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te of Notification (1) 8/11/16			Name	of Build	ing Owner 401145		er (2) Er Bo	(n	And In-	AU(ì_1.	5	2018
EPA Initial Amended DOL Emergence	int#	ng	City, S	I Address Slate, Zip G Los	Code (West of the second seco			ASE	BEST LI		CON	
DCA JUStificatio			フ	of Conta	٥٤	Bar	>		Telephone !	Numbe			
ne of Facility Where Abatement is Tal	ding Place	(3)	FA	CILITYII	NFORMAT	rion	Туре	of Facility	(4)				**************************************
ed Address						***************************************	×		12) r 8 (Other than K private & comme		nding	s hor	nes
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ne of Monitoring Firm Hired by Building) Owner (8)	ASC	CM No.	000 to 1000 000 0000000			tement Co	ntractor (9)				
of Address	~w************************************						Addres Vreela	is ind Ave					
State. Zip Code					***************************************	City, S Midla	State, Zi and Pa	p Code ark, NJ			***************************************		
ect Manager for Monitoring Firm			Teleph	one No		Telepi	none No)262-5),	License 00156	No.	W. 188		
Cale (10) 8/23/16	1 5	/10	optetion	Date (11		Name	of OSF	A Monitor	ntal Services				
pancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe	Period of	Abater	nent s	***************************************		280 F City, S	Addres Huyler tate, Zij	St. Code					
e of Work (Check All That Apply)			0 - 00			Hack	tensac	k. NJ 07	606				
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of Registered Waste Hauler rk Carting , Inc.		H	I JDEP W auler ID 509		Cubic Y of Wasi				egistered Landfil Bethlehem La		Corp).).	***************************************
tate rk, NJ		**************************************		recent of the second	Dispose	al Date		City, State Bethlehe	m, PA				
etec by	Title					gnature	Λ	. /	T Da	ile i	7		

A38-41 (R-06-08)

Joseph Vocaturo

City State Newark, NJ Completed by

Date of Notification (4) Agencies Notified

City

County (6)

Street Address

Start Dale (10)

City State. Zip Code

BUSELLONG

Name of Registered Waste Hauler

Newark Carting, Inc.

Scope of Work (Check All That Apply)

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility

Project Manager for Monitoring Firm

Name of Facility Where Abatement is Taking Place (3) KE3, DONCE

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Vice President

* Do not se this form for asbestos licensure exempted activities

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Date of Notification (1) 08/08/2016					Owner/Ope inson Un			121		AUG	1 5	2016)	
Agencies Notified Type Notification	****			Address River Ro	nad			i lad	Lo			-		
X EPA Initial Amended Amendment	ű.		City, Sta	ate, Zip C	ode			The state of the s	AS	BESTOS LICE	S CO		OL 8	<u>k</u>
X DOL Amendment Emergency justification)	(including	,		eck, NJ of Contact					Tel	ephone Ni	mher			
□ DCA □ Cancellation			Paul F	Palladino	0									
Name of Facility Where Abatement is Takir Dreyfuss Building	g Place (3)	FAC	ILITY INF	ORMATION	N	Type of Fac	cility (4)						- APTI-
Street Address 145 Park Avenue							X Subch Other	l (K-12) apter 8 (i.e. priv	(Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5) Florham Park							etc.) Square Fee	t	# 0	f Floors	1	Bldg. A	∖ge	-
County (6) Morris				Code (7) USE ONLY	·		Current Use	e (Prior ms & (if bei offic	ng demolis ess	hed)			
Name of Monitoring Firm Hired by Building EDI	Owner (8))	ASCN 0095				of Abatemen Company	t Contr						
Street Address 5434 King Avenue		r			S	Street A	Address liaget Ave							
City, State, Zip Code Pennsauken, NJ 08109					C	City, St	ate, Zip Cod	e						-
Project Manager for Monitoring Firm Jay Murray			Telepho	ne No. 06-4545	Т Т	elepho	one No. 53-8828	1.1		License N	10.			
Start Date (10) 08/22/2016	Schedul 09/02/			Date (11)	N	lame c	of OSHA Mo Company			00704				
Occupancy Status During Abatement (Chec							ddress	1110						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: occupied	Period of a	Abaten y Hours	nent s		C	City, Sta	ate, Zip Cod	е		11.410 - L C C. L				
Scope of Work (Check All That Apply)														-
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TO BE ABATED In Facility (13)		intena todial ((12)			thermal sys surfacing other mise	stems g, VAT	insulation, , or		(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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Auditorium	-	Х	-	cei	ling plast	er fin	ish coat		6,0	00 SF	×			
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						1010								
Name of Registered Waste Hauler Newark Carting Inc		H	IJDEP W lauler ID 5409		Cubic Ya of Waste	rds		e of Re OWS	giste	red Landfill	-		-	
City, State Newark, NJ					Disposal	Date		State risville	e, P/	A				
Completed by Voytek Roszkowski	Title Presi	dent			Sign	ature	ersola	v slo	'n	Da	ite 3/08/2	2016	1	

D&S Proj. #: 16-245

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

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Date of Notification (11	lame of Bu	uilding Owr	ner/Operator (2)				L				Ĭ	
0 8 /0 5	State of the state		george w	illiams					ASBE	STOS	CON1	RO	_ &	
Agencies Notified EPA	Type Notification	on S	treet Addre	ess							- 11 10			
DEP	Amended		20		5-4-1-1									
_	Amendment #:	0	ity, State,	Zip Code										
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☑ DOH	(including justification)	N.	ame of Co						Telephor	ne Numbe	er			
☐ DCA ☐	Cancellation		george v	villiams					I					
	Caricellation		george		ILITY INFORM	ATIO	N		 ·		_			
Name of facility whe	re abatement is	taking pla	ice (3)						Type of Facility	(4)				- 1
george williams			00 (0)						School	l (K - 12	9)			
Street Address						_		- 1		apter 8 ((-12)	
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City (5)		Coun	ty (6)				unty Code (7)	- 1						
notorcon		DAG	SSAIC			(St	ate use only)		Current Use (P	rior if bei	ng dem	olish	ed)	
paterson Name of Monitoring	Firm Hired by B				ASCM No.	-	Name of Abaten	2001.0	ontractor (0)			_		
ao or mormoring	i iiii i iii od by b	iag. Owno	(0)		ASCIVI NO.									
Street Address						_	D & S REST Street Address	ORA	TION, INC.					
Olicet Address							Particular Community							
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		Scried.	Completio	ii Date (11)		D & S Resto	oration	n, Inc.					
08/15/16		09/15/					Street Address							
Occupancy Status Du							20 California	a Ave	nue					
Facility closed/v Abatement perfo Describe:							City, State, Zip C	ode						
Other-Describe:	NORMAL HO	URS				-	Paterson, N.	J 0750	03					
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abated in facility	(13)	Yes	No	N/A					LF)		v	a i	a p	L
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Registered Waste Hau		NJDE	P Hauler ID)# Ci	ubic Yards of W	aste	Name of Registe	ered L	andfill		ا لــا		Ш	Ш
D & S RESTORAT		1350		1 1000	yds.				ESOURCE RE	COVER	RY			
City, State	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT		C	Disposal Da			City, State			Service to Control				-
PATERSON, NJ				08/16/16	5		TULLYTOW	VN, P	A					1000
Completed by (Print or	25 th 25 c	itle			Signature					Date				
BOGDAN JOLDZ		RESIDE			o liconouro avar					08/05/	16			
Accompany 100000														

State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-244 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 8 / 0 5 / 1 6 audrey dixon Type Notification Agencies Notified STOS CONTROL Street Address M Initial LICENSING EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency UNION, NJ 07083 (including DOH Name of Contact Telephone Number justification) DCA audrey dixon Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) audrey dixon Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) UNION UNION Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number Phone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/19/16 09/15/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \boxtimes >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Location of E by maintenance/custodial е е asbestos-containing n Amount Description of asbestos-containing staff(12) n m p C material (acm) to be (Specify SF or material (ACM) C 0 a abated in facility (13) а Yes No N/A V p e **BASEMENT Bathroom** PIPE INSULATION 41 ft X BASEMENT BOILER room PIPE INSULATION 55 1 ft X basement storage rm X PIPE INSULATION 21 l ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 08/20/16 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC**

08/05/2016

PRESIDENT

Do not use this form for ashestas licensura exempted activities

State of NJ

Notification of Asbestos Abatement D&S Proj. #: 16-246 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 8 / 0 5 / 1 6 david gardner Agencies Notified Type Notification Street Address ASBESTOS CONTROL & EPA X Initial LICENSING Amended DEP City, State, Zip Code Amendment #: DOL Emergency lincoln park, nj 07035 DOH. (including Name of Contact Telephone Number justification) ☐ DCA david gardner Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) david gardner Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) lincoln park Morris Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/22/16 09/15/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial е e asbestos-containing n Amount Description of asbestos-containing n staff(12) m p C material (acm) to be (Specify SF or material (ACM) C a а abated in facility (13) LF) Yes No N/A V p BASEMENT PIPE INSULATION 1061 ft X crawl space PIPE INSULATION 261ft Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 2 yds. Disposal Date City, State City, State PATERSON, NJ 07503 02/23/16 TULLYTOWN, PA

Signature

Date

08/05/2016

Completed by (Print or Type)

PRESIDENT

BOGDAN JOLDZIC

CK 6277

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Date of Notification (1) 08/08/2016			Na	me of B	uilding Own	er/Operat	or (2)	-41	The Committee of				
Agencies Notified Type Notifical	tion		Str	eet Addi	ress Hill Lane		Country Clu	Ь	AUG	1 5	2016)	1 400
DEP Amender X DOL Amender	ent#		City	, State,	Zip Code e, NJ 088			ASE	ESTOS	S CO!		<u> </u>	
DOH justification Cancellar	cy (includ on) tion	ing	Nar	ne of Co	ntact		ilitera.	Te	elephone				_
Name of Facility Where Abatement is Ta	king Place	2 (3)	_		Y INFORMA	TION							
Glenwood Apartment-Pool Roor Street Address	n	. (0)					Type of Fac	경 사기가					_
1 Appletree Lane City (5)							School Subcha Other (i	(K-12) apter 8 (Oti i.e. private	her than & comm	K-12) ercial l	buildin	igs, h	ome
Old Bridge, NJ County (6)			T ====				Square Feet 6,000	# 0	of Floors		Bldg 65+	g. Age)
Morris			(STA	nty Code	(7) ONLY)		Current Use Pool Roon	(Prior if be	ing demo	olished			
Name of Monitoring Firm Hired by Buildin N/A Street Address	g Owner (8)	AS	CM No.		Name DIA (of Abatement General Cor	Contractor	(9)				
						Street	Address						_
City, State, Zip Code				•		1360 City, St	Clifton Ave	, PMB S	uite 21	8			
Project Manager for Monitoring Firm			Toloni	N		Clifto	n, NJ 07012	2					
Start Date (10)			relepi	none No		Telepho 973-3	one No. 89-0089		License				
08/23/2016	Schedu 08/26/	led Co	mpletio	n Date (11)	Name o	of OSHA Monite	or	00693				
Occupancy Status During Abatement (Che	ck Only O	ne)				DIA G	eneral Con	struction	, Inc				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facility	Abater / Hour	ment s			1360	Clifton Ave,	PMB Su	ite 218	1			
cope of Work (Check All That Apply)						Clifton	ate, Zip Code 1, NJ 07012						
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CK 6276

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Name of Facility Where Abatement is Taking	Diagram /	2)	FAC	ILITY INF	ORMAT	ION								
Glenwood Apartment	Place (3)					Type of Fa	100000						
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City (5) Old Bridge, NJ							etc.) Square Fe 6,000	et	# of Floor	rs	11500	3ldg. <i>i</i>	Age	
County (6) Morris			County (STATE	Code (7) USE ONLY)		Current Us Apartme			molish	- 102			
Name of Monitoring Firm Hired by Building O N/A	wner (8)	ASC	M No.			of Abateme General C	nt Contra						
Street Address		- 2010-01				Street	Address Clifton A							
City, State, Zip Code						City, S	tate, Zip Co	de	D Gallo I					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	ione No. 389-0089		Licer 0069	nse N	0.	29.		
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Demolit				×	Mini-End Gloveba	losure g Proced	with Nega ure) and Non-					
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34 A-D Red Oak Lane-Crawl Space	X						ulation ulation		160 LF		X			
36 A-D Red Oak Lane-Crawl Space	X						ulation		160 LF		X			
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Name of Registered Waste Hauler		1775553	JDEP W auler ID		Cubic of Was		-55-55-56	The state of the s	gistered La	ndfill				
Service Transport Group			990		9 CY			ierva L	andfill					
City, State New Castle, DE 19720					Dispos 08/26	al Date /2016		State ynesbu	ırg, OH 4	1468	8			
Completed by Milan Njezic	Title Vice	Presid	dent		Si	gnature	9/1	-		Dat	е	016		
						1010	1 /1	_						

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

2016-116 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 7957 Date of Notification (1) Name of Building Owner/Operator (2) 10 |8 |/|1 |0 |/|1 |6 | South Orange/Maplewood School District Agencies Notified Type Notification Street Address ASSESTOS CONTROL & ☐ EPA LICENSING X 525 Academy Street Initial DEP City, State, Zip Code Amendment DOL Maplewood, NJ 07040 X DOH Name of Contact Telephone Number Cancellation ☐ DCA William Kyle **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Marshall Elementary School (Sub chapter 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 262 Grove Road Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) South Orange Essex elementary school Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. AHERA Consultants 0057 B & G Restoration, Inc. Street Address Street Address P.O. Box 385 105 Ryerson Road City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Eric Clarkson 609-652-1833 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 08/26/2016 08/28/2016 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure X Renovation Glovebag procedure × >3 sf or >3 If Mini-enclosure Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely Ε Location of е by maintenance/custodial e п Amount asbestos-containing Description of asbestos-containing staff(12) m p C (Specify SF or material to be material (ACM) 0 a а LF) abated in facility (13) Yes No N/A V p VAT & mastic hallway vestibule adj 120/121 X 70 sf Cubic Yards of Waste | Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center Disposal Date City, State City, State Tullytown, PA Lincoln Park, NJ 08/29/2016 Signature Date Completed by (Print or Type) Gordana Luna 08/10/2016 Gordana Luna Secretary/Treasurer

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

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Date of Notification (1)				Nam	ne of Buildir	ng Ow	/ner/Operator	(2)	. 7) E G	2 1	-1//	1	
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Agencies Notified	Type Notifi	cation		Stree	et Address				THE ALIC	4 6	201	^	10
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⊠ DHSS	Amenda Amenda			City,	State, Zip	Code		385					+
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(NJAC 5:23-8)	justifica	tion)	9		e of Contac	777			Telephone-Nun				
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Name of Facility Where A		Taking Place	e (3)					Type of Facility				127.5-11	
Verizon Hightstown	1 CO							School (K-1					
Street Address			22415-0					Subchapter	8 (Other than K-12 private and comme	2) ercial h	uildin	ne	
393 Mercer St.								homes, etc	.)	i olai b	unum	ys,	
City (5)			3/6					Square Feet	# of Floors	В	ldg. A	Age	
Hightstown													
County (6)				Cou	inty Code ((7)(STA	TE USE ONLY)		rior if being demoli	shed)			
Mercer								Office					
Name of Monitoring Firm		lding Owner	(8)	ASCM	1 No.	31-5-		ent Contractor (9					
TTI Environmental,	Inc.							VIRONMENTA	AL, INC.				
Street Address						0.000	eet Address						
1253 N. Church St							123 BEAVE						
City, State, Zip Code	0.57						, State, Zip Co						
Moorestown, NJ 08						-	RISTOL, PA	19007					
Project Manager for Moni	toring Firm		1,000	ephone		100000000	ephone No.		License No.				
Harold Baldwin					0-8800		15-788-6040	_	00509				
Start Date (10)		Scheduled C				1000	ne of OSHA N						
8//				/		В	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During						335000	et Address						
☐ Facility Closed/Vacate☒ Abatement Performed							123 BEAVER						
Time of Abatement:						0 0 8 6 5 1	, State, Zip Co						
	S			100/ 1111		В	RISTOL, PA	19007					
Scope of Work (Check all	that apply)						⊠ Full Cont	ainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf		⊠ Re					☐ Mini-Encl	losure	ganvo i rossaro				
≥160 sf or ≥260 if		∐ De	molit	on			☐ Glovebag		on-Friable Procedu				
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Location	of		Norm				Description o	f			T	1	-
Asbestos-Containing N				ely by ance/			Containing Mat	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
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		Yes	No	N/A								(D)	
Basement MER#1					Duct ins	sulat	ion		400 SF				
Basement Boiler room	1				Floor til	le an	d mastic		600 SF				
Name of Registered Waste	e Hauler		100	JDEP I		Cubi	c Yards of	Name of Regis	stered Landfill				
BRISTOL ENVIRONM	MENTAL IN	C	1	lauler II		Was	te	GROWS L	ANDFILL				
City, State				18706	,	Disp	osal Date	City, State					
BRISTOL, PA								MORRISVI	LLE, PA				
Completed By (Print or Typ	oe)	Title				L	Signature		/ Da	te i	1		
Brian Scafiro	-50	Estimat	or				Brian	fr. D.	1 0	8/1	1//	6	
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ASB-41 MAY 11 BS 1610 8

^{*} 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) Name of Building Owner/Operator (2) 8 11 / 16 Mr. Joseph Bascio / Job #1608-2108 Chk. #4457 Agencies Notified Type Notification Street Address 2010 ☐ EPA ☑ Initial **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # JOS CONTROL & Palmyra, NJ 08065 LICENSING □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Joseph Bascio **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Property School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Palmyra 1700 85 + County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Burlington Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Tiger Environmental Asbestos and Mold Services, Corp. Street Address Street Address 16 W Elizabeth Ave # 2 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Linden, NJ 07036 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kelly Walton (908) 862-4301 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 20 / 16 8 / 23 / 16 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code ne of Abatement: AM- PM/ #WEEKEND WORK INCLUDED * Time of Abatement: Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Negative Pressure Enclosure \boxtimes \geq 3 sf or \geq 3 lf \subseteq \geq 160 sf or \geq 260 lf ⊠ Renovation ☐ Mini-Enclosure ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Asbestos-Containing Material (ACM) Removal Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes Pipe Insulation 50 LF \times 2nd Floor Bathroom П X Floor Tile & Mastic 20 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Carnevale Disposal **GROWS Landfill** 17297 5 City, State Disposal Date City, State Hamilton, NJ 8/23/16 Morrisville, PA 19067

Completed By (Print or Type)

Kimberly A. Trumbetti

Title

Office Coordinator

Signature

Date

8-11-2016

ASB-41 **MAY 11**

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

Date of Notification (1)							(0)	1117			
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☑ DHSS A	Amendmei	nt #		- 1	City, State, Z					SHAG	
	mergency ustification	y (incl	uding	١.	South Pla	infield, NJ 07080					
	ancellation			1	Name of Con			Telephone	Numbe	er	
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Name of Facility Where Abaten	nent is Ta	king P	lace (3	3)	FACILITY	INFORMATION					
PSE&G Camden Switchy	/ard			-/		214	Type of Facil				
Street Address							School (K	<-12) ter 8 (Other than I			
7272 North Crescent Blv	d.						Other (i.e.	private and com	(-12) mercis	al build	linac
City (5)							nomes, e	tc.)		ar build	ings
Pennsauken, NJ							Square Feet	# of Floors		Bldg.	Age
County (6)				12	Count C	/71/0745					
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Health & Safety Services	- J - Guidii I	a owu	ei (g)	AS	CM No.	Name of Abatem	ent Contractor ((9)			
Street Address						AbateTech, I	nc.				
PO Box 365						Street Address					
City, State, Zip Code						30 Maple Ave	e. PO Box 25				
Berlin, NJ 08009						City, State, Zip Co	ode				
	•					Lumberton, N					
Project Manager for Monitoring Fi	ırm				ne No.	Telephone No.		License No.			
James Drootes								LIUGIISE IVO			
James Proctor				856-4		609-265-2107					
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* Do not use this farm for -- 1

"WRAP AND CUT" REMOVAL PROCEDURES FOR INSULATED PIPE

DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

AbateTech, Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and "candy-striped" around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation AbateTech, Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, AbateTech, Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

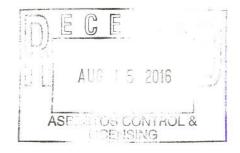
AbateTech, Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by AbateTech, Inc. shall be available at all times at the work site. AbateTech, Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the



prescribed Federal OSHA warning signs and shall include site specific waste generator information.

AbateTech, Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors



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

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Name of Monitoring Firm Hired by Bu	uilding Ov	wner	(8)	ASCIV	l No.	Name of Abateme))				
TTI Environmental						AbateTech, I	nc.					
Street Address						Street Address						
1253 North Church Street						30 Maple Ave	PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Moorestown, NJ 08057						Lumberton, N	J 08048					
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.			- 1175-1	
Mike Stocku			8	56-840	0088-0	609-265-2107		00529				
Start Date (10)	Schedul					Name of OSHA M	onitor				-	
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* Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT NOGC

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Camden, NJ 08102							City, St	ate, Zip Code						
Project Manager for Monit	oring Firm			Telenh	none No.			, PA 19341						
William Moran				856-5	541-07	00	Telepho	ne No. 72-8884	N 65	cense No	0.			
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Project Manager for Monitoring Firm Alan Lloyd				none No. 656-287	5		none No. 372-8884	1.000	icense N	0.			
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Street Address									Subchapter						
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Project Manager for Mor	nitorina Firm			Telepho	ne No		271000000	none No	Maria Maria Carres		License N	Vo.			
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Tome Maslarkov		Projec	t Ma	nager			-/	Ve	1	F)	0	8-09-	2016	i	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 08-09-2016 Bloomfield Board of Education Agencies Notified Type Notification Street Address 155 Broad Street **EPA** Initial City, State, Zip Code ASBESTOS CONTROL & × DEP Amended × LICENSING DOL Amendment # Bloomfield NJ 07003 Emergency (including Name of Contact Telephone Number DOH justification) Bethany Brennan DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Demarest Elementary School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 465 Broughton Ave Square Feet # of Floors Bldg. Age Bloomfield NJ 07003 n/a n/a n/a County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Briggs Associates** Amax Contracting LLC Street Address Street Address 3 Crroswicks Street 24 Morley Dr City, State, Zip Code City, State, Zip Code Bordentown NJ 07=8505 Woodland Park NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Hoodak 609-847-2957 973-692-6298 01266 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08-19-2016 08-29-2016 Amax Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address 24 Morley Dr Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Woodland Park NJ 07424

Scope of Work (Check All That Apply)					7						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demolit				Mini-Enclosur Glovebag Pro	2000			e e	
Location of		Locati Vormal	7		Description of					emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/		tos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) asulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					2		ate	9
Upper Roof	Upper Roof x					ning	240 SF	Х			
Name of Registered Waste Hauler Amax Contracting LLC	Ha				Cubic Yards of Waste 3 CY	Name of GROW	Registered Land	dfill			
City, State Woodland Park NJ 07424				Disposal Date 09-05-2016 /	City, Stat						
Completed by Tome Maslarkov	Title Project Manager				Signature	lin		Date 08-09-	2016	5	
-					0						

CK 1068

					1100	M 15	11 11/1	C' i	in a	
Date of Notification (1) 8 - 10 - 1	oll	Name of Build	(T)		2) Urban Renev	wal	U (7).			
Agencies Notified Type Notification		Street Addres	120 A	lbany	Street	AUG 15	2016	1 2	1)1	
EPA Initial Amended		City, State, Z							- Indian	\dashv
DOL Amendment Emergency				v Brun	swick, NJA08			L&	- Clarecta re-	
DOH justification) DCA Cancellation	N 3.55	Name of Con	^{tact} Sar	n Bora	aie	Telephone	Number		1	
	51 45	FACILITY	INFORMATI							
Name of Facility Where Abatement is Takir 36-54 Rector Street	ig Place (3)				Type of Facility (4)					
Street Address					School (K-12) Subchapter 8	(Other than		P		
36 Rector Street			12		Other (i.e. privetc.)					r:
City (5) Newark, New	Jersey 07	102			Square Feet	# of Floors	B	115	ge 5++	
County (6)		County Code		-	16,800 Current Use (Prior		olished)			\neg
Essex		(STATE USE C	ONLY)			Vacant b	uilding			
Name of Monitoring Firm Hired by Building Dynamic Earth LIC		ASCM No.		Name o	f Abatement Contr DAS Indi					
Street Address				Street A		astriar				
245 Main St	eet, suite	110				ne Street	t			
City, State, Zip Code Ches	er, NJ 079	930		City, Sta	ate, Zip Code Rockay	vay NJ 0	7866			
Project Manager for Monitoring Firm		Telephone No).	Telepho		Licens				\dashv
	Tbd	973879		10000	737943618		0128	30		
Start Date (10) May 31, 2016		ompletion Date	TOTAL CONTRACTOR	Name o	f OSHA Monitor					
Occupancy Status During Abatement (Chec				Street A	ddress					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:				City, Sta	ate, Zip Code	-				
Scope of Work (Check All That Apply)						7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 				\dashv
≥3 sf U = . 11 ≥160 sf or ≥260 lf	Renor Demo	vation lition			Full Containmen Mini-Enclosure Glovebag Proces Non-Exempted (dure			9	
	Is Loca	ation			Hon Exempled () una rion i	TIADIC 1 TO	Abate	ment	
Location of	Norm Used So	John bu		scription o		Internative community		Ту	pe	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainten Custodia (12	ance/		-	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1	Yes No	1000000							Φ	
Basement area		PA	170 10	7-		+ 1	_			
First floors		4.	6. 4		OMPLE	red				_
First floor Shaft	-	2	D D		1112				_	-
Name of Registered Waste Hauler		NJDEP Waste	Cubic	Yards :	Name of Re	2460 gistered Lan	dfill			\dashv
Newark Carting inc		Hauler ID No. 04509	of Was		Traine of the).W.S		*	
City, State	,L		Dispos	al Date	City, State	311.0				-
Newark NJ	Title		19/30	16-	*	Ņ	<u>lorrisvi</u>	lle.	Pa	_
Completed by Vincent Manganiello	1	Owner	/ /51	gnature	1-72-A		Date	5/1	6/16	
	_1					and the second s		4/	UITU	

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

Date	of Notification		8/16 tification		Name	of Building O	wner / Operator (2)	111	1 1113	1 7 20	10
Agen	cies Notified EPA		-	ncy Notifica	Street	Address			ASBESTO	S CONT	HOL &
	DEP	X	Initial No	550		arta Road	d a		LiC	ENSING	
Х		^		d Notification		tate & Zip Co					
X			Cancella		11101111	of Contact	0			- , ,	
ೆ	DCA		Caricella	IIIOII						l elephoi	ne Number
	DON					t Regimbal					
N	C.E. 101. 140					CILITY INFO					
Name	of Facility Wh			s Taking Pl D Body Sh			Type of Facility (4) School (K-12)				
Street	Address			, ,			Subchapter 8	(Other than	K-12)		
			81 Spar	ta Road			X Other (i.e., priv	vate & comn	nercial buildi	ngs, hom	es, etc.
0:1 //							Square Feet	# of Floors	i 1	Bldg. Age	2
City (5	(A)		100-200	unty (6)	County Co	ode (7)	5000		.5		50÷
N	ewton		Su	ISSEX			Current Use (Prior	if being dem	olished)		
							Commercial				
Name Envir	of Monitoring	Firm Factics	lired by Bu	uilding Own	er (8)	ASCM No.	Name of Abatement Global Abateme				
Street	Address						Street Address	00. 1.00	0, 220		
64 Br	oad Street						443 Schoolhous	e Road			
City, S	State & Zip Co	de					City, State & Zip Co				
Mata	wan, NJ 070	16					Monroe Townsh	ip. NJ 088	31		
	t Manager for	Monito	oring Firm		Telephone N	Number	Telephone Number		License N	Number	
Tom	Geiger				732-290-22	217	732-605-9062			0071	4
Sched	luled Start Dat	e (10)	Sch	eduled Con	pletion Date	(11)	Name of OSHA Mo				
Occur	8/18/16 pancy Status D	urina	Abatamani	(Chack on	8/20/16		Global Abateme	nt Service	s, LLC		
Х	Facility Close	ed/Vac	cated Durin	ng Entire Pe	eriod of Abate		Street Address 443 Schoolhous	e Road			
	Abatement F	erforn	ned Outsid	le of Norma	l Facility Hou	ırs -	City, State & Zip Co	ode			
	Describe: Other - Desc	ribe:					Monroe Townsh	ip, NJ 088:	31		
Scope	of Work (Che	ck all t	hat apply)								
X	Demolition		nat apply)	Renovati	on		Full Con	tainment wit	th Negative F	Proceuro	
	Large Project	t		710110101	011		Mini-End		iii ivegalive i	ressure	
	Quantity is ≥		or≥ 3 LF	ACM				g Procedure	3		
X	Quantity is 2						X Other:				
		cation		1	Is Location	n T	Description of	140II-IIIabi	Amount	Abote	ement Type
	Asbesto				Normally Us		Asbestos-Containing		(Specify		fy: Removal,
		rial (A			Solely by		Material (ACM)	Car tal Utaman	uare Feet or		Repair,
	TO B	E ABA	TED		Maintenance	0.000	i.e., thermal systems		inear Feet)		psulation or
	in	Facilit	:y		Custodial Sta	aff? ins	ulation, surfacing, V.	AT	,		nclosure)
		(13)			(12)	OI	other miscellaneous	s)			
		st flo			N/A		VAT		135SF	Re	emoval
		zzani	ne		N/A		Asphalt flooring		145 SF	Re	emoval
		Roof			N/A		ning/Roofing flas	hing	5SF/5SF	Re	emoval
	of Registered reehold Cart		Hauler			te Hauler ID # 8693	Cu. Yds. of Wa		me of Regist	ered Lan	dfill
City, S					•		Disposal Date		y, \$tate		
Tre	enton, NJ						8/21/16		llytown, P	Α	
	eted By (Print		e)	Title			Signature		/		Date
Dor	ninick Tring	ali		Manage	r		I X	X			8/8/16
20.44	11111 05 040	0=		-							

ASB-41 JUN 95 G4667

State of New Jersey OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) Type	8/8/16 Notification			Building Ov Selection		Operator (2)	1125			
Agencies Notified			Street Ac	ddress				AUG 1 5	2016	السنا
EPA	Emerger	cy Notificati	on 56 Spar	ta Road				1100		
DEP 2	(Initial No	tification	City, Stat	te & Zip Coo	de		l.			
X DOL	Amende	d Notification	Newton	, NJ 07860	0		i as	RESTOS C	CONTRO	Là
X DOH	Cancella	tion	Name of	Contact			1			Number
DCA			Robert	Regimbal			Annual Control of the		2.7	
100			FACI	LITY INFO	RMA	TION				
Name of Facility Where						of Facility (4)				
	Former Mo	ose Lodg	е		-ti	School (K-12)		x7773.65		
Street Address						Subchapter 8 (
	4 Dille	er Ave				Other (i.e., priv				s, etc.
					Squa	re Feet	# of Floors		Bldg. Age	
City (5)	Co	unty (6)	County Cod	de (7)		5000	1.5			50+
Newton	Su	ssex			Curre	ent Use (Prior i	f being demo	ished)		
					Com	mercial				
Name of Monitoring Fire	n Hired by Bu	uilding Owne		ASCM No.		e of Abatemen				
Environmental Tact	ics		N	N/A	Glob	oal Abatemer	nt Services	LLC		
Street Address						et Address				
64 Broad Street						Schoolhouse				
City, State & Zip Code						State & Zip Co				
Matawan, NJ 07016						roe Townshi				
Project Manager for Mo	nitoring Firm		Telephone Nu			hone Number		License N		
Tom Geiger			732-290-221	Parket State of the State of th		605-9062			00714	
Scheduled Start Date (* 8/18/16	(0) Sch		pletion Date (8/29/16	11)		e of OSHA Mor oal Abatemer		LLC		
Occupancy Status Duri	ng Abatemen	t (Check onl	v one)			t Address	-			
X Facility Closed/				ment	443	Schoolhouse	Road			
Abatement Per	ormed Outsid	de of Norma	Facility Hours	s -		State & Zip Co				
Describe:			•			roe Townshi		1		
Other - Describ	9:						p,			
Scope of Work (Check	all that apply)				-				~	
X Demolition		Renovation	on			Full Con	tainment with	Negative P	ressure	
Large Project			75.1 S			Mini-Enc			, 0000.0	
Quantity is ≥ 3	SF or > 3 LF	ACM				X Gloveba				
X Quantity is ≥ 16						X Other:				
	ion of	T	Is Location		De	scription of		Amount	Abate	ment Type
Asbestos-			Normally Use	To the control of the		tos-Containing		Specify		y: Remova
Materia			Solely by			terial (ACM)		are Feet or		epair,
TO BE A	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON		Maintenance			nermal systems		near Feet)		sulation or
in Fa			Custodial Stat			n, surfacing, V			En	closure)
(1	3)		(12)	01	r other	r miscellaneous	S)			
Base			N/A	Pi	pe/fit	ting insulation		68 LF		moval
First/Sec			N/A		VA	T/tarpaper	1	,900 SF	Re	moval
First and so	cond floor		N/A		Tran	site panels	1	,744 SF	Re	moval
Name of Registered Wa Freehold Cartag		1	NJDEP Waste	Hauler ID #	#	Cu. Yds. of Wa	aste Nam	e of Regist	ered Land	lift
City, State			10	,,,,,,		Disposal Date		State		
Trenton, NJ					Constitution	8/29(16		ytown, PA	A	
Completed By (Print or	Гуре)	Title			1	Signature		/		Date
Donnpiolog Dy (I IIIII OI										
Dominick Tringali		Manager	r				1			8/8/16

CK 4 4035

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

AUG 1 5 20

					101		_			
Date of Notification (1) S-10-16			Name of Buildi	ng Owner/Operator	HOMPSOI	U BUILDE	RS	ON	TRO	ا 8 ا
Agencies Notified Type Notification			Street Address	P.O. BO	× 53	189 1416		ST		
□ ₽A		-	City, State, Zip	Code						=
M DOL Amendment #					urg N			_		_
DOH justification Cancellation			Name of Conta 01	AN		Telephone Numl	bei			
			FACILITY IN	FORMATION						
Name of Facility Where Abatement is Taking	g Place	(3)			Type of Facilit					
Street Address		_			Subchapter	r 8 (Other than K-12 private & commerci	Commence.	dinas		
Sh (5)					homes, etc			ldg. A		
City (5) N. CAPE	W	IAY			1000		. _	50		
County (6) CAPE MAY			County Code (USE ONLY)	(7) (STATE	Current Use (F	Prior if being demolis AMT	shed)			
Name of Monitoring Firm Hired by Building C	wner	A.	SCM No.	Name of Abatem						
(8) N/A Street Address		_1-		Street Address		4				-
					. SPRUC	E AUE			_	_
City, State, Zip Code				City, State, Zip C	SHAPE	W. J 08	505	Z		
Project Manager for Monitoring Firm	T	Teleph	one No.	Telephone No.		License No.	u (1			
School School	uled Co	moletin	n Date (11)	856-77 Name of OSHA N		- 1 - 00 9	7 9			=
Start Date (10) Sched		6-			N/A.					_
Occupancy Status During Abatement (Check				Street Address						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	facility	bateme Hours	ent	City, State, Zip Co	ode					=
Other - Describe:										_
Scope of Work (Check all that apply)						gative Pressure				
≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf		ovation olition			g Procedure	Frieble Deserdu				
	Is Lo	cation		Non-Exe	empted (*) and No	on-Friable Procedur	_	bate	nent	\dashv
. Location of	Non Used S		y	Description of			_	Туг	e	-
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enance/ todial	Asbest	tos Containing Mate thermal systems in		Amount (Specify	R	70	Enca	En
IN Facility (13)		aff? 2)		surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			N/A				al		ale	е
SIDING		1>	X I	RAWSITE	5	2750 SE	X			
									_	
									-	-
Name of Registered Waste Hauler		NUDI	EP Waste	Cubic Yards	Name of Regi	stered Landfill				
KLUMCO INC,		Hauk 17	PD No.	of Waste	C. M.	C. M.U	. 4	1		_
City, State	T			Disposal Date	City, State	DBINE				
Completed By Title			1	Signature	A/	Date	10	-1	1	=
MICHAEL KLEMM S	UP.			Mail	11 /h		-10		0	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	10-16		Name of Building Owner/Operator (2) HARBAUG-14 DEVELOPTICS										
Agencies Notified	Type Notification	on	1	Street Addres						78.77	-		
□ DEP	Amended	. 4	-	City, State, Zip	Code			Tio	£7/5	MG	=		
	Amendmen Emergency	(including	_			4 HEIG	T.N CIH		80	97			
DCA	justification Cancellation		1	Name of Conta	act fmE		Telephone Num	ber					
					FORMATION		1===			-			
Name of Facility Where	Abatement is Tak	ing Place	(3)	TAGISTITIO	. Ordination	Type of Facili	ty (4)		-				
	SIDENCE	₹				School (K-		2.					
Street Address							er 8 (Other than K-1 private & commerc c.)		ilding	5,			
City (5)	VI n. I	THE STATE OF THE S	7,000			Square Feet	# of Floors		Bldg. /				
County (6)	Low			County Code	(7) (STATE	1200	Prior if being demoli		50	+			
CAPE	MAY			USE ONLY)	(1) (SIAIL		CANT	snea)					
Name of Monitoring Firm	Hired by Building	Owner	AS	CM No.	Name of Abatem						_		
(8)	/A					MCO I	NC						
Street Address					Street Address	SSPR	UCE ALE						
City, State, Zip Code					City, State, Zip C	ode					_		
						E SHUC	E M, J C	380	25.	2_			
Project Manager for Mon	itoring Firm		Teleph	one No	Telephone No. 85b - 77	9-0472	License No.	14					
Start Date (10)	Sche	duled Co	mpletion	Date (11)	Name of OSHA N	Monitor SEPH (Longer						
Occupancy Status During	Abatement (Che	ck only o	ne)		Street Address						=		
				nt		SPRUC	E ALE				_		
Other - Describe:	Outside of North	ii raciity	riouis		City, State, Zip Co	SHADE	W. J. 08	05	2				
Scope of Work (Check all	that apply)				☐ Full Con	tainment with Ne	egative Pressure						
≥3 sf or ≥3 lf _≥160 sf or ≥260 lf			ovation olition		☐ Mini-End ☐ Gloveba	losure g Procedure	on-Friable Procedu						
			cation	T	74 HOIT-EXC	mpted () and it	CIPITIADIE PTOCEGUI	1	Abate				
Location of	from the commonwealth of	Used S	nally lolely by		Description of			_	Тур	е			
Asbestos-Containing Ma TO BE ABATE			enance/ todial		os Containing Mate thermal systems in		Amount (Specify	70		En	Ш		
IN Facility (13)	_		aff? 2)		surfacing, VAT, other miscellaneous	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)			No N	<u>, </u>	Office This ochian Co.	۵۵)	57	val	1	ulate	ure		
SIOIN		16			011.10.+		27500-						
SIDIN	(-	-	$+\lambda$		RANSIT	<u>E</u>	275051	X		-	-		
		-	+						\vdash				
			\forall					-					
Name of Registered Waste	Hauler			P Waste	Cubic Yards	Name of Reg	stered Landfill				\neg		
KLEMCO IN	<u> </u>		Taule D	10 No. 4	of Waste	_ C. V	M. C. M. 1	J	4				
City, State IM APLE SF11	ADE W.	7			Disposal Date	City, State	DBINE	N	.7				
Completed By MiCHAEL ICLE	1 Title	SUP.			Signature	O-KI.	Date 8	-10) - (b			
1 1 01 1 1 0 1 0 000	1110					1,00				_			

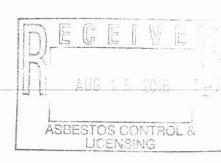
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11	li n	IF	11	W	15	man,
1	(0)		Ш	177	1	111

				CONTROL DESCRIPTION	C 8:00 and 12:12	1 774					
Date of Notification (1)	10/1_		Na —	me of Buildi	ing Owner/Operator ARTHTE	(2) CH (OA	TKACTIN	<i>G</i> 91	6		Total Control
Agencies Notified	Type Notification	1	Str	eet Addres:	155 RT		1			i i	7
E BPA	∑ Initial ☐ Amended		_			30	L. TOTOLOG			_	
DOL	Amendment	;	Cit	y, State, Zip		0 4 7	0873	WG WG	UL	O.	-
1	Emergency (i	ncluding			EENHEL	0 Nt. 5		_		-	=
DOH DCA	justification) Cancellation		Na	me of Conta	UCE		Telephone Numb	er -			
			F	ACILITY IN	FORMATION						_
Name of Facility Where	Abatement is Takin	g Place (3	3)			Type of Facility	(4)				
RÉSID						School (K-1					
Street Address						Subchapter	8 (Other than K-12				
						homes, etc	onvate & commercia	il build	ings,		
City (5)						Square Feet	# of Floors	BI	ig Ag	ge	
BRIC	ANTINE					1000		1	10	+	
0 (0)			Co	ounty Code	(7) (STATE		nor if being demolis	hed)			
County (6) ATLA	NTIC		US	SE ONLY)			ANT				_
Name of Monitoring Firm	Hired by Building (Owner	ASC	M No.		ent Contractor (9					
(8) N/	A					nco In	CI				
Street Address			1		Street Address		۸ -				
					369	5, SPAL	ILE AVE				_
City, State, Zip Code					City, State, Zip C	ode _	- 17		_		
					MOPI	E DHOD	E, N.J. O	80	32	<u> </u>	_
Project Manager for Mon	itoring Firm	17	elephor	ie No	Telephone No.		Liœnse No				
					856-77	77-0472	0044	4			
Start Date (10)	Sched	Juled Com	pletion (Date (11)	Name of OSHA						
8/22/16	8	129	116		Josep	H KLEN	11				
Occupancy Status During		k only on	e)		Street Address		1				
☐ Facility ClosedVacate					369 5	. SPRUC	EAVE				
Abatement Performed	Outside of Norma	Facility H	lours		City, State, Zip C	ode_	1-5	202			
Other - Describe:					MAPLE	= SHADE	= , N,J, o	800	2		
Scope of Work (Check al	I that apply)										
					☐ Full Cor	ntainment with Ne	egative Pressure				
23 st or ≥3 lf 2160 st or ≥260 lf		Renov			Gloveba	ag Procedure					
₩ 5100 \$101 5500 H		W			Non-Exe	empted (*) and N	on-Friable Procedur	T			-
		Is Loc						A	bater Typ		
Location o	đ	Norm Used Sc	20.000 *		Description of			-			
Asbestos-Containing M		Mainter Custo	nance/	Asbes	tos Containing Mat thermal systems i	terial (ACM)	Amount (Specify	n	574	Enc	ū
TO BE ABAT	ED	Stat		(1.e	surfacing, VAT,		SF or LF)	Remova	Repair	de	clo
IN Facility (13)		(12			other miscellaned			ova	air	Encapsulate	Enclosure
(/		Yes N	10 N/A							ē	w
		100	1307				1000 -	1			
SIDIN	<u></u>		X	JT	RANSITE		1000 SF	X			
		-	-	-							
	to the de-		NIDE	Waste	Cubic Yards	Name of Rec	istered Landfill	_			
Name of Registered Was			Hauler	10 No.	of Waste	1	A.C.V	1. 1	و		
KLEMCO.	INC,		179	04	5	City Chair	17.0,0	-		-	
City State MAPLE	SHADE,	ルゴ	-		Disposal Date	City, State	VILLE 1	7	J,		
Completed By	Tibe				Signature	, V	Date	-10		1_	
	EMM _	d w N	ER		Josep	n Dlen		10		0	

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Date of Notification (1) 8/10/16		11 (2)	lame of I Allrisk	Building O	wner/Op	perator	(2)	10	, 6	<u> </u>	U		The second secon	
Agencies Notified Type Notification		1 8	Street Ad 501 Ke	dress enndy Bl	lvd.				AU(15	2016	The state of the s	7	
EPA Initial Amended Amendment #				e, Zip Cod dale NJ					DEST	'08 CO	NTRO			
Emergency (in justification) DCA Cancellation	cluding	1 8	lame of o	Contact				A	Tele	546-00	nber_			
DCA Caricellation				ITY INFO	RMATIC	N N								
Name of Facility Where Abatement is Taking Crossroads Middle School South	Place (3)						Туре	of Facility (4 School (K-12	2)	290.000	***			
Street Address 195 Major Rd.								Subchapter of Other (i.e. pretc.)				ings,	home	s,
City (5) Monmouth Junction NJ 08852							11.00	are Feet 100+	# of 1	Floors	1000000	dg. Aq 5+	ge	
County (6) Monmouth			County C	ode (7) SE ONLY)		_	Curr	ent Use (Prio	r if bein	g demolish	ed)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM	No.		Name		atement Conf Inc.	tractor (9)				
Street Address		HI 1882-18				Street PO E								
City, State, Zip Code								Zip Code Iin NJ 080	91					
Project Manager for Monitoring Firm			Геlephon	ne No.		Teleph 856-		No. 9800		License N 00727	0.			
	Schedule B/15/16		pletion D	Date (11)		Name Sam		SHA Monitor						
Occupancy Status During Abatement (Check	Only On	e)	SETTION 117-1			Street	Addr	ess						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A Il Facility	batem	ent		_	City, S	State,	Zip Code						
Scope of Work (Check All That Apply)							VAN							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti					M G	ull Containme lini-Enclosure lovebag Prod lon-Exempted	edure	52%			е	
	ls	Locati	on									Abate	ement	
Location of	1	iormal	у			scription					-	I y	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/ staff?		thermal surfac		s insu AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-			
Room F101		Х			FI	oor Ti	le		25	00 SF	x			
		-												
Name of Registered Waste Hauler Two Brothers Co. Inc.	H	JDEP W lauler ID 8743		Cubic of Was	Yards ste		Name of G.R.O.		red Landfi	I				
City, State Totowa NJ			37-10			sal Date	9	City, Stat Morrisv		19067				
Completed by Anthony T Perna	Title Presi	ident				Signatur	9/		Vana Jima	D	ate /10/1	6		





501 Kennedy Blvd. Somerdale, NJ 08083 856-546-0016 Fax - 856-627-0023 24 Hour – 856-337-6128 www.allriskinc.com

August 10, 2016, 2016

To Whom It May Concern,

We are removing a floor in classroom F101 at Crossroads Middle School South in your township, which was damaged by a flood water. We need to remove approximately 2500 square feet of flooring which was found to be asbestos containing. Due to the location and amounts of the material, we are requesting a waiver of the ten (10) day notification period so that we may proceed immediately with the abatement and necessary repairs in order to minimize the downtime for the school with the impending school year beginning.

The owner is as follows:

South Brunswick BOE

The location is as follows: Crossroads South 195 Major Rd Monmouth Junction NJ, 08852

Thomas Messina – allRisk Restoration

NO CK

40		1.5,000	(Pu	rsuan	t to NJA	C 8:60 and 5:10	6)	m E G E	1	W	F	1
Date of Notification (1)				T	Name	of Building	g Owner/Operator (2)	11.11 - 01 1			-	- 1
8/	10 /	16			Med	dford Lea	as	of contract of the contract of	100				
Agencies Notified	Type Notific	ation			Street	Address		100	II L AUG 1	Ū.	2018		marel
⊠ EPA	☐ Initial	,			1 M	edford L	eas Way	A. (in an all Elementary)					
☑ DOLWD				Ī	City, S	State, Zip C	Code	-CP LOS	ASBESTOS	COI	NTR	OL 8	2. 8.
□ DCA	☐ Emerger		na		Med	dford, NJ	J 08055	cont.	LICE				
(NJAC 5:23-8)	justificati				Name	of Contac	t		Telephone Numb	er			
	☐ Cancella	tion			Mic	hael Wo	rley			100%	55765		
					FAC	CILITY IN	FORMATION						
Name of Facility Where	Abatement is	Taking Pla	ce (3	5)	-1100			Type of Facility	/ (4)				
Medford Leas Com	nmunity Bui	lding		7				School (K-1	2) 8 (Other than K-12)				
Street Address									private and commerc	ial bu	ilding	ıs,	
1 Medford Leas Wa	ay							homes, etc			- 117		
City (5)								Square Feet	# of Floors		dg. A	ge	
Medford								10,000	_ 1	- 4	80		
County (6)					Coun	ity Code (?	7)(STATE USE ONLY)	the mentioned at the second	rior if being demolish	ned)			
Burlington									t Community				
Name of Monitoring Firm				1	ASCM	No.	Name of Abatem						
Mgmt. & Environm	ental Consu	Ilting Ser	vice	s				onmental, LLO	<i>;</i>				
Street Address							Street Address						
PO Box 341							623 Cutler A						
City, State, Zip Code	2545						City, State, Zip C						
Chesterfield, NJ 08			1-	Tala		Na	Maple Shade Telephone No.	e, NJ 00052	License No.	-111100			
Project Manager for Mor	illoring Firm				phone 9-298		856-755-0099	3	00842				
Bill Weisgarber		Scheduled	Cor				Name of OSHA N		00042				
Start Date (10) 07 / 27 /	S 1987 1 1					16	EMSL Analyt						
								doar, mo.					
Occupancy Status Durin Facility Closed/Vacate					nont		Street Address 200 Route 13	O North					
☐ Abatement Performed	(5.7)					cribe	City, State, Zip C						
Time of Abatement:							Cinnaminsor						
Scope of Work (Check a	II that annly)						Cililatiiiisoi	1, 143 00077				-	
	ii tilat appiy)								egative Pressure				
≥3 sf or ≥3 lf			Reno				☐ Mini-End	closure g Procedure					
☐ ≥160 sf or ≥260 lf			Jenn	JIILIO	111				Ion-Friable Procedure	е			
			Is Lo	ocat	ion					Ab	atem	ent T	Гуре
Location		11		rmal	lly ly by		Description			Re	Re	m	Tm
Asbestos-Containing TO BE ABA		/1/			nce/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ıcap	Enclosure
IN Facil		Cı		dial 3 12)	Staff?	,,,,	surfacing, VAT	, or	SF or LF)	Va.	7	Encapsulate	sure
(13)		Ye		No	N/A		other miscellane	eous)				ite	
		Te		20170	1000000	ļ			0.1.5				
Central Supply			12			Pipe Fi	tting Insulation		6 LF	\boxtimes	Ш	Ш	
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			1	_						П	П	П	
Name of Registered Was	sto Haular	ļU		IN	JDEP \	Maste	Cubic Yards of	Name of Rec	istered Landfill	1			1-
Freehold Cartage	ste riaulei			10000	auler II	D No.	Waste	3	and County Landi	fill			
					15939	9	1 Disposal Date	City, State	,				
City, State Freehold, NJ							08/22/2016	Newburg	PA				
	Tuna \	Titl-						110111111111111111111111111111111111111	Dai	ło.			
Completed By (Print or T Christina Lynch	уре)	Title	atio:	nc "	Manag	105	Signature	0			21		
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Date of Notification (1) 08 / 05 / 16						g Owner/Operator (2)					-
				Ale	exandra l	Hanstein			y 12	0.0	40	1
Agencies Notified EPA	Type Notification ☑ Initial	n		Stree	t Address			LL L AUG	15	20	10	
⊠ DOLWD	Amended	,,		City,	State, Zip (Code			20.0	ONIT	DOL	0
☑ DHSS □ DCA	Amendment			Per	nnsville l	N.J 08070		ASBESTO	JS U JENS	UNI	HOL	_ \(\alpha \)
(NJAC 5:23-8)	justification)	moladini	4	Name	of Contac	zt		Telephone Num	Michael Andrews	711113		
45	☐ Cancellation			Ale	xandra H	lanstein						
				FA	CILITY IN	FORMATION				-		
Name of Facility Where A	batement is Taki	ng Place	(3)				Type of Facility	(4)				
Resident							☐ School (K-12	2)				
Street Address								3 (Other than K-12		. mana a	165	
							homes, etc.)	rivate and comme	ciai bi	Jilaing	JS,	
City (5)							Square Feet	# of Floors	В	ldg. Ag	ge	
Auburn NJ							1,200Sf	3 Floors		100		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Camden COUNTY							Resident					
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
						Graham-Tech	n Environment	al Service, LLC				
Street Address						Street Address						
						14 Read Drive	е					
City, State, Zip Code				10.00		City, State, Zip Co	ode					
			S-0 h			Sicklerville, N	J 08081					
Project Manager for Monit	oring Firm		Tele	ephone	No.	Telephone No.		License No.				
						856-318-1341		01158				
Start Date (10)		eduled C	(3)		- 155 - 755	Name of OSHA M					. Coonn	
		08_ /		/ _	16	Graham-Tech	Environmenta	al Services, LLO	Э.			
Occupancy Status During						Street Address						
Facility Closed/Vacated	During Entire P	eriod of	Abate	ment		14 Read Drive	9					
Abatement Performed Time of Abatement: 7A	Outside of Norma M-11:30PM/	al Facility PM-	/ Hou	rs - Des AM	cribe	City, State, Zip Co						
				_/		Sicklerville, N	IJ 08081					
Scope of Work (Check all	that apply)					□ Full Cont	ainmant with Non-	-ti David		H.F. Hills		
		⊠ Re	novat	ion		☐ Full Cont	ainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf		☐ De	moliti	on		⊠ Glovebag	Procedure					
		To	Loca	tion	1	☐ Non-Exer	mpted (") and Nor	n-Friable Procedur	1			
Location of	f	1	Norma	lly		Description of	f		Ab	ateme		уре
Asbestos-Containing N			d Sol	ely by		stos Containing Mal	terial (ACM)	Amount	Ren	Repair	Encapsulate	Enc
TO BE ABAT IN Facility		1		Staff?	(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)			(12)			other miscellane		SF OF LF)	<u>m</u>		ulat	ire
	- N	Yes	No	N/A							O	
			\boxtimes		Asbest	os Pipe Insulatio	n	100LF				
			\boxtimes							П	П	П
		$\top \Box$							-			
		1		-							Ш	Ш
	-,,											
Name of Registered Waste Graham-Tech Enviro		ice, LL	100	JDEP V	No.	Cubic Yards of Waste	Name of Regist G.R.O.W. N	tered Landfill orth Landfill &	Tully	town	1	51 k=958
City, State				00346	UU	Disposal Date	City, State		.,			
14 Read Drive Sickle		31					1 3 3 3 3 4 3 4 4 3	entown Rd. Mor	risvil	le,PA	Α.	
Completed By (Print or Typ	1					Signature	V	Da	te-		,	
Vernice Graham	F	reside	nt			IVONA	1 101	1111	1	51	7	

TO: State of NJ

Please consider to waive the 10 waiting period for the removal of asbestos from
the property of Auburn, NJ 08085, Project #(16-0801) job is to be
completed by Graham-Tech Environmental Services. August 30th 2016 is the sale
closing date for this property. This could cause a loss of sale if cannot be removed in a
timely fashion. I was just informed last Saturday July 30th 2016 that the property
contained asbestos in the cellar.
Please contact me if needed. Thank you for your time in this matter. ASBESTOS CONTROL & LICENSING
Alexandra Hanstein
Cell Cherchaldonatein Slille

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

Date of Notification	n (1)	1	Name of Building Owner/Operator (2)									-			
8/9/2016			Ali Sherwan												
Agencies Notified	Type Notificat	ion	Stree	t Addr	ess										
[]EPA	[X] Initial							110				100			
[]DEP	Notificat	tion	City.	State	. Zip	Code			AUG 1	5 2	016	-			
[X]DOL	[]Amended	4	1 To			NJ,07043		1 h	1100 1	0 6	.010	1			
150 (5)	Notificat	tion		of Con			m-1								
[X]DOH	[] EMERGENCY			i She		n	Ler	ephone Number			1)L&			
[]DCA	[]Cancellati	ion	di ibala a	. 0116	- T- 84 CT				har he has I	401141	<u> </u>				
-				FACI	LITY :	INFORMATION									
Name of Facility Whe	ere Abatement i	s Taki	ng Pla	ice (3)			Type of	Facility (4)							
Same as above							[]Sc	hool (K-12)							
Street Addres							0.23 72-0.0	bchapter 8 (Oth her (i.e., priv							
002000 111111100							1112 1000 1000 1000	ial buildings,							
							Square F	eet # of Flo	ors Bl	dg.	Age				
City (5	C	ounty	(6) Ess	ex		inty Code (7)	3300	2		87					
					(51	ATE USE ONLY)	Current	Use (Prior if b	eing de	molis	hed))			
Name of Monitoring E Owner (8)	firm hired by B	uildin	g ASC	M No.		Name of Abate									
N/A								ENT, Inc.							
Street Address						Street Address		C+							
						86 Chris		St.							
City, State, Zip Cod	le					City, State,		07040							
						Montclai									
Project Manager for	Monitoring Fire	n Te	10.70	e Numb	er	Telephone Numb			License		er				
						(973) 744			0037	1					
Scheduled Start Date				Date	(11)	Name of OSHA N	Monitor								
8/18/16 Month Day Ye	ear Mon	21/16	o Dav	Year		N/A									
Occupancy Status Dur	ing Abatement	(Check	only	one)	-	Street Address	s				-				
[X]Facility Close of Abatement		ing Er	itire 1	Period											
[]Abatement Per	rformed Outside			Facilit	-y	City, State, 2	Zip Code								
Hours - Desci []other - Desci	ribe: «OffHours ribe: «Other Occ		-	ript»											
Scope of Work (Check						Ц									
		. <i>.</i>				[]Full	Containme	nt with Negativ	e Press	ure					
[X] >3 sf or []>160 sf or		1.5	7.00	vation lition			Enclosure bag Proce								
1 12200 52 0			12000				riable Pr								
Location	of	I	Is Locatio	on		Descriptio	n of		Aba	teme	nt I	ype			
Asbestos-Con		I.	Vormal: Used			Asbestos-Cont		Amount	RE	R	N C	N C			
Material		F	Solely By Mair	Y		Material ((Specif	Y M	E	A	L			
TO BE ABI		t	enance ustodi	e/	in	(i.e., thermal sulation, surfa	The Control of the Co	SF or LF)	0	AI	PS	o s			
(13)		St	aff (12)		or other miscel	llaneous)		A	R	T.	U R			
Basement		Yes	No	N/A X	Dine	insulation	070	120 1st	X		•	E			
Dasement			-	25	ETDe	z Insuracr.	011	120 11	- 2	1					
		-	-												
Name of Registered W	Jaste Hauler	N7	JDEP W	agto	Cari	bic Yards	Name of	Registered Lan	dfill						
AZTECH MANAG		H	auler	ID No.	95.37	Waste 1.5		rva Enterp		INC	3				
		1	7040)		1 P-1-									
City, State Montclair, NJ	07042					sposal Date 3/22/16	City, S	^{tate} lesburg, Oh	io 44	1688	3				
NO				J C C L U	MerAm	conding, on	V 75.7		***						
Completed By (Print						Signature		117	Date						
Constantine V	ivian Pre	side	ent			1	met al	1 /	8/9/	2016					
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							STOS ABATEME					62 37		-, 24 ;
Date of Notification	(1)	(Pi		-			-7 and 12:12 Owner/Opera		(2)	THE	u C n G			3 11
8/9/2016				Ar.	lene	Noi	man		1				an parameter	
Agencies Notified	Type Noti	ficatio	n s	Stree	t Addr	ess				11 11	JG 1	-)	116	11
[]EPA	[X]Initi	.al							E 80 - 144 - 1	III A	10 1	- 4	210	
[]DEP	Noti	fication	n	City,	State	, Zip	Code		İ	į.				
[X]DOL	[]Amend						NJ,0763	1	979	ASBES				&
[X]DOH	Noti	ficatio	1 1	Jame	of Con	tact			Telephor	ne Number	LICEN	SHI	<u> </u>	Acres of the
[]DCA	[]EMERG	ENCY			lene		man		[LCLCPIIO]	is number				
. 1541	[]Cance	llation							1					
							INFORMATION							
Name of Facility Whe Same as above Street Addres	re Abateme	ent is s	Fakin	g Pla	ace (3)				[X]Other ((K-12) ter 8 (Other i.e., priva	ate &	comme	er-	
City IE						-			Square Feet	# of Floo	ors E		Age	
City (5		Cour	ity (o) Ess	ex		inty Code (7 TATE USE ONL	(Y)	1900	2		85		
						1			Current Use (Prior if be	eing d	emoli	.shed)
Name of Monitoring F	irm hired	by Buil	ding	ASC	M No.		Name of Ab	atem	ent Contracto	r (9)		-		
Owner (8) N/A			_				AZTECH	I MZ	ANAGEMENT	, Inc.				
Street Address							Street Add					-		-
									topher St	•				
City, State, Zip Cod	e						City, Stat	e, Z	ip Code				-	
							Montal	air.	r, NJ 070	42				
Project Manager for	Monitoring	Firm	Tele	ephon	e Numb	er	Telephone	Numbe	er	þ	Licens	e Nur	ber	
			N/I	A			(973)7	44-	-8800		003	71		
Scheduled Start Date	(10) S	ched. C	omple	etion	Date	(11)	Name of OS	HA Mo	onitor					e sul love
8/19/16		8/20	/16				N/A							
Month Day Ye Occupancy Status Dur [X] Facility Clos	ing Abater ed/Vacate			only			Street Add	ress						
of Abatement []Abatement Per		tside o	f Nor	mal I	Pacili	Ev	City, State	0 7	in Codo					
Hours - Descr	ibe: «OffH	ours De	scrip	t»		-1	CICY, State	e, 2.	ip code					
[]other - Descr			ancy	Desci	ript»									
Scope of Work (Check [X]>3 sf or []>160 sf o	≥3 lf	apply)	- 7] Demo	vation		[]Mi [X]Gl	ni-E oveb	ontainment wi nclosure ag Procedure iable Procedu					
Location	of			Is catio			Descrip	tion	of		Ab	atem	ent :	Type
Asbestos-Con				rmall Used	-		Asbestos-	Conta	aining	Amount	R	R	N	N C
Material (TO BE ABA	9.00		By	olely Mair	i-		Materia (i.e., ther	선생 경기		(Specify SF or	M	P	A	L O
In Facil:	ity		Cus	nance	al	ir	sulation, s	urfac	cing, VAT,	LF)	V	I	P S U	S
(13)		3	Sta	ff (1 No	N/A		or other mi	scell	Laneous)		L	R	L	R
Basement					X	Pipe	e insula	tio	n	125 lf	X		1	
			1											
Name of Registered Wa	aste Haule	r		EP W		1000	bic Yards		Name of Regi	stered Land	fill			
AZTECH MANAGE	EMENT,	INC.		040	ID No.	of	Waste 1.5		Minerva	Enterp	rise	IN	C	
City, State						Di	sposal Date		City, State					
Montclair, NJ	07042					\$	3/22/16		Waynesb	urg, Oh:	io 4	468	8	
Completed By (Print o	or Type)	Title	-				Signat	iire	1 //	/	Det			
Constantine Vi		Presi	der	ıt			(Signat		TILM		Date 8/9	≥ ′2016	i	

		11TON 1)	FICATIO	State of New Jers ON OF ASBESTO IN IO NJAC 8:60 a	SABATE	EMEN	r, ID	E C E	1.5 20			
Date of Notification (1) D8/D8/16			Name	of Building Owner	/Operato	r (2)	\rightarrow	'		~~	} -	A.
Agencies Notified Type Not	Mastias			Twp. Board o	1 Educe	ition		ASBESTOS	GONT	TA PL	. &	1
_	MCSIDII			Address Hendrickson A			, L	THEFUE	70146	7-	1	-
EPA Initia	al anded	-		State, Zip Code	νθ				4	/		1
X DOL Ame	indment #			NJ 08724				7			- In	
▼ DOH justil	rgency (includir	19		of Contact								č
DCA Can	cellation			Renton/Wallac	e Bros	Cani	tracting	Telephon	e Niimba	r		
Name of Facility Where Abatement	7. 9.11			CILITY INFORMA								
Lanos Mill Elementary	is laking Place	(3)				Тур	e of Facility	(4)				
Street Address						X	School (K-	12)				
1891 Lanes Mill Road							Sutichapta Other (La	r B (Other than	1 K-1:2)			
City (5)							etc.)	private & com		niiaide	s, nor	nos,
Brick						Squ	are Feet	# of Floor	s	Bldg	Ago	1.5.5.5
County (6)			County	Code (7)		Cur	ramilles IDe	or if being den				9
Ocean			(STATE	USE ONLY)		sch	100 100	or it deing dan	noushed)			
Name of Monitoring Firm Hired by B N/A	uilding Owner (8	3)	ASC	M No.	Name	of At	atement Co	ntractor (B)				
Biroct Address					Lillet	1 Co	rporation					
					Street							•
City, State, 7lp Code							ride Ave		27.53			
					Wan	dian	Zip Code d Park, No	07424				
roject Manager for Monitoring Firm			Telepho	one No.	Teleph							
- Annual Control of the Control of t					973-2	225-	8400	0110	55 No.			
tan Date (10) 08-09-16	Schedu	led Corr	rpletion	Date (11)	Name	01 05	HA Monkor					-
	08-12			1.5				aboratorie	ş			
ccupancy Status During Abatemani					Street			10				٠.
Facility Closed/Vacated During I Abatement Performed Outside of	Entire Period of	Abstem	ent				te 22 Wes	st				
Other - Describe: Btart 4 pm		, 10018					Ip Code J 07083					
cope of Work (Check All That Apply)				Ornor	1, 14	07083					002 18
23 st or 23 lf 2160 st or 2260 lf		Renovat Demoliti	tion on		×	G	ni-Enclosure ovebao Proc	nt with Negati edure (*) and Non-F			ro	
		Locatio					I			Abai	eman	i
Location of Asbestos-Conizining Material (AC	(M) Use	Normally ad Solely	у Бу	Do	scription	۵f		ACRES S	_	T	ура	T
TO BE ABATED	Ma	Intenen todial Si		Asbestos Con (I.a. (hame)	amalaya Smalaya	atoria Iusul	(ACM)	Amount (Specify	רל	i	m	133
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imo of Registered Waste Hauler			DEP W				Name of R	egistered Lan	ditt	·	ļ	
Ich Corporation			uler ID 724	No. of Was	Waste GROWS, Landfill							
y. State				Diapos	al Date		City, State					9 11 1
podland Park, New Jersey					Morrisville, PA							
ompleted by	Title			S	gnature	-	-11		Date		non company	

vice president

Momo Glavatovic

Date

08/08/16

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Date of Notification (1)					it to NJAC 8:6		E G	E		134	31																				
08/09/2016					of Building Ow 1 Womelsdo		or (2)		A 1.1	0 1 5	20	10																			
Agencies Notified	ype Notification			Street	Address				AU	b 1 	20	10	T																		
EPA DEP	Initial Amended			City S	tate, Zip Code								1																		
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Ĭ DOH	_ Emergency (justification)	(includin	g		of Contact			LIT	elephone	Name and Address of the Owner, where the Owner, which the	Charles Sweet Williams																				
DCA C	Cancellation				n Womelsdo	450300																									
Name of Facility Where Ab	atement is Takin	a Place	(3)	FAC	ILITY INFOR	MATION	Type of Fa	cility (4)																							
Residence								ol (K-12)																							
Street Address							Subcl × Other	napter 8 (O (i.e. private	ther than I	K-12) ercial bu	ildings	s, hom	es,																		
City (5) West Orange							Square Fe	et #	of Floors		Bldg.	Age																			
County (6) Essex					Code (7) USE ONLY)		Current Us residenc	e (Prior if b	eing demo	olished)																					
Name of Monitoring Firm Hi N/A	ired by Building (Owner (8)	ASC	M No.	Name	of Abatement Corporat	nt Contract	or (9)																						
Street Address							t Address																								
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City, State, Zip Code							State, Zip Coo odland Parl		ersey 07	424																					
Project Manager for Monitor	ring Firm			Telepho	one No.	Telep	hone No. 225-8400		License 01104	e No.																					
Start Date (10) 09-02-16		Schedu 09-03-		mpletion	Date (11)		of OSHA Mo Environmen		ratories	LLC																					
Occupancy Status During A	batement (Check	Only O	ne)			Street	Trui Lubo	ratorioo,																							
Facility Closed/Vacated	During Entire P	eriod of	Abaten	nent			Route 22																								
Abatement Performed Other – Describe:		al Facilit	y Hours	S 			State, Zip Coo n, NJ 0708																								
Scope of Work (Check All TI	hat Apply)																														
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Name of Registered Waste F	Hauler		N	JDEP W	aste Cu	bic Yards	Nam	e of Regist	ered Land	fill																					
Lilich Corporation		auler ID		Waste		OWS Lar		este ()																							
City, State Woodland Park, New Je		Disposal Date City, State																													
Completed by	Signature Morrisville, PA				Date																										
Momo Glavatovic	oresid	ent			08-09-16																										

CK 4825

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

		(Pursuant to NJAC 8:60 and 12:120)													
Date of Notification (1) 08/09/16		N:	ame of E	Building Ov EDGE M	wner/Op	perator (SEMEN	2) IT		T. Comments of the comments of	AU	G 1	5 2	016	ratio	
Agencies Notified Type Notification			reet Add	dress GSLAND	AVE				HET POLICY OF THE PARTY OF THE	L ASBEST	os c	ON	TRO	8	
EPA X Initial Amended Amendment		11330	ity, State	e, Zip Code NNNJ	е			7. 378	<u> </u>	L	IGEN	SIN	3		
Emergency (i justification) DCA Cancellation	ncluding	N	ame of (Contact					Tele	phone Nun	nber				
			FACIL	ITY INFO	RMATIC	N									
Name of Facility Where Abatement is Taking	Place (3)							of Facility (4 School (K-12 Subchapter (2) 8 (Othe	r than K-12	2)				
Street Address							×	Other (i.e. pretc.)	rivate &	commercia	al buildi	ngs, t	nomes		
City (5) JERSEY CITY								e Feet	# of	Floors	Blo	ág. Ag	je		
County (6)			ounty C	ode (7) SE ONLY)		_		nt Use (Prio TI-FAMIL		ng demolish	ned)				
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.				tement Con PROFE							
Street Address						Street 6		ss DOVE CC	URT		33				
City, State, Zip Code								ip Code OD, NJ 08	3701						
Project Manager for Monitoring Firm		T	elephon	e No.		Teleph 732-6				License N 1200	lo.				
Start Date (10) 08/19/16	Scheduled 08/19/16		pletion D	Date (11)				HA Monitor O PROFE	SSIO	NALS					
Occupancy Status During Abatement (Chec	k Only One)	1 6 WHI						ss DOVE CO	NIDT				92.54		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Aba nal Facility H	ateme ours	ent			City, S	ty, State, Zip Code AKEWOOD, NJ 08701								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
							J No	n-Exempted	d (*) an	d Non-Fria	1		e ement		
	33 (P. T.O.) 7.15	ocation rmall			Б.								ре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	Solel tenan	y by ice/	Asbest (i.e.	os Con thermal surfa	scription taining N system cing, VA niscellar	Materia s insul T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Endosure	
BASEMENT	103	140	1,477			TSI			2	30LF	X				
					I 0	Verd		Nama of	Periet	ered Landf	ill				
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 4509		of Wa	: Yards iste		IESI	regist	orea carrar					
City, State NEWARK, NJ		Disposal Date					City, Sta BETHL		M PA						
Completed by JOSEPH PERLSTEIN	Title OWNE	ER Signat					nature Date								

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Date of Notification (1) 08/09/16	·				Building C			20000	Annual Control of the	AS	BESTO	S CO	NTF	IOL (83	
Agencies Notified	Type Notification		1 1	Street Ad 65 KIN	ldress GSLAN	D AVI	=		L_		LIC	ENSI	VG			
DEP X DOL	Initial Amended Amendment	#		City, Stat	e, Zip Coo	de										
▼ DOH DCA	Emergency (in justification) Cancellation		200	Name of						Tele	ephone Ni	umber				
I DCA	Caricellation			FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Street Address	Abatement is Taking	Place (3						Type	School (K-1: Subchapter Other (i.e. p etc.)	2) 8 (Othe	er than K- k commer	12) cial build	dings	home	es,	
City (5) JERSEY CITY								Squa	are Feet	# of	Floors	В	ldg. /	ige		
County (6) HUDSON				County C (STATE U	Code (7) ISE ONLY)			21700017100	ent Use (Pric		ng demoli	shed)				
Name of Monitoring Fire	n Hired by Building (Owner (8)		ASCM	No.				atement Con							
Street Address							Street 6 WI		ess DOVE CO	URT						
City, State, Zip Code	96							Zip Code OOD, NJ 08	3701							
Project Manager for Mo	nitoring Firm		Telephor	ne No.		Telepi 732-		No. 9078		License 1200	No.					
Start Date (10) 08/19/16		Schedule 08/22/1		npletion [Date (11)				SHA Monitor AD PROFE	SSIO	NALS					
Occupancy Status Duri	ng Abatement (Chec	k Only On	e)	Stree												
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm	Period of A nal Facility	batem	nent S			City. S	State,	DOVE CO Zip Code DOD, NJ 0							
Scope of Work (Check																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ан тастаруу	- Inches	tenova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						dure		
	Harry Harry	ls	Locat	ion			Non-Exempted (*) and No						Aba	emen	t	
Location Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	Use Ma	Normal od Sole intena todial 3 (12)	lly ely by nce/		tos Coi therma surf	escription ntaining l al system acing, V miscella	Materi ns insu AT, or		(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure	
BASEN	AFNT	163	140	1977			TSI	-			30LF	X		1		
BASEN							TSI	-			50SF	X				
Name of Registered W	aste Hauler		1	JDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Lanc	dfill .			1	
NEWARK CARTIN	1	Hauler ID 4509		of W 5		1111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	IESI									
City, State NEWARK, NJ				Dispos 08/19			oosal Date City, State 19/16 BETHLEHEM PA									
Completed by JOSEPH PERLSTI	EIN	IER				Signature Date										

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

Oic (3		(Pursuant to NJAC 8:60 and 12:120)												
Date of Notification (1) 08/09/16					wner/Ope			and the same of th		AUG	15	2018	5	
Agencies Notified Type Notification		100	treet Add	dress GSLANI	D AVE				L AS	BESTO	S CO	NTR	01.8	
DEP Amended X DOL Amendmen			ity, State	e, Zip Coo)N NJ	ie			<u> </u>			ENSI	IG_		n.r un.
➤ DOH)	N	lame of (Contact					Tel	ephone N	umber			
			FACIL	ITY INFO	RMATIO	N	Tuno	of Facility	4)					
Name of Facility Where Abatement is Taki	ng Place (3)							School (K-						
Street Address							X	Subchapter Other (i.e. petc.)	8 (Oth orivate	er than K- & commer	12) cial build	dings,	home	s,
City (5) JERSEY CITY			-1.					re Feet	#0	f Floors	В	ldg. A	ge	
County (6) HUDSON			County C	ode (7) SE ONLY)				ent Use (Pri		ing demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			of Aba	tement Co	ntractor					
Street Address						Street	Addre							
City, State, Zip Code						City, S	state, Z	ip Code OD, NJ (
Project Manager for Monitoring Firm			Telephon	ne No.		Teleph	none N	0.	70701	License	No.	-		
100 00 100 100 100 100 100 100 100 100	To:	10	-1)-l- (11)			668-9	0078 HA Monitor		1200				_
Start Date (10) 08/24/16	Schedule 08/26/1		pietion L	Jate (11)		AAA	LEA	D PROF		NALS				
Occupancy Status During Abatement (Ch							Addre	ss DOVE C	OURT	F				
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of A rmal Facility	Abatem Hours	ent			City, S	State, Z	Zip Code OD, NJ (
Scope of Work (Check All That Apply)						Г	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Proposed .	Renova Demoliti					Mi GI	III Containn ini-Enclosu ovebag Pro on-Exempte	re ocedure				re	
	Is	Locati	on					JH-EXEMPLE	Su () ai	101111	1000111	Abat	emeni	t
Location of	1	Normal ed Sole	ly	27 27		cription		-1 (A CAA)		Amount	-	Τ.	T	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?		tos Conta thermal s surfaci other m	systeming, V/	ns insul AT, or	lation,		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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BASEMENT	-					101					X	+		
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Name of Registered Waste Hauler NEWARK CARTING		+	IJDEP W lauler ID 4509		Cubic \ of Was			IESI	ir Regis	tered Lan	ann			
City, State NEWARK, NJ -				4	Dispos 08/26		е	City, St BETH		M PA				
Completed by JOSEPH PERLSTEIN	Title	NER			Si	ignatu	re				Date			

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Date of Notification (1) 08/09/16					Name of Building Owner/Operator (2) RIVEREDGE MANAGEMENT								UG	1 5	20	116	
Agencies Notified	Тур	e Notification			Street A	ddress IGSLAN	D AVI	=		1	i.	0 13 13 1					
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DEP × DOL		Amendment		_	CLIFT		uc			4	-			142	HVO		
DOH DCA		Emergency justification) Cancellation			Name of	Contact					Tele	phone	Numb	er			
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Name of Facility Where	Abate	ment is Takin	ng Place (3)					Туре	of Facility (4	4)						
Street Address					(11)(11)(11)(11)(11)(11)					School (K-1: Subchapter Other (i.e. p	8 (Othe			build	ings,	home	s,
City (5)										etc.) re Feet	# of	Floors		BI	dg. A	ge	
JERSEY CITY																	
County (6) HUDSON			-			Code (7) USE ONLY)				nt Use (Pric TI-FAMIL		g demo	olishe	d)			
Name of Monitoring Firm	n Hire	d by Building	Owner (8)		ASCN	No.				tement Con PROFE							
Street Address									Addres	s DOVE CO	DURT			2 1010			
City, State, Zip Code										p Code DD, NJ 08	3701			1/2		12.03110	
Project Manager for Mo	nitorin	g Firm			Telepho	ne No.		100000000000000000000000000000000000000	hone No 668-9			Licens 1200	e No	Y .			
Start Date (10) 08/26/16			Schedule 08/29/		npletion	Date (11)		1		HA Monitor D PROFE	SSION	NALS					
Occupancy Status Durin	ng Aba	atement (Che	ck Only Or	ne)			Addres	SS						1 - 000			
Facility Closed/Vac Abatement Perform Other – Describe:	ned O	During Entire utside of Norr	Period of nal Facility	Abaten / Hours	nent s			City, S	State, Zi	DOVE CO					-46-00		
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Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All I Na	ат Арріу)		Renova Demolii					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						е		
	_		Is	Locat	ion						1/				Abate	ment	
Locatio	on of		1	Vorma	lly		De	scription	n of						Ту	ре	
Asbestos-Containin TO BE AB In Fac (13	BATED cility		Ma	ed Sole iintena todial (12)	nce/		therma surfa	taining I I system icing, VA miscella	ns insula AT, or		Amount (Specify SF or LF			Removal	Repair	Encapsulate	Enclosure
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BASEIV	TENI							131				.ULI		Λ			
Name of Registered Wa	aste Ha	auler		1.000	JDEP W		20075-2000	Yards		Name of	Registe	red Lar	ndfill		-		
NEWARK CARTIN	G				Hauler ID No. of Waste 5 IESI												
City, State NEWARK, NJ							Disposal Date City, State BETHLEHEM PA										
Completed by JOSEPH PERLSTE	EIN		NER				Signatur	е				Date	е			ne di ini	

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K 4825	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)							IT	me	G	E		V	E			
Date of Notification (1) 08/09/16					Building O												
Agencies Notified	Type Notification		1.00	Street Ad 914 M	ddress ADISON		U L: AUG 1 5 2016										
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DOH DCA	Emergency (in justification) Cancellation	ncluding	1	Name of	Contact					Telephone Number							
				FACI	LITY INFO	RMAT	ION						- 5				
Name of Facility Where A	Abatement is Taking	Place (3)					Ty	School (K-12) Subchapter 8 Other (i.e. private)	(Other than I		iilding	gs, h	ome	s,		
City (5) BAYONNE				etc.)									Bldg. Age				
County (6) HUDSON					Code (7) JSE ONLY)	rrent Use (Prior	rior if being demolished)										
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM No. Name of Abatement (AAA LEAD PRO													
Street Address				URT													
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ (08701									
Project Manager for Mor		Telepho	ne No.		Telephone No. License No. 732-668-9078 1200					э.							
Start Date (10) 08/23/16	ed Com	ompletion Date (11) Name of OSHA Monito AAA LEAD PROF															
Occupancy Status During Abatement (Check Only One)									Street Address 6 WHITE DOVE COURT								
	ated During Entire P ned Outside of Norm						City, S	State	EDOVE COL , Zip Code 'OOD, NJ 08'								
Scope of Work (Check A	II That Apply)						Link		000, 115 00	, , ,					-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renovation Demolition Full Containme Mini-Enclosure Glovebag Proce								Mini-Enclosure Glovebag Proce	edure (*) and Non-Friable Procedure							
Location	n of	i	Vormal								Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used : Maint Custod				nce/ Staff?		therma surfa	ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Domoin .	Repair	Encapsulate	Enclosure		
BASEM	ENT	Yes	No	o N/A			TSI			320LF	X						
Name of Registered Wa	ste Hauler		0.51	JDEP W		The Control of the Co	e Yards		Name of R	egistered La	ndfill						
NEWARK CARTING	à		1	lauler ID 4509	No.	of Wa			IESI								
City, State NEWARK, NJ		Title			Disposal Date City, State BETHLEHEM PA					T D :							
Completed by JOSEPH PERLSTE	IN		Signature Date														

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Date of Notification (1) 08/09/16		Building TAL LA	On the transmitted		AHG	4.5	20	10	1									
Agencies Notified Type Notification			Street Ad		E BOL	JLEVA	RD	1	Lat =	J4 1 1 1 1	-		10	HARDIN				
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Emergency justification)	(including		Name of	Contact			500000	Fernance	Tel	ephone N		11 - 1		Allen Harris				
Cartesiation						ION			-					-				
	g Place (3)				1	Type	of Facility (4)										
CRYSTAL LAKE _								School (K-12))									
Street Address 395 LAKESIDE BLVD.							×	Subchapter 8 Other (i.e. privatc.)				ildings	, hom	es,				
City (5) BAYVILLE, NJ		Square Fe						# 01	Floors		Bldg.	Age						
County (6) OCEAN COUNTY)			nt Use (Prior		ng demoli	ished)								
	Owner (8)		ASCM	l No.		Name	100000000000000000000000000000000000000	tement Contr		(9)								
						AAA	LEAD	AD PROFESSIONALS										
Street Address								oove cou	JRT	RT.								
Street Address Stre							ate, Zip Code WOOD, NJ 08701											
Project Manager for Monitoring Firm		Telephor	ne No.		Telephone No. 732-668-9078				License No. 1200									
			npletion (Date (11)		Name of OSHA Monitor AAA LEAD PROFESSIONALS								ent				
			818-100-1					s DOVE COL	IRT	·								
Abatement Performed Outside of Norr						City, S	tate, Zi	p Code										
Scope of Work (Check All That Apply)						LAN		JD, 143 00	701									
≥3 sf or ≥3 lf	ion Mini-Enclosur X Glovebag Pro																	
	3,655		F-0.00 (F-1)								Abatement Type							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used So Mainten Custodial					tos Con therma surfa	itaining M I systems acing, VA		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure					
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BASEMENT				ACM PIPE INS				LATION 150 LF			Х							
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				NJDEP Waste Cubic Yards Hauler ID No. of Waste														
NEWARK CARTING City, State		0	4509			RDS sal Date		IESI City, State										
NEWARK, NJ					08/29		BETHLEHEM PA											
Completed by JOSEPH PERLSTEIN OWNER											Date 05/27	e /27/16						

CE 46 2	(Pursuant to NJAC 8:60 and 12:							III) E	G	Ė	U	W					
Date of Notification (1) 08/09/16			Building C						- 2/11/1	2 /	4	5045	1				
Agencies Notified Type Notification		Street Ac	ddress GSLANI	D AVE		10 1.	hU	3 1	Đ,	2V1U							
EPA X Initial DEP Amended X DOL Amendment #		ASBESTOS CONTROL															
□ Emergency (includin justification) □ DCA □ Cancellation	g	Name of	Telephone			1,172											
Name of Facility Where Abatement is Taking Place	/2)	FACIL	LITY INFO	RMATIC	N	Tyr	oe of Facility (4	1)									
Name of Facility Where Adatement is Taking Place	(3)						School (K-12										
Street Address						×	Subchapter	8 (Other than rivate & comr	K-12 nercia) Il build	lings,	home	s,				
City (5) JERSEY CITY							uare Feet	# of Floors			ldg. A	ge					
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Name of Monitoring Fire Hired by Building Owner (8)	ASCM	1 No.				batement Con AD PROFE		5								
Street Address		L.			Street 6 Wh		ress E DOVE CC	DURT									
City, State, Zip Code			City, State, Zip Code LAKEWOOD, NJ 08701														
Project Manager for Monitoring Firm						slephone No. License No. 1200											
Start Date (10) Sched 08/31/16 09/01		ompletion Date (11) Name of OSHA N AAA LEAD Pl						nitor OFESSIONALS									
Occupancy Status During Abatement (Check Only 0	One)				Street			NIDT									
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Faciliother – Describe:	f Abatem lity Hours	tement															
Scope of Work (Check All That Apply)													- 250				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	20 31 01 20 11							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is Locati								THAD								
Location of	Normal sed Sole	ly			Description of Containing Material (ACM) rmal systems insulation, surfacing, VAT. or her miscellaneous)			Amount (Specify SF or LF)		Туре							
Aspestos-Containing Material (ACM)	Maintena ustodial ((12)	nce/ Staff?		thermal surfac						Removal	Repair	Encapsulate	Enclosure				
BASEMENT	140	IN/A	N/A			TSI			220LF								
								× ·									
No. (Control World Vision		JDEP W	lanta	Cubic	Varda		Name of	Pagistored L	andfill								
Name of Registered Waste Hauler NEWARK CARTING		lauler ID 4509							Registered Landfill								
City, State NEWARK, NJ				NEW COLUMN	al Date /16	1	City, Stat BETHL	e EHEM PA									
Completed by Title	NER			Signature Dat					ate								