4)					
Private home	ig Flace (3	')					1 9	pe of Facility	(4)					
Street Address							H	School (K-		or than V	10\			
Street Address							×	Subchapte Other (i.e.				dings.	home	es,
City/E\								etc.)	B 514-62	5 1922 See 42				538
City (5) Chatham							So	uare Feet	# 0	f Floors	E	ldg. A	ge	
			0 1 1	0 1 (7)										
County (6) Morris				Code (7) USE ONLY)			Cı	ırrent Use (Pr	ior if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Building	Ours (0)							1.1.10		(0)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	I No.		The state of the s		Abatement Co		(9)				
Street Address						Street		al Safety L	LU					
Street Address								oress by Ave						
City, State, Zip Code						5000 0000		, Zip Code						
Oity, State, Zip Gode								n, Zip Code on, NJ 0750	10					
Project Manager for Monitoring Firm			Telephoi	no No		Teleph			JZ	License	Na		_	
1 Tojout Manager for Monitoring 1 mm			relepitol	He INO.				9 NO. 0-8711		01332	NO.			
Start Date (10)	Schedule	nd Con	anletion I	Date (11)				OSHA Monitor		01332				
08/22/2018	08/25/		ipietion	Date (11)		1.00		as (9)						
Occupancy Status During Abatement (Che						Street						/a=.1155e		
			55578555 2 78			Sueet	Auc	11622						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 7:00 am - 3:30 pm	Period of A mal Facility	Abatem Hours	ient			City, S	State	, Zip Code						
Scope of Work (Check All That Apply)														
	1221					[X	7	WRAP AND						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×		Full Containm Mini-Enclosur		n Negative	Pressu	re		
		CHIOIL	1011				~	Glovebag Pro						
						L		Non-Exempte	ed (*) ar	d Non-Fria	able Pro	cedur	е	
	177.000	Locati										Abate		
Location of		Normal d Sole				scription					-	T	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/					rial (ACM) sulation,	452	Amount Specify	77		Ē	Ш
In Facility	Cust	odial S	Staff?	(1.6.		cing, VA				F or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other n	niscellar	neou	ıs)		or covered that the state	ova	pair	sula	Sur
	Yes	No	N/A								-		ite	Ф
Basement			х	ı	Ductwo	ork ins	ulat	tion	1	50 SF		x		
											_			
	-	-	-					49.			-			
					19									
Name of Registered Waste Hauler		8,00	JDEP W auler ID		Cubic of Was			Name of	Regist	ered Landf	ill			
City, State		\bot			D:-			011 0	1-	-				
ony, State					Dispos	sal Date		City, Sta	ite					
Completed by	Title					Signature		-	,	, 16	Date			
Lasko Veskov		ident				1/2	16:	2 Coste	V7/		08/13/	2018	,	



Date of Notification (1)

08/13/2018

EPA

DEP

DOL

DOH

DCA

Street Address

Moonachie

Street Address

Start Date (10)

08/27/2018

City, State, Zip Code

Jacqueline Ulrich

≥3 sf or ≥3 If

≥160 sf or ≥260 If

City (5)

County (6)

Bergen

Agencies Notified

PAID

Type Notification

Amended

Amendment #

justification)

Cancellation

Emergency (including

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours Other – Describe: Limited Occupancy

Commercial Building Boiler Room

131 W. Commercial Ave.

Peak Environmental LLC

26 Kennedy Blvd. Suite A

East Brunswick, NJ 08816

Project Manager for Monitoring Firm

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Old Boiler Room

Old Boiler Room

Bako Construction & Restoration, Inc.

Name of Registered Waste Hauler

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

Signature

Telephone No.

Scheduled Completion Date (11)

Renovation

Demolition

Is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

X

X

Project Manager

NJDEP Waste

Hauler ID No.

20889

Yes

09/03/2018

732-710-4317

ICATION OF	of New Jers ASBESTO: NJAC 8:60 a	SABATE	EMEA			EG	E	IW	7 B	Print Fo
Name of Bu West Cor	ilding Owner mmercial S	Operato	r (2)		11	AUG	7 5	2018		
Street Addre 131 W. C	ess ommercia	l Ave.			ASI	BESTOS LIGE	COM	TDO		1
City, State, Moonach	ie, NJ	***************************************		I manual and a second		LIGE	ASIMO	ino	- &	
Name of Co Richard V						lephone (
FACILITY	INFORMAT	TION								
			Typ	e of Facilit	y (4)					
		_	No.	School (k Subchapt Other (i.e etc.)	er 8 (Ott	ner than K & comme	-12) rcial bu	ilding	s, hor	nes,
				are Feet ,000	# (of Floors	T	Bldg. 50+	Age	
County Code STATE USE	e (7) ONLY)		Cur	rent Use (F arehouse	rior if be	ing demoi	lished)		40	
ASCM No.		Name Bake	of At	nstruction	ontracto	r (9) storation	n, Inc	-		
		Street 265A		ess ute 46 Si	uite 3D					
The second secon				Zip Code NJ 07512	2					
elephone No 732-710-4		Teleph 973-	one 1 256-	No. 7010		License 0666	No.			
pletion Date	(11)			SHA Monito Instruction		Lstoration	. Inc			
ent		Street	Addre			****			-	- Communication
				Zip Code NJ 07512						
on n	Des	Scription	Fu Mi GI No	ill Containn ni-Enclosu ovebag Pro on-Exempte	re cedure			cedur Abate	e emen /pe	t.
by Ase/ Ase/ N/A	bestos Cont (i.e. thermal surfac	aining Ma	ateria insul , or	ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
and the same	Boiler	Insulat	ion	-	20	0 SF	X			
	Elbow	insulat	ion		2	LF	Х			
PEP Waste ler ID No.	Cubic of Was			1		ed Landfil Source F		ery F	acili	ty
	Disposi 09/04/			City, Stat Tullytov					Sec. 11.	
	Si	gnature			*****	10	.4.			

City, State

Totowa, NJ

Completed by

Damir Valjevac

08/13/2018

	20,25262	(F	ursuan	t to NJAC	8:60 ar	nd 12:12	0)			-	and the second second			and the same
Date of Notification (1) 8/14/18			Name Ortho	of Building Clinical	Owner/ Diagno	Operato stics	(2)			G		<u> </u>	E	
Agencies Notified Type Notification	ו			Address US-202						AUG	- 5	2018	and the second second	
DEP Amended Amendment		>		tate, Zip C an, NJ 08						ESTO	0.00	NITH	31 &	
DOH justification Cancellatio)			of Contact a Nicules					leleph	ione N 18-86	umben	vG		
None of Facility 188			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Takin Ortho Clinical Diagnostics Street Address 1001 US-202	ng Place (3)					Type of Facilit School (I Subchap	K-12) Iter 8 (C						
City (5)							Other (i.e etc.) Square Feet		e & co			ldings Bldg.		es,
Raritan, NJ 08869 County (6)			Carrati	Code (7)			87000	3	1	**************************************		75 yr		
Somerset				USE ONLY)		Current Use (Pharmaceuti		being (demolis	shed)			
Name of Monitoring Firm Hired by Building NA	Owner (8)		ASC	M No.		100000	of Abatement C anced Spec			acto	rs, LL	.C		
Street Address NA							Address Main Stree	t Exte	nsio	n, Su	iite 10)		
City, State, Zip Code NA							tate, Zip Code eville, NJ 08	3872						
Project Manager for Monitoring Firm NA			Telepho	one No.		Teleph	one No.		100000	ense i	Vo.			
Start Date (10) 8/15/18	Schedule 8/24/18	d Con	npletion	Date (11)		Name	of OSHA Monito	or tics.Inc		7.00			75.0	-
Occupancy Status During Abatement (Chec	ck Only One	3)				Show	w Desktop.scf	Street		SS			e, 1981.br	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Outcon North	nal Facility	baten Hours	nent			City, S	road St tate, Zip Code wan, NJ 0774	7						
Scope of Work (Check All That Apply)									F (ma)		- V - V 35			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enova emolit					Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ire ocedur	е				e.	
	120	.ocati	700									Abat	emen /pe	t
Location of Asbestos-Containing Material (ACM)		Sole		Ashaat	Des	scription	of aterial (ACM)					T .	T	
TO BE ABATED In Facility (13)		ntenar odial S (12) No			thermal surface		insulation, Γ, or		Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
Pipe on top of roof of Bldg A	X	140	IN/A	Thermal	insulat	ion on	Steam and	15 L	F	-	<u> </u>			
Pipe on top of roof of Bldg A	X		. 1	<u> </u>		-	n Steam and		50 s	f	1		X	
Pipe on top of roof of Bldg A	X	() () () () ()	bor C	Insulatio	on on C	hilled V	Vater Pipe	100 1	LF	~	Y			
Name of Degistered Floria		M.	R		-									
Name of Registered Waste Hauler Freehold Cartage Inc		H	JDEP Wauler ID 939	100	Cubic of Was		Name o G.R.O		tered	Landfil	1			
City, State Freehold NJ					Dispos 8/24/1	al Date	City, Sta Morris		PA					
Completed by Michael Migliore	Sr Acc	ount	Manag	er	S	ignature	hal Mig	lion	c_		ate 14/18			
					1.		V- 1			1				

PAID

Date of Notification (1)	10010			Name o	of Building (Owner/	Operator	r (2)		1 Trup						
Agencies Notified	/2018						McWi	illiams				AUG		1 5	201	8
	Type Notification			Street A	Address					and a second						
EPA DEP	X Initial Amended			City, St	ate, Zip Coo	de		-		-	A3	BEST	35	CO	VTH	OL &
X DOL	Amendment				5-5		emingt	on, N	08822			Li	DEI	VSIN	iG.	
DOH DCA	Emergency justification)	3 5	3	Name o	of Contact					Tel	ephone	Numb	er			
DCA	☐ Cancellation				Nancy											
Name of Facility Where		g Place (3)	FAC	ILITY INFO	RMAT	ION	Туре	of Facility (4)						
	dential		0.0000						School (K-1							
Street Address									Subchapter Other (i.e. p	8 (Othe	er than & comm	K-12) nercial b	uilo	lings	, hom	es,
City (5)	ton, NJ 08822							Squar	etc.) e Feet 500	# of	Floors		В	ldg. A	_	
County (6)	, 55522			County	Code (7)				nt Use (Prid	or if heir	3	olishad		200	+/-	
Hunterd		2 (0		(STATE	USE ONLY)	-			W 05			onaried	,			
Name of Monitoring Firm MECS	Hired by Building	Owner (8)	ASCI	M No.				ement Con nvironme			es, Inc				
Street Address PO Box 34	1						100000000000000000000000000000000000000	Addres Box 32	-							
City, State, Zip Code								state, Zi								
Matawan, N				Tolonho	no No				NJ 0850	1						
Bill Weisgarber	itoring Film			298-4070			one No 259-96			Licens 0049	se No. 3					
Start Date (10) 8/27/2018		Schedul		mpletion 2018	Date (11)		Name MEC		A Monitor							
Occupancy Status During	Abatement (Chec	k Only Or	ne)					Addres								
Facility Closed/Vaca	ated During Entire F	Period of	Abater	nent				34 34								
Abatement Performe Other – Describe:	ed Outside of Norm	ial Facility	/ Hour	S		22		tate, Zip	code d, NJ 08	515						
Scope of Work (Check Al	l That Apply)								4, 110 00				-		-	
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Personal	Renova Demoli				×	Mini	Containme -Enclosure		Negati	ve Pres	sure	е		
		_	_2_				×		-Exempted		Non-F	riable F	roc	edur	е	
ř			Locat										1	Abate Ty	ement pe	t
Location Asbestos-Containing	Material (ACM)	Use	d Sole	ly by	Asbesto		scription aining M		(ACM)	An	nount				889	П
TO BE ABA		1000000	intena todial S			nermal	systems	insulat		(S	pecify	2	0	R	enca	Enc
(13)	*		(12)		,		niscellan			SF	or LF)	, contract of		Repair	Encapsulate	Enclosure
		Yes	No	N/A								-	-		ate	e,
Baseme	ent		Χ			Pipe	Insulat	tion		6	0 If		х			
Attic			X			Pipe	Insulat	tion		1	5 If		Х			
Attic	X			Vei	rmiculit	te		11	0 sf	X						
	Bathroom						et Floor	ring		6	0 sf	Х				
Name of Registered Wast			30000	JDEP Wauler ID	Contract of the contract of th	Cubic of Was			Name of F			dfill				
Stevens Environment	ai Services			18292			1 cu		Fairless	Landi	fill					
City, State Allentown, NJ 08501							al Date 7/18	1	City, State Morrisvi							
Completed by Mahlon E. Stevens		Projec	t Mana	nger	Si	ignatúre		1/		T	Date	0.1	10			
			. 0,00	. Mana	901		1111				- 1	8/1	3/	10		

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Pri	nt	-0	rm	

		NOTIF	S	tate of Ne N OF ASE	w Jerse	ЭУ			-C	heck	# 2	256	66		
PAU		(F	Pursuan	t to NJAC	8:60 ar	nd 12:12	0)) <u>[</u>	C	E		W	E
Date of Notification (1) 8/10/2018			Name	of Building	Owner/	Operator Shi	237 (30)				A) e o				-
Agencies Notified Type Notification		- 8	Street	Address				-			PA CO		0 1	018	
EPA Initial Amended								į							and and
	ш		City, St	ate, Zip Co			1941 Veri			ASB	EST(187	CARE	Traves	
Emergency		_			S	pring La	ake, N	J 07762			Lic	EN:	SING	HO	- 81
DOH justification)			Name o	of Contact	China				Tel	ephone				***************************************	Constitution by the last
DCA Cancellation					Shine				-						
Name of Facility Where Abatement is Takin	g Place ((3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4)							
Residential	•							100 105 105							
Street Address					101000 No.3			School (K-12) Subchapter 8 Other (i.e. priste.)	(Othe	er than	K-12) nercial	build	dings,	home	es,
City (5) Spring Lake, NJ 07762	,						Square	e Feet 800	# of	Floors		В	ldg. A		
County (6)			County	Code (7)				2011	:	2	P 1		80+	/-	
Monmouth				USE ONLY			Currer	nt Use (Prior	if beir	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building (Environmental Tactics	Owner (8)	ASCI	M No.		Name	of Abate	ement Contr	actor	(9)		165			
Street Address							ens ⊨r Address	vironmen	tal S	ervice	es, In	c.			
64 Broad Street							ox 32	5)							
City, State, Zip Code Matawan, NJ 07747							tate, Zir town,	Code NJ 08501				100			
Project Manager for Monitoring Firm Tom Geiger			Telepho		7		one No			Licens					
Start Date (10)	Cabadu	lad Car		290-221	1		259-96			0049	3				
8/27/2018		9/7/2		Date (11)		MEC		A Monitor							
Occupancy Status During Abatement (Check							Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of al Facilit	Abaten y Hours	nent S			120000000000000000000000000000000000000	ox 34	-							_
Other – Describe:					_			d, NJ 0851	15						
Scope of Work (Check All That Apply)												-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				×	Mini- Glov	Containment Enclosure ebag Proced	dure						
						<u> </u>	Non-	Exempted (*) and	Non-F	riable				
F-1-10-1-2	1	Locati Normal											Abate Typ		
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Ashest		scription aining M		ACM)	Δn	nount					
TO BE ABATED	1 1000000000000000000000000000000000000	intenar todial S			thermal	systems	insulati			pecify		ا ۾	70	Enc	E
In Facility (13)		(12)			surfac other n	cing, VAT niscellane	r, or		SF	or LF)		Remova	Repair	apsı	Enclosure
	Yes	No	N/A		00.00, 11	ooonari	5545)					val	=	Encapsulate	ure
Basement		X			Boiler	r Insula	tion		30	0 sf	+	Х	1		-
Basement		X			Duct	Insulat	ion		6	0 If		Х	\neg		
				(Wra	ap & Cu	ut)									
Name of Registered Waste Hauler Stevens Environmental Services	1,000,000	JDEP W auler ID 18292	No.	Oubic of Was			Name of Re Fairless L			dfill					
City, State Allentown, NJ 08501					al Date 7/18		City, State Morrisville	, PA							
Completed by Mahlon E. Stevens	Title	Proiec	t Mana	ıger	S	ignature	1 6	1//	.,		Date 8/	10/	18		



State of New Jersey	Check #
TION OF ASBESTOS ABATEMENT	CHECK #
TOTAL OF MODEOTOO ADATEMENT	- A F

PAT	NO.		ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE		100	Check E C	# 25 E	668 W	E	
Date of Notification (1) 8/13/2018			Name o	of Building	Owner/	Operator Ool						-	And the second second
Agencies Notified Type Notif	ication		Street A	Address					AHC	15	201	3	1
EPA X Initial								II L	1				A CONTRACTOR OF THE PARTY OF TH
DEP Amer	nded	Ì	City, St	ate, Zip Co	ode			-			SKITT	01.8	
▼ DOL Amer	ndment # gency (including	_			Liv	ingstor	n, NJ 0703	9	ASBEST	IOS U ICENS	JN 1 F ING	IOL 6	
DOH justifi	gency (including cation)	'	Name o	of Contact	W 900-041				Felephone	Number			
DCA Canc	ellation			Caroli	ne Oo	lie							
Name of Facility Where Abatement is	s Taking Place /	2)	FAC	ILITY INFO	ORMAT	ION							
Residential	s raking Place (3)					Type of Faci	lity (4)					
Street Address				4			School Subcha Other (i	pter 8 (C	ther than k	<-12) ercial bu	ildings	, hom	es,
City (5)							etc.) Square Feet						
Livingston, NJ 076	039		County	Code (7)			3000		of Floors		Bldg. /		
Essex				USE ONLY			Current Use	(Prior if t	eing demo	lished)			
Name of Monitoring Firm Hired by Bu MECS	uilding Owner (8)	ASC	M No.			of Abatement ens Environ			s Inc			
Street Address PO Box 341						Street	Address Sox 322						
City, State, Zip Code						City, S	tate, Zip Code						
Chesterfield, NJ 0851	15					Allen	town, NJ 08	3501					
Project Manager for Monitoring Firm Bill Weisgarber			Telepho (609) 2	ne No. 298-4070)		one No. 259-9688		License 00493				
Start Date (10) 8/23/2018	Schedul	ed Con 9/7/2		Date (11)		Name MEC	of OSHA Moni S	itor					
Occupancy Status During Abatement Facility Closed/Vacated During							Address ox 341						
Facility Closed/Vacated During I Abatement Performed Outside of Other – Describe:	entire Period of a of Normal Facility	Abatem / Hours	nent			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)					Cnes	terfield, NJ	08515					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× F	Renova Demolit				×	Full Contai Mini-Enclos Glovebag F Non-Exem	sure Procedur	e			'e	
	Is	Locati	on								Abat	ement	
Location of		Normal d Sole				scription				-	Ty	/ре	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?	Asbest (i.e.	thermal surfac	aining M systems cing, VAT niscelland			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
0	Yes	No	N/A				201					е	
Garage	Garage						ion	-	50 lf	Х			
Name of Registered Waste Hauler		0.000	JDEP W	7.7.7.7.7.7	Cubic '		Name	of Regis	tered Land	fill			-
Stevens Environmental Service	es	H	auler ID 18292		of Was	te Cu		ess Lar					
City, State Allentown, NJ 08501						al Date 7/18	City, S Morri	tate sville, l	PA				
Completed by Mahlon E. Stevens	Title	Projec	t Mana	iger	Si	gnature/	A H	, -, .		Date 8/13	3/18		
		-				1111	1						



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												E.	n	
Date of Notification (1) 7/27/2018			RC C	of Building Cape Ma			or (2)		AU	6 15	2018	P. P. Stantis of Property Services		
Agencies Notified Type Notification				Address North Sh	ore Ro	ad			M I was you as			NAME THE	Abstract of the	
EPA Initial Amended			2.21.000.000.000	ate, Zip Co				A:	SOFE	OS CON CENSINO	TROL	8	- Section 1	
X DOL Amendment#				ley's Poi	nt, NJ	08223	3		transfer a	CELASHAR	J			
DOH justification) Cancellation		'		of Contact Hagel						ephone No				
Carcellation				ILITY INF	ORMAT	ION	6093905134							
Name of Facility Where Abatement is Taking	Place (3)	.,,,,		Ortinari		Тур	e of Facility	(4)			50000		
BL England Generating Station Street Address							School (K-12) Subchapter 8 (Other than K-12)							
900 North Shore Road							×	Other (i.e. p				dings	hom	es,
City (5)		-						etc.) uare Feet	T#0	f Floors	F	Bldg. Age		
Beesley's Point							1	0000	10		100	310g. 7 30	ige	
County (6) Cape May			County (STATE	Code (7) USE ONLY)		Current Use (Prior if being demolished) Power Plant							
Name of Monitoring Firm Hired by Building Ow	/ner (8)		ASCI	M No.		100000000000000000000000000000000000000	me of Abatement Contractor (9)							
NA Street Address			Adva Street					ed Specialt	y Cor	tractors				
						2400	400 Main St. Extension Suite 10							
City, State, Zip Code					135.25		Zip Code le, NJ 0887	72						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	hone	No.		License I	No.				
Start Date (10) S	ed Com	nletion	Date (11)				-0100 SHA Monitor		00750					
	8/22/		.p.odon	2010 (11)				vironmenta	al					
Occupancy Status During Abatement (Check (Only Or	ne)				Street								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	iod of A	Abatem	ent					Ave						
Other – Describe: Normal Hours - Close	Off	riouis			_			Zip Code J 08724						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				×	N G	ull Containme lini-Enclosure llovebag Prod lon-Exempted	edure				a	
	Is	Location	on						1 /			Abate	ement	
Location of		Normall d Solel				cription						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		intenan odial S			thermal	systems	s insu	al (ACM) llation,		mount pecify	Re	ת	Enc	En
In Facility (13)		(12)			surfac other m	ing, VA iscellan	T, or neous	3)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>	_	late	Ге
Unit 3 Ductwork Floors 3 and 4	Х				Ν	/lastic			5	50sf	х			х
Name of Registered Waste Hauler		X	JDEP W	laste	Cubic `	Varde		Name of F	Pogieto	rod Landfil	1			
Freehold Cartage	Ha	auler ID 5939		of Was			Fairless		main!	ı				
City, State Freehold, NJ	10	7000		Dispos	al Date /2018		City, State	7	7					
Completed by				gnature	1/	1		_/	ate			-		
Kurt Nale	ch Ma	Manager				XIA	MIL	00	0	8/14/	2018		1	

CK 1194		(Pursu:	int to NJA	C 0:60 and	12:120	ŀ				
Oate of Notification (1) 7/25/2018			e of Guildin snena Ma				DOL - 10	THE PERSON NAMED IN COLUMN	100000000000000000000000000000000000000	
Agencies Notified Type Notification EPA		City.	et Address State Zip (20 8	
■ DOL Amendment ■ Entergency ■ DOM [ustification] □ DGA [ustification]	Including	Will	ikell, NJ (e of Contac DoPori	ā i		14/4	VE V elujose	V	r	-&
Name of Facility Where Abstement is Taket Priwate	ig Pace (3)	FA	CILITY IM	FORMATIC	MC	Type of Facility	: [4]:	LIOCITON	vu	The Box Box Low Spirit Landson
Street Address City (5)						Other (i.e. elc.)	er å (Cetier tila private & con	imeicial b		
Haskell						Square Feet	# a(F)cc		Ekd;;	Age
County (6) Passaic		/STAT	ty Code (./) Eluse own	Y)	-	Current Use (P		mulisār ed		
Name of Mondaring Firm Heed by Suiding	Gwiter (8)	AS	CM No			f Abalement Co C Services C				
Street Address						Route 23 Sc	րայի, թվ 111			
City: State, Zip Gode						de Zip Code e. NJ 07470				
Project Manager for Monitoring Firm			tione No.		Telepho 973-7	me No. 50-0752	012	rse No. 253		
Start Date (10) 7/26/2018	Scheduled 7/27/201	8	on Date (53)	8 . .		(CSHA Mentar Vision Cons	18			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performent Outside of Norm Other - Describe:	Period of Aba	slement				ddress Wagaraw R de Za Code	oad			
Scope of Work (Check All That Apply)					Fair L	awn, NJ 074	10			
23 sfor 23 H X 2163 sfor 2200 H		ratheri ratheri				Full Contains Min Endosur Glovebag Pro Non Exemple	e cedure			
Excession of	775550	cation maty		D	taplica p				Aba	hte heneid
Asbestos Contaning Material (ACM) TOME ARATED In Faculty (13)	Afaints Custed	iolety by sharcer ial Staff? (2)	£ : 61 .	itos Conter Obermal ny	ning Ma Islems i Ig, VAT	lehal (ACM) iis Maton, ior	Amount (Specify SF or LP	į į	- Sepa	ZEGUENT.
Basoment		X		V	AT		500sf	X		一
										Ħ
Name of Repistered Waste Hadler		N.DEP		Gub c Ya	eds	Marrie of	Registered Li	<u> </u>		
G S C Services Corp		14auter (1		of V aste	:	TRRI	929.			
City State Wayne, NJ				Oscusia)	Oute	Orly, Stef Tulliyto:	e WD, PA			
Completed by Damiela Antic	Inte Owner			Sign	alure	7/1	1,-	Date 7/25/2	2018	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT DOL - 10 DAY (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Nama of Building Owner/Operator (2) 7/18/2018 Julie Kaplan Agencies Notified Type Notification Street Address **EPA** Initial X DEP City, State, Zip Code Amended DOL Amendment # Ridgewood, NJ 07450 X Emergency (Including Name of Contact DOH justification) Cancellation DÇA Julie Kaplan FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private School (K-12) Street Address Subchapter 8 (Other than K-126BESTOS CONTROL & Other (i.e. private & commercial buildings homes NG П etc.) City (5) Square Feet # of Floors Bldg. Age Ridgewood County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hirad by Building Owner (8) Name of Abatement Contractor (9) ASCM No. G S C Services Corp Street Address Street Address 1465 Route 23 South, #111 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-750-0752 01253 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/19/2018 7/20/2018 EnviroVision Consultants Occupancy Status During Abetement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, Custodial Staff? (Specify Removal in Facility surfacing, VAT, or SF or LF) (12)(13) other miscellaneous) Yes No N/A First Floor Bedroom Closet X VAT 200SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste G S C Services Corp TRRF 0036309 City, State Disposal Date City, State Wayne, NJ Tullytown, PA Completed by Title Signature Date Danlela Antic Owner 7/18/2018

CK 1193 E DOL - 10 DAY State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) ASBESTOS CONTROL & Name of Building Owner/Operator (2) Date of Notification (1) LICENSING Irene Raitman Khutorskoy 7/20/2018 Type Notification Agencies Notified treet Address X EPA DEP DOL Initial Amended Amendment #_ City, State, Zip Cod East Brunswick, NJ Amendment #

Emergency (including justification)

Cancellation 区 Name of Contact DOH Irene Raitman Khutorskoy FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.) etc.) Square Feet # of Floors Bldg. Age City (5) East Brunswick Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) G S C Services Corp Street Address Street Address 1465 Route 23 South # 111 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No 973-750-0752 01253 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 7/22/2018 EnviroVision Consultants Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: 20-21 Wagaraw Road City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure
Abaterr ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Is Location Normally Used Solely by Maintenance/ Custodial Staff? Abatement Type Location of Containing Material (ACM) TO BE ABATED Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or Amount Encapsulate Enclosure (Specify SF or LF) Repair (12)(13) other miscellaneous)

) FIRST WILL

First Floor Office

Name of Registered Waste Hauler

G S C Services Corp

City, State

Wayne, NJ

Completed by

Daniela Antic

ASB-41 (R-06-08)

No Yes

Owner

X

NJDEP Waste

Hauler ID No

0036309

VAT

Cubic Yards

Disposal Date

Signature

of Waste

150sf

Name of Registered Landfill

Do not use this form for asbestos licensure exempted activities.

TRRF

City, State

Tullytown, PA

X

7/20/2018

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Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste Name of Registered Landfill

City, State
Co HS MEUK, NJS772

Disposal Date

City, State

Completed by
Prel MG 3179

Title Secretary Trecold

Signature Date

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State of New Jersey NOTIFICATION OF ASSESTOS ASATEMENT (Pursuent to NJAC 8:60 and 12:120)

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Ed and Kathy Olsen 8/9/2018 Agencies Notified Type Notification Street Address []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended Montclair, NJ, 07043 [X] DOL Notification [X]DOH Name of Contact Telephone Number CONTROL & LICENSING []EMERGENCY Ed and Kathy Olsen []DCA []Cancellation FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ed and Kathy Olsen []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Montclair Essex Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 24 18 8 26 18 N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or >3 lf [X] Renovation [X]Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Is Abatement Type Location Location of Description of Normally Asbestos-Containing REM NC NCHOSD Asbestos-Containing Used Amount Material (ACM) Solely Material (ACM) (Specify PSU By Main-tenance/ TO BE ABATED SF or (i.e., thermal systems OV AI In Facility insulation, surfacing, VAT, Custodial A (13)or other miscellaneous) Staff (12) R Yes N/A No E Basement Pipe insulation 100 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17040 AZTECH MANAGEMENT, INC. of Waste 1.0 Tri - State City, State Disposal Date City, State Montclair, NJ 07042 8/27/18 Bronx, NY, 10474 Completed By (Print or Type) Title Signature Date Constantine Vivian President 8/9/2018

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Drint	Form

(K#170159)	NO	TIFICATIO	itate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE) E C	E I	\mathbb{V}	E	Composition of the last of the
Date of Notification (1)		Name o	of Building Owner	Operato	1 00 05	CAU	9 1 5 1	2018	The state of	1
Agencies Notified Type Notification		Street /	Address	Do	· ICC·	CC				NACTORS.
EPA Initial Amended		City, St.	ate, Zip Code				03.008		8	
DOL Amendment		0.20	059001:11	N)-	TO7771	1 1000	isti iste	.i		× 100 × 110 × 1
DOH Emergency justification)		Name o	of Centact	1	1 10 1	Telephor	ne Number		707	
DCA Cancellation	1	1 1 7	CAK ILITY INFORMAT	TON		1732	BYTO	021	1_	
Name of Facility Where Abatement is Takir	g Place (3)	PAC	ILIT INFORMAT	IUN	Type of Facility	(4)				
Street Address Street River Rd City (5)	5,(((PING	prty		Other (i.e. etc.)	r 8 (Other that private & com	mercial bui			ies,
Monroe					Square Feet	# of Floor	rs i	3ldg. A	ge	
County (6) Middle Sex			Code (7) USE ONLY)		Current Use (Pr	for if being de	molished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.	Name	of Abatement Co	intractor (9)	CoI	aC.		
Street Address				Street	Address Manto	se ac				
City, State, Zip Code				City, S	State, Zip Code	WSA	722			
Project Manager for Monitoring Firm		Telepho	пе No.	_	none No.	Licer	nse No.	29		1
Start Date (10)	Scheduled (Completion 7118	Date (11)	Name	of OSHA Monitor		0 00	2		
Occupancy Status During Abatement (Chec				Street	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	na! Facility Ho	tement ours		City, S	State, Zip Code	<u> </u>				
Scope of Work (Check All That Apply)	7								40.	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	NORGONII.	ovation olition			Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				
Location of		cation nally				, , , , , , , , , , , , , , , , , , , ,	1110010110	Abate		t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi	olely by nance/ al Staff? 2)	Asbestos Cont (i.e. thermal surfa		Material (ACM) s insulation, T, or	Amount (Specify SF or LF	7 72	Repair	Encapsulate	Enclosure
	Yes N								Te	0
Flevol		オ	trons: for	PIP	2	4 LF	K			
pi-tun		X	Clare -	H C	PALACIES CONTRACTOR CO	1951	DX			-
Name of Registered Waste Hauler ACL In Such in Co	In(NJDEP W Hauler ID i Z つ よ	No. of Was		Name of ()	Registered La	endfill			

Signature

Date