Date of Notification (1	08/22/201	6		Name	of Building C	wner/Ope	erator (2)			145	(6)	E	<u> </u>	<u> </u>
Agencies Notified	Notification Ty				Address //ain Street	t, Suite 2	2			<i>A</i>	UG	2 :	. 0	A40
() EPA () DEP (X) DOL	(X) Initial Notifi () Amended Amendmen			City, S	tate, Zip Coo	de				L AGE ES				LI(E)
(X) DOH () DCA	() Emergenc justification () Cancellation	1)	uding	The state of the s	of Contact I N. Hamd	an				Tel. N			DNI lidG	ri
				FACIL	ITY INFORM	IATION								
Name of Facility Whe	re Abatement is	Takin	g Place	(3)				Facility (
Street Address							() Sub (X) Oth	chapter 8 er (i.e. pr mes, etc.	other t			build	ings,	è
City (5) Paterson							Square	Feet	# of F	loors	E	3ldg.	Age	
County (6) Passaic				County USE O	Code (7) (S NLY)	TATE	Current	t Use (Pri	or if beir	ng demo	olish	ed) .		
Name of Monitoring F	irm Hired by Blo	dg. Ow	ner	ASCM	No.	Name	of Contra	ctor (9)						
(8)						CID	CONST	RUCTIO	ON SEI	RVICE	S,	LLC		
Street Address							Address River Dr	ive						
City, State, Zip Code					()		tate, Zip (eld, NJ				2011			
Project Manager for N	Monitoring Firm	Tele	phone 1	Number			none Num 685-97			Licens 0119			er	
Scheduled Start Date	(10)	Sch	eduled (Completi	on Date (11)	Name	of OSHA	Monitor			-37%			
09/01/20	016		08	9/30/20	16	Testo	or Tech							
Occupancy Status Du	uring Abatement	(Che	ck only o	ne)		Street	Address							
							9 Jacks		nue					
(X) Facility Closed/Va() Abatement Perfor() Other – Describe:	med Outside of	ntire P Norma	eriod of al Facilit	Abatem y Hours	ent	1000	State, Zip Island		1110	1				
Source of Work (Che)										.,		
$(X) \ge 3 \text{ sf or } \ge 3 \text{ If}$ () $\ge 160 \text{ sf or } \ge 260$	If		Renova Demolit			() Mi () Gl	III Contair ni-Enclos ove bag f on-Exemp	ure Procedure	9				9	
						(1/)	JII-LXCITI	1	10 11011			emer		oe
Location of Asbestos-Containing (ACM) TO BE ABAT in Facility (13)	ng Material	Use Ma	ation No ed Solel aintenan dial Stat	y by ice/	Containing thermal s surfaci	otion of As Material systems in ng, VAT, oscellaneo	(ACM) (i.e nsulation, or other	e. (mount Specify F or LF)	70	П	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	1111	ociiai ieu							Ф	
Roof				Х	Tar				10 SF	>				
Ground Floor				X	Mastic			1	00 SF)				
Name of Reg. Waste Cid Construction Ser		NJDI # 329		te Haule	r ID Cubic	Yards of	Waste	Name of			ıny			
City, State Garfield, NJ					Dispo TBD	sal Date		City, Sta Melville,						
Completed by Roque G. Schipilliti	Title Project Ma	nager			Signature	Og For	Tchip	filly		Date	08/2	2/20	16	

To: NJDOL Asbestos Page 2 of 4

DOL Asbestos Page 2 of 4		2016-	08-17 16:52	:41 (GMT)			.+	2 . 22	From	Elei	na So	olako
EDS16-230	МО	TIFICATION	tem of New J N OF ASBES I to NJAC 8:6	TOS ABATE		Page 1 c	1171	E	G	E		V
Date of Notification (1) 8-17-2016			of Building Ov E SCHOO			شنتك ا	11	1	AUG	2	5	2016
Agencies Notified Type Notification			Address Lemoins A	venue			16	1				
EPA Initial Amended Amendement			ate, Zip Code			<u> </u>		AGB	EST	OS (
DOH Justification	A 0.35		of Contect DeNichilo		•	Te	lephone Nur	nber				
		FAC	ILITY INFOR	MATION				-				
Name of Facility Where Abstement is Takin Fort Lee School #1	g Place (3)				Z Sch	ecility (4) ool (K-12)			Open to			
Street Address 250 Hoym Street		11			5 UD	chapter 8 (Otr er (i.e. private			inga,	home	ъ,	
City (0) FORT LEE					8quare F 40,000	eet #c	f Floors		ldg. A Q÷	ge		
County (6) Bergen			Code (T) USE ONLY)		School	Jae (Prior if be	ing damolish	ned)				
Name of Monitoring Firm Hired by Building Karl & Associates	Owner (8)	ASC	M No.		of Abatem Group, In	ent Contracto C	(8)					
Street Address 20 Lauck Road				140	: Address Hamburg							
City, State, Zip Code Mohnton, PA 19540				100000000000000000000000000000000000000	state, Zip C mingdal	ode 3, NJ 07403						
Project Manager for Monitoring Firm Michael Krischer		. I/V/200000000000000000000000000000000000	one Na. 223-1832		none No.)710-972	25	Lice hae N 01084	lo.	1			
Start Date (10) 8-19-2016 at 3:30 pm	Scheduled 8-22-201				of OSHA					_		
Occupancy Status During Abatement (Chec				Siree	Address		** ******	_				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norr Other - Describe:				City, 8	State, Zip C	M						
Scope of Work (Check All That Apply)												
≥3 of or ≥3 if ≥150 of or ≥260 if		noiltien			Mini-E	ontainment wit nclosura pag Procadura xempted (*) ar	•	X 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		a		
		ocation							Abate	ment		
Location of Asbestos-Contening Material (ACM) TO BE ABATED In Facility (13)	Solely by enonce/ Bai Staff? 12)	(i.e. th	Description Containing learned system surfacing, V/ other miscella	Material (A is insulation LT, or	1. (Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure		
Ptora Deem		No N/A	Ola	- Elitica la	nulation		8 If			8	rti-	
Stage Room	++	^	PIP	e Fitting in	Suigilon		811	X			\neg	
				· · · · · · · · · · · · · · · · · · ·				-				
Name of Registered Waste Haulet		NJOEP		Cubic Yards	N	ame of Regist	erad Landfil	-			\dashv	
GL Group, ina		Hauler II 003303	4 7	of Waste FBD		finerva	10					
City, State Bioomingdale, NJ	Tile		109	Disposal Date IBD	V	ity, State Vaynesburg						
Completed by Elena Sciakov	ent		Signatur	50	St. W.) B	ote - 17-20	016				

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

EDS16-230

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

Page 1 of 1

	to NJAC 8	:60 and 1	12:120	0)	Chec	k#	2350								
Date of Notification (1) 8-17-2016				Building C)-[C	E		\mathbb{V}	
Agencies Notified Type Notification	on		Street A		Avenue						AUG	2	Е	2016	
EPA Initial				emoine					111		AUU		<u> </u>	2010	-
DEP Amended Amended	ent #			ee, NJ 07						400	EST	20.	201	ITTO	21 0
× Emergen	cy (including on)			Contact					Tele	ohone	Numb	EN	ISIN	G	5 L 0
DOH justification Cancellat	ion			eNichilo		N									
Name of Facility Where Abatement is Ta	king Place (3	3)	FACI	LITY INFO	RMATIO	N	Туре	of Facility (4)							
Fort Lee School #1		10						School (K-12)							
Street Address 250 Hoym Street							Ħ	Subchapter 8 Other (i.e. privetc.)	vate &	comm					s,
City (5) FORT LEE							40,0	re Feet 100 +	2	Floors		40	dg. A)+	ge	
County (6) Bergen			County (Code (7) USE ONLY)		_	Sch				olished	f)			
Name of Monitoring Firm Hired by Buildin Karl & Associates	ng Owner (8)		ASCM	No.		GL (Group		actor (9)		2 1	-		
Street Address 20 Lauck Road							Addre Hamb	ss ourg Tpke							
City, State, Zip Code Mohnton, PA 19540								ip Code dale, NJ 07	403						
Project Manager for Monitoring Firm Michael Krischer			Telepho (610) 2	ne No. 223-1832			hone N)710-	lo. 9725		Licens 0108			X		
Start Date (10) 8-19-2016 at 3:30 pm	Schedule 8-22-2			Date (11)) pm			of OS Group	HA Monitor , Inc							
Occupancy Status During Abatement (C	heck Only Or	ne)					Addre								
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	ire Period of A lormal Facility	Abatem / Hours	nent			City, S	State, Z	ourg Tpke Zip Code dale, NJ 07	403						
Scope of Work (Check All That Apply)								•					35-		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	NAME OF TAXABLE PARTY.	Renova Demolit				>	Mi GI	Ill Containmen ni-Enclosure ovebag Proce on-Exempted (dure					e	
	A 2433	Locati										,		ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintena todial S (12)	ely by nce/ Staff?		Desc tos Contai thermal s surfacii other mis	ystem ng, VA	Materia ns insul AT, or	ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		- F::::		1.4) IE		,			
Stage Room		X	-	Pi	ipe Fittir	ng in	sulati	on		3 If	2	2			
Name of Registered Waste Hauler		l N	JDEP W	Vaste	Cubic Y	ards		Name of Re	egiste	red Lar	ndfill				
GL Group, Inc		H	lauler ID 033034	No.	of Wast			Minerva						63	
City, State Bloomingdale, NJ					Disposa TBD	al Date	3	City, State Waynesh	ourg,	ОН					
Completed by Elena Solakov							e E	lenn Ste	Ma	از	Date 8-17		16		

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

D&S Proj. #: 16-259

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

MECELVEN

10-239			(,			,							
Date of Notification (1)		me of Bu		er/Operator (2))				AU0	25	2016		Ð
Agencies Notified	Stre	eet Addre	ess					P.S.	BEESIC LIC	IS CO ENSII		DL 8	k .
Amendment #:		y, State, 2					3						
☐ Emergency (including		me of Cor	LAIR, N.	107042				Telepho	ne Numbe	er	we make the		
justification)													
Cancellation	غــللـــ	joseph h		LITYINGODA	ATION								
		- (0)	FACI	LITY INFORM	IATION		III	pe of Facility	(4)				
Name of facility where abatement is joseph hayes	taking piac	e (3)						Scho	ol (K - 12 napter 8 (an K-	12)	
Street Address								Other	(Private/0 /Homes,	Commer			
								Square Feet	# of Floo		Bld	g. Ag	e
City (5)	Count	y (6)			 (1) (1) (1) (1) (1) (1) 	nty Code (7)							
MONTCLAIR	ESSI	EΧ				e use only)		Current Use (F	Prior if bei	ng dem	olishe	d)	
Name of Monitoring Firm Hired by E	Bldg. Owner	(8)		ASCM No.		Name of Abaten					ū		
					_	D & S REST Street Address	ORAT.	ION, INC.					
Street Address						20 Californi	ia Ave.						
City, State, Zip Code						City, State, Zip C				- 11			
	anning the second					Paterson, N		3					
Project Manager for Monitoring Firm		Ph	none Numb	er		Telephone Number 973-345-8			E. C.	e Numb 01169	er		
			5 1 /1		_	Name of OSHA							
Start Date (10)	Sched.	Completi	on Date (11	1)		D & S Resto	oration,	Inc.					
08/29/16	09/15/	-				Street Address							
Occupancy Status During Abatemen Facility closed/vacated during Abatement performed outside	entire perio	d of abate	ement.			20 Californi City, State, Zip C		ue					
Describe: NORMAL H					-	Paterson, N	IJ 0750	3					
Scope of Work (check all that apply								Containment	w/negativ	e press	ure		
\boxtimes >3 sf or >3 lf \boxtimes ≥160 sf or ≥260 lf	Renovation Demolition	1					ズ Glo	ni-enclosure ovebag proced n-Exempted (n-friable	proce	edure	
Location of			used solely	у						R	R	E n	E
asbestos-containing material (acm) to be	by mainter staff(12)	nance/cu	stodiai	Descript material		sbestos-containi	ng	Amount (Specify	SF or	m	p a	С	n
abated in facility (13)	Yes	No	N/A					LF)		v e	i	a p	L
BASEMENT		$\square X$		PIPE INS		ON		103 l ft 60 sq ft			H	井	+
basement storage & family rm		X	4	plaster cei	ling	-		60 sq 1t		씀	片	H	片
		_	+			100 to				+	H	片	T
			+					-					
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler 06	1000000	Cubic Yards of 3 yds	Waste	Name of Regis	stered La WN, RI	ndfill ESOURCE I	RECOVE	ERY			
City, State PATERSON, NJ 07503			Disposal [08/30/1	Date		City, State TULLYTO	WN, P.	A					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT	1	Signature		l			Date 08/1	17/16			
			for achori	too liconeuro c	vamnta	d activities							

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

D&S Proj. #: 16-256	_		(Pursua			and 12:120)	IN EG	E	<u> </u>			
Date of Notification (1) 0 8 / 1 7 / 1 6				Operator (2) MARK DE	V., LL	С	AU	3 2 5 2	2016	.[الا	
Agencies Notified	n Stre	et Address	s 948				ASDES	OS GOI	STRO Le	 L &		
DOL Amendment #:_	- 11	, State, Zi										
Emergency	11 -	ELIZABE		1/208	Annual Park		l Telephon	e Number	-		-	_
DOH (including justification)		ERIC LE										
			FACIL	ITY INFORM	ATION							
Name of facility where abatement is	taking plac	e (3)	-7.24				Type of Facility (4) I (K - 12)				
AMERICAN LANDMARK D	EV., LLC		_				Subch	apter 8 (Ot Private/Co			2)	
Street Address 1021 CRANBROOK ROAD								Homes, etc # of Floors). 		g. Ag	e
City (5)	County	/ (6)				ty Code (7)	Current Use (P	rior if being	demo	lishe	1)	_
UNION	UNIC	ON										-
Name of Monitoring Firm Hired by B	ldg. Owner	(8)		ASCM No.	1	Name of Abatemen	t Contractor (9)					
					_	D & S RESTOR	RATION, INC.					
Street Address					3	Street Address						
						20 California A					_	
City, State, Zip Code	300-00-00 (C					City, State, Zip Code						
						Paterson, NJ 0		License	Numbe	ar.		
Project Manager for Monitoring Firm		Pho	ne Numbe	er		Felephone Number 973-345-8020			169	31		
-						Name of OSHA Mo						
Start Date (10)	Sched.	Completio	n Date (11)		D & S Restora						
08/29/16	09/15/	16		6		Street Address						
Occupancy Status During Abatemen						20 California A	venue					
Facility closed/vacated during Abatement performed outside Describe:	of normal fa	d of abater acility hours	nent. S-			City, State, Zip Cod						
Other-Describe: NORMAL H	OURS				_	Paterson, NJ (
Scope of Work (check all that apply) Renovation						Full Containment Mini-enclosure Glovebag procedu	ıre				
≥ 160 sf or ≥260 lf	Demolition		d!-!			₽	Non-Exempted (*	and Non-	R	proce R	E	
Location of asbestos-containing material (acm) to be	by mainter	normally unance/cust	odial			sbestos-containing	Amount (Specify LF)	SF or	e m o	e p a	n c a	E n c.
abated in facility (13)	Yes	No	N/A				uares.		e e	<u>-</u>	р	L
BASEMENT 2 BEDROOMS		X		VAT			300 SQ FT	- Water		무	믐	부
1ST FLOOR ENTRANCE		X		VAT			18 SQ FT	T	X	屵	Η	믐
BUILDING EXTERIOR		X		TRANSIT	E SIDI	NG	1,100 SQ F	1		屵	Η	뉴
					_			-	H	屵	븜	片
Registered Waste Hauler		P Hauler I		ubic Yards of	Waste	Name of Register	ed Landfill	ECOVE	.[니]	<u> </u>	Ш	1
D & S RESTORATION, INC.	135			5 YDS			N, RESOURCE R	ECUVER	I		_	
City, State			Disposal D 08/30/1			City, State TULLYTOW	N PA					
PATERSON, NJ 07503 Completed by (Print or Type)	Title		00/30/1	Signature		TOLLTOW	1,21	Date 08/17	/2016			
BOGDAN JOLDZIC	PRESID:	ENT	for oobset	ne liceneure e	vomnte	dactivities			, 2010			-

EDS16-235

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

Page 1 of 1

EDS16-235	(Pursuant to N.							Che	ck # 2	361	G			E	
Date of Notification (1) 8-22-2016				Building O											
Agencies Notified Type Notification			treet Add	dress erty Stre	et				11	Α	Ub	25	20	lb	+
EPA Initial Amended Amendment #_		C	ity, State	e, Zip Cod erry, Nev	e	ey 070	643	į	ĀS	BES	STO	S CC	DNTI	30L	8.
Emergency (inc justification)	luding	N	ame of 0	Contact					Telepi						7
DCA Cancellation				ITY INFO	RMATIC	ON			1						
Name of Facility Where Abatement is Taking P Memorial School	lace (3)							e of Facility (4							
Street Address		_					×	School (K-12 Subchapter	8 (Other				nan h	omor	
130 Liberty St.		- 111						Other (i.e. pretc.)			ercia		236660		,
City (5) Little Ferry								uare Feet ,000 +	# of F	oors		50	dg. Ag)+	je	
County (6) Bergen			County C	ode (7) SE ONLY)				rrent Use (Prio	r if being	demo	olishe	ed)			
Name of Monitoring Firm Hired by Building Ow Karl & Associates	ner (8)		ASCM	No.				batement Con	tractor (9)					
Street Address 20 Lauck Road	-					Street 140		ress nburg Tpke							
City, State, Zip Code Mohnton, PA 19540								, Zip Code gdale, NJ 0	7403						
Project Manager for Monitoring Firm			elephon	ne No.)	Telep (201		No. 0-9725		icens).			
Michael Krischer Start Date (10)	chedule					Name	of O	SHA Monitor		-					
8-31-2016	Scheduled Completion D 9-3-2016							ıp, Inc				_			
Occupancy Status During Abatement (Check (Facility Closed/Vacated During Entire Pe			ent			Street 140		nburg Tpke							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	Facility	Hours			_			, Zip Code igdale, NJ (7403						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti	on					Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure			le Prod	cedure Abate	ment	
Location of	1	Location Normall	у		De	scriptio	n of						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)						ns ins AT, o		(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
Board Offices (2 offices & kitchen)	Yes	No X	N/A		Ce	eiling 7	Γile		1,14	0 SF		x			
Board Offices (2 offices & Richerty															
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Register	ed La	ndfill				
GL Group, Inc		48.00	auler ID 033034		of Wa	ste		GROW							
City, State Bloomingdale, NJ				-	Dispo	sal Dat		City, Stat Morrisv	rille, PA				-50	222	10
Completed by Elena Solakov	Title President						re (Elen S	Lulla		Da 8-	ate 22-20	016		

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

NO CP		NOT				ESTOS ABATEI 8:60 and 5:16)		EGE	\mathbb{V}	E	Ī	
Date of Notification (1)			1	Name o	f Building	Owner/Operator (2	2) 1127					
08 /	19 / 1	6				Turnpike Author	111 .	AUG 25	2016	ñ		$\ \ $
Agencies Notified	Type Notification	n			ddress Main Stre	eet						
□ DEP	Amended		-	City, Sta	ate, Zip Co	ode	/	ASBESTOS CO LICENS		UL	Ä	
☑ DCA (NJAC 5:16)☑ DHSS	Amendment Emergency (100 DOM		Woo	dbridge,	NJ,07095	L	LIVEING	ervu _			
DIAC 5:23-8)	justification) Cancellation				f Contact			Telephone Numb	er			
				FAC	I ITY INI	FORMATION						
Name of Facility Where	Ahatement is Tak	ing Place	(3)	1710			Type of Facility (4	1)				
Existing 2 Story Dv			(-)				School (K-12)					
Street Address							Subchapter 8	(Other than K-12) vate & commercia	l buildir	nas.		
470 Schiller Street							homes, etc.)					
City (5)							Square Feet	# of Floors	100000000000000000000000000000000000000	g. Ag	е	
Elizabeth							1500	2		960		
County (6)				Count	y Code (7)	(STATE USE ONLY)		or if being demolis	ned)			III.
Union						5.41-4	Dwelling Un	IIT				
Name of Monitoring Firm			3) <i>F</i>	SCM N		Name of Abateme						
Langan Eng. & Env	vironmental Se	rvices		0009	9	APS Contract Street Address	anig, inc.					0.000
Street Address							nsylvania Aven	IIA				
21 Penn Plaza						City, State, Zip C		40			-	
City, State, Zip Code 360 West 31 st Stree	et, 8 th Floor					Paterson, NJ		1				
Project Manager for Mor	nitoring Firm		D	ohone N		Telephone No.		License No.				
Vijay Patel			1 E	2-479-		973-754-1908		01-287				
Start Date (10) 08/29/		neduled Co				Name of OSHA N						
Occupancy Status Durin	ng Abatement (Ch	eck only o	ne)			Street Address						
☐ Facility Closed/Vaca	ted During Entire	Period of	Abater	nent			nsylvania Aven	ue				
Abatement Performe	ed Outside of Norr AM	nal Facility _PM/	/ Hour PM-	s - Des	AM	City, State, Zip C Paterson, N.						
Scope of Work (Check a	all that apply)					☐ Full Cor	ntainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati molitic			☐ Mini-En			re			
	iliay	Is	Locat	ion		⊠ Non-Ex	empled () and No	II-i Hable I loceda	200	ateme	ent T	vpe
Locatio	n of	1	Norma	lly		Description						
Asbestos-Containing	g Material (ACM)		ed Sole intena		Asbe	estos Containing M ermal systems insu	aterial (ACM)	Amount (Specify	Rem	Repair	nca	incl
	TO BE ABATED Custodial Staff?						lation, surfacing,	SF or LF)	Remova	¥.	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellan	eous)		-		late	(O
Throughout the Uni	it		\boxtimes		files be	overing materia	ina	260SF				
First Floor			×		Floor o	overing materia	al and glue	150SF				
First Floor			\boxtimes			w glazing putty		5LF				
Roof			\boxtimes		Gray re	oof Shingles		50SF	\boxtimes			
Name of Registered Wa	aste Hauler			JDEP		Cubic Yards of	Name of Regis	Cathorises III				
APS Contractors,			F	1auler I 2125		Waste 10 Yards	Grows Lat	ndfill				
City, State Paterson, New Je	rsey					Disposal Date 08/31/16	City, State Morrisville	e, PA 190 <mark>6</mark> 7				
Completed By (Print or		Title				Signature	11	// . D	ate	1.	,	-
Svetozar Savresk	5000 State	Presid		CAM	The Co	too !	3/)9	//	6_			

ASB-41 JUL 01

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

Date of Notification (1)				(Pu	rsuant	to NJA	C 8:60 and 5:16)	ECEI	W	F	T	2
	Date of Notification (1) 08 /	23 / 16								- 0	<u> </u>	Parameter and a	
DOLIVD	Agencies Notified	Type Notification			Street A	Address			AUU 25	201	b	15	2
Decade		A STATE OF THE PARTY OF THE PAR			400 \	Western	Ave						
DCA	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				City, St	ate, Zip C	ode		ASBESTOS CO	NTF	ROL	&	1
Name of Facility Where Abatement is Taking Place (3) Subchapter 8 (Other than K-12) Subchapter 9 (Other 12) Subchapter 9 (Oth			ludina		Morr	ris Town	ship		THE RESIDENCE AND PARTY AND ADDRESS OF THE PARTY AND	-			
Cancellation			iuug		Name o	of Contact	t d		Telephone Numbe	r			
Name of Facility Where Abatement is Taking Place (3)		☐ Cancellation			Low	ell DeGr	ote					G-07	0.0000
School (K-12) School (K-12) School (K-12) Street Address Street					FAC	ILITY IN	FORMATION					-	
Subchapter 8 (Other than K-12)	Name of Facility Where	Abatement is Taking	Place	(3)					374				
Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bidg, Age 200	Morristown Anima	l Hospital											
Nomeria Square Feet # of Floors 2 do	Street Address						100	Other (i.e., pri	vate and commerci	al buil	dings	5,	
County (6) Morris Township	400 Western Ave												
County (6) County Code (7)(STATE USE ONL: 1) Current Use (Prior If being demolished)	City (5)							•	The second second	1		е	
Morris	Morris Township							(15)		2	00		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 29737 Superior Abatement Contractor (9) Superior Abatement Inc Street Address 2 Henderson Drive City, State, Zip Code Sparta, NJ 07871 Telephone No. (609) 704-8850 Telephone No.	County (6)				Count	ty Code (7)(STATE USE ONLY)			ed)			
Street Address 655 West Shore Trail City, State, Zip Code Sparta, NJ 07871 Project Manager for Monitoring Firm Jean Paul Von Doehren Start Date (10) 08 / 16 / 16 08 / 30 / 16 0973-808-1616 00411 Name of OSHA Monitor Superior Abatement Inc Union Note (Check all that pipt) □ 23 sf or ≥3 if □ Renovation □ Renovatio									oital				
Street Address 655 West Shore Trail City, State, Zip Code Sparta, NJ 07871 Project Manager for Monitoring Firm Jean Paul Von Doehren Start Date (10) 08 / 16 / 16 08 / 30 / 16 Occupancy Status During Abatement (Check only one) Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement - AM-PM-PM-AM Scope of Work (Check all that apply) 3 sf or ≥3 lf 2 lengthone No. Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Superior Abatement Inc Superior Abatement Inc Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State Number Period of Abatement Inc Superior Ab					ASCM N	No.							
City, State, Zip Code Sparta, NJ 07871	Environmental He	alth Investigations	s, Inc		2973	7		tement Inc					
City, State, Zip Code Sparta, NJ 07871 Project Manager for Monitoring Firm Jean Paul Von Doehren Start Date (10) OB / 16 / 16 Occupancy Status During Abatement (Check only one) Health Ferror of Abatement (Check only one) Abatement Performed Outside of Normal Facility Hours - Describe Tire of Abatement: AM-PM/PM-AM Scope of Work (Check all that apply) Scope of Work (Check all	Street Address												
Sparta, NJ 07871 Project Manager for Monitoring Firm Jean Paul Von Doehren Start Date (10) 08 / 16 / 16 08 / 30 / 16 Scheduled Completion Date (11) 08 / 30 / 16 Superior Abatement Inc Superior Abatement Inc Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive Clity, State Address 2 Henderson Drive Clity, State Mini-Enclosure Glovebag Procedure Clity, State Mini-Enclosure Glovebag Procedure Clity, State Mini-Enclosure Glovebag Procedure Clity, State Mini-Enclosure Abatement Type Miniervae Enterprises Minie	655 West Shore To	rail					The second section of the second						
Project Manager for Monitoring Firm Jean Paul Von Doehren Telephone No.	City, State, Zip Code												
Start Date (10)	Sparta, NJ 07871							ell, NJ 07006			20000		
Start Date (10)	Project Manager for Mo	nitoring Firm		Tel	ephone l	No.							
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Abbeton-Craiming Material (ACM) TO BE ABATED IN Facility (13) Throughout To Be ABATED IN Facility (13) Throughout To Be ABATED In Food of Abatement To Be Abatement	Jean Paul Von Do	ehren		(6	509) 704	4-8850		100 minutes	00411				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: AM PM/ PM AM ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Asbestos Containing Material (ACM) ☐ Asbes	Start Date (10)	1											
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:	08 /16	/ _160	8_ /	3	0_/_	16_	Superior Aba	atement Inc					
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM	Occupancy Status Duri	ng Abatement (Check	only	one)									
Time of Abatement:AMPMPMAM													
□ ≥3 sf or ≥3 if □ Renovation □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempted (*) Abatement Type □ Non-Exempted (*) Abatement Type □ Non-Exempted (*) Abatement Type □ Non-Exempte	☐ Abatement Performe Time of Abatement:	ed Outside of NormalAMPN	Facilit	y Hou PN	irs - Des	cribe AM							
□ ≥3 sf or ≥3 if □ Renovation □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempted (*) Abatement Type □ Non-Exempted (*) Abatement Type □ Non-Exempted (*) Abatement Type □ Non-Exempte	Scope of Work (Check	all that apply)				-							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Throughout Toughout Throughout Throughout Toughout Throughout Throughout Toughout Toughout Throughout Throughout Toughout Toughout Throughout Throughout Toughout Throughout Throughout Throughout Toughout Throughout Throughout Toughout Toughout Throughout Throughout Toughout Throughout Throughout Toughout Toughout Throughout Throughout Toughout Toughout Throughout Throughout Toughout Throughout Toughout Toughout Toughout Throughout Toughout Toughout Throughout Toughout Toughout Toughout Toughout Throughout Toughout Toughout Toughout Toughout Toughout Toughout Throughout Toughout Toug	☐ ≥3 sf or ≥3 lf						Mini-End Gloveba	closure ig Procedure		_			
Location				200						Ab	atem	ent T	ype
Throughout Yes No N/A	Asbestos-Containin TO BE Al IN Fac	g Material (ACM) BATED bility	Use Ma	ed So ainten stodia	lely by ance/ I Staff?		estos Containing Ma e., thermal systems surfacing, VAT	aterial (ACM) insulation, , or	(Specify	Removal	Repair	Encapsulate	Enclosure
1stFloor Kitchen/SW Reception Area	(13	,	Yes	No	N/A							(D)	1
1st Floor Kitchen/SW Reception Area	Throughout				\boxtimes	Wall/C	eiling Plaster w/	Joint Comp.	7,500 SF	\boxtimes			
Roof Name of Registered Waste Hauler Service Transport Group Inc City, State New Castle, DE Completed By (Print or Type) Nick Petrovski Rope Gasket / Window Caulk Ro		V Reception Area			\boxtimes	Linole	um		875 SF	\boxtimes			
Roof Name of Registered Waste Hauler Service Transport Group Inc City, State New Castle, DE Completed By (Print or Type) Nick Petrovski President NJDEP Waste Cubic Yards of Waste 200 Disposal Date 8/30/2016 Name of Registered Landfill Waste 200 City, State 8/30/2016 Waynesburgh, OH Date 8-23-16			-			Rope	Gasket / Window	Caulk	10 LF / 22 EA	\boxtimes			
Name of Registered Waste Hauler Service Transport Group Inc City, State New Castle, DE Completed By (Print or Type) Nick Petrovski NJDEP Waste Hauler ID No. SW2117 NJDEP Waste Hauler ID No. SW2117 Disposal Date 8/30/2016 Signature Signature Signature Signature Date 8-23-16	Roof		П	П		Perim	eter Flashing		100 LF				
City, State New Castle, DE Completed By (Print or Type) Nick Petrovski Disposal Date 8/30/2016 Waynesburgh, OH Signature Signature Signature Signature 8-23-16					Hauler II	D No.	Waste 200		OBSTANCE OF THE PROPERTY OF TH				
Nick Petrovski President President									ırgh, OH				
	Nick Petrovski	71-7		lent			Signature	all.	hu, C	te F-	23	-/	6

State of New Jersey

CK 166	1	NOTII				BESTOS ABAT C 8:60 and 5:16	EMENT S)	ECEI	\mathbb{V}		N	The state of the s
Date of Notification (1)			T	Name	of Building	Owner/Operator (2	2)				П	
	23 / 16	i		Divi	sion of F	Property Manage	ement & Const	ruction 2.5	2016		IJ	
Agencies Notified	Type Notification	-			Address		14 -	1,100 2 0		1		
⊠ EPA				20 V	V. State	Street, 3rd Flr.		000000000000000000000000000000000000000	ITDO	1 0		
⊠ DOLWD	☐ Amended			City, S	tate, Zip C	Code	A	SBESTOS CON LICENSIN		La		
☑ DOH	Amendment #			Trer	nton, NJ	08608	L	LIOLIVOII	-			•
☐ DCA (NJAC 5:23-8)	justification)	icidaling	Ī	Name	of Contac	t		Telephone Numb	per			
. •	☐ Cancellation			Rick	(Ferrera	1			2			
				FAC	ILITY IN	IFORMATION						
Name of Facility Where A	Abatement is Takin	g Place	(3)				Type of Facility					
Residential House							Subchapter 8) (Other than K-12)	,			
Street Address								ivate and commer		ilding	S,	
City (5)		*****	-				Square Feet	# of Floors	Blo	ig. Ag	je	
Manville, NJ 08835	i											
County (6)				Cour	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Somerset												
Name of Monitoring Firm	Hired by Building	Ow') /	ASCM	NO.	Name of Abateme	ent Contractor (9)			19758-1970		
Bio Terra Solutions	3		i			ALL PRO MA	NAGEMENT L	LC		000	1000	
Street Address	1					Street Address			82.17%		1152	
P.O. Box 1224	-					27 Outwater	Lane					
City, State, Zip Code						City, State, Zip C	ode					
Union, NJ						Garfield, NJ	07026	-				
Project Manager for Mon	itoring Firm		Tele	ohone I	No.	Telephone No.		License No.				
Rick Eustaquio			97	3-494	-3762	973-928-4888	3	1188				
Start Date (10)	The second secon	duled C 09 /	39		- 10 KB	Name of OSHA M	Monitor ANAGEMENT L	LC				
Occupancy Status During	g Abatement (Chec	ck only o	ne)			Street Address						
□ Facility Closed/Vacate						27 Outwater	Lane					
☐ Abatement Performed	Outside of Norma	I Facility	Hour	s - Des	cribe	City, State, Zip C	ode			388-30 TK		
Time of Abatement: _	AIVIF	'IVI/	_PIVI-		Alvi	Garfield, NJ	07026					
Scope of Work (Check al	ll that apply)		novati molitic			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure n-Friable Procedu	re			
		Is	Locat	ion	1	Non-Exe	stripted () and 140	II-I Habie I Toocaa		atem	ent T	voe
Location	of	1	Norma	lly		Description of	of			-		T
Asbestos-Containing			d Sole			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABA		(3.55.51)	todial		(1.6	surfacing, VAT		SF or LF)	oval	=	psu	Sur
(13)		-	(12)	1,,,,		other miscellane	eous)				ate	a a
nd		Yes	No	N/A	<u></u>			78 LF				
Basement to 2 nd Floo	or Radiators		Ш		Pipe in	sulation		7011	10	H		1
										Ш		ᆜ
												Ш
Name of Registered Was	ste Hauler		1 1 2 2	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Newark Carting			H	auler II 04509		Waste As Needed	IESI Bethle	ehem Landfill				
City, State				5-1003		Disposal Date	City, State					
Newark, NJ						TBD	Bethlehen	ı, PA	124			
Completed By (Print or T	vpe) Tit	le				\$ignature /		D	ate/	1.		

Allen Monchik

Project Manager

State of New Jersey

CK 166	7	NOTII				BESTOS ABAT C 8:60 and 5:16				1	W	
Date of Notification (1) 08 /	23 / 16					Owner/Operator (2 Property Manage		truction A	IG 2	5 7	2016	
Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH	Type Notification ☑ Initial ☐ Amended Amendment #			20 V City, S	Address V. State State, Zip Conton, NJ			ASSES		400	TA(100
DCA (NJAC 5:23-8)	☑ Emergency (in justification)☑ Cancellation	cluding		Name	of Contact			Telephone Numb	er			
				FΔC	II ITY IN	FORMATION			1.09		-	
Name of Facility Where Residential House Street Address		g Place	(3)		7.2.1.1.1.1			8,542		ilding	s,	
City (5)					1 4 1		homes, etc.) Square Feet	# of Floors	Blo	ig. Ag	je -	12
Manville, NJ 0883 County (6) Somerset Name of Monitoring Fire		Owner (3)	Coun ASCM 1)(STATE USE ONLY) Name of Abateme		ior if being demolis	hed)			
Bio Terra Solution	s			- 74	100 ⁴⁷	ALL PRO MA	NAGEMENT L	LC L		11/32	*	
Street Address P.O. Box 1224						Street Address 27 Outwater	l ane	3 . 6				
City, State, Zip Code Union, NJ						City, State, Zip Co	ode				240	
Project Manager for Mo Rick Eustaquio		W 0	97	phone I 73-494-	-3762	Telephone No. 973-928-4888		License No.				
Start Date (10)	and the second second	duled Co		tion Dat) / _		Name of OSHA M	NAGEMENT L	.LC		68		
Occupancy Status Durin Facility Closed/Vaca Abatement Performe Time of Abatement:	ted During Entire Pe ed Outside of Norma	eriod of A	Abate .Hou	s - Des	cribe AM	27 Outwater City, State, Zip Co	ode				e .	8
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)	☐ Rei				⊠ Full Con □ Mini-End □ Gloveba	tainment with Ne losure g Procedure	gative Pressure	-			
			Loca: lorma						Ab	atem	ent T	ype
Locatio Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACM) BATED ility	Use Ma	d Sole ntena	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement to 2 nd Flo	or Radiators			\boxtimes	Pipe In	sulation		78 LF				
Exterior				\boxtimes	Founda	ation Waterproo	fing	1,500 SF	\boxtimes			
Name of Registered Wa Newark Carting	aste Hauler		1196	NJDEP N Hauler III 04509	O No.	Cubic Yards of Waste As Needed	IESI Bethl	stered Landfill ehem Landfill			=	
City, State Newark, NJ	B ⁰	-				Disposal Date TBD	City, State Bethleher	n, PA				

Completed By (Print or Type)

Allen Monchik

Project Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT CK 166 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Division of Property Management & Construction AUG 16 80 Street Address Type Notification Agencies Notified 20 W. State Street, 3rd Flr. ASSESTOS CONTROL & **⊠** DOLWD ☐ Amended City, State, Zip Code LICENSING Amendment #_ **⊠** DOH Trenton, NJ 08608 ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Rick Ferrera **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residential House ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) Manville, NJ 08835 Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Somerset Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ALL PRO MANAGEMENT LLC **Bio Terra Solutions** Street Address Street Address 27 Outwater Lane P.O. Box 1224 City, State, Zip Code City, State, Zip Code Garfield, NJ 07026 Union, NJ License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 1188 973-928-4888 973-494-3762 Rick Eustaquio Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 09 / 30 / 16 ALL PRO MANAGEMENT LLC 08 / 24 / Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/_ Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf Glovebag Procedure □ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Enclosure Location of Remova Encapsulate Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 71 SF \boxtimes VAT . M 1st Floor Apt. Bathroom, Kitchen X П 60 SF Transite Board Basement Ceiling behind Staircase M \boxtimes 86 LF Basement to 2nd Floor Radiators Pipe Insulation П П \boxtimes 10 SF П M Tar Paper **Basement Perimeter** Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. IESI Bethlehem Landfill **Newark Carting** As Needed 04509 City, State Disposal Date City, State

ASB-41 JAN 13

Newark, NJ

Allen Monchik

Completed By (Print or Type)

Title

Project Manager

TBD

Bethlehem, PA

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

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

AUG 2 5 2016

02				225 North 2nd Avenue		ASE Abateme	ES IOS nt Type:F	CONTR VSILIG	POLA
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Main	i Locati rmally Solely I tenanc al Staff	Used by e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	Repair	E n c a p s u I	E n c l o s u r e
	Yes	No	N/A			<u> </u>			
Crawlspace Storage			Х	Transite Panels	350 SF	Х			
Exterior			X	Electrical Conduit Putty	2 SF	X			

Completed by:	(Print or type)
Allen Monchik	



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	22 /	16			Name	of Building	Owner/Operator (2	2) ment & Const	N. duction					
	23 /	16					Property Manage	ment a consti	AU	G 25	20	ib	10.	
Agencies Notified ☑ EPA	Type Notificati	ion				Address V. State S	Street, 3rd Flr.	Li Appara		10000	0)	FIOT		
Ø DOLWD	Amended	.i.u			City, S	tate, Zip C	ode		ASDES	ICENS	anet NA	no:	. 500	
Ø DOH	Amendmen		ling		Trei	nton, NJ	08608	<u>L</u>		1 Charles				
DCA (NJAC 5:23-8)			mig	t	Name	of Contact			Telephone	Numbe	r			
(☐ Cancellatio				Rick	k Ferrera								
	I				FAC	II ITY IN	FORMATION	-				11	_	
Name of Facility Where	Abatement is Ta	king Pla	ace ((3)				Type of Facility ((4)					
Residential House			8	(-)				School (K-12)	W 100	it.		. 35	
Street Address		-	-	- 10				Subchapter 8	Other than	K-12)	_1	ation on		
Sireet Address				7f				Other (i.e., pr homes, etc.)		mmercia	al bui	aings	5,	
City (5)							* *	Square Feet	# of Floor	rs ·	Bld	g. Ag	e	8
Manville, NJ 0883	5		20 1				# 10 F							-
County (6)			75 8		Coun	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being d	emolishe	ed)			
Somerset									9 7,4	8 100 m	+ 1	253	10	-
Name of Monitoring Firm	Hired by Buildin	ng Own	er (8	3).	ASCM	No.	Name of Abateme							
Bio Terra Solution	s	. 14 1	25				ALL PRO MA	NAGEMENT L	LC		S 9	1271		
Street Address			, i			55	Street Address							
P.O. Box 1224	g = 2 sa	1.0			98 8	K 14 (9)	27 Outwater	Lane						
City, State, Zip Code							City, State, Zip Code							5.5
Union, NJ					map V	ra na gai	Garfield, NJ 07026							s . v
Project Manager for Monitoring Firm					phone	No.	Telephone No.	95	License I	No.	100	10 8		
Rick Eustaquio				97	3-494	-3762	973-928-4888		1188	10		2		
Start Date (10)	Sc	chedule	d Co	mple	tion Da	te (11)	Name of OSHA N	Monitor						
08/24/	16	09	_ /	30		16	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status Durin	g Abatement (C	heck or	nly o	ne)			Street Address		77.00		1.			- 14
□ Facility Closed/Vacat					nent		27 Outwater	Lane	s	å .	<i>3</i> *			
☐ Abatement Performe	d Outside of Nor	rmal Fa	cility	Hour	s - Des	cribe	City, State, Zip Co	ode				19		
Time of Abatement:	AM	PM/_		-PM-		AM	Garfield, NJ	07026		4 = 100 mm			3.2	
Scope of Work (Check a	all that apply)				F 1		7 1 12				S 8 2	1	9	
			-		ū	0 19 0	☐ Full Con	tainment with Neg	gative Press	ure				10
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitic		0.00	☐ Gloveba	g Procedure						
	38.	Ξ.,	E)	4			Non-Exe Non-Exe	empted (*) and No	n-Friable Pr	ocedure	-			
4.			73.553	Locat			10 0000-000-000-000-000-000-000-000-000-	-			Aba	ateme	ent T	1
Location				lorma d Sole		Acho	Description of stos Containing Ma		Amou	nt	Re	Re	En	Enclosure
Asbestos-Containing TO BE AB			Mai	intena	nce/		., thermal systems		(Speci	ify	Removal	Repair	cap	clos
IN Faci	lity	1	Cust	odial (12)	Staff?		surfacing, VAT		SF or l	_F)	/al	100	Encapsulate	иге
(13)		_\	es	No	N/A	1	other miscellane	eous)					ē	
Basement to 2 nd Flo	Dadiotoro		2000			Pine In	sulation		75 L	F	\boxtimes	П	П	
Basement to 2 FIO	or Radiators	_		ᆜ	-	r ipe iii	Sulation							
												Ш	Ц	ᆜ
]											
			Sec.	П	\Box									
Name of Desistered Mis	ete Hauler		_1		JDEP	Waste	Cubic Yards of	Name of Regis	stered Landf	fill				
Name of Registered Wa	iste nautei		200	-776	lauler I		Waste	IESI Bethi	to a process of the resemble					
Newark Carting					04509	9	As Needed	City, State						
City, State							Disposal Date TBD	Bethlehen	л РА					
Newark, NJ							L A	Detilienen	1,173	D-1	-1		_	
Completed By (Print or	Type)	Title					\$ignature/			Date	3/2	3/1	16.	,
Allen Monchik		Pro	ect	Man	ager		I Will				1	1		

ASB-41 **JAN 13**

* 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)

		_		-	177.120	_
-	IE.	3	E		W	15
1171	5	6	6	U	U	ᆜ
1141						

Date of Notification (1)		_		- 1			Owner/Operator (2				040			
08/		16			Divis	sion of P	roperty Manage	ment & Constr	uction AUG 2	5 2	016		7	
Agencies Notified	Type Notification	on		- 1		Address		in a second second						
⊠ EPA		25					Street, 3rd Flr.		ASSESTOS	COV	HRO	JL O		
☑ DOLWD	Amended	. 11			City, St	ate, Zip C	ode		LICEN	1511	<u>u</u>		-+	
Ø DOH	Amendment Emergency		-		Tren	ton, NJ	08608					_		
☐ DCA (NJAC 5:23-8)	justification		ig		Name o	of Contact			Telephone Number					
(N3AC 3.23-0)	☐ Cancellation				Rick	Ferrera	2 4							
				-	FAC	ILITY IN	FORMATION	-00						
Name of Facility Where	e Abatement is Tal	king Plac	ce (3)			Mar _{ex}	Type of Facility (4)	20			12/2/22	
Residential Hous								School (K-12)						
Street Address		7						☐ Subchapter 8 ☐ Other (i.e., pringle) homes, etc.)	(Other than K-12) ivate and commercia	al buil	dings			
011 /5				-				Square Feet	# of Floors	Bld	g. Ag	e		
City (5) Manville, NJ 088	35											-	*	
County (6)					Count	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolishe	20)	New York	GHIT		
Somerset			4		2.5			. 11		-80%				
Name of Monitoring Fi	rm Hired by Buildir	ng Owne	er (8)	. 1	SCM N	Vo.	2900	ent Contractor (9)	9				250	
Bio Terra Solutio	ns			10			ALL PRO MA	NAGEMENT LI	LC	100	1 6			
Street Address			_	**	10		Street Address							
P.O. Box 1224		- 1			138 1	2.4	27 Outwater Lane							
City, State, Zip Code					- S		City, State, Zip Code							
Union, NJ				ă.	2025 5	40 10 14	Garfield, NJ 07026							
Project Manager for M	Appltoring Firm	X + + 1	1	Tele	ohone I	No.	Telephone No.		License No.	1.	- 2	X2		
Part and the control of the control of	oritoring r inn			-11000111109	3-494		973-928-4888	3	1188	3				
Rick Eustaquio	190	heduled	Cor				Name of OSHA N	Monitor	- 		Ten.	= 0.40.4		
Start Date (10) 08 / 24	A CONTRACTOR OF THE PARTY OF TH				_ / _		The second secon	NAGEMENT L	LC					
Occupancy Status Du	ring Abatement (Cl	heck onl	y on	e)			Street Address			11			- 4	
□ Facility Closed/Vac					nent		27 Outwater	Lane						
☐ Abatement Perform	ned Outside of Nor	mal Fac	ility I	Hour	s - Des	cribe	City, State, Zip C	ode		-11275	100		3- 1	
Time of Abatemen	it:AM	_PM/_		PM-		AM	Garfield, NJ	07026			10			
Scope of Work (Chec	k all that apply)		10	-			 			1 2				
Scope of Work (Office)	Kan that apply	40				*.		tainment with Neg	gative Pressure					
≥3 sf or ≥3 lf				ovati olitic			☐ Mini-En	g Procedure						
≥160 sf or ≥260 lf		M	Den	ioiitic			⊠ Non-Exe	empted (*) and No	n-Friable Procedure		10			
			is L	ocat	ion					Ab	ateme	ent T	ype	
Locat	tion of			orma			Description	of	_	ZD.	Z,	ш	щ	
	ing Material (ACM)			Sole	ely by	Asbe	estos Containing M	aterial (ACM)	Amount (Specify	Remova	Repair	ıca	Sico	
	ABATED				Staff?	(1.6	e., thermal systems surfacing, VA		SF or LF)	Va	=,	Encapsulate	Enclosure	
550 500	acility (3)			(12)			other miscellan					late	-co	
		Y	es	No	N/A		8.40						-	
Basement to 2 nd F	loor Radiators]		\boxtimes	Pipe In	sulation		75 LF	Ø				
Exterior					\boxtimes	Roof V	apor Barrier		1,600 SF	\boxtimes				
			1											
			-+											
Name of Registered \	Waste Hauler				JDEP	U Waste	Cubic Yards of	Name of Regi	stered Landfill	1				
Name of Registered Newark Carting	vvaste i idulei				lauler I	D No.	Waste	IESI Bethl	ehem Landfill					
-1			_		0450	9	As Needed Disposal Date	City, State						
City, State							TBD	Bethleher	n, PA	5029				
Newark, NJ		Tiv-					Signature	h	Dat	e /	-	1.		
Completed By (Print	or Type)	Title		N.S	2005		17/11/1	1/	6	2/1	3/	12		
Allen Monchik		Proj	ect	iviar	ager		11 674			1	11		-	

ASB-41 JAN 13

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

	 		 		_
(::	C	E	\mathbb{V}	E	
					1

Date of Notification (1)				Name of	Building	Owner/Operator (2)	AUG 2 5 20	16	٢	7	
08/	/	_		Divisi	on of P	roperty Manage	ment & Constri	uction		-	-	_
Agencies Notified	Type Notification		-	Street A			AS	BESTOS CONT	ROL	&		
⊠ EPA	Initial					Street, 3rd Flr.		LICENSING				_
Ø DOLWD	Amended			The state of the s	te, Zip C	4.0000000000000000000000000000000000000						
Ø DOH	Amendment # Emergency (incl	uding		2000	on, NJ					-		_
☐ DCA (NJAC 5:23-8)	justification)	uding		Name of	Contact	-07		Telephone Number				
(140/10 0.20 0)	Cancellation			Rick	Ferrera							-
		-	-	FACI	LITY IN	FORMATION		l l				_
Name of Facility When	e Abatement is Taking	Place (3	3)			7.5	Type of Facility (-
Residential Hous							School (K-12)	(Other than K-12)				
Street Address							Other (i.e., pri	ivate and commercia	al build	lings,		1
Oli Oct. Hadi apa	20 20	50				** 10	homes, etc.)	1		- 01		_
City (5)		, ,		-	W-5-		Square Feet	# of Floors	Blag	. Age	-	8 .
Manville, NJ 088	335			9.	50.1				1			_
County (6)		(4 -		County	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolished	ed)	10		
Somerset									N	-		_
	irm Hired by Building O	wner (8) [ASCM N	lo.		ent Contractor (9)					
Bio Terra Solution					100	ALL PRO MA	NAGEMENT L	LC			2	
Street Address				-		Street Address						*
P.O. Box 1224			J#		9	27 Outwater	Lane		-	. 2		
City, State, Zip Code						City, State, Zip C	ip Code					
Union, NJ						Garfield, NJ	07026		9 8	18	- 10	
Project Manager for M	Monitoring Firm		Tele	ephone N	No.	Telephone No.		License No.				No.
Rick Eustaquio	viorintorning			73-494-		973-928-488	8	1188	W			
Start Date (10)	Sched	uled Co	mple	etion Dat	e (11)	Name of OSHA		0 00 00	. 100			20%
08 / 24				30 / 16 ALL PRO MANAGEMENT LLC								
	uring Abatement (Check	conly o	ne)		-	Street Address			, ii			
Occupancy Status Di	acated During Entire Pe	riod of A	bate	ement		27 Outwater	Lane					8
Abstament Perfor	med Outside of Normal	Facility	Hou	irs Desi	cribe	City, State, Zip C	Code					
Time of Abateme	nt:PI	W/	_PN	l/	AM ·	Garfield, NJ	07026	8.1			8 <u>.</u>	
Scope of Work (Chec	2007	7 7	-					" Discours	200		9	
Scope of Work (Chec	ck all triat apply)	<u></u>			et en		ntainment with Ne oclosure	gative Pressure				
≥3 sf or ≥3 lf		☐ Rei				Gloveh	an Procedure					. 87
≥ 160 sf or ≥260 lf		M DC	11011		121 1	Non-E	cempted (*) and N	on-Friable Procedure				12.00
				ation					Aba	_	ent T	
	ation of		Norm	ally lely by	Ach	Description pestos Containing N	of Naterial (ACM)	Amount	Rer	Repair	Encapsulate	Enclosure
Asbestos-Contain	ning Material (ACM)	Ma	inter	nance/	ASL (i	.e., thermal system	s insulation,	(Specify	Removal	a E	aps	losu
	ABATED Facility	Cus		I Staff?		surfacing, VA	T, or	SF or LF)	<u> 80</u>		ulat	<u>-</u>
	(13)	Yes	(12 N		1	other miscellar	leous)				Ф	
				-	N/AT			125 SF				
Stairwell Landing	g and Shelf				VAT	(-		450 SF	\boxtimes		П	П
2 nd Floor Living S	Space & Closet			\boxtimes	VAT			450 31	+=	1	1	1
									닏	Ш	\perp	1
		+	-		+							
				NJDEP	Wasta	Cubic Yards of	Name of Reg	gistered Landfill				
Name of Registered				Hauler		Waste		ılehem Landfill				
Newark Carting	g			0450		As Needed					700	
City, State						Disposal Date TBD	Bethlehe	m. PA				
Newark, NJ						\triangle	1 Detinone		ate 1		-	
Completed By (Prin	it of Type)	tle				Signaturė	1)		Ol-	12	11.	
Allen Monchik		Projec	t M	anager		LELS			0/1	-1	10	
	11 (11)		t M	anager		Signature	1/-		0/2	2.3/	1/1	>_

11-1007

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

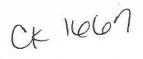
CK 166	1	NOTIF				C 8:60 and 5:16		IN E C	- E	$\sqrt{ }$	// [E I.
Date of Notification (1) 08 /	23 / 16					Owner/Operator (2 Property Manage		uction		- 00	·	
Agencies Notified EPA	Type Notification Initial				Address V. State \$	Street, 3rd Flr.			5.5			
☑ DOH	☐ Amended Amendment # ☐ Emergency (ir				ate, Zip C I ton, NJ			A\$BEST LI	OS C CENS			L &
DCA (NJAC 5:23-8)	justification) Cancellation	icidaling			of Contact Ferrera		" ·	Telephone Numb	er			
			88	FAC	ILITY IN	FORMATION			4			
Name of Facility Where Residential House Street Address		g Place	(3)				Type of Facility (☐ School (K-12 ☐ Subchapter 8 ☑ Other (i.e., pr homes, etc.)		cial bui	ldings	5,	
City (5) Manville, NJ 0883	35	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	· ` . ·				Square Feet	# of Floors	Bld	lg. Ag	е	
County (6) Somerset		Owner (91.	Coun)(STATE USE ONLY) Name of Abateme	1	or if being demolis	ned)	Ha e f		
Name of Monitoring Fin Bio Terra Solution		Owner (5) /	S I	vo.		NAGEMENT L	commence of the state of the st		No.		
Street Address P.O. Box 1224		97		+		Street Address 27 Outwater	Lane		2	-		
City, State, Zip Code		- 11				City, State, Zip Co	ode		20		· .	
Union, NJ			in in	4	tawa M	Garfield, NJ	07026					
Project Manager for Mo	nitoring Firm			ohone I		Telephone No.	a	License No.				8
Rick Eustaquio		-3		3-494-	4	973-928-4888		1188				-
Start Date (10)	11 ±10	duled Co		ion Dat	700	Name of OSHA N	Monitor NAGEMENT L	LC				2 24 (A)
Occupancy Status Duri	ited During Entire P	eriod of	Abater	nent	11 .	Street Address 27 Outwater	Lane			1 19		
Abatement Perform Time of Abatement	ed Outside of Norma AMF	al Facility PM/	Hour PM-	s - Des	cribe AM	City, State, Zip C Garfield, NJ		1 (a de la constante de la con	e 6		4)	
Scope of Work (Check	all that apply)	☐ Re				☐ Mini-End	a Procedure	gative Pressure n-Friable Procedu	re		W W	2
		Is	Locat	ion	Г	14				ateme	ent T	уре
Location Asbestos-Containing TO BE A IN Fac (13	g Material (ACM) BATED cility	Use Ma	Norma ed Sole intena todial : (12)	ely by nce/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Small Room off Be	droom (I eff)	Yes	No	N/A	VAT, M	lastic	-	96 SF				
	droom (Lett)	1			-	w Caulking		200 LF	\boxtimes			
Exterior Detached Garage					-	te Wall Panels		750 SF				
Detached Garage			H-	П	1755				Tn	\ln		
Name of Registered W	aste Hauler] 🗆		JDEP I		Cubic Yards of Waste	Name of Regis	stered Landfill ehem Landfill	1=			
Newark Carting City, State				04509		As Needed Disposal Date	City, State				1011-	
Newark, NJ	T 1	il a				TBD Signature	Bethlehen		ate f	7		
Completed By (Print or	Type) Ti	ue				1 July 1	4		(11)	_ /	9	1

ASB-41 JAN 13

Allen Monchik

Project Manager

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



JAN 13

	1								1			
		Divis	ion of P	roperty Manage	ment & Constr	uction	201	16				
	- 1	Street A	ddress				5.60	. 5	- 91.47	1		
		20 W	. State S	Street, 3rd Fir.	į					- 1		
		City, Sta	ate, Zip Co	ode								
7.87 33		Tren	ton, NJ (08608		FIGENS	inG.			!		
cluding	-	Name o	f Contact			Telephone Number	r	14		1.000		
25							2					
	1_	11-11-11-11-11-11-11-11-11-11-11-11-11-		FORMATION								
Place	(3)	1 70		Oldina tito ii	Type of Facility (4)			14			
, , , , , ,		# 7	19	9 9								
	- 1				Subchapter 8	(Other than K-12)	ial buil	dinas				
		1		a second	homes, etc.)	vate and commerc	iai baii	unigo				
4		-			Square Feet	# of Floors	Bld	g. Age	3			
15.7	2 27	8 2		**	#			1 N				
-		Count	v Code (7)	VSTATE USE ONLY	Current Use (Pric	or if being demolish	ied).					
85		Courit	y Code (r)	(GIATE OOL ONE I)	Garron C							
O'umas (2) [/	SCM	lo.	Name of Ahatem	ent Contractor (9)		-		7.			
Jwner (5) /	43CIVI I	vo.			C	9.4					
				-	MACEMENT E		1		-			
92					Lane		23					
Ø 8												
	a a	+ +00										
A- 1			1 1 1 1		07020							
	***********			I will be a second to the seco		1.	· .	9.00		- 13		
8 0			The state of the s		The second secon	1100						
			(A)			LC		11.				
ck only c	ne)			Street Address					9	812		
eriod of	Abater	ment	. *	27 Outwater	Lane				8. <i>*</i>			
al Facility	y Hour	s - Des	cribe	City, State, Zip C	ode .							
M/			AM .	Garfield, NJ	07026			· ·		À		
	7 6		- ', # T			native Programs						
						gative Pressure						
				☐ Gloveha	a Procedure			\$3				
24 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,00	4	Non-Exp	empted (*) and No	n-Friable Procedur						
							Ab	-	ent Ty	/pe		
				Description	of	Amount	Re	Re	E	Fn		
			(i.e	e., thermal systems	insulation,	(Specify	Nom	pair	aps	Enclosure		
Cus		Staff?	,	surfacing, VA	Γ, or	SF or LF)	00		ula	le le		
V	T	T NI/A		other miscellan	eous)			9	6			
_	-	-	NAT B			400 SF		П		Г		
			VAT, N			80 SF						
2 nd Floor Bedroom & Closet (Left)						00 SF	-		=	F		
	1-		-						Ц	늗		
			VAT, N	Mastic		41 SF		15				
-	-	-	VAT, N	Mastic		432 SF				L		
垣		⊠ NJDEP	VAT, N	Mastic Cubic Yards of	Name of Regi	432 SF stered Landfill	-			L		
垣		NJDEP Hauler I	VAT, N Waste D No.	Aastic Cubic Yards of Waste		432 SF	-			<u></u>		
垣		⊠ NJDEP	VAT, N Waste D No.	Mastic Cubic Yards of	IESI Bethi	432 SF stered Landfill ehem Landfill	-			_		
垣		NJDEP Hauler I	VAT, N Waste D No.	Cubic Yards of Waste As Needed	IESI Bethi	432 SF stered Landfill ehem Landfill	-					
		NJDEP Hauler I	VAT, N Waste D No.	Cubic Yards of Waste As Needed Disposal Date TBD	IESI Bethi	432 SF stered Landfill lehem Landfill m, PA	-					
垣		NJDEP Hauler I 0450	VAT, N Waste D No.	Cubic Yards of Waste As Needed Disposal Date	IESI Bethi	432 SF stered Landfill lehem Landfill m, PA		-3/	1,6			
	Owner (South of the Control of the C	Cluding G Place (3) Tole 97 duled Complet 09 / 30 ck only one) eriod of Abater al Facility Hour M/PM- G Renovati Is Locat Norma Used Sole Maintena Custodial (12)	Count Owner (8) Telephone N 973-494- duled Completion Dat 09 / 30 / ck only one) eriod of Abatement al Facility Hours - Des DM/PM	Street Address 20 W. State S City, State, Zip Co Trenton, NJ C Name of Contact Rick Ferrera FACILITY INI g Place (3) County Code (7) County Code (7) County Code (7) ASCM No. Telephone No. 973-494-3762 duled Completion Date (11) 09 / 30 / 16 ck only one) eriod of Abatement al Facility Hours - Describe PM/AM Renovation Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Street Address 20 W. State Street, 3rd Fir. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera FACILITY INFORMATION 9 Place (3) County Code (7)(STATE USE ONLY) Owner (8) ASCM No. Name of Abateme ALL PRO MA Street Address 27 Outwater City, State, Zip Co Garfield, NJ Telephone No. 973-494-3762 973-928-4888 Eduled Completion Date (11) 09 / 30 / 16 Ck only one) eriod of Abatement al Facility Hours - Describe PMAM Renovation	Street Address 20 W. State Street, 3rd Fir. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera FACILITY INFORMATION g Place (3) County Code (7)(STATE USE ONLY) Courrent Use (Price of Address Street Address S	Division of Property Management & Construction	Division of Property Management & Construction Street Address 20 W. State Street, 3rd Fir.	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera FACILITY INFORMATION g Place (3) County Code (7)(STATE USE ONLY) County Code (7	Division of Property Management & Construction Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera FACILITY INFORMATION School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (t.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age Division Bidg. Age Division County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) Dwinnes, etc.) Square Feet # of Floors Bidg. Age Dwinnes, etc.) D		

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

DECELVED 11 AUG 2 5 2016

				615 Boesel Avenue		Abateme	nt Type	DON FE	IOL&
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Solely by Maintenance/Cust odial Staff (12) Yes No N/A		Used by :e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)				E n c l o s u r
	Yes	No	COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED						
Addition Exterior			Х	Vinyl Siding Vapor Barrier	1,100 SF	Х			
Exterior			X	Transite Siding	2,800 SF	X			
	F	_							
								-	
	\vdash	-	-						
	I		_			-		-	-
	+	-	-			1			
	+	+	-						
	+-	1	1			1			

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	signature:	1/	Date: 23/16
Mieli Wollenk			- 1207	<i>V</i>	101 11

	. 1
200	166
CV	140
IN	

1	1-2	(P)	1	П	$\Pi \Pi$	
1531	177	110		- 11	\V/	E
	Lin	(2)	L	U		
1 1-11						

Date of Notification (1) 08 /	23 / 16		N	ame of Division	Building Con of Pr	Owner/Operator (2 operty Manage) ment & Constr	uction AUG	25	2016		4	
Agencies Notified EPA	Type Notification ☑ Initial				State St	treet, 3rd Flr.		ASHESTO	S (50)	TRO)L &	i.	
DOLWD	Amended Amendment #		C		e, Zip Co		4	1.4 %				1	
☑ DOH ☐ DCA	⊠ Emergency (in	cluding			on, NJ 0	8608		Telephone Number	er			\dashv	
(NJAC 5:23-8)	justification)	-	V		Contact			- Telephone rumb		4.5			
	☐ Cancellation				errera			L			-	-	
				FACIL	ITY INF	ORMATION					-	-	
Name of Facility Where	Abatement is Taking	g Place (3	3)				Type of Facility (
Residential House							School (K-12)	(Other than K-12)					
Street Address							Other (i.e., pr	ivate and commerce	cial build	lings,			
		12 E					homes, etc.)	T# 651	Dida	. Age			
City (5)		· 1/2		7			Square Feet	# of Floors	Blug	. Age			
Manville, NJ 0883	5	1	4.	ï	ŧ, :			1				_	
County (6)	54		1	County	Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	nea)				
Somerset										1			
Name of Monitoring Fire	m Hired by Building	Owner (8) A	SCM N	0.	Name of Abatem	ent Contractor (9)						
Bio Terra Solution						ALL PRO MA	NAGEMENT L	LC			2 0		
Street Address	10	4 8		-		Street Address						12	
P.O. Box 1224						27 Outwater Lane							
		- F - F	-	-		City, State, Zip C	ode				100		
City, State, Zip Code		87 SW	-7 :			Garfield, NJ	07026			25 °	- 0	35 3	
Union, NJ	anitoring Firm		Teler	hone N	0.	Telephone No.		License No.					
Project Manager for Me	officing ratio	7	SAMPLE .	3-494-		973-928-488	8	1188					
Rick Eustaquio	Sche	eduled Co	V. 11-64			Name of OSHA	Monitor		, 1	d 10	1.00	9	
Start Date (10)	1	09 /	30	1	16	ALL PRO MA	ANAGEMENT L	LC				20.2	
		- 4				Street Address					-		
Occupancy Status Dur	ing Abatement (Che	ck only of	hotor	nont		27 Outwater	Lane						
☐ Abatement Perform	ated During Entire P	eriod oi r	Hour	s - Desc	ribe	City, State, Zip C							
Abatement Perform	t:AM	ai Facility PM/ -	PM-	/	AM .	Garfield, NJ		4 1		*	r 200		
											129	10	
Scope of Work (Check	(all that apply)				80		ntainment with Ne	egative Pressure	9				
☐ >3 sf or >3 lf	16 M	☐ Rei	novati	on	V _e	☐ Mini-Er	iclosure ag Procedure						
⊠ ≥160 sf or ≥260 if	. W	□ Der	nolitic	n :		☐ Gloved	empted (*) and N	lon-Friable Procedu	ıre				
8		1 10	Local	lion					Aba	ateme	ent Ty	уре	
	in of	1	lorma	lly		Description	of		R	Re	Ē	E	
Asbestos-Containi	ion of ng Material (ACM)			ely by	Asbe	estos Containing N	Material (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure	
TO BE A	ABATED		intena lodial	Staff?	(1.0	e., thermal system surfacing, VA	T, or	SF or LF)	8	_	sula	ure	
3 (d. besteur)	acility 3)		(12)			other miscellar	neous)				ate	+	
	<i>5</i> ,	Yes	No	N/A					-				
Entire House					RACM				10			느	
Elitie House		+5-	T	10		2	A						
			Ш	-						П			
								1.	一言	1		1	
												1-	
N f Degistered	Naste Hauler		1	NJDEP	Waste	Cubic Yards of		gistered Landfill	4		20		
Name of Registered	vvaste i laulet			Hauler I		Waste As Needed	IESI Betl	hlehem Landfill		53			
Newark Carting				0450	9	Disposal Date	City, State						
City, State						TBD	Bethlehe	em, PA					
Newark, NJ							7		Date /	-	1,.		
		Title				1 219174111F	1 %		1	-	111	il o	
Completed By (Print	or Type)	Presid	. Same	()			6 10		81:	25	112	-	

Date of Notification (1)				Name of Building Owner/Operator (2)									
08 / 23 / 16					Division of Property Management & Construction AUG 2 5 2016							1	
Agencies Notified	Type Notification			Street	Address			Print P		7.23		$\dagger \dagger$	
☑ EPA ☑ Initial				20 V	V. State	ASSESTO	ASBESTOS CONTROL &						
□ DOLWD	☐ Amended		t	City, S	tate, Zip C	p Code LICENSING							
Ø DOH	Amendment #		19	Trer	nton, NJ	08608	4		23				
DCA (NJAC 5:23-8)	Emergency (in justification)		Name	Name of Contact Telephone Number									
(110/10/0.20/0)	☐ Cancellation			Rick	(Ferrera	ı							
			-	FAC	ILITY IN	FORMATION	-		+		- 1		
Name of Facility Where A	Abatement is Takin	ng Place	(3)				Type of Facility (4)			-		
Residential House						☐ School (K-12)							
Street Address						☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial but				Idina			
		7	-				homes, etc.)						
City (5)					- 45)		Square Feet	# of Floors	Bld	lg. Ag	je	-	
Manville, NJ 08835	25.00		12 T 12						1.50				
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	ned)				
Somerset									200	,e ^r	* *		
Name of Monitoring Firm	Hired by Building	Owner (8). [/	ASCM	No.	Name of Abatement Contractor (9)							
Bio Terra Solutions						ALL PRO MANAGEMENT LLC							
Street Address					-	Street Address							
P.O. Box 1224			28		2 2	27 Outwater	Lane		b I		10 10		
City, State, Zip Code				2 1 2		City, State, Zip C	ode		5 1 1		10		
Union, NJ						Garfield, NJ	07026	No. of the		# * ·	482		
Project Manager for Mon	itoring Firm		Tele	phone l	No.	Telephone No.		License No.		- 1			
Rick Eustaquio 973-494-3762						973-928-4888 1188							
Start Date (10) Scheduled Completion Date (11)						Name of OSHA Monitor							
08 / 24 /	F(9)	09 /			10. (3. 37.0	ALL PRO MA	NAGEMENT L	LC	8 8	20			
Occupancy Status During	Abatement (Chec	ck only o	ne)	-		Street Address							
☐ Facility Closed/Vacate				nent	40 40	27 Outwater	Lane				*	950	
☐ Abatement Performed	d Outside of Norma	al Facility	Hour	s - Des									
Time of Abatement:	AMF	PM/	_PM-		AM	Garfield, NJ	98 E						
Scope of Work (Check al	Il that apply)		-	.	8						27		
							tainment with Neg	ative Pressure		10		-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		∐ Re ⊠ De	novati molitic			☐ Mini-End	g Procedure	я					
₩ 2100 31 01 <u>2</u> 200 11						⊠ Non-Exe	empted (*) and No	n-Friable Procedur	e ·				
			Locat							-	ent Ty	ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED Nom Used So Mainter					Asha	Description of estos Containing Ma		Amount	Removal	Repair	ᄪ	E	
						e., thermal systems insulation,		(Specify	nov	air	Encapsulate	Enclosure	
IN Facility Custodi			(12)	Stan?		surfacing, VAT, or other miscellaneous)		SF or LF)	<u>m</u>		ulat	ure	
(13)		Yes	No	and the second second		Other miscelland					6		
2 nd Floor Bathroom	,	10			VAT, N	lastic		50 SF	\boxtimes				
Exterior						ation Waterproo	fing	1,500 SF	×				
Exterior of Main Hou					Transit	te Siding	1,850 Sf						
Exterior or Main Flouse		늄			-				d	\Box			
Name of Registered Waste Hauler				JDEP '	Waste	Cubic Yards of Name of Registered Landfill							
Name of Registered Waste Hauler Newark Carting				lauler II	D No.	Waste	in an interest to the contract of	ehem Landfill					
City, State				04509	9	As Needed Disposal Date	City, State	-		-11000			
Newark, NJ						TBD	Bethlehem	n, PA					
	Completed By (Print or Type) Title					Signature	1',	Da	ate	/	1		
Allen Monchik		Project Manager				1 1911	46		8/	23	3//	16	

	11 (/)
01/	110101
1 K	1001
	C 7

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

Date of Notification (1)	23 /	16		The state of the s		g Owner/Operator (Property Manage		ruction AUG	2 5	201	6		
Agencies Notified EPA	Type Notificat	tion	dende stor	Street Address 20 W. State Street, 3rd Flr. ASDESTOS CONT								&	
□ DOLWD	☐ Amended	- 4.E		City,	State, Zip	Code		LK.	ENS	ING		_	
DOH	Amendme		_	Tr	enton, NJ	08608							
DCA (NJAC 5:23-8)			ig	Nam	e of Contac	ct	1	Telephone Numb	er	-	98,500		
(140/10/0.20/0)	☐ Cancellation			Ri	ck Ferrer	a							
				F/	CILITY II	NFORMATION		· -					
Name of Facility When	a Abatament is Ta	aking Plac	e (3)		NOILITT II	W OKWATION	Type of Facility	(4)	-		-		
Residential Hous	7	School (K-12	537	11.6									
Street Address		-					Subchapter	3 (Other than K-12)			22 101		
Street Address	* . * * *						Other (i.e., private and commercial buildings, homes, etc.)						
City (5) Manville, NJ 088	35						Square Feet	# of Floors	Bio	dg. Ag	je		
County (6)				Co	unty Code ((7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)	ati	1.0		
Somerset			W 175	1.			. 854	2 per 20 1		10.00	W	,	
Name of Monitoring Fi	rm Hired by Build	ing Owne	r (8)	ASCI	И No.	Name of Abatem	ent Contractor (9)					e*= 1	
Bio Terra Solutio						ALL PRO MANAGEMENT LLC							
Street Address						Street Address							
P.O. Box 1224			N.			27 Outwater	Lane	8 9, 8 2- 1		22 E		9 1	
City, State, Zip Code					+ 2	City, State, Zip Code							
Union, NJ	1, 4, 1					Garfield, NJ 07026							
Project Manager for M	Ionitorina Firm		T	elephon	e No.	Telephone No.		License No.				-1	
Rick Eustaquio	iorittoring r iiii			(6.5)	4-3762	973-928-4888 1188							
Start Date (10)	Is	cheduled				Name of OSHA N			-	7			
08 / 24	/ 16	09			_16	ALL PRO MA	NAGEMENT L	LC .					
Occupancy Status Du	ring Abatement (C	Check only	one)			Street Address	, , , , , , , , , , , , , , , , , , , ,						
☐ Facility Closed/Vac						27 Outwater	Lane		8				
☐ Abatement Perform						City, State, Zip Code						2 6	
Time of Abatemen	t:AM	PM/	P	M	_AM	Garfield, NJ 07026							
Scope of Work (Check	(all that annly)		= = =							1].			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	an trick appryy		Renov Demo	ation		☐ Mini-En	g Procedure	gative Pressure on-Friable Procedu	ге				
-				cation					Ab	Abatement Ty			
Locat		mally solely by	, A a b	Description bestos Containing M		Amount	Re	Re	Ē	ᄪ			
Asbestos-Containi TO BE A		'	//ainte	enance/	/ (i	e., thermal systems		(Specify	Remova	Repair	cap	Enclosure	
IN Fa		al Staff	? ```	surfacing, VA7	SF or LF)	<u>a</u>		Encapsulate	ure				
(1	3)	Ye		12) 10 N/	Δ	other miscellan	eous)				e		
2 nd Floor Bathroor	n				-			45 SF	\boxtimes				
Exterior of Main House		\neg	7		Trans	ite Siding		2,300 SF					
			+										
Name of Registered Waste Hauler					P Waste	Cubic Yards of	Name of Reg	stered Landfill				-	
Newark Carting Hauler ID No.						Waste -		lehem Landfill					
- 14 to 15 t				045	09	As Needed Disposal Date	City, State						
City, State						TBD	Bethleher	n, PA		λ	0.20		
Newark, NJ		Tin				1 Sandfur	7	In:	ate.	-	1	-	
Completed By (Print of Allen Monchik	or Type)	Title Proje	ct M	anage		7 /)//	hli		81	23	fle	,	
							- /						

ASB-41 JAN 13

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