CK 34725

Date of Notification (1)			Name	of Buildin	g Owner/Oper	ator (	2)		Arraman array			_
	18				ling Contrac	100-200	and the second	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Mi	15	e	
Agencies Notified	ation		Contraction of the	t Address		long.	1	7				
□ DOLWD □ Amended	4		-		nd Central A	veni	ile 11 AUG 2	1 2010				
□ DOH Amendm			City,	State, Zip (	Code		1 AUG 4	1 2010				17 (22
□ DCA □ Emergen		na	Lav	vallette, N	NJ 08735	1	1 Library	246	947-97-10			
(NJAC 5:23-8) justificati	on)	3	Name	of Contac	t	- California	ASSESTOS	Telephone Nu	mber			
Cancella	tion		Sal	Mattia			LICEN	SIM32-830-5	131			
Name of Equiliby Where Abstract is 7	F-1.'- D'	(0)	FA	CILITY IN	FORMATIO	N						
Name of Facility Where Abatement is Residednce	aking Pla	ce (3)					Type of Facility	******				
						-2.55	School (K-12		12)			
Street Address							Other (i.e., pr	rivate and comm	nercial bu	uilding	JS,	
City (5)							homes, etc.)					
City (5) Mantoloking			548				Square Feet	# of Floors		dg. A	ge	
							2000 sf	2		65		
County (6)			Cour	nty Code (7	)(STATE USE O	NLY)	Current Use (Pri	or if being demo	olished)			
Ocean							Residence					
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCM	No.	and the second s		ent Contractor (9)					
Guardian Contracting, Inc.					Guardia	n Co	ntracting, Inc.					
Street Address					Street Addre	ess						
1889 Route 9, Unit 61					1889 Ro							
City, State, Zip Code					City, State, 2	7.8						
Toms River, NJ 08755							New Jersey 08	755				
Project Manager for Monitoring Firm			lephone		Telephone N			License No.				
Nicholas Fernicola			732-349		732-349-			00624				
Start Date (10)	Scheduled 09		letion Da )5 /		Name of OS E.M.S.L.							
Occupancy Status During Abatement (	Check only	one)			Street Addre					-		
☐ Facility Closed/Vacated During Entit			ement		1056 Ste							
Abatement Performed Outside of No	ormal Faci	lity Ho	urs - Des	cribe	City, State, Z		ode					
Time of Abatement:AM	PM/	PN	Λ	AM			New Jersey 088	354				
Scope of Work (Check all that apply)						100000						
≥3 sf or ≥3 lf		Renova			☐ Min	i-Encl	ainment with Neg losure	ative Pressure				
⊠ ≥160 sf or ≥260 lf		Demoli	tion		☐ Glo	vebaç	Procedure					
		Is Loc	otion	Т	Nor	1-Exer	mpted (*) and Nor	1-Friable Proced				
Location of		Norm			Descrip	tion o			Ab	atem	ent T	ype
Asbestos-Containing Material (ACM	/		lely by	Asbe	stos Containin		53	Amount	Re	Re	En	En
TO BE ABATED		lainter Istodia	ance/		., thermal syst	ems i	nsulation,	(Specify	Removal	Repair	apo	Enclosure
IN Facility (13)		(12			surfacing, other misce			SF or LF)	<u>a</u>		Encapsulate	ure
	Yes	s No	N/A				,				te	
interior				popcoi	n ceiling			1800 sf				
									$\Box$	П	П	П
										П		
Name of Registered Waste Hauler			NJDEP \	Vaste	Cubic Yards	of	Name of Regist	tered Landfill				
Guardian Contracting, Inc.			Hauler II 20223	Contraction Contraction	Waste 8		T.R.R.F.					
City, State			LULLU		Disposal Dat	e	City, State					
Toms River, New Jersey					09/05/18			Pennsylvania	ı			
Completed By (Print or Type)	Title				Signatu	re	1 / 1	9	Date	1	1	
Nicholas Fernicola	Projec	ct Mai	nager		, ,	\	1-12	1	8	1(7	11	8

CKO 34728

State of New Jersey

, D	ATTY	NOT		MOITA	OF AS	BESTOS AC 8:60 a	ABAT	6)					
Date of Notification (1)	[ W. A. S. S.			Nome	-f D	- 0/0	1100	ERF	IWEC			a di Ince	
	17 / 18	<u> </u>		1	Iters Res		perator (	2)= 6 5 1	311	7	8		
Agencies Notified ⊠ EPA	Type Notification  Initial			Street	Address		and the second s	AUG 21	2018				
⊠ DOLWD	☐ Amended			City, S	State, Zip (	Code	1			3	-		-
☑ DOH	Amendment #			100	negat, N	- 1868 - Harris II.	į 6 1	ASBESTOS CO	NTROL&	PATESTAN.			
DCA (NJAC 5:23-8)	☐ Emergency (in justification)	cluding			of Contac	O William Committee		LICENS		hor			
(1.67.10 0.20 0)	☐ Cancellation			Vic					relephone Nun	ibei			
					5.755.	IFORMAT	ION						
Name of Facility Where A	Abatement is Taking	Place	(3)					Type of Facility	(4)			-	
Residence	•	•	(-)					School (K-12	* *				
Street Address			129 y 2008					☐ Subchapter ☐ Other (i.e., p	8 (Other than K-1) rivate and comme		ıilding	gs,	
City (5)								homes, etc.		101		There was	-
Surf City								Square Feet 2000	# of Floors		dg. A	ge	
County (6)				Cour	ty Codo /7	NOTATE LICE	- ON!! \A		2		65		
Ocean						')(STATE USE		Residence	ior if being demol	sned)			
Name of Monitoring Firm	Hired by Building (	Owner (	8)	ASCM	No.	1		ent Contractor (9)					
N/A						Guard	ian Coi	ntracting, Inc.					
Street Address						Street Ad	dress						
						1889 F	Route 9	, Unit 61					
City, State, Zip Code						City, State							
						Toms	River, I	New Jersey 08	755				
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone	e No.		License No.				
						732-34	9-9932		00624				
Start Date (10)	1	luled Co			3.0	Name of 0		1000					
//		9_ /		_ / -	18	E.M.S.	L. Anal	lytical					
Occupancy Status During				201		Street Add	dress						
☐ Facility Closed/Vacate	ed During Entire Pe	riod of A	Abate	ment		1056 S	telton						
Abatement Performed Time of Abatement:	Outside of Normal	Facility M/	Hour	s - Des	cribe	City, State	e, Zip Co	ode					
		vii	_' '''		CIVI	Piscata	away, N	New Jersey 08	854				
Scope of Work (Check all	I that apply)						01						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Rei	novati				/lini-Encl ∋lovebaç	Procedure	gative Pressure in-Friable Procedi	ıre			
		Is	Locat	ion		Δ.	ton Exci	implied ( ) and No	III-I Hable F Toceut	1	-4	ent T	
Location		N	lorma	lly		Desc	ription o	f					1
Asbestos-Containing			d Sole ntena			stos Contai	ning Mat	terial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABA				Staff?	(i.e	., thermal s	ystems i ig, VAT,		(Specify	Removal	a-	Encapsulate	Enclosure
(13)	.,		(12)			other mis			SF or LF)	<u>m</u>		ulat	Гe
		Yes	No	N/A								Ю	
exterior			$\boxtimes$		asbesto	s siding			2400 sf	$\boxtimes$			
Name of Registered Was	te Hauler		193379	JDEP V		Cubic Yar	ds of	Name of Regis	stered Landfill				
Guardian Contraction	ng, Inc.		Н	auler II 20223		Waste 3		T.R.R.F.					
City, State			-			Disposal D	Date	City, State		7,000-01			
Toms River, New Je	ersey					09/12/1	8	Tullytown,	Pennsylvania				
Completed By (Print or Ty	/pe) Title					·-Signa	ature	1	77 10	ate			

Nicholas Fernicola

-- Signature

Date

Project Manager

ASB-41 JAN 13

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)		, Paul	·		T 81	- (D 1111	_			HERH	d	10		
8 /	16 /	18						vner/Operator		•	•			
					Ge	nesis - A	IOQIA	Glenn Cen	ter	ERP	7 D D	The state of		· meny
Agencies Notified  EPA	Type Notific	ation			250,000,000	t Address	00040000	_0000000000	111/	<u> </u>	U W	E	10	
☑ DOLWD	☐ Amende	d				1 East St				5-14-15-16-16-16-16-16-16-16-16-16-16-16-16-16-	- International	1	HH	
⊠ DOH	Amendm					State, Zip				AUG 2	0010	The Control		Table 1
□ DCA	☐ Emerger		uding	]	_			, PA 19348	- La La		W.010	-	14	
(NJAC 5:23-8)	justificati  Cancella				1000	e of Contac ff <b>Grund</b> e	330		_	Telephone N		HELM		
	L Caricella	10011			1		1970		A	BE973 256-		-8	-	
Nome of Carille Miles	A	T 1		(0)	FA	CILITY IN	VFO	RMATION		LICENS	NG		1	Ĭ
Name of Facility Where A Genesis - Arbor Glo		i aking F	lace	(3)					Type of Facility	35000				
Street Address	enn Genter								School (K-12		(212)			
25 E. Lindsley Road	ч								Other (i.e., p	rivate and com	mercial	buildir	ıgs,	
City (5)	u								homes, etc.)	1/4			• ***	
Cedar Grove									Square Feet 20.000	# of Floors		3ldg. / <b>55</b>	Age	
County (6)		500/150/15		4.5.7.5	Cou	ntv Code (	7)(STA	ATE USE ONLY)	Current Use (Pr	_	nolished			
Essex						, oodo (	7(011	THE GOL ONE TY	long term c	anna an	ionsneu			
Name of Monitoring Firm	Hired by Build	ding Ow	ner (	8)	ASCM	No.	Na	me of Abatem	ent Contractor (9)					
TTI Environmental	Inc	•							vironmental C					
Street Address								eet Address						
1253 N. Church Str	eet						9	23 Haws Av	re					
City, State, Zip Code						-	Cit	y, State, Zip C	ode				-	-
Moorestown, NJ 08	057						1	Norristown, I	PA 19401					
Project Manager for Moni	itoring Firm			Tele	phone	No.	Tel	ephone No.		License No				
Jim Guilardi				8	56-840	-8800	6	10-239-9920	)	0398				
Start Date (10)	200-	Schedule	ed Co				Na	me of OSHA N	Monitor					
_9 / _4 /	18	9	_ /	28	3_ /	18_	F	lymouth En	vironmental C	o. Inc.				
Occupancy Status During							Str	eet Address						
☐ Facility Closed/Vacate							9	23 Haws Av	е					
Abatement Performed Time of Abatement: 7						scribe	City	, State, Zip Co	ode					
							N	lorristown, I	PA 19401					
Scope of Work (Check all	that apply)							M Full Cook	talaan aastuuliila Niisa	: - D				
≥3 sf or ≥3 If				novat				☐ Mini-Enc		gative Pressure	1			
≥160 sf or ≥260 lf			] Der	nolitio	on			Gloveba	g Procedure	E: B				
			le	Local	ion	1		☐ IVON-Exe	mpted (*) and No	n-Friable Proce				
Location	of		N	lorma	lly			Description of	of .		100	baten	1	
Asbestos-Containing I	Material (ACM	1)		d Sole	ely by			Containing Ma	terial (ACM)	Amount	Kemova	Repair	Enc	Enclosure
TO BE ABA IN Facilit					Staff?	(i.e		ermal systems surfacing, VAT		(Specify	TOV	air	aps	losu
(13)	,			(12)				her miscellane		SF or LF)	=	-	Encapsulate	ıre
		Y	es/	No	N/A								0	
boiler room			pipe an	d fit	tings insula	tion	375LF	×						
								T	П	П				
		T	7								7			
											+		믐	-
Name of Registered Wast	te Hauler			_	JDEP 1		Cut	oic Yards of	Name of Regis	tered Landfill				
Newark Carting				19 10	auler II		Wa	ste	Grows Lan					
City, State					4509		Dis:			wiiii				
Newark, NJ					oosal Date /28/18	City, State Morrisville	. PA							
Completed By (Print or Ty	rpe)	Title						Signature	J	H-7	Date _	-/		
James M. Kelly		CIVIOSCENO.	e Pre	eside	nt						Sare	/10	113	7



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- 1	٦rı	nt	-	0	rm

1506								T		THE STREET			Pr	nt Form
PAID	N		ICATION ursuant	ate of Nev I OF ASBI to NJAC	ESTOS A 8:60 and	ABATE 1 12:12	0)	And the second s	E	CE		W		Printer Company
Date of Notification (1) 08/16/2018				f Building ( ns institu				True formation of the second	Al	J⊕ 2	1 20	18	And a Boundary	71
Agencies Notified Type Notification    I   I   I   I   I   I   I   I   I			Street A	ddress tle Point	On Hu	idson			ASBES	TOSIC	ONTE	001.0	- Constitution or	4
X DEP X Amended Amendment		_		ate, Zip Co cen, NJ (				Samuel of the State of		ICENS	ING		). 200	
DOH justification)  DCA Cancellation		-		f Contact Fernanc	lez					hone Nu				
			FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Takin McLean Building	g Place (3)					j		of Facility (4	1)					
Street Address								School (K-12 Subchapter		than K-	12)			
1 Castle Point on Hudson								Other (i.e. pretc.)	rivate &	commer	cial bui	ldings	, home	es,
City (5) Hoboken								are Feet	# of F N/A	loors	100	Bldg. /	Age	
County (6) Hudson				Code (7) USE ONLY)	7		Curre	ent Use (Prio ool	r if being	demolis	shed)			
Name of Monitoring Firm Hired by Building 0 Briggs Associates	Owner (8)		ASCN 0004					etement Cont ement, Inc		9)				
Street Address 3 Crosswicks Street							Addre	ss gren Aven	ue					
City, State, Zip Code Bordentown, NJ 08505								ip Code IJ 07512			1979-19-			
Project Manager for Monitoring Firm Michael Hoodak			Telepho 609-29	ne No. 98-5520			none N 345-8		100	icense l	No.			
Start Date (10) 08/24/2018	Scheduled 08/27/20		npletion	Date (11)				HA Monitor ement, Inc	 C.					
Occupancy Status During Abatement (Chec	k Only One	e)					Addre		350-050					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	Period of Ab nal Facility I	batem	nent S			City, S	state, Z	gren Aven	ue					-
Scope of Work (Check All That Apply)						100	wa, N	J 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	agreement.	enova emolit				×	Mii Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	edure				re	
	Is L	ocati	ion						( ) a.i.a .	10111110		Abat	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	ntenai	ly by nce/		tos Conta thermal	system sing, VA	Materia s insula T, or		(Sp	ount ecify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								=	1	ate	ro'
Room B10		Х				VAT			530	SF	Х			
Room B10		Х			Cou	nter T	ops		30	SF	Х			
							X III -							
Name of Registered Waste Hauler		1 61	I I I I I I I I I I I I I I I I I I I	lasts	Contract	Vand		I Nie 17	\'-'	41 - 15				
D&S Abatement, Inc.		H	IJDEP W lauler ID 0996		of Was			Name of F						
City, State Totowa, NJ					Dispos TBD	al Date	,	City, State Morrisvi						
Completed by Oliver Hegedis	Title Projec	t Ma	anager		S	ignature	10	1		23 299	ate 08/16/	2018	 	
	-					1 /							-	

CK179

PAID

		(P	ursuant	to NJAC	8:60 an	d 12:120	0)	ME	10	IS I	7/1 5			
Date of Notification (1) 08/16/2018				f Building e Tart-W			(2)	閉片	<u> </u>	18	<u>W 1</u>			
Agencies Notified Type	Notification		Street A	ddress			0 49		AU	2 1 20	10		111	
DEP DOL DOH	Initial Amended Amendment # Emergency (including ustification) Cancellation	[	Union Name o	ate, Zip Co , NJ 070 f Contact e Tart-W	183		* Of Late of the Assessment Control of the A	l.	Euros	CONTE	(A) &	And the second s	San Carlotte	
N			FACI	LITY INFO	ORMATI	ON	7.00							
Name of Facility Where Abatem House	ient is Taking Place (3	3)						of Facility (4						
Street Address								School (K-12 Subchapter	8 (Othe					
								Other (i.e. pr etc.)	rivate &	commerc	ial buil	dings,	home	es,
City (5) Union							Squa N/A	re Feet	# of N/A	Floors		ildg. A	Age	
County (6) Union				Code (7) USE ONLY,			Curre	ent Use (Prio Se	r if bein	g demolis	hed)			
Name of Monitoring Firm Hired N/A	by Building Owner (8)		ASCN	/I No.				tement Cont ement, Inc		9)				
Street Address							Addres osenç	ss gren Aven	ue					
City, State, Zip Code								ip Code J 07512						
Project Manager for Monitoring	Firm		Telepho	ne No.		Teleph 973-	one N 345-8			License N 01311	lo.			
Start Date (10) 08/27/2018	Schedule 08/28/2		pletion	Date (11)				HA Monitor ement, Inc	).					
Occupancy Status During Abate	ement (Check Only Or	ne)				Street	Addres	SS						
Facility Closed/Vacated Du Abatement Performed Out: Other – Describe: Occupie	side of Normal Facility	Abatem Hours	nent			City, S	tate, Z	gren Aven	ue					
Scope of Work (Check All That A	Apply)					1010	wa, N	J 07512			7470			
≥3 sf or ≥3 if ≥160 sf or ≥260 lf	× F	Renova Demoliti				×	Mir Glo	I Containme ni-Enclosure ovebag Proce n-Exempted	edure	_			e	
	1000	Locati										Abate	ement	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM) Use Ma	Normall d Solel intenar todial S (12)	ly by nce/ Staff?		tos Cont thermal surfac		laterial s insula T, or		(Sp	nount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
Basement	No	N/A		Dino	Insula	tion		10	0 LF	- V				
Dasement	^			Pipe	msula	uon		10	U LF	X				
										+				
Name of Registered Waste Haul D&S Abatement, Inc.	Н	JDEP W auler ID 1996	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cubic of Was TBD			Name of R Waste M	-10 <u>-1</u> 0						
City, State Totowa, NJ					al Date	1	City, State Morrisvil				Herein			
Completed by Oliver Hegedis	Title Proje	ct Ma	nager			ignature	10	/		Da	ite 3/16/2	2018		

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		ICATION	ate of New Je OF ASBEST to NJAC 8:60	OS ABATE		E C	E	$\mathbb{V}$		Contractor of the Contractor o		
Date of Notification (1) 08/16/2018			Building Own		(2)	AUG	2.1	2018	A Characteristics			
Agencies Notified Type Notification  EPA Initial		Street A	ddress		200	and the light of the party of the light of the party of the light of t				The state of the s		
X DEP Amended X DOL Amendment #_			te, Zip Code ell, NJ 070	06	-	ASDESTO LIC	ENSIN	VTROL IG	Č.	And the state of t		
Emergency (incl justification)  DCA  Cancellation	uding  -	Name of Mary A	Contact Anne Mann	ing			Teleph	none Nu	mber			
		FACII	LITY INFORM	MATION								
Name of Facility Where Abatement is Taking Pl House	ace (3)					Facility (4)						
Street Address						hool (K-12) bchapter 8		han K-1	2)			
					x Ot	her (i.e. pri				dings,	home	es,
City (5)					Square		# of FI	oors	T B	ldg. A	ae	
Caldwell			性		N/A		N/A			I/A	3-	
County (6) Essex		County C	Code (7) JSE ONLY) _		Current House	Use (Prior	if being	demolis	hed)			
Name of Monitoring Firm Hired by Building Own N/A	er (8)	ASCM	1 No.			ment Contra nent, Inc.						
Street Address					Address	en Avenu	ıe					
City, State, Zip Code					State, Zip wa, NJ							
Project Manager for Monitoring Firm		Telephor	ne No.	100000000000000000000000000000000000000	hone No. 345-868	35	1838	icense N 1311	lo.			
[ * 12.50일 (1) 일본 시간	heduled Cor 1/29/2018	mpletion [	Date (11)		of OSHA Abaten	Monitor nent, Inc.		300 St. A. A. S. A	1			
Occupancy Status During Abatement (Check O  Facility Closed/Vacated During Entire Perio	FI W	mont			Address	en Avenu	e					
Abatement Performed Outside of Normal F  Other – Describe: Occupied	acility Hour	S			State, Zip							
Scope of Work (Check All That Apply)					-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Renova Demoli			>	Mini-l Glove	Containmen Enclosure Ebag Proced Exempted (	dure				e	
Location of	Is Locat Norma			D							ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sole Maintena Custodial (12)	ely by ince/	(i.e. the	Description Containing Normal system surfacing, VA	Material (A s insulation T, or		Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A									te	
Basement	Х		F	ipe Insula	ation		25	LF	Х			
									1			
Name of Registered Waste Hauler D&S Abatement, Inc.	F	NJDEP W Hauler ID 0996	No. of	ubic Yards Waste BD	100	Name of Re						
City, State Totowa, NJ				sposal Date BD		City, State Morrisville	e, PA					
	ritle Project Ma	anager		Signature	W				ate 3/16/2	2018		

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2505426003	PAID	NC		CATION	ate of New J N OF ASBES to NJAC 8:6	TOS A	BATE		Per	D)	E (	a E		y [	75 1
Date of Notification (1) 08/16/2018			- 10	Name o	f Building Ov	vner/Op	perator	(2)	A Control of the Cont		AU	IG 2	1 20	18	And the same of th
Agencies Notified Type I	Votification			Street A	Address					j.				.0	1
X EPA X II	nitial									AS	BEST	OS CO	ONTE	$\alpha$	Capany
	Amended Amendment #				ate, Zip Code a, NJ 0704				Emenon		L	CENS	NG	ue Q	
l F	mergency (inclu	ding			f Contact	+4	-			Tala	nhone	Number		- Aller	- Contraction
	ustification) Cancellation		100	Jim M						1 100	priorie	INUITIDE			
N				FACI	ILITY INFOR	MATIC	N								
Name of Facility Where Abatem House	ent is Taking Pla	ce (3)							of Facility (4						
Street Address									School (K-1. Subchapter		r than k	(-12)			
								×	Other (i.e. p				ildings	, hom	es,
City (5)			-						etc.) e Feet	# of	Floors		Bldg.	Age	
Verona								N/A		N/A			N/A	1981	
County (6) Essex					Code (7) USE ONLY)		_	Hous				olished)			
Name of Monitoring Firm Hired b	y Building Owne	er (8)		ASCN	ЛNo.				ement Con ement, In		9)				
Street Address							37.25	Addres	and the second second second	C.					
									ren Aver	iue					
City, State, Zip Code								tate, Zip	p Code J 07512						
Project Manager for Monitoring F	Firm		-	Telepho	ne No.	$\rightarrow$		one No	2007/04/2007/05/2007		License	e No.			
							973-3	345-86	385	- 1	01311	1			
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Agencies Notified	Type Notification			Street A	Address					AUG	2 1 2	018		11	
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Name of Monitoring Firm N/A	Hired by Building	Owner (8)	)	ASC	M No.				patement Co atement, I		(9)				
Street Address							Street 11 R		ress ngren Ave	enue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 973-		No. -8685		License 01311	No.				
Start Date (10) 08/30/2018		ed Cor 2018	mpletion	Date (11)	<u>a.</u> (5)			SHA Monitor atement, I							
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	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)    Name of Building Owner/Operator (2)													
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none l	No.			No.		-	
Start Date (10) 08/31/2018			pletion	Date (11)		Name	of OS	SHA Monitor	с.	2000				1100
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☐ DCA	Cancellation	) 		The second second	/ Shapir					20	03-521-9	182			
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Scope of Work (Check All	That Apply)								, NJ 073	04					ASS   Table   1   1   1   1   1   1   1   1   1
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#### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) Name of Building Owner/Operator (2) August 16, 2018 R.C. Diocese of Paterson Agencies Notified Notification Type Street Address AUG 2018 ☑ Initial Notification 777 Valley Road X EPA ☐Amended Certification City, State, Zip Code DCA ☐ Emergency (including Clifton, NJ 07013 ASBESTOS O x DOL justification) Name of Contact LI (Telephone Number X DEP ☐ Cancelled Rebeca Ruiz-Ulloa 973.777.8818 x DOH FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Friendship Corner II ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 186 Butler Street Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60 years City (5) County (6) County Code (7) Paterson Passaic (State Use Only) Current Use (prior if being demolished): Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 00079 EnviroVision Consultants inc. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 Wagaraw Road, Bldg # 34A **511 MAIN STREET** City, State, Zip Code City State, ZipCode Fairlawn, NJ 07410 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Fred Larson 973-636-9145 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor August 27, 2018 September 2, 2018 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Source of Work (Check all that apply) x Full Containment with Negative Pressure > 3 sf or > 3 lf x Renovation Mini-Enclosure □ > 160 sf or > 260 Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Classroom #7 X Plaster Ceiling 20 sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Meadowfill Landfill 10 cu.yds. G.R.O.W.S Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State Route 2, Box 68 NJ DEP # 12561 NY DEP # September 2, Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 2018 304-842-2784 Completed by (Print or Type) Signature Marin Graure SENIOR PROJECT August 16,2018 Marin Graure MANAGER

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□ DOH  _	Emergency (i justification)	ncluding			of Contact				- Louis -	Te	lephone Nu	ımber			
DCA	Cancellation				Monge	ODMAT	ION								
Name of Facility Where Abater	ment is Taking	Place (3	3)	TAC	ILII I IINF	UKWAI	ION	Тур	e of Facility	(4)					
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City (5) Paterson						-		Squi 200	are Feet	# 0	f Floors		Bldg. 70+	Age	
County (6) Passaic					Code (7) USE ONLY	)			ent Use (Pri sidence	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired S&S Environmental Scientific Scient		wner (8)		ASC	И No.				atement Cor velopmen						
Street Address 98 Sand Park Rd.							Street	Addre							
City, State, Zip Code Cedar Grove, NJ 07009							City, S	state, 2	Zip Code nswick, N.		11				
Project Manager for Monitoring Prakash Khaitan	Firm		T	Telepho	ne No. 57-7188		Teleph 732	none N	lo.	, 0000	License N 01284	10.			
Start Date (10) 9/8/18		Schedule			Date (11)	i	Name	of OS	HA Monitor		01204			/	-
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Completed by Todd Grant		Title Presid	dent				gnature	/	uMa	Λ	Da	te 17/1	 8		



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Name of Facility Where Abatement is Taking Novartis Pharmaceuticals - Building Street Address		3)						of Facility School (K-	12)		V 40				
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City (5) East Hanover							Squa 500	re Feet 0	# of	Floors		200	ldg. A 5+	.ge	
County (6) Morris				Code (7) USE ONLY	)			ent Use (Pri nerator	ior if bei	ng demo	olish	ed)			1
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Street Address						Street 2217		ss man Driv	'e						
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 610-	none N 691-1			Licens		).			
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City, State Bethlehem, PA						osal Date 0-09/21		City, Stat		PA					
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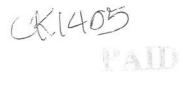
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City, State, Zip Code						(5) () - C)		e, Zip Code ille, NJ 08	872						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-		No. 5-0100		Licens 0075		o.			
Start Date (10)	Schedul	ed Co	mpletion	Date (11)		Name	of C	SHA Monito	or						$\dashv$
08/13/2018	08/30/		3	14.7 5000		Tige	r Ei	nvironmer	ntal						
Occupancy Status During Abatement (Check	k Only O	ne)				Street					-				
Facility Closed/Vacated During Entire P					L			h Ave	-						
Abatement Performed Outside of Norm  Other – Describe: Normal Hours - Clos		y Hou	rs					, Zip Code							
Scope of Work (Check All That Apply)						Brick	ζ, Ι\	JJ 08724							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renov Demol				×	1	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure	е				9	
	Is	Loca	tion				-		T	1101111	TUD	1		ement	
Location of	1	Vorma	ally		Des	cription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Ma	intena	Staff?		tos Conta thermal s surfaci	ining M systems ng, VA	later ins T, or	r		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other mi	scellan	eou	s)				oval	air	sulate	sure
Unit 3 Ductwork Floors 3 and 4	X				М	lastic		<u> </u>		750sf		x			×
		X													
lame of Registered Waste Hauler			NJDEP W		Cubic Y		×	Name o	f Regist	tered Land	dfill				
reehold Cartage			Hauler ID I 5939	No.	of Wast	е		Fairle	ss Lar	ndfill					
City, State Freehold, NJ			3000		Disposa 08/22/			City, Sta		ΡΔ					
Completed by	Title					nature	1	A IVIOITIS	/		Date	2			
Kurt Nale	0.000	ch N	lanager		Oig	4	N.	uti	ا پیشند کار	20		e /20/2	2018		

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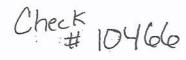
£.				FICATIO	N OF ASB	ESTOS	ABATE		Manufallulary (1) to the second	17	EC		1	W	E	[A]
Date of Notification (1) 08/17/2018				Name	of Building	Owner/			And the second of the second o	MI						Canada Communication of the Co
Agencies Notified	Type Notification	ĺ			of Atlantic Address	City	S	-0126			AU	G 2	1 2	018	The state of the s	IJ
EPA DEP	× Initial				Bachrach tate, Zip Co					L	SRECT	7.65.7	1/1/1	W.F.D. 400 .	MILLERAN	1
X DOL	Amended Amendmen		_		tic City, N		01		<u></u>		ASBEST LI	ICEN	SING	HOL	. &	Anthony or an annual or an annu
DOH DCA	Emergency justification Cancellation		1	Name of Kelly	of Contact Astin						Telephor				10000	morecond
Na (5 15: 140				X50	ILITY INFO	ORMAT	ION									
Name of Facility Where Abandoned Proper	Abatement is Takir	ng Place (	3)						of Facility							
Street Address 1516 Belfield Ave								×	School (K Subchapt Other (i.e.	er 8 (C	Other that te & com	n K-12 merci	2) al buil	dings	, hom	es,
City (5) Atlantic CIty								Squa	etc.) re Feet		of Floor	rs	1000	Bldg. /	\ge	
County (6)					Code (7)			1800 Curre	ent Use (P	rior if I	_	molish	- 1	0+		
Atlantic  Name of Monitoring Firm	a Lligad by Duildian	0		100	USE ONLY)			Aba	ndoned		-					
N/A	i Hired by Building	Owner (8)	)	ASCI	M No.				tement Co Environ			ices,	Inc.			
Street Address							7.50	Addres	ss Ion Rd S	Suite	102					
City, State, Zip Code							City, S	tate, Z	ip Code		102					
Project Manager for Mor	nitoring Firm			Telepho	one No.		Teleph		NJ 0740	)5 	Licer	nse No	).			
Start Date (10)		Cabadul	- d O-		D 1 (11)			218-0			012	28				
9/3/2018		9/4/20		npietion	Date (11)		100000000000000000000000000000000000000		HA Monito Environr		al Servi	ices,	Inc.			
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	Period of Anal Facility	Abaten Hours	nent s			City, S	tate, Zi	lon Rd S p Code		102					
Scope of Work (Check A							Kinne	elon, l	NJ 0740	)5						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×	Min Glo	Containn i-Enclosu vebag Pro n-Exempte	re ocedur	re				е	
			Locati												ment	
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Ma	d Sole intenar todial S (12)	ly by nce/	Asbeste (i.e. t	os Cont thermal surfac	scription aining M systems cing, VA niscellan	aterial insula T, or	(ACM) tion,		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
l lodou atura a	6	Yes	No	N/A											te	· CO
Under stucco		-		X		Та	r pape	r			600 sf		X			
Roof of rea				X			oofing				450 -6					
11001 01 100							ooning				150 sf		X			
Name of Registered Was	te Hauler		100000	JDEP W	1000-100-11	Cubic '			Name of	Regis	tered La	ndfill				$\dashv$
Yannuzzi Group, Inc.	•		100	auler ID '467	No.	of Was			ACUA							
City, State Kinnelon, NJ						Dispos 9/5/20	al Date		City, Star		e. NJ				8	$\neg$
Completed by John Mucha		Title Sr. Pr	oject	Manag			gnature	Un	Mac	-/-	-, 110	Date	4.1	71	15	
								MAI	0			-	11	1)	10	



Date of Notification (1) 08/17/2018	Į į				of Building ers Unive		Operator	(2)	PATRICIA CONTRACTOR	)),[	E C			$\mathbb{V}$	E	In.
Agencies Notified	Type Notification				Address Iston Ca	mnus	#27 Ro	ad #1		Contraction of the Contraction o	AU	G 2	1	2010		A CONTRACTOR OF THE PARTY OF TH
EPA DEP DOL	Initial Amended Amendment	#	_	City, St	ate, Zip C taway,N	ode			and the second		AU	0 4	1	2018		
DOH DCA	Emergency ( justification) Cancellation	including		Name o	of Contact Cocilov				- I	Tel	ephone 2-932	Num -291	ber 7	TRC G	L&	-
N 65 W 148				FAC	ILITY INF	ORMAT	ION									
Name of Facility Where A	Abatement is Taking	g Place (3)	)					Type of	Facility (4)							
Street Address	Didy 5050								nool (K-12)							
College Ave. Camp	ous				5.0				ochapter 8 ler (i.e. pri					dings	, hom	es,
City (5) New Brunswick								Square F 3500	eet	# of 2	Floors		- 1 8	8ldg. <i>F</i> 0+	\ge	
County (6) Middlesex				County (STATE	Code (7) USE ONLY	)		Current Unocci	Use (Prior upied	if bei	ng dem	olishe	d)			
Name of Monitoring Firm ATC Group	Hired by Building (	Owner (8)		ASCI	M No.				nent Contr			ces.	nc.			
Street Address 3 Terri Lane							Street	Address	Rd Suit							
City, State, Zip Code Burlington, NJ 0801	6	77-110					City, S	tate, Zip C	Code							_
The Common Commo	oject Manager for Monitoring Firm						Teleph	one No. 218-088			Licens			-		
Start Date (10)		Schedule	d Con	nlotion	Data (11)			of OSHA			0122	8				
9/5/2018		9/17/20	18	ipietion	Date (11)		Yann	uzzi En	vironme	ntal	Servic	es, l	nc.			
Occupancy Status During		113-453200-00						Address	Dd Cuit	- 10	2					
Facility Closed/Vaca Abatement Perform	ated During Entire P ed Outside of Norm	eriod of A	batem Hours	ent				tate, Zip C	Rd Suit	e ru	12		_			
Other – Describe: _		ar r domey	, loui			_		elon, NJ								
Scope of Work (Check Al  ≥3 sf or ≥3 lf	іі тпат Арріу)	□ Re	enova	tion			×	Full Co	ontainment	with	Negati	ve Pre	essur	re		
× ≥160 sf or ≥260 lf		× De	emoliti	ion			×	Mini-E Gloveb	nclosure pag Proced	dure	1000					
		T						I Non-E	xempted (*	) and	Non-F	riable			e ement	-
Location	of		_ocation			Do	scription	-6							ре	.
Asbestos-Containing	Material (ACM)	9,000 00	Sole	, ,		tos Cont	aining M	laterial (AC		Ar	nount				Ш	
TO BE ABA		Custo	dial S		(i.e.		systems cing, VA	insulation	1,		pecify or LF)		Ren	Re	ncal	Encl
(13)			(12)				niscellan			0,	0. 2. )		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ite	Ф
Mailbox Room, Wom				Х			VAT			20	03 sf		2			
Through	*			Х			TSI			24	00 If	2	2			
Corridor 100, Bo				Х		TS	I fitting	S		12	25 If		2			
& Bathro				X												
Name of Registered Was				JDEP Wauler ID		Cubic of Was			ame of Re							
Yannuzzi Group, Inc.			1 2 3 3 3 3 3	467		80		G	rowal Fa	airle	ss Hill	S				
City, State Kinnelon, NJ						Dispos 9/18/2	al Date 2018		ty, State airless H	lills,	PA					
Completed by		Title				S	ignature	1//	M			Date				$\neg$
John Mucha		Sr. Pro	oject	Mana	ger			)h/	'lay			8/17	//20	18		



T. HILL		N			to NJAC					F.	C E	i W			
Date of Notification (1) 08/15/2018				Name of Alan S	Building (	Owner/C	Operator	(2)							
Agencies Notified Typ	e Notification			Street A	ddress					A	U(: 2	201	3	117	1
X EPA X	Initial			Cit. Ct-	4- 7:- C-	al a									
EPA DEP DOL	Amended Amendment	#			te, Zip Co r, NJ 07					Vege	artua n	$\gamma_{1}\Gamma_{-}$			
	Emergency justification)				Contact					Tel	ephone N	umber			
DOH DCA	Cancellation			Alan S	hih					•	•				
Name of Facility (Advanced Advanced Adv	11: T-11:	- DI (0)		FACII	LITY INFO	ORMATI	ON	_							
Name of Facility Where Abate Private Residence	ement is Takin	g Place (3)							of Facility (4						
Street Address								X	School (K-12 Subchapter of Other (i.e. pr	8 (Oth	er than K- & commer	·12) cial buil	dings,	home	es,
City (5)								and the same of th	etc.) re Feet	# 0	Floors	E	Bldg. A	ge	
Closter								1242	2	2		5	+05		
County (6) Bergen				County C	Code (7) JSE ONLY)	_		Curre	nt Use (Prio se	r if bei	ng demoli	ished)			
Name of Monitoring Firm Hire N/A	ed by Building	Owner (8)		ASCM	l No.				tement Cont truction ,L		(9)				
Street Address								Addrese eathe	ss r Stocking	Path	1				
City, State, Zip Code									ip Code ark, NJ 07	035					
Project Manager for Monitorin	ng Firm			Telephor	ne No.			none N 264-9			License 01306	No.			
Start Date (10) 08/27/2018		Schedule 08/28/2		npletion (	Date (11)		200000000000000000000000000000000000000		HA Monitor truction ,L	LC					
Occupancy Status During Ab	atement (Ched	k Only One	<del>)</del>				Street	Addres	SS			7.27,12			
Facility Closed/Vacated Abatement Performed C Other – Describe:							City, S	state, Z	r Stocking		1				
Scope of Work (Check All The	at Annha						Linco	oin Pa	ark, NJ 07	035					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ат Арріу)	-	enovat emoliti					Mir	II Containme ni-Enclosure ovebag Proc	edure					
				-			L×	의 No	n-Exempted	(*) an	d Non-Fri	able Pro		e emen	+
			Location or mall	38777										ре	
Location of Asbestos-Containing Mat TO BE ABATEI In Facility (13)		Usec Mair	Solel ntenar odial S (12)	ly by nce/		tos Con thermal surfa	scription taining N system cing, VA miscellar	Materia s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>	,	ate	Гe
Exterior Facade I	House			х		Tran	site Si	ding		28	00 SF	x			
Exterior Facade G	Barage			х		Tran	site Si	ding		60	00 SF	х			
Name of Registered Waste H	lauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Land	fill			
Nari Construction, LLC				lauler ID 037535		of Wa	Υ		G.R.O.V						
City, State Lincoln Park, NJ						TBD	sal Date		City, State Morrisvi						
Completed by Igor Jezdimirovicv		Title P.Mai	nage	r		5	Signature	0	7			Date 08/15/	2015		
1901 002411111101101		ı .iviai	lage					7	-2			30/10/	_010	8	
ASB-41 (R-06-08)						6	· Do n	ot use	this form for	asbes	tos licens	ure exe	mpted	activ	ities.



PAIT		(F	ursuan	t to NJAC	8:60 an	d 12:120)						
Date of Notification (1) 8-17	-/8	ρ,	Name (	11.	Owner/C	Operator (2	ommi	LE.C	7	$\mathbb{V}_{\tilde{\mathcal{C}}}$	e E	
Agencies Notified Type Notification	57.73		Street /	Address	, -	)	velt	Dai	JO.		30	and other ways
☐ EPA	#	- 1	City, St	ate, Zip C	ode Vin	field	1 1	H AND	77	2010	6	III
DOH   Emergency (	including		Name o	of Contact	h.'a	KL	100	Telephone				via.
Name of Facility Where Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMATI		(SC)	7080	ENDO	عاد		714
Dupkx Reside	ntic	2	D	well	179			-12)				
Street Address					J	2	Subchapte Other (i.e. etc.)	er 8 (Other than private & comm	K-12) ercial b	uildin	gs, hor	nes,
City (5) Winfield	N	J	0	703	6	S	quare Feet	# of Floors		Bldg	Age	<del></del>
County (6) Union			County (STATE	Code (7) USE ONLY	j	_ c	urrent Use (Pi	rior if being dem	olished	)		
Name of Monitoring Firm Hired by Building C	wner (8	) <b>S</b>	ASCI	M No.		Name of	Abatement Co	entractor (9)	انمو	. S	I	01
Street Address R.O. Box 3	37			• • •		Street Ad	dress	337	3.		900	100
City, State, Zip Code	NI	5	80	53	3	City State	e, Zip Code	A AL	71	2	53	33
Project Manager for Monith ril gy-Firm			Telepho	ne No.	7215	Telephon	e No.	Licens	e No.	2	94	
Start Date (10) 2 - 27-19	Schedul	ed Cor	npletion	Date (11)	دمور	Name of 0	OSHA Monitor	-	N	<u> </u>	11	
Occupancy Status During Abatement (Check	Only Or		18-	18		Street Add	rc lec	hnologie	<u>د</u>	Eng		-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of	Abaten	nent		}	P.C	, Zip Code	337				1 (mg 2)
Other – Describe:							Egypt	TU	08	35.	33	
Scope of Work (Check All That Apply)	~	•	••			~~	-					
23 sf or ≥3 lf □ ≥160 sf or ≥260 lf	/	Renova Demolit				, 0	Mini-Enclosur Glovebag Pro	cedure				
	1 10	Locati	ion			X_	Non-Exempte	ed (*) and Non-F	riable F		lure atemer	nt
Location of		Normal	ly		Des	cription of			_		Туре	
Asbestos-Containing Material (ACM)  TC BE ABATED	Ma	ed Sole	nce/			aining Mate systems in:	rial (ACM) sulation,	Amount (Specify			. Enc	Em
In Facility (13)	Cus	todial S (12)	olaii!			ing, VAT, o iscellaneou		SF or LF)	You love	Kepail	Encapsulate	Enclosure
053 0	Yes	No	.N/A				±9		128		ate	re
Living Room		Х		BROG	un C	lue?	Dots	15 S	6	X.		
Kitchen "	-	Κ		Flo	ORIT	19 Ma	terial	150 S	FX	4		-
	-		-					5.	+	+	+	
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic \	/ards	Name of	Registered Lan	dfill			
EPC Technologies	>	Н	auler ID		of Was			te Manag	ene	nt.	S F	PA
, , ,	NJ					28-18	3 Morn	- 11. 25	PA	•		
Steve Schenker	PRE	sid	ent		Si	gnature Sleze	25ch	h	Date	-1'	7-18	8

OK 741680

	PAI	D	NOT		ATION	OF AS	ew Jersey BESTOS ABA AC 8:60 and 5:1		IWER	And property and the state of t			
Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)E 6 E		11	-	_	
08 /	16 /	18					avating, LLC	A CONTRACTOR OF THE CONTRACTOR	719	18	0		
Agencies Notified  ☑ EPA  ☑ DOLWD	Type Notific Section Initial Section Amende					t Address Wood Ha	ıven Road	AUG 2	2016				
☑ DOH ☐ DCA	Amendr   Emerge	ment #_			1000	State, Zip ( ns River,	Code , NJ 08753	ASBESTOS (	CONTROL &	-			
(NJAC 5:23-8)	justifica	tion)	Cidding		Name	of Contac	t <u> </u>	Just O hard	Telephone Num	per			
	☐ Cancella	ation			Vic	Rose	(A)		848-992-982	6			
					FA	CILITY IN	IFORMATION	in the second se					
Name of Facility Where A Residence	Abatement is	Taking	Place	(3)				Type of Facility	5 33				
Street Address								School (K-12	) 3 (Other than K-12				
Street Address								Other (i.e., pr	rivate and commer		ilding	js,	
City (5)								homes, etc.)	T				
Lakewood								Square Feet 2000	# of Floors		dg. A <b>65</b>	ge	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	- 1			_
Ocean						5 %	21 /	Residence					
Name of Monitoring Firm	Hired by Bui	ilding C	wner (	8)	ASCM	No.	Name of Abatem	ent Contractor (9)			7		
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address						
							1889 Route 9	9, Unit 61					
City, State, Zip Code							City, State, Zip C	ode		11-5111			
							Toms River,	New Jersey 08	755				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.	2574	License No.				
							732-349-9932	2	00624				
Start Date (10)					tion Da	23 32	Name of OSHA N	Monitor					
08 /29 /	18	0	9_/	04	_ / _	18	E.M.S.L. Ana	lytical					
Occupancy Status During		87	2.5	100			Street Address						
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed Time of Abatement: _						cribe AM	City, State, Zip C	ode					
						Alvi	Piscataway,	New Jersey 088	354				
Scope of Work (Check all	that apply)						П						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Rei	novati molitic	177		☐ Mini-End ☐ Gloveba	g Procedure	ative Pressure n-Friable Procedur				
		-	ls	Locat	ion		⊠ I40II-EXE	impled ( ) and No	1-Filable Flocedul	T -	otom	ont T	· vno
Location	of		٨	lorma	lly		Description of	of			atem		1
Asbestos-Containing TO BE ABA		M)		d Sole intena	ely by ince/		stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facili				odial	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	¥.	psu	uso
(13)				(12)		-	other miscellane		J. J. J.	-		ilate	ē
exterior-house			Yes	No	N/A	- 1 - 1					_		-
							s siding		2100 sf		Ш	Ш	
exterior-garage						asbesto	s siding		400 sf				
				<u> </u>									
				Ц									
Name of Registered Was				8.2	IJDEP \		Cubic Yards of	Name of Regist	tered Landfill		7		
Guardian Contraction	ng, Inc.				20223		Waste 4	T.R.R.F.					
City, State		(*)					Disposal Date	City, State					
Toms River, New Je	ersey						09/04/18	Tullytown,	Pennsylvania				

ASB-41 JAN 13

Completed By (Print or Type)

Nicholas Fernicola

Title

Project Manager

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

Signature

Date

Date of Notification (1)			Name	of Buildin	g Owner/Operator (	2)					
	18		1100 00000		ling Corp	10.4.).	"3	46	7	9	
Agencies Notified Type Notific	ation		Stree	t Address							
			PC	Box 887	7						
□ DOLWD □ Amende			City, S	State, Zip (	Code						
☑ DOH Amendm		-			ant, NJ 08742						
DCA Emerger justificati		g		of Contac			Telephone Nur	mher		111742-738	
☐ Cancella			100000000		ling Corp		732-616-33				
			FA	CILITY IN	IFORMATION			-			
Name of Facility Where Abatement is	Taking Plac	e (3)				Type of Facility	(4)				
Residence						School (K-12	50.50				
Street Address							3 (Other than K-1 rivate and comm		uilding	js,	
City (5)						Square Feet	# of Floors	B	dg. A	ne.	
Point Pleasant						1500 sf	1		65	gc	
County (6)			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	(10)	lichod)	00		
Ocean			Joodi	nty Code (/	MOTATE OOL ONET	Residence	of it being demo	iisrieu)			
Name of Monitoring Firm Hired by Buil	dina Owner	(0)	ACCM	No	Name of Alastan				-		
N/A	ding Owner	(8)	ASCM	No.	Name of Abateme						
1800000						ntracting, Inc.					
Street Address					Street Address						
					1889 Route 9	, Unit 61					
City, State, Zip Code					City, State, Zip Co	ode					
					Toms River, I	New Jersey 08	755				
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
					732-349-9932	ž.	00624				
Start Date (10)	Scheduled (	Comple	etion Da	ite (11)	Name of OSHA M	lonitor					
08/30/18	08	/ _ 3	1_ /	18	E.M.S.L. Anal	lytical					
Occupancy Status During Abatement (	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Enti	Control of the Contro		ment		1056 Stelton						
☐ Abatement Performed Outside of N	ormal Facili	ty Hou	rs - Des		City, State, Zip Co	nde					_
Time of Abatement:AM	PM/	PM		AM		New Jersey 088	854				
Scope of Work (Check all that apply)					· roouturuy, r	tow octocy ook					
☐ ≥3 sf or ≥3 lf					☐ Full Cont	ainment with Neg	ative Pressure				
≥ 3 \$1 61 ≥ 3 11	1 The second sec	enovat emoliti			☐ Mini-Enci	losure Procedure					
						mpted (*) and Nor	n-Friable Proced	ure			
		s Loca					30	Ab	atem	ent T	vpe
Location of		Norma ed Sol		1	Description o				1		
Asbestos-Containing Material (ACN TO BE ABATED	1)   OS	aintena	ance/		stos Containing Mai		Amount	em	Repair	nca	nclo
IN Facility		stodial	Staff?	(1.6	., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	=	psu	Enclosure
(13)	-	(12)	Taxabara.	4	other miscellane		/	-		Encapsulate	6
	Yes	No	N/A								
exterior		$\boxtimes$		asbesto	s siding		1400 sf				
					)						
									П	П	П
		П	$\Box$						П		
Name of Registered Waste Hauler		1	JDEP \		Cubic Yards of	Name of Regis	tered I andfill				
Guardian Contracting, Inc.		1.03	lauler II	D No.	Waste	T.R.R.F.	candilli				
City, State			20223	3	3 Diagonal Data						
Toms River, New Jersey					Disposal Date 08/31/18	City, State	Pennsylvania				
Completed By (Print or Type)	Title					Tany town,	-	- 1			
Nicholas Fernicola	7175-1700000	6 NA	000-		Signature	/		Date /	. /		
ACD 44	Projec	r IMIAN	ayer			1 Th	7	8/1	6/1	8	

ASB-41 JAN 13

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

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

			11	uisuai	If fO 149%	0.00 and 5. 10	0)		11 11	// [5	3 [	-51
Date of Notification (1)				Name	of Building	g Owner/Operator (	2)		<u>U 1</u>	<u> </u>	4	111
	18			Met	tro Indus	trial Wrecking &	Environment	Contractors	Inc.		A CONTRACTOR OF THE PARTY OF TH	Andreas of the second s
Agencies Notified Type Noti	ication			Street	Address		100	AUG 2	1 20	18		1)
⊠ EPA	erra.			273	Walt Wh	itman Rd. Suite	125	1			d for	-
☑ DOLWD ☑ Amend	224	On 140	ld	City, S	State, Zip C	Code	Í	10000000			1	-
☐ DCA ☐ Emerg	ment#			Hui	ntington	Sttation , NY 117	746	ASBESTOS LICEN		ROL	Ž.	and the same of th
	ation	Cidding		Name	of Contac	t		Telephone Nun		acres (Manager)	estation from	dadonie.
☐ Cance	lation			Ant	hony Lai	rosa		631-873-43	57			
				FAG	CILITY IN	FORMATION						
Name of Facility Where Abatement	s Takino	Place	(3)				Type of Facility	(4)				
Former Warehouse		27111-2-27					School (K-12		٥)			
Street Address				100				(Other than K-1)		ildina	\$	
400 Claremont Avenue							homes, etc.)	rate and comm	oroidi be		0,	
City (5)							Square Feet	# of Floors	BI	dg. Ag	je	
Jersey City NJ 07304							65,000	1		1960		
County (6)		7,122		Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
US; Hudson CO.						70	Former War	ehouse				
Name of Monitoring Firm Hired by B	uilding (	Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Finog Environmental Inc.						Graham-Tech	n Environmenta	al Service, LLO	<b>D.</b>			
Street Address	V22					Street Address						
617 Stokes Rd.						958 Jackson	Rd					
City, State, Zip Code						City, State, Zip Co	ode					
Medford, NJ 08055						Mays Landing	g, NJ 08330					
Project Manager for Monitoring Firm		9-m20	Tel	ephone	No.	Telephone No.		License No.				
Rebbecca Rubnittz			6	09-868	-1676	609-561-1901		01158				
Start Date (10)	Sched	luled C	omple	etion Da	te (11)	Name of OSHA M	lonitor			-1-22-1100		
08 /06 /18		9_ /	0	1 /	18	Graham-Tech	n Environmenta	al Services, LL	.C.			
Occupancy Status During Abatemer	(Checl	c only o	ne)			Street Address						
□ Facility Closed/Vacated During E						958 Jackson	Rd					
Abatement Performed Outside of	Normal	Facility	/ Hou	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: 7AM-11:30	M/	PM-		_AM		Mays Landing	g, NJ 08330					
Scope of Work (Check all that apply							34					
≥3 sf or ≥3 lf		Re	novat	ion		☐ Full Cont ☐ Mini-Enc	tainment with Neg	ative Pressure				
⊠≥160 sf or ≥260 lf		⊠ De				☐ Glovebag	Procedure					
				10-215		☐ Non-Exe	mpted (*) and No	n-Friable Proced	ure		sa san	
I K			Loca Iorma			_			Ab	ateme	nt Ty	уре
Location of Asbestos-Containing Material (A	(M)			ely by	Ashe	Description o stos Containing Ma		Amount	Re	Re	Ē	Ē
TO BE ABATED	,	10.000		ance/		., thermal systems i	insulation,	(Specify	Removal	Repair	cap	clos
IN Facility (13)		Cust	.00lai (12)	Staff?		surfacing, VAT,		SF or LF)	val		Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	ous)				ate	
Roof			$\boxtimes$		Asbesto	os Roof Flashing	a	390SF			П	
Roof			$\boxtimes$			os Roofing Mate		1,383SF				
Roof			$\boxtimes$		Asbesto	os Roof Tar		14,160 SF				
General Office Area			$\boxtimes$		Asbesto	os Floor Tile		1,272Sf		П		
Name of Registered Waste Hauler			2000	NJDEP N	Naste	Cubic Yards of	Name of Regis	tered Landfill			_	
Graham-Tech Environmental	Servic	e, LL	C F	lauler II 00345	200 A C C C C C C C C C C C C C C C C C C	Waste		orth Landfill 8	L Tully	town		
City, State				55570		Disposal Date	City, State					
14 Read Drive Sicklerville, N	08081	1					1513 Brode	entown Rd. Mo	rrisvil	le,PA		
Completed By (Print or Type)	Title				The second second	Şignature	' M.	ID	ate		. 0/	r .
Vernice Graham	P	reside	nt			MMM	MM	$\wedge$	ate /	) 1	X	

ASB-41 MAY 11

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

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

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		AUG	2	1	2018	Constitution of the Park	And the second second second

			- 10			10 0.00 and 0.1		<b>以</b>			79	
Date of Notification (1)				Name	of Building	g Owner/Operator (	2)	3120 0	1 6	010	-	
/	_ /18	3		Ro	ute 12 Wa	ash N Gas Inc.	School Community	III AUG 2	1 6	UIO	*-GERTIN	1
	Notification			Street	Address	3-					-	
⊠ EPA ⊠ In				760	Frencht	own Rd.	static operan	ASBESTOS	CON	TRO	L&	
	mended	O 11-	1.1	City) S	State, Zip C	Code		LICEN	ISIN	GI	pytholyment grave	
	mendment #	-	-	Will	ford , NJ	08848	(1 <del>1111)</del>	٠.				
(NJAC 5:23-8) ju	mergency (in stification)	nciuding			of Contac			Telephone Numb	er	-	-	
	ancellation				n Halford			908-996-2177		17-53	20-01	157
						IFORMATION		000 000 2111	, 0	0.	-0-0	
Name of Facility Where Abatem	ent is Takin	n Place	(3)	rA	CILITY	IFORWATION	Type of Facility	///			-	
Store	ioni is Takin	g i lace	(5)				School (K-12					
Street Address							Subchapter 8	(Other than K-12)				
415 Roseberry St							Other (i.e., p	rivate and commerc		ilding	IS,	
							homes, etc.)					
City (5)							Square Feet	# of Floors	10000	dg. A	200	
Phillipsburg, Warren Co	unty NJ			1-		=	2,500SqFt	1		1950		
County (6)				Cour	ity Code (7	()(STATE USE ONLY)		or if being demolish	ned)			
US; Warren CO.							Former Sch					
Name of Monitoring Firm Hired	by Building	Owner (	8)	ASCM	No.	Name of Abateme						
						Graham-Tech	n Environment	al Service, LLC.				
Street Address						Street Address						
	HUDSELS CENTERS					958 Jackson	Rd					
City, State, Zip Code						City, State, Zip Co	ode					
						Mays Landing	g, NJ 08330					
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephone No.		License No.				
						609-561-1901		01158				
Start Date (10)		duled C				Name of OSHA M	lonitor					
07 /29 /18	_   _ (	08_ /	_3	_ / _	18	Graham-Tech	n Environmenta	al Services, LLC				
Occupancy Status During Abate	ement (Chec	k only o	ne)			Street Address		×				
☐ Facility Closed/Vacated Duri						958 Jackson	Rd					
☐ Abatement Performed Outside	de of Norma	Facility	/ Hou	s - Des	cribe	City, State, Zip Co	ode		-			
Time of Abatement: 7AM-11	:30PM/	PM-		_AM		Mays Landing						
Scope of Work (Check all that a	(viga					, , , , , , , , , , , , , , , , , , , ,	3,					
M-2-6015		-					ainment with Neg	ative Pressure				
		⊠ Re	novati molitic			☐ Mini-Enc						
□=100 31 01 <u>=</u> 200 11		□ ре	Honuc	м				n-Friable Procedure	3			
		Is	Locat	ion				100000000000000000000000000000000000000	1	atem	ent T	vne
Location of		59900	lorma			Description o				_		
Asbestos-Containing Materia TO BE ABATED	al (ACM)		intena	ely by nce/		stos Containing Ma		Amount	em	Repair	nca	incl
IN Facility			odial	Staff?	(1.6	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify SF or LF)	Removal	¥.	psu	Enclosure
(13)			(12)	Т	-	other miscellane		,	-		Encapsulate	re
		Yes	No	N/A							(D	
First Floor			$\boxtimes$		Asbesto	os Floor Tile		2,000SqFt				
Roof	Bath R	П		П	Ashesto	os Roof Flashing	7	200SqFt			П	
			Constant	=	7100000	oo recor i lasining	3	2000qi t				
		Ш										
Name of Registered Waste Hau	ler		N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Graham-Tech Environme	ntal Servi	ce, LL(	C H	auler IE	1000000	Waste		orth Landfill & 1	Γully	towr	1	
City, State	***			00345	UU	Disposal Date	City, State		-,			
14 Read Drive Sicklerville	e. NJ OROR	1				opodar.bate	9	ntown Rd. Morr	ievil	ام ۵		
Completed By (Print or Type)						100-/-	1010 Blode		0.70017554	15,FA	`	
Vernice Graham	Title	e reside	-4			Signature	mil M	Date	€,	2	, <	3
ASR 41		reside	IIL			IVUU	W/	11 8	-1'	)-	10	)

ASB-41 MAY 11

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

\* Emergency \*

Date of Notification (1) 8/17/18		Name of	of Building	Owner/o	Operator	r (2) uthern S	ervice cer	nters)	10. 0			a de engres combando	The same of the sa		
Agencies Notified	Type Notification			Street A	Address					AL	H= 2	1	201	9	
EPA DEP	Initial Amended		1		. Cleme		age ra	•	-	ASREC	TOO	00	L'Arto	**************************************	-
DOL	Amendment		_		emede I		78			ASBES L	JCEN	ISIN	VIH( IG	JL &	
⊠ DOH	justification)	including	Ī		of Contact					Telephone			THE PERSON NAMED IN COLUMN	Aug party and y	******
☐ DCA	Cancellation			Lou	ILITY INF	ODMAT	ION			856-546	-001	6			
Name of Facility Where			)	I'AU	ILIT INF	UKWAI	ION	Type of I	acility (4)						
Ocean County Sou	thern Service C	enter							ool (K-12)						
179 South Main Str	reet							Oth	chapter 8 (C er (i.e. privat				dings	, hom	es,
City (5)								etc. Square F		of Floors		E	Bldg. A	Age	
West Creek NJ 080	)92							1000+		1			35+		
County (6) Ocean					Code (7) <i>USE ONLY</i>	)		Current U	Jse (Prior if I	peing dem	olishe	d)			
Name of Monitoring Firm		Owner (8)		ASCN	И No.		Name	of Abatem	ent Contrac	tor (9)		-			
TTI Environmental	Inc.						Perr	naco Inc.	š.						
Street Address 1253 North Church	St						100000000000000000000000000000000000000	Address Box 329							
City, State, Zip Code	<u> </u>							State, Zip C	ode						
Moorestown NJ 080	057								NJ 08091						
Project Manager for Mon Jim Guilardi	itoring Firm			Telepho 856-84	ne No. 40-8800		N (8)	one No. 753-980	0	Licens					===
Start Date (10) 8/18/18		Schedule 8/31/18		npletion	Date (11)		Name Sam	of OSHA N	Monitor						
Occupancy Status During	g Abatement (Check	Only On	e)				0.0000000000000000000000000000000000000	Address					-11700		-
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norm	eriod of A al Facility	batem Hours	nent			City, S	tate, Zip C	ode						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Mini-Er Gloveb	entainment w nclosure leag Procedur kempted (*) a	re				2	
		Is	Locati	on				1 NOIL	( ) a	2110 14011-1	TIADIC			ement	
		N	ormall	ly	222222	Des	scription	of			-		Ту	ре	
TO BE ABA	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used So Mainten Custodial					thermal surface	aining M systems cing, VA niscellan			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
gym and front o	ffice areas			N/A X		floor	& mas	etic	9	3596 SF		22			
1 work a			_			11001	Q IIIa.	5110		1030 31	-	X			
Name of Registered Was	te Hauler		N	JDEP W	aeto	Cubic	Vordo	Ne	ome of Design		160				
American Disposal			H	auler ID 0213		of Was			ame of Regis 3.R.O.W.S		uilli				
City, State Lumberton NJ						0.00	al Date	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ty, State Iorrisville I	PA 1906					
Completed by Anthony T Perna President							ignature				Date 8/17		1		

PAID.

	AID:	NO		ATION	of New Jersey OF ASBESTOS ONJAC 8:60 and			1 22	KE M	128	PN	7 15	2 / Jan 1
Date of Notification (1)			N		Building Owner/Op			1				15	Trees, and the state of the sta
8/171	18			MR	CARMELO	VE	CAR	00					
Agencies Notified Ty	pe Notification		S	treet Add					ij [jj. AUG	21	201	8	11/1/
	·							- 1					
□ EPA □			C	ity, State	, Zip Code				1		- Continue		_i
DEP DOL	Amendment #				ARAMUS	11	7	0765	ASBESTO	9 00	DATE	OLA	5
	Emergency (inclu	ding	-	lame of C		, W.	7 ,	0102	Telephone Number	10	<del>NO</del>		
DOH DOH	justification)	10	l N						1 reseptions reasons				
□ DCA □	Cancellation			•	VELARD								-
				FACIL	ITY INFORMAT	ION	Tempof	Facility (4)					$\neg$
Name of Facility Where Abate							Type of	racinty (4)					
M/K CAR	usio VSL	ARD	0		~			chool (K-12)					
Street Address,							Si	ubchapter 8	(Other than K-12) vate & commercial bu	ilding	s hom	es, et	2.)
					200		٠. مر	uiei (i.e. pi i	vale & commercial ou		,	,	
City (5)							Square	Feet	# of Floors		dg. Ag		
PARA	4.10			762			28	000	2	1	194	0	
				County Co	·. · · · · · · · · · · · · · · · · · ·				if being demolished)			1000	
County (6)	- 3				SE ONLY)		-		ESIDENCE	_			
_					•	1 57	-6.41						-
Name of Monitoring Firm Hire	ed by Building Owner	r (8)		ASCM	No.	Name	of Abater	ment Contra	ctor (9)				
					*	Bes	t Re	moval	Inc				
Street Address	2					Street	Address						
						450	Sou	th Ri	ver Street				
City, State, Zip Code					-	City, S	State, Zip	Code		100			
City, Blanc, Zip Cods						Hac	kons	ack 1	NJ 07601				
	<b>P</b> .	•	17	elephone	No		none No.	ack,	License No.	-		NOVER-10-	
Project Manager for Monitorin	ng rirm		1	eteption	s INO.	20			00000				
						201	<u>-329</u>	- 7444 Monitor	00388			-	
Start Date (10)	So			etion Dat	te (11)	Name	of USHA	Livionitor					
8/30/18		8	3/31	18		Ome	ga E	nviro	nmental				
Occupancy Status During Aba	tement (Check Only	One)		7		Street	Address						
☐ Facility Closed/Vacated	During Entire Period	of Abate	ement			280	Huy.	ler S	treet				
☐ Facility Closed/Vacated ☐ Abatement Performed O	utside of Normal Fac	ility Hou	urs /	Du			State, Zip						
Abatement Performed O	8:30 MM TO	2 5	000	71		Sou	th H	ackan	sack, NJ C	176	06		
C CWL J. (Charle All Th	et Annly)		-			Dog	C11 111	acken	Jack, No		<u> </u>		
Scope of Work (Check All Th	at Apply)								. isl. Mr. anning Dragg				
□ ≥3 sf or ≥3 lf			enovati					i-Enclosure	nt with Negative Press	uic			
≥160 sf or ≥260 lf		υυ	emoliti	on			☐ Glov	vehag Proces	dure				
							□ Non	-Exempted	(*) and Non-Friable P	rocedi	ure		
							•				Abate		
	1		Location Location				•	1			Ty	pe	
Location of			d Soleh		Asbestos Cor	escription		ACM)	Amount			_	
Asbestos-Containing Ma TO BE ABAT			intenan		(i.e. thermal sys	tems insi	ulation, su	urfacing,	(Specify	Re	R	Encapsulate	En
In Facility		Cust	odial S	taff?		VAT, o	r		SF or LF)	Removal	Repair	ıpsı	Enclosure
(13)			(12)		other	miscella	ineous)			val	=	late	ure
	İ	Yes	No	N/A									
0 0			1950	-	\$11				450SF	>			
BASEMENT				1	VA	T			41 20 SF	/			-
									0				
										-2.37	,		
												-	
100													
Name of Registered Waste Ha	auler		N	JDEP W		c Yards		Name of R	Registered Landfill				
	excession of the second of the		H	auler ID	No. of W			415.55-31	9/3/dly 6/0	garbers 1		127	
Best Removal	Inc			1710	19	31		Mine	rva Enterp	ri	ses	,	LLC
City, State					Disp	osal Date	1 .	City, State					
Hackensack, N	T 07601				1 8	1/48	8	Wavne	esburg, OF	4	468	8	
Completed by	0 0/001	Title			1	Signatur	e /		Date		1.	7	
J. Maiorano		Fat	·ima	tor		V	Mori	سممر	9 8	3/1	7/17	5	
U. Halulano		ESI	TIII	LUL		-1					l		

TO BE ABATED In Facility (13)	Ci	y Mai enanc istodi aff (	e/ ial	(i.e., thermal insulation, surf or other misce	acing, VAT,	SF or LF)	O V A	AIR	P S U	OSUR
	Yes	No	N/A				1 2			E
Basement			X	Pipe insulati	.on	280 LF	X			
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC		DEP W	Waste ID No.	Cubic Yards	Name of Regi Tri-Sta	stered Landfi	11			
	1	7040	)		ILI-Sta	Le				
City, State				Disposal Date	City, State				-545	100000
Montclair, NJ 07042				9/10/18	Bronx,	NY, 10474	ığ.			
Completed By (Print or Type) Title				Signature	11		ate			
Constantine Vivian Pre	side	nt		1//	51 1	11/11/10	8/16	2018	3	

as aller Wa



CK 4728

					1977					-	-
Date of Notification (1)		N	iame of F	Building Owner(Op		MONAC	Jn) E G			$\mathbb{V}$	
Agencies Notified Type Notification		S	treet Add				115				
				70 Mg		- 1	Alle	2	1 2	110	
□ DEP □ Amended .		C	ity, State	e, Zip Code	9-0			10	9 (4)	710	STOCK STOCK
DOL Amendment #_  Emergency (inc	hiding	- L	N	ORTH BO	ENG	EN. P	5. 070	91			Transaction of the same
DOH justification)	itaning		lame of (				Telephone Numb	es c	CIMO	DOI	0
☐ DCA ☐ Cancellation		] [	MR.	Monte			<u> </u>			-	-
Name of Facility Where Abatement is Taking Place	ce (3)		FACIL	ITY INFORMAT	ION	Type of Facility (4	)				
MS. SYLVIA	MON	Acs	0			□ School (K-12	2)				
Street Address				74		Subchapter 8	(Other than K-12) ivate & commercial l	wilding	s hor	nes et	te)
					1	Other (i.e. pr					
City (5)				J- 1/4	*	Square Feet	# of Floors		dg. A		\
NORTH BERG	EN		1.			3500	if being demolished		1 /	5	
County (6)			County C	ode (7) SE ONLY)			is being demonstred.				
HUDSON	nos (9)		ASCM		Name	of Abatement Contra					
Name of Monitoring Firm Hired by Building Own	iei (8)		ASCIVI	NO.							
Street Address					Street	r Removal Address					
Succi Addices					450	South Ri	ver Stree	t			
City, State, Zip Code						tate, Zip Code					
	40				Hac	kensack,	NJ 07601				
Project Manager for Monitoring Firm		T	elephon	e No.	Teleph	one No.	License No				
						-329-7444	0038	88			
	Scheduled	- 1				of OSHA Monitor					
8/24/18		8	30	18	Ome:	ga Enviro Address	nmental		7.00		
Occupancy Status During Abatement (Check Only						48.5 (5.00.000)	troot				
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fa	ecility Hou	IES				Huyler S state, Zip Code	LIEEL			1100000	
DO Other - Describe: 8290 AM	0'51	2 M			Sou	th Hacken	sack, NJ	076	06		
Scope of Work (Check All That Apply)					1000						
₹ >3 sf or ≥3 lf	R	enovati	on				nt with Negative Pre	ssure			
□ ≥160 sf or ≥260 lf		emolitic	on		-1	Mini-Enclosure Glovebag Proce					
					79	Non-Exempted	(*) and Non-Friable	Proced			
	Is	Locatio	on							ement pe	
Location of		Iormally d Solely		De	escription	of		-	T		Г
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenan	ce/	Asbestos Con	taining N	faterial (ACM) llation, surfacing,	Amount (Specify	75	-	Enc	En
In Facility	Cust	odial St	taff?	Security of the security of Factor	VAT, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-	(12)		other	miscella	neous) ·		22	-	late	lre
	Yes	No	N/A						_		-
BASEHENT			1	THERMA	Syste	CHOITHURY M	38LF	7			
BASEMONT			V	THERMAL SU	e Facia	JG	ASSF	Y			
ISRAE VOI											
								T			
Name of Registered Waste Hauler		l N	JDEP W	aste Cubic	Yards	Name of l	Registered Landfill			-	
			auler ID			Izers Mina			The second		
Best Removal Inc			1710	)9	sal Date	PITTILE	<u>rva Enter</u>	pri	ses	,	LLC
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Date of Notification (1)  08/16/18  Agencies Notified  Type Notification  Agencies Notified  Type Notification  Initial  Amended  Amended  Amended  Amended  Amended Amended  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Country (6)  County (6)  Facility Code (7)  County Code (7)  (STATE USE ONLY)  Abandoned  Name of Monitoring Firm Hired by Building Owner (8)  Turningpoint Contracting Corporation  ASCM No.  Name of Abatement Contractor (9)  Turningpoint Contracting Corporation
EPA
DOL Amendment # Jersey City NJ 07307    DOH   Substitution   Dot
Name of Contact   Telephone Number   201-350-2704
Name of Facility Where Abatement is Taking Place (3) Residential  Street Address  City (5) Jersey City NJ 07307  County (6) Hudson  Name of Monitoring Firm Hired by Building Owner (8)  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)  Square Feet # of Floors Bldg. Age  Current Use (Prior if being demolished) Abandoned  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)
Residential  Street Address  Street Address  City (5)  Jersey City NJ 07307  County (6)  Hudson  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City (5)  Square Feet  Subchapter 8 (Other than K-12)  Square Feet  # of Floors  Bldg. Age  Current Use (Prior if being demolished)  Abandoned  Name of Abandoned
Street Address  Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)  Square Feet # of Floors Bldg. Age  County (6) Hudson  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)
City (5)  Jersey City NJ 07307  County (6) Hudson  County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Square Feet # of Floors Bldg. Age  Current Use (Prior if being demolished) Abandoned  Name of Abatement Contractor (9)
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T
Street Address 51 Berkeley Terrace  Street Address 51 Berkeley Terrace
City, State, Zip Code Irvington NJ 07111 City, State, Zip Code Irvington NJ 07111
Project Manager for Monitoring Firm         Telephone No.         Telephone No.         License No.           Emeka Okeke         973-372-2177         973-372-2177         01238
Start Date (10)  08/27/18  Scheduled Completion Date (11)  O8/27/18  Scheduled Completion Date (11)  Name of OSHA Monitor  Metro Analytical Laboratories
Occupancy Status During Abatement (Check Only One)  Street Address
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City State 739 Outs
Other – Describe: Abandoned New York, New York, 10018
Scope of Work (Check All That Apply)
≥3 sf or ≥3 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Is Location Abatement
Location of Normally Description of Used Solely by
Maintenance/ Custodial Staff? (13)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of the miscellaneous of the miscellan
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Exterior racade X Transite shingles 1900 X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Tri-State Transfer Assoc.  Hauler ID No. SW1896  Hauler ID No. SW1896  MINERVA ENTERPRISES ASSOC, IN
City, State Tri-State Transfer Assoc.  Disposal Date City, State Waynesburg, OH 44688
Completed by Title Signature Date 08/16/18

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#25131058852 (Pursuant to NJAC 8:60 and 5:16) L Date of Notification (1) Name of Building Owner/Operator (2) 08 17 / 18 Janice Dericks Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial **⊠** DOLWD Amended City, State, Zip Code ASBESTOS CONTROL & Amendment # X DHSS LICENSING Bloomfield, NJ 07003 □ DCA Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Janice Dericks **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)
Subchapter 8 Animal Hospital Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 98 Berkeley Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bloomfield, NJ 07003 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 28 / 18 08 / 29 / 18 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_AM-\_\_PM/ PM\_\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify IN Facility Custodial Staff? surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Boiler encapsulation 50 SF X П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date

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Project Manager for Mor	nitoring Firm			Telepho	ne No.			hone No -764-2			Licens 703	e No	2			
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Completed by		Title				S	Signature	е	1/2	_		Date				
A. Scott Higgins President								A		_		8/1	7/18	3		

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Name of Facility Where	Abatement is Taking	Place (	3)	1 70		ORMAT	IOIV	Туре	of Facility (	4)					
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8/25/18		9/1/18			F.S. 511										
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A. Scott Higgins	ident			S	ignature		W		1	ate /16/18	3				

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Name of Facility Where Aba	atement is Takin	g Place (3)						Ту	pe of Facility (4	*					
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Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none No 794-36	•	02.		se No.				
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NEWARK, NEW JEF	RSEY						sal Date 5/2018		City, Sta PENS	ate ARGY	L, PEI	VNS	/LV	ANIA		
Completed by WILLIAM FINKLE							Signature	/				Date 07/1				
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Project Manager for Mon	itoring Firm			Telepho	ne No.		2000	hone N -295-			License N	0.			
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Scope of Work (Check A	II That Apply)		7				177 11								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	и тиск другу		enova emolit					Mi Gl	ni-Enclosur ovebag Pro	e cedure	h Negative P			۵	
		le	Locati	on					n Exempte	4 / / 4	id Holl i Hab	1		ement	
Location	of	N	lormal	ly		Des	cription	n of				_	Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Mai	d Sole ntenar odial S (12)	nce/		tos Conta thermal s surfaci other m	ining N system ing, VA	Materia is insul AT, or	ation,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	
Room #3-cra	wl space	x Pipe					Insula	ation			7 LF	Х			
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic Y	'ards		Name of	Regist	tered Landfill				
Tri=State Transfer A			Н	auler ID 9551		of Wast			0.0000000000000000000000000000000000000	200 - 100 -	erprises, I	nc			
City, State Bronx, NY		Disposa	al Date		City, Star Wayne		g, OH								

Date

8/15/18

Signature

Completed by

Gina Betances

Title

Office Manager

APPROVED BY:

TOM VOORHEES, NOTIFICATION OF ASBESTOS ABATEMENT

NIDOL 8/16/18 (Pursuant to N.J.A.C. 8:60 and 12:120)

NJDOL 8/16/1	(Pur	suant 1	to <u>N.J.A.</u>	C. 8:60 and	112:1	20)	chr:	#3422
Date of Notification (1)		Name	of Building	Owner / Operat	for (2)	GEI	WET	73
8/16/18				of Education		0 6 0	17 [	
Agencies Notified Type Notific		1490	Address <b>Prospect</b>			AUG 2.1.2	11Q	
□ DEP □ Initia □ DOL □ Ame		1 2000	State & Zip (	CONTRACTOR OF THE PROPERTY OF			O I O	
☑ DOH ☑ Eme	rgency		of Contact		ASBI	ESTOS CONT	10010	Telephone Number
	cellation	Mr. D	wayne Mo	osley		LICENSING	nul a	609-656-4900
Name of Facility Where Abatem	ont in Taking Dies		CILITY INF	ORMATION				
Stokes Elementary School	ent is Taking Plac	ce (3)		Type of Fac		NON SUB-CH	IADTED 0	
Street Address						Other than K-		
915 Parkside Avenue				Other (	i.e. priva	ate & commer	The second secon	ngs, homes, etc.)
				Square Fee	t	# of Floors		Bldg. Age
City (5)	County (6)	County C	Code (7)	70,00		3		60+
Trenton	Mercer			School	(Prior i	f being demo	lished)	
Name of Monitoring Firm Hired b	y Building Owner	(8)	ASCM No		ataman	t Contractor (	0)	
Environmental Connection	y bananig owner	(0)	/ toolvi ivo	and the second s		ental, Inc.	3)	
Street Address				Street Addre	ess	-		
120 North Warren Street				1123 Beav				
City, State & Zip Code Trenton, NJ 08010				City, State 8				
Project Manager for Monitoring F	irm T	elephone	Number	Bristol, PA			License N	Number
Linda Kelly	6	09-392-4	200	(215) 788-6			00509	dumber
Scheduled Start Date (10) 8/20/18	Scheduled Comp 8	letion Dat	e (11)	Name of OS Bristol En				
Occupancy Status During Abater	ment (Check only	one)	7) Y2	Street Addre	ess			
Facility Closed/Vacated I				1123 Beav				
Abatement Performed On Describe: 7:00AM to	utside of Normal	Hours – 7	7am to 3pm					
Facility Occupied During				Bristol, PA	19007			
Scope of Work (Check all that ap								
· ·						Full Containn	nent with N	Negative Pressure
≥3 sf or ≥3 lf		manage to the contract of	ovation			Mini-Enclosu	re	(3)
≥160 sf ≥260 lf	[	Dem	nolition			Glove Bag P		
1						Non-Exempte		n-Friable Procedure
Location of Asbestos-Containin	0 1	Is Location		Description Asbestos-Co			Amount	Abatement Type
Material (ACM)	9	Solely b		Material (A			(Specify SF or LF)	m _
TO BE ABATED		laintenand	ce or	(i.e., thermal:	systems	5	,	Rer Rer
in Facility (13)	C	ustodial S	Staff?	insulation, surfa				Enclsoure Encapsulate Repair Removal
(13)	Y	(12) es No	N/A	or other misce	lianeous	5)		al Te
Classrooms				VAT & Ma	astic		1536 SF	
Name of Registered Waste Haule	L	IN UT	DED March	Cubic V-	N 1 -	- f D	11	
Marile of Registered Waste Haul		JEP Waste uler ID No.	Cubic Yards of Waste	Name	e of Registere	d Landfill		
Bristol Environmental Inc.			706	5 Cu Yd	Fairl	ess Landfill		
City, State				Disposal Date	City,	State		
Bristol, PA				8/22/18	Fairl	ess Hills, Pa	A	
Completed By (Print or Type)		Title		Signature	0	2	,	Date
Gino Pizzigoni			oject nager	Dino.	Kins	nami	1 OR	8/16/18
		111.0		10000	1 1 6	10-1	0	



Check 2349

Date of National - (4)					To .				Total Control		To different state of the state of the						
Date of Notification (1)					Name of Building Owner / Operator (2) E G E I W E G												
8/15/2018 Agencies Notified Type Notification				-	Servicemaster Street Address												
⊠ EPA	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ounoc	20011		1000000	Box 1			Pilipina - Carrie - Carr	Alle	2 2 1 20	and the same					
☐ DEP		Initial			City,	State	& Zip	Code	14 14	AU	<del>- 4   20</del>	18 - 1	11/				
⊠ DOL		Amen	3.53 (F. 1974)			land,			-			Of the Later					
☐ DOH ☐ DCA			gency ellation		The state of the s		ontact		0.00	ASBEST	OS CONTA		elepho			er	
П ВСК	Ш	Cand	ellauori			e Ha			-	LI(	CENSING	8	6-62	9-42	69		
N					F/	CILIT	TY INF	ORMATION									
Name of Facility Wir Residence	nere Aba	ateme	ent is Taking F	Place	(3)			Type of F									
Street Address		-							ol (K-12)		an K-12)						
											mmercial b	uildinas	hom	ies e	etc.)		
								Square Fe		# of Flo			lg. Ag		,,,,		
City (5)	City (5) County (6) Co				ounty Code (7)			12	00								
Millville Cumberland							Current U	rrent Use (Prior if being demolished)									
								Residential									
Name of Monitoring	Firm Hi	red by	y Building Ow	ner (8	3)	ASC	CM No		Name of Abatement Contractor (9)						ala andreas de		
Street Address									Alpha Environmental Services								
oli col Address							Street Address PO Box 8297										
City, State & Zip Co	de							City, State & Zip Code									
								Trenton	Trenton NJ								
Project Manager for	Monitor	ring Fi	irm	Tele	phone Number				Telephone Number License Number								
Scheduled Start Date (10)   Scheduled Completic				ion D	to (11	\		609-847-2956									
8/17/2018 8/19/2018					)	EMSL Analytical											
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement					4	Street Add											
Abatement Performed Outside of Normal Ho								107 Haddon Ave. City, State & Zip Code									
Describe:				ours -	rain t	o opin		Westmont, NJ 08108									
Facility Occupied During Abatement																	
Scope of Work (Check all that apply)																	
				Do	novatio			Full Containment with Negative Pressure Mini-Enclosure									
□ ≥160 sf ≥260 lf					molitio	5,5-5-1		H		ciosure Bag Proced	lures						
					50	nomao	••				8777		ماطمات	Des			
Location of Is				Loca	ion	T	Descrip					_		pcedure nent Type			
l				mally Used				Asbestos-Containing			Amount (Specify			Abatement Typ			
Material (ACM)					Solely by				Material (ACM)			LF)	R		Enc	П	
TO BE ABATED in Facility			Maintenance or Custodial Staff? in				(i.e., thermal systems sulation, surfacing, VAT				Removal	Repair	caps	ncis			
(13)				(12)				r other miscellaneous)				oval	air	sulat	oure		
				Yes											Ю		
Kitchen				Ш		Ш		VAT/Mastic 140sf									
Name of Registered	Waste	Haule	Г			DEP I		Cubic Yards	Nam	ne of Reg	istered Lar	ndfill					
ALPHA ENVIRON	MENT	AL			1	auler II 1 <b>0333</b> :		of Waste	Gro	ws Lane	dfill						
City, State								Disposal Dat		State							
Trenton, NJ							Various	Mor	risville,	PA							
Completed By (Print or Type)							Signature	gnature Date									
Rod Richardson					oject anage		Rod Ri	Rod Richardson 8/15/2018									

CLA	09	Ch# 438
	. MAIL	

PAIT:			(Pursu	ant to NJAC 8:60 a	nd 12:12	20)	MA.		27		
Date of Notification (1) 8/17/18	Name of Building Owner/Operator (2)										
Agencies Notified Type Notification	MJ AND SOND ENGIRE PRICE FALLO										
DOH DCA Cancellation	nt# y (includi	ng	City,	Address  12 0 4 State, Zip Code  CCTCh of Contact 6		LEAST AUG 21 NS N SBESTOS COM	Telephone Ni	76	2 * r	101	
			FA	CILITY INFORMAT	TON	LICENSIN	G				
Name of Facility Where Abatement is Tak	ing Place	(3)	· ·			Type of Facility	(4)				
Street Address City (5)	ž , f	<del></del>		2		Other (i.e. etc.)	er 8 (Other than K-1 private & commerc		1,000 pt.		
Scotch PLAIR	10	18	.):	MINTE!	2052	Square Feet	# of Floors		Bldg.	Age	
County (6)	1		Count	Code (7)	10.64		ior if being demolis	hed)		<u></u>	
ONION	<del></del>	-	L	EUSE ONLY)			HOUSE				
Name of Monitoring Firm Hired by Building	Owner (	8)	ASC	M No.	1 .	of Abatement Co	ntractor (9)				
Street Address					Street	Address	814				
City, State, Zip Code		*******	<del></del>		City, St	ate, Zip Code	OIT			<del></del> -	
					OIL		e NO.	0	82	57	
Project Manager for Monitoring Firm		1	Teleph	one No.	Telepho	me No.	License N	0.	***************************************	-	
Start Date (10)	Schedu	lled Co	moletion	Date (11)	Name o	OSHA Monitor	5001 008	SU	<u> </u>		
8/26/18	C	1/2	J+ 1	12	KYO	IATOCIA	INC				
Occupancy Status During Abatement (Chec	k Only C	ne)			Street A					<del></del>	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other — Describe:	Period of nat Facili	Abater ly Hour	nent s	· · · · · · · · · · · · · · · · · · ·		ite, Zip Code	14			<u></u>	
Scope of Work (Check All That Apply)					010	1 Bridg	0.C.M	87	251	<u> </u>	
☐ ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolii		nggree o colonia sa kalabata ya sa	ADMO	Mini-Enclosure Glovebag Proc				re ·	
Location of Normally				Dace	cription o			Abatement Type			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used Solel Maintenan Custodial S (12)			nce/	Asbestos Conta (i.e. thermal s surfaci	ining Ma	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A							-	
EXTERICR SINING	-		×	5:010	16		200 S/F	· ×	]		
EXTERIOR SIDING					0	-	000 9/5				
ame of Registered Waste Hauler			JDEP W			Name of R	egistered Landfill				
NOVATECH INC			850	1 1	Ô				. Manyanana		
ity, State LID Bridge N.D. 08		-		Disposa 9 (a)	H18	City, State		4	1		
EARLOS AMENDA	Title)	Six	)eist	Sig	ndture C	5 Demed	Date 8	117	1	8	