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X.10741	9 PA	A TNOTI	Sta FICATION Pursuant	ate of Nev OF ASB to NJAC	ESTOS	ABATER	MENT )	DEC	医		<u> </u>	TAJ
Date of Notification (1)			Name of	f Building		Operator N.S.		DE	C	21	018	A CONTRACTOR
Agencies Notified	ype Notification		Street A		1/7	100	<i>Je-</i>					- LA
EPA DEP DOL	Initial Amended Amendment #			ite, Zip Co		. 7	- 50		TOS ( LICEN	NG NG	ROL	.8.
□ DOH	Emergency (in justification)		Name of	9/00 Contact			. 08	Telephone Nui	mber	_		
DCA	] Cancellation			LITY INFO	-							1
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City (5)							etc.) Square Feet	# of Floors	BI	. Ag	je	$\dashv$
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Name of Monitoring Firm H			ASCN	l No.		Name	of Abatement Co	ontractor (9)	77	مسا		
Street Address	10-5100	Trous					Address		1//6		V. 4.715	-
PO BOX 11	145						30X /152	77				
City, State, Zip Code	19116					City, S	tate, Zip Code	19116				
Project Manager for Monito	ring Firm	<del>Versilando</del>	Telepho			Teleph	one No.	License N		-		-
JASON STORY		S-1-1-1-10	267-78	4-46	93	40.0	7-784-469		76			
Start Date (10)		Cheduled Co	mpletion i	Date (11)		Name	of OSHA Monito	r.				
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Facility Closed/Vacate Abatement Performer Other – Describe:	d During Entire Pe Outside of Norma	eriod of Abate I Facility Hou	ement irs			City, S	tate, Zip Code					_
Scope of Work (Check All	hat Apply)									-		$\neg$
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OUTSIDE O	11100-155			5/4/	NE	55	***************************************	800 SF	v			
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Name of Facility Where	Abatement is	Taking F	Place	(3)			Ortino (TIOI)	Type of Facil	ity (4)		-			
Alexander House		•						School (K						
Street Address								Subchapte	er 8 (Other than K	(-12)				
1 Castle Point Ter	'200							Other (i.e.	, private and com		bu	ilding	gs,	
	ace		14.172					homes, et	c.)				5500000	
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Hoboken								50,000	3		1	40		
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Name of Monitoring Fin		lding Ow	vner (	8)	ASCM	No.	Name of Abateme	ent Contractor	(9)		-			
TTI Environmenta	, Inc.				000	03	Shade Enviro	onmental, LL	.C					
Street Address							Street Address							
1253 N. Church St	eet						623 Cutler Av	venue						
City, State, Zip Code							City, State, Zip Co	1.00			-			
Moorestown, NJ 0	3057						Maple Shade							
Project Manager for Mo				Tolo	phone	No		, NJ 00032	11.		-			
Jim Guilari	mornig i iiii					-8800	Telephone No.		License No.	0				
Start Date (10)		0-1-11	10				856-755-0099		00842	312.29				
F 10 10 10 10 10 10 10 10 10 10 10 10 10		Schedule					Name of OSHA N	OTTO CARTON						
10 /15 /	18				3_ /	18_	EMSL Analyt	ical, Inc.						
Occupancy Status Durir							Street Address							
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		Y	res	No	N/A								te	
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											1	П	П	П
Name of Registered Was	te Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Rec	istered Landfill		1		_	
Freehold Cartage	O Waterward			135,000	auler ID	No.	Waste	Fairless						
City, State	-				15939		Disposal Data							
Freehold, NJ							Disposal Date 12/28/2018	City, State Morrisvil	Ια ΡΔ					
Completed By (Print or T	(De)	Title						MOTTISVII						
Christina Lynch	,pe)	10.00.00.00.00			-4 - 5 -	<b></b>	Signature			Date			1	
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ASB-41 JAN 13		* Do	not i	ise th	is form	for ashesto	os licensure exemp	ted activities						

State of New Jersey

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

Yes

Total

BASE LENG

Name of Regis was Wester Hauder

Best Re noval Inc

J. Mair rano

A89-41 (R-064)

Hackens ack, NJ 07601

No

Estimator

NA

NIDEP Waste Header ID No.

17109

THERENE STATEM, USIG - HOLL

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Cubic Yacis

Disposal Date 12/4/18 Signature 36 CF

Minerva Enterprises LLC

OF

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vinies.

Name of Registered Landfill

Waynesburg

Do not se this form for scheeling floorsture exercepted

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

CK 4863

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Date of Notification				Building C				1 1-2 mm (2)	EP	F.	M	E
Agencies Notified	Type Notification		Street A		MARIE	5010			EG	li	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	L.
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E DOL	Amendment #			_		. NI	07	202			.010	and the same of
DOH	☐ Emergency (in justification)	cluding		Contact					ephone Number	annet arms arms	-	
□ DCA	☐ Cancellation			. GIA				200	-	। <b>५</b> क्स व		Ö
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	15. GIARG					1,71	3.					
Street Address							Subchapter	8 (Other	than K-12)			
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	ORT LEC					1.7	2000	,	2	19	40	
County (6)	1 - 2 2 5 2 1		County C	Code (7) USE ONLY)		Cur			g demolished)			
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Street Address						Street Addre	emova ss	In	<del>C</del>			
			12			450 Sc	uth Ri	iver	Street			
City, State, Zip Code	1	7				City, State,						
							sack,	NJ				
Project Manager for I	onitoring Firm		Telephon	e No.		Telephone N			License No.			
Start Date (10)		Scheduled Com	plotion De	to (11)		$\frac{201 - 32}{2000}$	9 - 7444 HA Monitor	·	00388			
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	ing Abatement (Check Onl		1/1			Street Addre	Enviro	nme	ntal			
☐ Facility Closed/	'acated During Entire Perio	d of Abatement				280 Hu	yler S	tre	et			
T Absternant Park	rmed Outside of Normal Fi	cility Hours				City, State, 2	Zip Code	``\				
		- 3				South	Hacken	sacl	k, NJ 0	106		
Scope of Work (Chec	All Inat Apply)		0.2000			_/_						
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- Angula VI	AMANA		Hauler ID	7.77	of Wast			. angustus (				
Best Remov	al Inc		1710	)9	Di		/ LITTIE	rva	Enterp	ses	, ]	LLC
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Hackensack Completed by	, NJ 07601	Title				anature A	Wayn	esbu	rg, OH Date	468	8	$\neg$
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ASB-41 (R-06-08)						V * Do n	ot use this for	m for as	bestos licensure	empted	activi	ties.

Estimator

11/29/

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J. Mai rano

ASB-41 (E-06-1)

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11/30/2018 12:12PM 2013297440 BEST REMOVAL INC PAGE 02/04 CKA861 - 24 State of New Jersey NOTIFICATION OF ASSISTOS ABATEMENT 4 (Persuant to NIAC Sine and 13:120) Name of Budding Owner Operator (2) Desa of Notice ation (1) HINT MR. WILLIAM 11/30) 11 114: Type Notification Birost Addge Agencies Not Bed E Initial SPA City, State, Zip Code 0745ZTOS DL & Amended INTR 15. GLEN ROUL E DOL Telephone Number LIVET Emergency (including justification)

Concellation MR HUNT D DCA FACILITY INFORMATION Type of mility (4) Name of Fac ity Where Absterness is Telting Place (3) St. 501 (K-12)

St. Schieger S (Other than K-12)

C: or (i.e. private & commercial buildings, ho LR. WILLIAM HUNT ctc.) Street Address # of Floors Square let 19 Oby (5) 2,000 GIEN ROUL Current los Prior if seing demolished) County Code (7) County (6) STATE USE ONED ZESIDENCE Bersen Name of Abeter and Commette (9) Name of M situring Firm Highed by Building Owner (8) ASCM No. Best Re Louis The Street Addr # 450 Sou h River Street City, State, 29 Code Hackensuck. NJ 07601 Telephone No. Telephone No. Project Ma uges for Monitoring Pires. 201 - 329 - 7444 Number of OSF ... Monkor 00388 Scheduleri Courpletion Date (1) Searc Date | 01 Omega invironmental 12/3/18 Occupancy Smart During Abstractors (Check Only One) 280 Hu ler Street Parell y Chand/Vacaied During Satists Period of Alastonean

Alast nart Performed Quantite of Normal Pacifics Hours Ort

Che Departoe 1814-64-50-51-65 South | sckensack, NJ 07606 Scope of 7 ork (Check All That Apply) D Eu Commissioner with Negative Francus

All M. H. Eucloser

Cit where Procedure

D No "Exempted (\*) and Non-Frights Procedure Removation Demolican patri Te 1 ocerion Description of
Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, raritating. Nomally Location of Ashr top-Commining Manniel (ACM)
TO BE ARATED Used Solely by Amount. (Specify SF or LF) Custodial Staff? VAT. or in Facility (12) other miscellaneous) (19) Yes No N/A 25 LF recent Systale 146 METON BISEMENT Name of Regulated Landfill NITSEP Waste Name of Ingistered Waste Bauler Vauler ID No. 2 4. Minerva Enterpris . LLC Best Removal Inc 17109 Disposal Date 12/4/18 Waynesburg DH 44 Hack maack, N.J. 07601 THO 18 صيمهمانه J. Milorano Estimator

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Name of Monitoring Firm (8)	lired by Building	Owner	ASC	M No.	Name of Abatem	ent Contractor (9	IWC		=		_
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City, State, Zip Code					City, State, Zip Co	ode	ADE W.	T 00	=	7	_
Project Manager for Moni	xing Firm	Te	lephon	e No.	Telephone No. 856-77	3-0177	License No.	<u>'2 7</u>	1	_	_
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Occupancy Status During		ck only one)			Street Address	10/14			=		닉
Facility Closed/Vacated  Abatement Performed					City, State, Zip Co	de			=	=	$\dashv$
Other - Describe: Scope of Work (Check all	nat apply)								=	=	=
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KLEMCO J	NC	He	140		f Waste	_ CN	1-C MU	A	_		

Disposal Date

Signature

City, State ...

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MAPLE

Completed By Title Licara MICHAET AS8-41

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Name of Monitoring Firm (8)	Hired by Buildin	ng Owner	ASO	CM No.	Name of Abatem	ent Contracto	r (9)		=			
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City, State, Zip Code					City, State, Zip Co	ode	HADE W.	J 08	=	.7	=	
Project Manager for Mor	toring Firm		Telephor	ne No.	Telephone No. 856-779		License No		<u></u>		=	
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov			☐ Mini-Enck ☐ Glovebag	osure Procedure	legative Pressure Non-Friable Procedi	ure				
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Name of Facility Where A Golden Door Chart	batement is Takir	ng Place	(3)					Тур	e of Facility	(4)					
Street Address								X	School (K-						
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City (5)			-					Ц	etc.)			Ciai Duli	ys	HOH	es,
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Project Manager for Mon	oring Firm			Telepho	ne No.		Teleph				License	No.			
Start Date (10)		Cabada	lad Car		D-1- (44)				1700		01074			Contract	
12/3/2018		12/5/2		npietion	Date (11)			(7)(1) (1)Z(1)	SHA Monitor above						
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Facility Closed/Vaca Abatement Performe Other – Describe: 3	d Outside of Norn	nal Facility	y Hours	ient S			City, S	tate, Z	Zip Code						
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure			lure	9	
		1 2	Locati	25.07										ment	
Location			Normal ed Sole				scription						Ту	ре	
Asbestos-Containing I TO BE ABA	'ED (ACM)	Ma	intenar	nce/		tos Conta thermal					mount Specify	77		En	m
In Facilit		Cus	todial S (12)	Staff?	ζ	surfac	ing, VA	T, or			or LF)	Removal	0	Encapsulate	Enclosure
(13)			( /	_		other m	niscellan	eous)				oval	2	sula	Sure
		Yes	No	N/A										fe	
Basement-Boil	∍r Room		х			Boiler	Breac	hing		30	00 SF				
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	-												-		
Name of Registered Wast	Hauler		NI NI	IDED 14	acto	C. Li.	Vos-l-		I NI.		. 11 7				
			1 11102	JDEP W auler ID		Cubic \ of Was			Name of F	5					
Tri-State Transfer As			19	9551		TBD			Minerva	Ente	rprises I	nc			
City, State							al Date		City, State		-1202319				
Bronx, NY						TBD		_/	Waynes	burg,		er minster			
Completed by Gina Betances		Title	e Mar	000-		Si	gnature	16	//	//	10.08	ate			
		Onic	e ivial	ayer				L	(mas		1	1/30/1	_		

CK 3291	PAI	D NO		ATION (	e of New Jo OF ASBES NJAC 8:6	TOS AB			Company Blandones drive (2) *	Di	EG	EI	$\underline{\mathbb{V}}$		Section of the sectio
Date of Notification (1) 11/30/2018	:heck # 3291		1000		Building Ow Door Ch				ONTENT WATER &	The same of the sa	DEC	4	018		
Agencies Notified	ype Notification		- 1	treet Add	<sub>dress</sub> ennedy B	Blvd			Andrew or St.	- Commence		n-/2004-00/0-1	********		- Santagara
EPA DEP	Initial Amended				e, Zip Code					0	ASBESTO	IS CO ENSI	FR(	DL &	
DOL	Amendment #				City, NJ (				100		And the second	- CERTIFICATION	MA Process		PROTECTION
П рон	Emergency (in justification)	cluding	1 22	lame of (	Contact					1000000	phone Num				
DCA [	] Cancellation		1	Affen						20	1-344-464	+/	-		_
Name of Facility Where At	atement is Taking	Place (3)		FACIL	ITY INFOR	MATION	1	Type of	Facility (4)			_			$\neg$
Golden Door Charte		riace (o)							hool (K-12)						
Street Address								Su	bchapter 8	(Othe	er than K-12	)	- 1-		
3044 Kennedy Blvd								Ot etc		vate 8	commercia	il build	5, 1	omes	,
City (5)								Square		100000	Floors	Ble	Ag	е	
Jersey City					10			30,000		2		50	-		
County (6) HUDSON				County C STATE U	ode (7) SE ONLY)				Use (Prior nistrative		ng demolish	ed)			
Name of Monitoring Firm I	ired by Building O	wner (8)		ASCM	No.	5.0			ment Contr						
									s Corpora	alion					
Street Address								Address 69th St							
City, State, Zip Code	-							State, Zip	SCHOOL SC	7					
City, State, Zip Code						1.5	- Control - C		, NJ 0709	93					
Project Manager for Monit	oring Firm		1	Γelephon	ie No.			hone No.			License N	0.			
						1 2		-295-17	0.756.		01074		_		_
Start Date (10)		Schedule 12/4/20		pletion D	Date (11)			of OSHA							
12/1/2018		C. A. S. C. S.	and the same					Address					-		
Occupancy Status During	//			2324			3000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Facility Closed/Vaca Abatement Performe Other – Describe: 8	1 Outside of Norma	al Facility	Hours	ent		_ (	City, S	State, Zip	Code						
Scope of Work (Check Al	That Apply)											-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti					Mini- Glov	Enclosure	edure	n Negative F		dure		
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Location	of		Normal d Sole			Desc				6	ST		- 7		
Asbestos-Containing TO BE ABA In Facili (13)	<u>TED</u>	Ma	intenar todial S (12)	nce/	(i.e. th	os Contai hermal s surfacir other mi	ysten ng, V		ion,	(	Amount Specify F or LF)	Removal	Renair	Encapsulate	Enclosure
		Yes	No	N/A											
Basement-Stor	ige Room		X			Clea-	up d	ebris		5	00 SF	-			
												-	_		
	<u></u>					_	_					+			
				JDEP W	Vacto	Cubic Y	/ards		Name of I	Regist	ered Landfi	1			
Name of Registered Was Tri-State Transfer A			H	Hauler ID 9551		of Wast					erprises I				
City, State						Disposa	al Dat	te	City, State		U 0,202**				
Bronx, NY						TBD			Wayne	sbur	1		_		
Completed by Gina Betances		Title	e Ma	nager		Sig	gnatu	ire	Pued	8		ate 1/30	3		
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Classroom #12					25.75		-		- 41					Ф	
Locatic Asbestos-Containin <u>TO BE AI</u> IN Fac (13	ng Mat BATI cility	erial D	(ACN	<b>1</b> )	Use Ma Cus	Norma ed Sol aintena todial (12)	ely by ance/ Staff?	(i.e	stos Containing Ma ., thermal systems i surfacing, VAT,	terial (ACM) insulation, or	Amount (Specify SF or LF)	A Removal	e Repair		ype Enclosure
≥3 si of ≥3 ii ≥160 sf or ≥260 lf					□ De	emolit	ion		☐ Mini-Enc	losure Procedure					•
Scope of Work (Check  □ ≥3 sf or >3 If	all t	at ap	ply)		[Z] =				☐ Full Con	tainment with Ne	gative Pressure		-		
☐ Facility Closed/Vac ☐ Abatement Perform Time of Abatement	cated ( ned ( i t:	Ouring utside AN	g Ent e of N M	ire Pe Iorma	riod of Facili	Abate ty Hou	ırs - De	scribe PMAM	1123 BEAVE City, State, Zip Co	ode					
Occupancy Status Dur	ring /	bater	nent	(Chec	k only	one)			Street Address	THOME IN I	AL, INC				
Start Date (10)11 /30	/	18		Name of Building Owner/Operator (2)											
Phillip Conteh		ing r	0111						Company of the second second second second	)					
Project Manager for M			irm	Name of Building Owner/Operator (2)											
City, State, Zip Code West Chester Pa	100	20		Name of Building Owner/Operator (2)											
1248 Wrights La	ne			18											
Street Address					18										
West Chester Er	nvire	nme	ntal	Mame of Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   BRISTOL ENVIRONMENTAL, INC.   Street Address   S											
	irm I	ired h	оу Ви	ildina	Owne	r (8)	ASCI	M No	Name of At-	School					
County (6) Bergen							Co	unty Code	(7)(STATE USE ONLY)		477	olished			
Park Ridge				Pulsuant to NJAC 8:60 and 5:16											
167 Sibbald Driv	ve									Other (i.e., homes, et	private and com c.)	mercial		700	
East Brook Elen Street Address	nen	ary S	cho	ol						School (K-	12)	401			
					ng Pla	ce (3)				Type of Facili	ty (4)		-		
							F	ACILITY	INFORMATION		200/34				
		□ Ca	ancel	lation			11 3000					I FILL		· · ·	24
(NJAC 5:23-8)		⊠ Er ju	merge stifica	Pursuant to NJAC 3:80 and 5:16)										<u> </u>	
☑ DOH ☐ DCA						_	10				and the same				
□ DOLWD		☐ Aı	mend		Name of Building Owner/Operator (2)   Park Ridge Board of Education   Street Address   Stascack Road   Oity, State, Zip Code   Park Ridge, NJ 07656   Name of Contact   Robert Wright   Robert Wright   County Code (7)(STATE USE ONLY)   Subchapter 8 (Other than K-12)   Other (i.e., private and commercial homes, etc.)   Square Feet   # of Floors   +-25,000   2   F-50								8	The second secon	
Agencies Notified  EPA		Type ⊠ In		ficatio	n						M				Fried States
		29		-						ation	11) <u>E G</u>	B	1		The same
Date of Notification (	55160											-	7		I) peru
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HPPROVED TOM VOOT		34	· ^	15				State of	New Jersey						
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Date of Notification (1)			-			ne of Build									111
12	01 /	18	3					, operator	(2)		DEC	4	2018	}	A THE PERSON
Agencies Notified	Type Notif	ication			_	et Address				17				50.	1-
☐ EPA	☑ Initial	1000.017			Stre	et Address	>			1 4	BBESTO	10.00	-	-	-
☑ DOLWD	Amend	ed			City	, State, Zip	Cada			1	LIC	IENS!	TRO	DL &	æ
☑ DHSS	Amend			-						The same of the sa	and the same of	O'VE STANDARD	NO. Personal	-	#-max
DCA (NJAC 5:23-8)	☐ Emerge	ency (in	ncludin	ng		ley, NJ 07 ne of Conta							-		
(NOAC 3.23-0)	Cancel	- 5			19					Teleph	one Num	iber			DC
		- Cation				e Malczev				T 5	5				
Name of Equility Where A	-4	T 1	51	(6)	F	ACILITY	NFORM	ATION							
Name of Facility Where A	atement is	s lakin	g Place	e (3)					Type of Facilit						
Private house Street Address									School (K-	12)	han V 1 c	21			
									Other (i.e., homes, etc	private and	d comme	rcial b	gnit	5.	
City (5)									Square Feet	# of F	loors	В	. Ag	je	
Nutley, NJ 07110															
County (6)					Co	unty Code (7	) (STATE L	ISE ONLY)	Current Use (I	Prior if bein	g demoli:	shed)			
Essex	lead to the			15:											
Name of Monitoring Firm I	irea by Bu	iliaing (	Jwner	(8)	ASCI	M No.	Name	of Abatem	ent Contractor (	9)					
Street Address								h LLC							
Street Address							A December	Address							
City, State, Zip Code								illey Rd					-		
oity, otate, zip code								tate, Zip C					2000000		
Project Manager for Monito	ring Firm			To	lephon	o Ma		, NJ 074	70						
, , , , , , , , , , , , , , , , , , , ,	g /			10	epnone	e NO.	310.00	one No.		Licens					
Start Date (10)		Scheo	luled (	Comp	letion D	ate (11)	-	8-1777 of OSHA N	Annita -	01127			_		
_12 / 10 /	18				11 /				7 1000						
Occupancy Status During .									onsultants,Inc				_		
☑ Facility Closed/Vacated	During En	tire Pe	riod of	Abat	ement		10000	Address							
Abatement Performed	utside of N	Vormal	Facilit	v Ho	urs - De	scribe	20-21 \	Magaraw ate, Zip C	Road, Bldg .#	35E					
Time of Abatement:	AM	PI	VI/	PN	1	_AM									
Scope of Work (Check all t	at apply)						Tall La	wn, NJ 0	p and decontam	ination with	negative	proce	e		
≥3 sf or >3 If			52.5					Full Con	tainment with Ne	egative Pre	ssure	; pres:	e		
☐ ≥ 160 sf or ≥260 lf				enova emolit			X	Mini-End	dosure g Procedure			Proce	•		
					27.13			Non-Exe	mpted (*) and N	on-Friable	Procedur	re	е		
V				s Loca						T		Ab	mei	nt Ty	ne
Location o Asbestos-Containing Ma		M)		Normed So	ally lely by	1		scription o				-		T	
TO BE ABAT	<u>:D</u>	***)	Ma	inten	ance/				terial (ACM) insulation,	Amo (Spe		em	3	nce	ncl
IN Facility (13)			Cus	todiai (12	Staff?	, , ,	surfa	cing, VAT	, or	SIF		Removal	,	Encapsulate	Enclosure
(10)			V	T	T		other r	niscellane	ous)			=		late	(D)
Basement			Yes	No											
Dasement			Ш		×	Pipe ins	ulation			60 LF		$\boxtimes$	] [		
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													7 1	71	
			П	П	П	1							-1	_ !	
Name of Registered Waste	Hauler			N.	JDEP Wasi	ie Hauler ID No	Cubic Va	rde of Minat	e Name of Regi	ntore d 1	JE II		7]]	]	
Gr Tech LLC	and the second of the second o										11111				
City, State					00337	65	TBI	0	T.R.R.F. Inc				-		
Wayne, NJ 07470							Disposa		City, State						
Completed By (Print or Type	)	Title		-			TBI		Tullytown, P	A					
N.Jevtic	ľ						Sig	nature	11 -	A	Dat	e			
ASB-41		Own	er						Hewic Wes	nad	12/0	01/18			
MAY 11		St.	Do noi	use i	this for	n for asbes	tos licensi	or oromn	/ ted activities						

									E-minus managements				Print F
MOCIC			NOT	TFICATI (Pursua	ON OF A	New Jers ASBESTO AC 8:60 a	SABATE	EMENT 20)	D.	EGE			
Date of Notification (1) 11-26-18				Name	of Build	ing Owner	/Operato	r (2)		DEC	4 20	- Settle	
Agencies Notified	Type Notificat	ion		_	t Address	vironme	ntal Ser	vices	الحا الحا	DLC	-1 20	Personal	
□ EPA	☐ Initial				Huyler	5.00			L	ASBESTOS	COLIT	1.0	100
DEP × DOL	× Amended	T		City,	State, Zip	Code		Table		LICE	NSING	L &	-
	Amendm Emergen	cy (includir	ng			ensack,	NJ 076	606			Sanding Commenced	-	end employee.
DOH DCA	justification Cancellate	on)			of Conta	0.000				Telephone I			
Name of the state						NFORMA	TION			201-489-	8700		
Name of Facility Where A Willowbrook Mall	batement is Ta	king Place	(3)					Type of Fa	cility (4)				
Street Address								School	ol (K-12)				
50 Route 46								x Other	napter 8 (i.e. priv	(Other than K rate & comme	(-12) ercial build	gs, ho	mes
City (5)								etc.) Square Fe		# of Floors	Е	A 10	
Wayne								N/A		N/A	N	I. Age	
County (6) Passaic				Count	y Code (7	7)		Current Us	e (Prior	if being demol	lished)	_	
Name of Monitoring Firm	lired by Buildir	n Owner (S	57		CM No.			Parking I					
N/A	, and an	ig Owner (c	,	N/A			WRS	of Abatemer	nt Contra	actor (9) Services, Ir	20		
Street Address N/A								Address	Torritar	ocivices, ii	····		
25.01.00.00							170	ld Dock R	d				
City, State, Zip Code N/A								tate, Zip Coo ank, NY 1		-		And a second	
Project Manager for Monit N/A	oring Firm				one No.			one No.		License	No.	-	
Start Date (10)		Schedu	led Co	N/A	Date (1	4)		924-8111		01136			
11-28-18		12-27-	-18	ripietioi	Date (1	1)		of OSHA Mo		Services, In			
Occupancy Status During	Abatement (Ch	eck Only O	ne)					Address	ornar c	oci vices, ili		-	
Facility Closed/Vacat	d During Entire	e Period of	Abater	ment			17 OI	d Dock Ro	t				
Abatement Performe  Other – Describe: Ex	erior / construc	rmal Facilit tion area	y Hour	S				ate, Zip Cod					
Scope of Work (Check All	hat Apply)						rapn	ank, NY 1	1980				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		×	Renova Demoli	ation tion	3		×	Mini-Enclo Glovebag	osure Procedu	with Negative			
		Is	Locati	ion				Non-Exem	ipied ( )	and Non-Fria	ble Proc	temer	ıt
Location of Asbestos-Containing M	1-3-1 (4.04.0)		Normal ed Sole			Des	scription of	of				уре	
TO BE ABAT	ED .	Ma	intena	nce/	Asbe (i.e	stos Conta	aining Ma systems	aterial (ACM) insulation,		Amount (Specify	7	m	m
In Facility (13)		Cus	todial 9 (12)	ыап?	,	surfac	ing, VAT	. or		SF or LF)	Removal	Encapsulate	Enclosure
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ame of Registered Waste	fauler		N	JDEP W	/asto	Cubic Y	/ordo	1	15				
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ty, State			51	N2431	U	10				Company			
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aymond Tutiven		Super	rvisor			V	lyma	vel T	itu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-26-18		
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Date of Notification (1) 11-19-18					Name PSEC	of Building O	wner/	Operator	r (2)		The second secon	DEGE	~ / A	2018	
Agencies Notified	Гуре	Notification			Street	Address		-1				- DL		2010	1 1
□ EPA	J 1	nitial				Hadley Ro					1_	SBESTA	-38W	1000	
DEP × DOL	-	Amended Amendment	<b>ш</b> 1		City, St	tate, Zip Cod	e						ICENS ICENS	IG.	<u>- 4</u>
		Emergency		g		Plainfield	INJ				-			Committee of the Committee	District and the
DOH DCA	j	ustification) Cancellation			Jake	of Contact Reid						lephone Nu )8-319-11			
50/1	1	zancenation	2		Color Services	ILITY INFO	OM/AT	ION			90	10-3 19-11	20		
Name of Facility Where A Sand Hill Substation		ent is Takin	g Place (	(3)	TAG	METT INTO	MIAT	ION	Ту	pe of Facility	1000 CTCC				
Street Address									H	School (K- Subchapte		er than K-1	2)		
184 Harts Lane									×	Other (i.e.	private	& commerc	ial build	s, hom	ies,
City (5) East Brunswick									Sq N/	etc.) Juare Feet A	# c	of Floors	BI N	Age	
County (6) Middlesex						Code (7) USE ONLY)				rrent Use (Pr	ior if be	317	1		
Name of Monitoring Firm N/A	lired b	y Building (	Owner (8	3)	ASCI N/A	M No.			of A	batement Co	ntracto				
Street Address N/A					1		-	Street	Add		ai oci	vices, inc	<i>.</i> .		
City, State, Zip Code N/A								City, S	tate	, Zip Code					-
Project Manager for Monit	ring F	Firm			Telepho N/A	one No.		Teleph	one		50	License N	lo.		
Start Date (10)			Cahadu	lad Car		Date (11)				-8111		01136			
12-04-18			1-04-1		ripietion	Date (11)				SHA Monitor nvironment		vices Inc			
Occupancy Status During	bater	ment (Check	Only O	ne)				Street			ui 00i	v1000, 1110		-	_
Facility Closed/Vacat			11700	3.30	nent					Oock Rd					
Abatement Performe  X Other – Describe: El	Outs	ide of Norm	al Facilit	y Hours	S		-			, Zip Code k, NY 1198	30				
Scope of Work (Check All	hat A	pply)											-	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolii				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure			ıre	
			Is	Locati	ion								1	temen	t
Location	t i	n ganazonen		Normal ed Sole	lly	5,5,000,000	Des	cription	of					уре	
Asbestos-Containing M TO BE ABA In Facility (13)	ED	I (ACM)	Ma	intena todial (12)	nce/	(i.e. the	ermal surfac	aining M systems sing, VAT niscelland	ins T, or		(5	mount Specify For LF)	Remova	Encapsulate	Enclosure
			Yes	No	N/A									te	CD
Control Ho	ise				Х	Non-frial	ole tr	ansite 1	floc	or panels	3	8 SF	Х		
Name of Registered Waste	Haule	er		N	JDEP W	/aste (	Cubic `	Yards		Name of	Registe	red Landfill			
Waste Management					auler ID		of Was	te		Fairless					
City, State Elizabeth, NJ 07201					1213			al Date		City, Stat	е	A 19067			-
Completed by			Title			1		gnature		IVIOITISV	ille, P		to.	•	
Raymond Tutiven				ervisor	-			- Ciyph		d Tu	Ti	Da 11	-19-1		

Print Form

D&S Proj. #: 18-259  Date of Notification (1)  1 1   1   /   2   6   /   1   8  Agencies Notified	t#: cy l on)	-	Pamela Street Ad City, State millbu	Building Ow a Ruibal dress e, Zip Code urn, nj 070	fication of A suant to NJA vner/Operator	AC 8:6	NJ los Abatement 60 and 12:120)	ASSES ASSES	G E I	M [E	And the second sec
				FAC	CILITY INFOR	MATIO	N				
Name of facility where abatement Pamela Ruibal Street Address	nt is ta	aking p	elace (3)		OLLIT INI OK	IVIA I I C		Subch Other Bldgs.	napter 8 (Of (Private/Co /Homes, et	nercial	
City (5)	_	Cou	inty (6)			I Co	unty Code (7)	Square Feet	# of Floors	B	ldg. Age
****							ate use only)	Current Use (P	rior if being	 emolish	ed)
millburn Name of Monitoring Firm Hired	v Did		sex (0)		ASCM No.		Name of Abatement				,
Name of Monitoring Firm Fired	у ыа	g. Own			-0						
Street Address					l		D & S RESTOR	ATION, INC.			
Oll Oct / Idaloss							Street Address	·-			
City, State, Zip Code							20 California A City, State, Zip Code	ve.		Contract Contract	
							Paterson, NJ 07	503			
Project Manager for Monitoring F	rm		F	Phone Numl	ber		Telephone Number 973-345-8020	203	License N	nber 9	
Start Date (10)		Sche	d. Comple	tion Date (1	1)	_	Name of OSHA Mon	itor			
12/07/1818		12/2		erweiser Garo Autropeen Voor			D & S Restorati	on, Inc.			
Occupancy Status During Abater	ent (C			TO THE PARTY OF TH			20 California Av	enue			
Facility closed/vacated dur Abatement performed outs Describe:	ig enti	ire per normal	iod of aba facility ho	tement. urs-			City, State, Zip Code	Citae		-	
Other-Describe: NORMAI	HOU	RS				_	Paterson, NJ 07	503			
Scope of Work (check all that ar	oly)							Full Containment w	/negative r	ssure	
≥3 sf or >3 lf     ≥160 sf or ≥260 lf	] Der	novatio molitio	n					Mini-enclosure Glovebag procedur Non-Exempted (*)	re	le proce	edure
Location of asbestos-containing material (acm) to be abated in facility (13)	by sta	mainte	enance/cu	1	1		asbestos-containing	Amount (Specify S		Repa	E E n c a
:*o: 0	Ι,	r'es	No	N/A	1			LF)		l i	p L
BASEMENT			X		PIPE INSU			91ft			
BASEMENT			LX		TRANSIT	E PAN	NEL	50 sq ft			
	-										
	+	_		-	<u> </u>						
Registered Waste Hauler		IN.IDI	EP Hauler	ID# IC	Subic Yards of	Wasto	Name of Posistant	Londfill			
D & S RESTORATION, INC		135		13	l yd	· vasie	Name of Registered TULLYTOWN,		COVERY		
City, State PATERSON, NJ 07503				Disposal D			City, State		Diei		
Completed by (Print or Type)	Title			12/08/1	8 Signature		TULLYTOWN,	PA			
BOGDAN JOLDZIC	100000000000000000000000000000000000000	e ESID	ENT		Oignature				Date 11/26/20	2	
ASB-41	-			for asbesto	L os licensure ex	empte	d activities.		11/20/2	,	

D&S Proj. #: 18-258  Date of Notification (1)  1 1	Name of Building Cleslie wiesner Street Address  Lessie wiesner Street Address  City, State, Zip Cod montclair, nj (0) Name of Contact	otification of Asi rsuant to NJAC Dwner/Operator (2)	of NJ bestos Abatement 2 8:60 and 12:120)	DEC ASSESSED LICENT	2018
Nome of 5 '''		ACILITY INFORMA	ATION	-	
Name of facility where abatemed leslie wiesner Street Address	nt is taking place (3)			Type of Facility (4) School (K - 12) Subchapter 8 (Ol Other (Private/Cc Bldgs./Homes, et	r than K-12) nercial
City (5)	County (6)	Square Feet # of Floors	Bldg. Age		
	17.05.50	Current Use (Prior if being	emolished)		
montclair Name of Monitoring Firm Hired	essex	inolished)			
and the second s	y blug. Owner (6)	ASCM No.	Name of Abatement C		
Street Address			D & S RESTORA Street Address	TION, INC.	
8 <u></u>			20 California Avo	a .	
City, State, Zip Code			City, State, Zip Code		
Project Manager Co. 11			Paterson, NJ 075	03	
Project Manager for Monitoring F	m Phone Nun	nber	Telephone Number	License N	nber
Start Date (10)	I Sabad Co		973-345-8020 Name of OSHA Monito	01	9
7 C C C C C C C C C C C C C C C C C C C	Sched. Completion Date (	(11)	D & S Restoration		
Occupancy Status During Abataw	12/31/18		Street Address	., 1110.	
Occupancy Status During Abatem Facility closed/vacated during			20 California Ave	nue	
Abatement performed outside	e of normal facility hours-		City, State, Zip Code		
Describe: NORMAL	HOURS		Paterson, NJ 0750	าร	
Scope of Work (check all that ap					
	Renovation  Demolition		☐ M ⊠ Gi	Ill Containment w/negative p ini-enclosure ovebag procedure on-Exempted (*) and Non-fri	e procedure
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used sole by maintenance/custodial staff(12)  Yes No N/A		of asbestos-containing	Amount (Specify SF or LF)	R E E E P C C C L
BASEMENT		PIPE INSULA	ATION	140 l ft	<del> </del>
				14011	<del>                                      </del>
Registered Waste Hauler	NJDEP Hauler ID#	Ouble Variation			
D & S RESTORATION, INC	10506	Cubic Yards of War 2 yds.	The strangiotored Le	endfill ESOURCE RECOVERY	
City, State	Disposal [	Date	City, State	SOURCE RECUVERY	Market St. States and August any predicting a con-
PATERSON, NJ 07503  Completed by (Print or Type)	12/12/1		TULLYTOWN, P.	A	
BOGDAN JOLDZIC	Title PRESIDENT	Signature		Date	-
ASB-41	Do not use this form for asbest	os licensure exem	pted activities	11/26/18	

# NOTIFIED NOTIFIED

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

Pg. 1

1000		-							-						
Date of Notification (1)	Name of Building Owner/Operator (2)  12 / 18 Verizon Westwood C.O.											$\overline{\mathbb{W}}$			
Agencies Notified	Type Notif	fication							112/		-	-	1		
⊠ EPA	Initial	icatioi				et Address						010	-		
☑ DOLWD		led			_	75 Broady			III III DEC		- 2	018	drug-		
☑ DOH	Amend	ment #	<del>4-11/</del>	30/18	5	, State, Zip							-		
DCA	☐ Emerge	ency (i	ncludir	ng		illsdale, N		.=	1 LASPES	203	OAT.	TRO	2		
(NJAC 5:23-8)	justifica Cancel					ne of Conta			Telephone Num	ber	ING				
	- Cancer	lation			-	enzo Con			973-951-054	2	-	20) Property and	and the state of t		
N 65 W 110					F	ACILITY II	NFORMATION				See See See				
Name of Facility Where A		Takir	ig Plac	e (3)				Type of Facility	(4)		-	1. S. S. / I. S.			
Verizon Westwood	;.0.							School (K-12	2)						
Street Address								Subchapter 8	8 (Other than K-12 rivate and comme	()	ildia				
175 Broadway								homes, etc.)		rciai	ildin	gs,			
City (5)								Square Feet	# of Floors	$\neg$	lg. A	Age			
Hillsdale								32,775	3		50				
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	urrent Use (Prior if being demolishe						
Hillsdale							30M 3M	Verizon Communications							
Name of Monitoring Firm I	ired by Bu	ilding	Owner	(8)	ASCI	M No.	Name of Abateme	ent Contractor (9)	-	-		_			
TTI Environmental,	10						1	VIRONMENTAL							
Street Address							Street Address			_					
1253 North Church	treet						1123 BEAVE	RSTREET							
City, State, Zip Code	-						City, State, Zip Co			-					
Moorestown, NJ 080	57						BRISTOL, PA								
Project Manager for Monit	ring Firm			Tel	ephone	e No	Telephone No.	13007	11:						
Kris Smith				1000000	and the second	3-8218	215-788-6040		License No.						
Start Date (10)		Scher	fuled (			Date (11)	To be a second		00509						
11 /28 / _	18_					18	Name of OSHA M BRISTOL EN'	ionitor VIRONMENTAL	_, INC						
Occupancy Status During	batement	(Chec	k only	one)			Street Address		- f						
☐ Facility Closed/Vacated	During En	tire Pe	riod of	Abate	ement		1123 BEAVER	RSTREET							
Abatement Performed	utside of N	Vormal	Facilit	y Hou	rs - De	escribe	City, State, Zip Co				-				
Time of Abatement:	100 CONT. 100 CONT.	PI	VI/ <u>5:00</u>	)PM- <u>2</u>	:00AN	Λ	BRISTOL, PA								
Scope of Work (Check all t	iat apply)									-					
≥3 sf or ≥3 lf			⊠ Re	enovat	ion			ainment with Neg	ative Pressure						
≥160 sf or ≥260 lf			☐ De	moliti	on		⊠ Glovebag	Procedure							
							☐ Non-Exer	mpted (*) and Nor	n-Friable Procedur	е					
Lassiis				Loca Vorma						A	tem	ent Ty	уре		
Location o Asbestos-Containing M		M)			ely by	Asha	Description of stos Containing Mat		**	Z	Z.	Ш	ш		
TO BE ABAT	<u>:D</u>	,		intena			, thermal systems i		Amount (Specify	Kemova	Repair	Encapsulate	Enclosure		
IN Facility (13)			Cus	(12)	Staff?		surfacing, VAT,	or '	SF or LF)	val	=	nsc	Sur		
(13)			Yes	No	N/A	+	other miscellaned	ous)		1		ate	O		
Basement Boiler Roon							Boiler Insulatio	n	00.05						
Basement Boiler Room						Duct Ins									
Basement Boiler Room				П		Pipe Fit			90 SF	N N					
Basement Boiler Room						Pipe Ins			60 LF						
Name of Registered Waste						Waste	Cubic Yards of	No (D. ) (	315 LF			Ш	Ш		
SERVICE TRANSPOR		P INC		0.000	lauler I		Waste	Name of Registe							
City, State		, 1140	··		2099	0		MINERVA L	ANDFILL						
2.01*0.00.0000							Disposal Date	City, State							
NEW CASTLE, DE		-					TBD	WAYNESBU	JRG, OH						
Completed By (Print or Type	)	Title					Signature	0.33 950	Dat	e					
Dillan DeCaro		Es	stimat	or			Dullan	DeCaro	190 1	1-	0-	18	1		
SB-41 AN 13 DD 18079							, 00	into the second	1 1			10			
AN 13 PU 10 U 1 (															

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

Date of Notification (1)					Nai	me of Build	ing Owner/Operator	(2)	15		-				
9 /	12 /	18	3				estwood C.O.	(2)							
Agencies Notified  ⊠ EPA	Type Noti  ☑ Initial	fication				eet Address 75 Broad	5//		MEG		W	7	4 1		
□ DOLWD   □					City	, State, Zip	•		141				1		
⊠ DOH		ment #				lillsdale, I			DEC.	1	201	0	71.17.10.00 20.00		
☐ DCA (NJAC 5:23-8)	☐ Emerg	ency (in ation)	cludir	ıg	-	ne of Conta			DEC DEC	4	201	0	11		
	☐ Cance					enzo Cor			Telephone Num				1		
	-						NFORMATION		973-951-054	SC	3500000	OL a	8		
Name of Facility Where A	atement is	s Takino	Plac	e (3)	Г	ACILITY	NFORWATION	Type of Facility	According to the second contract of	ENS	G	arm, in	manager et a		
Verizon Westwood		E 1.7011108	,	· (0)				Type of Facility							
Street Address								<ul> <li>Subchapter</li> </ul>	8 (Other than K-12	!)					
175 Broadway								homes, etc	private and comme	rcial	ldin	gs,			
City (5)								Square Feet	# of Floors		g. A	Ane.			
Hillsdale								32,775	3	- 1	-50				
County (6)	-			County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)											
Hillsdale								· ·	mmunications	nica,					
Name of Monitoring Firm H		uilding C	wner	(8)	ASCI	M No.	Name of Abatem								
TTI Environmental, I	ıc							IVIRONMENTA							
Street Address							Street Address		,		-				
1253 North Church S	treet						1123 BEAVE	R STREET							
City, State, Zip Code							City, State, Zip C	ode							
Moorestown, NJ 080							BRISTOL, PA	A 19007							
Project Manager for Monito	ing Firm			Tel	ephon	e No.	Telephone No.		License No.		-				
Kris Smith					609-313-8218 215-788-6040 00509										
Start Date (10)						Date (11)	Name of OSHA N	Monitor			-				
11 /28 / _					4_ /	18	BRISTOL EN	VIRONMENTA	L, INC						
Occupancy Status During A							Street Address				-				
☐ Facility Closed/Vacated	During En	tire Peri	iod of	Abate	ment		1123 BEAVE	R STREET							
Abatement Performed C Time of Abatement:	utside of I	Normal I	Facilit	y Hou	rs - De	escribe	City, State, Zip Ci	ode		-	-		7.55		
		PIV	/ <u>5.00</u>	PIVI-Z	:00AN	И	BRISTOL, PA	19007							
Scope of Work (Check all to	at apply)						M		00 00 M						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novat moliti			☐ Mini-End	Procedure	gative Pressure n-Friable Procedur	e					
				Loca						A	emi	ent T	vne		
Location of Asbestos-Containing Ma		M		Norma d Sole			Description o			-	-		-		
TO BE ABATI	D (AC	IVI)	Ma	intena	nce/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure		
IN Facility (13)			Cus	todial (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	oval	=	nsd	Sur		
(10)			Yes	No	N/A		other miscellane	ous)				ate	W.		
Basement Power Roon					$\boxtimes$	VAT/Ma	astic		2,200 SF			П	П		
HSB Area						VAT/ma	astic		288 SF						
Pad Area					$\boxtimes$	VAT/ma	AT/mastic 1760 SF								
Meter Room						VAT/Ma	stic		1760 SF 🗵						
Name of Registered Waste	lauler			N	JDEP	Waste	Cubic Yards of	Name of Regis							
SERVICE TRANSPOR	Γ GROU	P, INC.	1		auler I	D No.	Waste	MINERVA I							
City, State			-		2099	U	Disposal Date	City, State			-				
NEW CASTLE, DE							TBD	WAYNESB	IIRG OH						
Completed By (Print or Type	1	Title					Signature	WATNESD							
Dillan DeCaro		0.000	timat	or				1 De Caro,	1 Date 11	9 - 3	1-1	18			
SB-41 DD18079		* D	o not	use th	is form	for ashest	os licensure exempl		/ / / /	$\stackrel{\smile}{-}$					

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

(K#2197	PAI	D)		CATIO	tate of No N OF ASE t to NJAC	BESTOS	ABATE				EC		V	7 6	100
Date of Notification (1) 11/29/18 Agencies Notified	7 rpe Notification			Ocea	of Building In Holdin Address	ngs De	velopm	ent, L	LC	200	DEC		201	8	The second secon
× EPA × DEP × DOL	Initial Amended Amendment		- adequate of the second	City, St	lohn Stre ate, Zip C York, Ne	ode			# M M M M M M M M M M M M M M M M M M M	1.	ASBEST(	OS C	VTR IG	OL &	A STATE OF THE STA
	Emergency justification Cancellation		1		of Contact	SHIP TO COME				1	ephone N 277254		*******		Anter (SE) great, an
Name of Facility Where A	b tement is Takir	a Diaco (	2)	FAC	ILITY INF	ORMAT	ION	1 7:	-6 F:I:4	(4)					
Ocean Holdings De			0.00						of Facility						
Street Address 200 Ocean Ave			,					II S	School (K- Subchapter Other (i.e. pate.)	r 8 (Oth	er than K- 3 commer	12) cial b	lings	, hom	es,
City (5) Long Branch									e Feet	# of	Floors		ldg. /	Age	
County (6) Monmouth					Code (7) USE ONLY	n			nt Use (Pri	or if bei	ng demoli:	shed)	-		
Name of Monitoring Firm	H ed by Building	Owner (8	)	ASCI	M No.		1		ement Co tion Co.		(9)				
Street Address								Addres	-						
City, State, Zip Code								itate, Zi <sub>l</sub> s Neck	Code , New Je	ersey (	07722				
Project Manager for Monit	tor ng Firm			Telepho			732	one No 294 17	757	and the second	License 00029	No.			
Start Date (10) 12/8/18		12/26/	18	mpletion	Date (11)		Name	of OSH	A Monitor						
Occupancy Status During	A patement (Che	k Only O	ne)				Street	Addres	s			-			
Facility Closed/Vacal Abatement Performe Other – Describe: 73	d Dutside of Norm	Period of an all Facility	Abaten y Hours	nent s			City, S	tate, Zip	Code		77 TO 100 CALLED				
Scope of Work (Check All	T at Apply)											-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X C	Renova Demolit	ition ion			×	Glov	Containm -Enclosure rebag Prod -Exempted	e cedure			e	e ·	
		ls	Locat	ion									Abat	emen	t
Location		121	Normal ed Sole			De	scription	of				$\vdash$	T	уре	1
Asbestos-Containing N TO BE ABA In Facility (13)	TE D	Ma	intena todial s (12)	nce/				s insulat T, or		(S	nount pecify or LF)	removal	Repair	Encapsulate	Enclosure
exterio		163	160	X		r	oof felf	+		80	00 sf	+			
exterio				x			ng mat				00 sf	÷	-		
							· · · · · ·					1			
Name of Registered Waste FABCO City, State	e I lauler		Н	JDEP Wauler ID 8152 A	No.	Cubic of Was 60			Name of Fairless	S	red Landíi			-	Acceptable Control of the Control of
Tinton Falls, New Jer	se y					12/26			Morrisv		A				
Completed by Bree McGuire		Title Secretary Treasurer					ignature	) \	Date 11/29				8		
ASB-41 (R-06-08)							* Do no	ot use th	is form for	asbesto	os licensu	ге ех	pted	activi	ties.

CX 3548	5	PA	IOT	IFIC.	MOITA	OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1	TEMENT	DEC DEC	<u>E</u> 1	<u></u>	
Date of Notification (1)	<b>3</b> /	18				of Buildir	ng Owner/Operator	(2)	ASBESTO	OS CO	BO	) )L&
Agencies Notified T	pe Notific		-			t Address			3,16	是NSH	2	. L Q
	Initial Amende	d			City	State, Zip	Code					
☑ DOH ☐ DCA ☐	Amendm Emerger		ıdina			ck, NJ 0						
(NJAC 5:23-8)	justificat	ion)	aumę	4	No.	of Conta			Telephone Num	nber	_	
	Cancella	ition			1 1 1 1 1 1 1	orge Sco					_	
Name of Facility Where Aba	ement is	Taking F	Place	(3)	FA	CILITY	NFORMATION	Type of Facility	v (A)		-	
Residence								☐ School (K-1	12)			
Street Address								☐ Subchapter ☐ Other (i.e., homes, etc.)	8 (Other than K-12 private and comme	2) ercial bu	ings	5,
City (5)								Square Feet	# of Floors	Blo	Ag	e
Brick County (6)					T			1000 sf	1	(	-	
Ocean					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (F	Prior if being demoli	shed)		
Name of Monitoring Firm Hi	ed by Buil	ding Ow	ner (	(8)	ASCM	No.	Name of Abatem			-	-	
N/A							A comment of the comm	ontracting, Inc	· 7			
Street Address							Street Address					
City, State, Zip Code							1889 Route			W		
ony, orato, zip oodo							City, State, Zip C	New Jersey 0	8755			
Project Manager for Monitor	ng Firm			Tele	phone	No.	Telephone No.	New Jersey U	License No.		_	
							732-349-993	2	00624			
Start Date (10)	8_	Schedule 12			tion Da		Name of OSHA I E.M.S.L. Ana					
Occupancy Status During At			500	5.0			Street Address					
□ Facility Closed/Vacated [     □ Abatement Performed Others     □ Abatement Performed Oth						76	1056 Stelton					
Time of Abatement:	_AM	PM/_	acility	PM-	s - Des	AM	City, State, Zip C		0054			
Scope of Work (Check all that	t apply)						Piscalaway,	New Jersey 0	8854			
☐ ≥3 sf or ≥3 lf		г	l Re	novati	ion		☐ Full Con	tainment with Ne	egative Pressure			
≥160 sf or ≥260 lf				molitic			☐ Gloveba	g Procedure				
1		T	ls	Locat	ion		⊠ Non-Exe	empted (*) and N	on-Friable Procedu			at Tues
Location of	and the second	4)	N	Norma d Sole	lly		Description			Aba		nt Type
Asbestos-Containing Mat TO BE ABATE			Mai	intena	nce/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	0	Enclosure
IN Facility (13)			Cust	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	val	•	sure
(,		١	es	No	N/A		outer misochalle	.003)				fe
exterior				$\boxtimes$		asbest	os siding		950 sf		]	
											]	
											]	
											7	
Name of Registered Waste H				100000	JDEP V		Cubic Yards of	Name of Reg	istered Landfill			
Guardian Contracting,	Inc.		2000	l H	20223		Waste 3	T.R.R.F.				
City, State Toms River, New Jerse	v						Disposal Date 12/11/18	City, State	Donraul			
Completed By (Print or Type)	in the second										_	
Nicholas Fernicola			ject	Mana	ager	V	Signature	1	l Di	ate /	7/	18
SB-41 AN 13		* Do	not	use th	is form	for ashes	tos licensure exem	nted activities				

CV 10559 PA	NOTIFICATION C	e of New Jersey OF ASBESTOS ABATEN NJAC 8:60 and 12:120		Check # 10	5	9	
Date of Notification (1 1 28 - Agencies Notified Type Notification	Name of B	duilding Owner/Operator	Gibbons		2	018	With the second second second
□ EPA □ DEP □ DOL □ DOL □ DOH □ DCA □ Initial □ Amended Amendment □ Emergency justification) □ Cancellation	# (including Name of C	( ' \ +	. 3	0.8.5.3.5.	NC INC	TROL	- 81
Name of Facility Whe Pabatement is Takin Single Famil		TY INFORMATION	Type of Facility (4)  School (K-12)  Subchapter 8		ngs,	home	es,
City (5) Ja-Ksun County (6)	NJ O	8527 de (7)	etc.) Square Feet	# of Floors Z if being demolished)	g. A		
Name of Monitoring F m Hired by Building Street Address			of Abatement Contr	actor (9)  hoologie  337		In	١
City, State, Zip Code Project Manager for M. spithri gli Firm	NJ 085	No. Telepho	ate, Zip Code one No. 758 - 336	License No.	2	33 u	3
Start Date (10)  2 - 11 - 18  Occupancy Status Du ng Abatement (Chec	Scheduled Completion Da   2 -   4 - k Only One)	te (11) Name of Street A	of OSHA Monitor EPC Tech Address	mologies I	<u></u>	1	
Facility Closed/V cated During Entire F Abatement Performed Outside of Norm Other – Describe  Scope of Work (Check All That Apply)	Period of Abatement nal Facility Hours	City, Sta	O. Box ate, Zip Code w Egypt	NJ 08	3	3_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 l	☐ Renovation ☐ Demolition		Mini-Enclosure Glovebag Proces	t with Negative Press dure *) and Non-Friable Pr	dun		
Locat on of Asbestos-Containi g Material (ACM) TO BE A BATED In Fa sility (1)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Ma (i.e. thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation,	Amount (Specify SF or LF)		e Encapsulate	Enclosure
Basement	Yes No NA	Pipe Ins	ulation	120 LF X	_		
Name of Registered W aste Hauler	NJDEP Was Hauler ID No	o. of Waste	)	egistered Landfill  Managemen		F 8	P/A
City. State  New E gypt  Completed by  Steve Sch n Ker	NJ Title President	Disposal Date   Q-   V-     Signature	8 City, State Moznis	. = 1		3-1	

3	93		9.633.06	564	pag	je 1	for participants of the state of	ME	CEL	-Cua-
D A			St ATION	ate of No	w Jersey BESTOS ABAT	EMEN	T		DEG 4 2	1. 2009
		(P	urbuen	t to NJA	C 8:60 and 5:16	B)				- Cul
			Name	of Building	Owner/Operator (	2)	:	ASB		
29 /	18		Theila	-Marie&I	Jesten Choxi			The second secon	The state of the s	an (super
Type Nobic	ation				and a series of			1	9/	-
☐ Amenda	đ		Ciby C	data Was 6				<u> </u>	37V	
Amendin	ent #	-							<u>.</u>	
Z Emergen	icy (includ ion)	ing						Telephone N	lumber	-
Cancella Cancella	tion		Steve ?	Nadratow	ski			'	_	
			FAC	CILITY IN	FORMATION					-
a Abatement is	Teking Pla	ice (3)				Sch Sub	c il (K-12 c impler 6 s (i.e., p	(Other than K-	-1 2) mercial buildings,	
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ł.						Priorit		- 41 · 1001 B	DIOU. AGE	
		-	Count	ly Code (7)	STATE USE ONLY)	Curnen	Jan (Pr	or if being den	noilshed)	
eer Hirmel by Rui	dine Cun	ne /8%	Acres		111	1 2 1				_
nn mica by but	UNING CIWIT	81 (O)	ASCM	NO.		ent Cont	c(o) (B)	l.		
				<u>-</u>	Street Address		-:-			<del>-</del>
			·	- 110	576 Valley Rd	¥283				
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onitoring Flore		17-	-Abana	No		70		I keese bio		_
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						Monitor		DIXA		-
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cated During Ent	tire Parlad Yormal Fa	of Abat	ura - Dea	AM AM	20-21 Wagaraw City. State, Zip C	ode	ilds #	35E		_
( MR (hat apply)	Contract Contract				I Clean u	IP and de	TORRENDE	nation with neg	Pliye pressure	-
	×	Renove	itlon tion		Mini-En	ciosura as Proce	nte [	Tent with Neg	ative Pressure	
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	/ L	Meinter Meinter Custodia (12	plely by nance/ Staff?		atos Containing M ,, thermal systems aurizolog, VA	aterial (+ + insulati T. or		(Specify		
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			VIDEP Was	ha Haziles ID Ho		D.				
Waste Hauler							P 57 F			
Nuste Hauter			00337	B5	TED Discossi Data		State			-
Waste Hauler			00337	B5	Disposal Date	City	Stops			-
or Type)	Title		00337	B5	TBD Signature	City	Stope	PA	Date	_
	29  Type Notific Intial Amende Amende Amende Amende Amende Amende I cancella Cancella  a Abatement is  ionitoring Firm  / 18  rm Hired by 8uf  ionitoring En ned Outside of 8 t Am- Can that apply)  ten of ng Material (AG ABATED Rollty 3)	29 / 18  Type Notification  Initial  Amendment #  Emergency (includ justification)  Cancellation  a Abatement is Teking Piss  ionitoring Firm  / 18 Schedule:  / 18 12  fing Abatement (Check on cated During Entire Period ned Outside of Normal Fact AM- PM/  Caff that apply)  ion of ing Material (ACM)  ABATED actity  3)	I: 37AM 9736381778  PAINOTIFIC.  (Pi  29	Stand 9736381778  Stand PASSESSESSESSESSESSESSESSESSESSESSESSESSE	State of New Purpusant to NJA    Purpusant to NJA	State of New Jersey  NOTIFICATION OF ASSESTOS ABAT  [Purpuent to NJAC 8:69 and 5:10]  29	State of New Jarsey  NOTIFICATION OF ASBESTOS ABATEMEN  [Purpuant to NJAC 8:60 and 5:18]    Name of Building Dwart/Operator (2)	State of New Jersey  NOTIFICATION OF ASBESTOS ABATEMENT (Purpuent to NJAC 8:60 and 5:18)    Name of Building Dwiner/Operator (2)	State of New Jersey  NOTIFICATION OF ASBESTOS ABATEMENT [Pursuant to NJAC 5:69 and 5:16]  29	State of New Jarsey  NOTIFICATION OF ASBESTOS ABATEMENT  (Pursuant to NJAC 8:69 and 5:18)  29 / 18

Date of Notification (1)

Agencies Notified

1

1

06

**EPA** 

DEP

DOH

DOL

416 JEFFERSON STREET

416 JEFFERSON STREET

Street Address

Street Address

Eric Southerland

1

1

ROOF

City, State

Steve Stiles

ASB-41

907 Doolittle Drive City, State, Zip Code

Bridgewater, NJ 08807

Sheduled Start Date (10)

Project Mngr. For Monitol ng Firm

06

Hours - Descrit ::

Scope of Work (Check All That Apply)

≥160 sf or ≥260 f

Demolition

≥3sf or ≥3lf

Location of

Asbestos Containing

TO BE ABATED

in Facility

(13)

Name of Registered Waste Hauler

EAST HANOVER, NJ 07936

Completed by (Print or Typ )

NORTHSTAR CONTRACTING GROUP, INC.

City (5)

AET

HOBOKEN

18

3

Name of Facility Where A patement is Taking Place (3)

Cou ity (6)

HUE SON

Name of Monitoring Firm Hired by Bldg. Owner (8)

Occupancy Status During Abatement (Check Only 1)

Other - Describ : \_\_ 7:00AM - 3:30PM

Typ : of Notification

Initial

Amended

Cancellation

Amendment #\_\_\_2\_

Emergency w/ justification

County Code (7)

Telephone Number

610-891-0114

Renovation

**ROOF & FLASHING** 

NJDEP Waste Cubic

Hauler ID No.

Project Manager

Title

Sched. Completetion Date (11)

\_ 12

Facility Closed /acated During Entire Period of

Abatement Periormed Outside of Normal Facility

MON-FRI

1

Location

Normally

Used

Solely

by Maintenance/ Custodial Staff (12) YES NO N/A

STATE OF NEW JE NOTIFICATION OF ASBESTO (PURSUANT TO NJAC 8:60-7

Signature

	STATE OF	NEW JERSEY						
FICA	TION OF	ASBESTOS ABATEME	NT .	1 1				
RSU	ANT TO NJ	AC 8:60-7 AND 12:120	0-7	herk	41	20		
	Name o	of Building Owner / Op	perator (2)		Jan Oc			
	D&R HO	DBOKEN, LLC	relator (2)					
	-	Address		11-7-11	1/12	-	100	
		MMERCE BLVD		ا (ما ا		5	WE	17
	STREET, SQUARE, SQUARE	ate, Zip Code		111		-	-	
		TADT, NJ 07072		Imil				
		f Contact		111-111	Delt O		1010	
ation		AS DINALLO		elepho	ne)Nမြော၊	per 4	:018	
	1.1101101	LAG DINALLO		201-487	-565/			
	EACILITY.	INFORMATION	-					
	. MOILIT	IN ORMATION		AS	BESTO	SCC	TROL &	1
		Type of Facility (4)		To Charles Marketon	LIC	ENS	3	1
		Type of Facility (4)						- 1
		☐ School (	K-12)					
			oter 8 (Othe	rthan V 4	2)			
		Other (L	e., private 8	cmmerci	4) 21			
		bldash	omes, etc.)	Cillineron	aı			- 1
Code	(7)	Square Feet	# Of Floo		Buildin	α Λα	-	-
		880	J# 011100	1	Dullulli	g Ag		- 1
		Current Use (Prior	if being den	nolished	†		4	
		RESIDENCE/HOUS	F	nonsneu)			т.	- 1
	ASCM N					_		_
		NORTHSTAR CONT	RACTING O	SROUP IN	IC.			- 1
		Street Address	10101110	311001 , 111				_
								- 1
		32 Williams Parkway						- 1
		City, State, Zip Cod	e				- Thetaconomic	_
ne Nu	umber	1 ,,						- 1
0114		East Hanover, NJ 07	936					1
ate (	11)	Telephone Number		License I	Number		_	_
/	/ 18			License	vuilibei			- 1
_/		973-884-8682			0	0860		- 1
		Name of OSHA Mon						$\overline{}$
of		NORTHSTAR CONT	RACTING G	ROUP, IN	C.			
		Street Address						_
ility								1
		32 Williams Parkway						
		City, State, Zip Code						
-		East Hanover, NJ 079	936					
								- 1
on		Full Containment wi	th Negative	Pressure				
	H	Mini - Enclosure						
		Glovebag Procedure			23			
		Non-Exempted (*) ar	ia Non-Fria	ble Proced	dure			- 1
	Descript	tion of		AL -4	. = -			_
Д		Containing		Abatemer	it type	I-	I-	
	Material		Amount	R	В	E	E	- 1
(1.	e., therma		(Specify	M	R	N	N	- 1
insu	lation, sur	facing, VAT,	SF or LF)	50.00	E P	C	C	- 1
or	other misc	ellaneous)	OI OI LIT	v	A	A P	L	
				Å	î	S	s	- 1
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LAS	HING		880 SF	7	П			$\overline{}$
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aste	Cubic	Name of Registered	Landfill					
No.	Yards	FAIRLESS LANDFILL						
- 1	of Waste							
	Disposal	City. State						-
	Date	MORRISVILLE, PA 10	967					

Date

1/02/18

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

Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)		_			
9 / _	12 /	18	3				stwood C.O.	(2)					
Agencies Notified	Type Notifi	cation			Stree	t Address				_	_		
⊠ EPA	☑ Initial				17	5 Broadw	<i>r</i> ay						
⊠ DOLWD	⊠ Amende			0.040	City,	State, Zip	Code			_	-		
☑ DOH ☐ DCA	Amendr Bmerge				Hil	Isdale, N	J 07642						
(NJAC 5:23-8)	justifica		iciuulii	9	Name	e of Contac	ot .		Telephone Numb	er			
	☐ Cancell				Re	nzo Cont	reras		973-951-0542				
					FA	CILITY IN	NFORMATION						
Name of Facility Where Al		Takin	g Place	e (3)				Type of Facility	y (4)				
Verizon Westwood (	.0.							School (K-					
Street Address									r 8 (Other than K-12) private and commerc		Iding	ıs	
175 Broadway								homes, etc		,,,,,,		, ,	
City (5)								Square Feet	# of Floors	T	g. A	ge	
Hillsdale								32,775	3		-50		
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (F	Prior if being demolish	ned]			
Hillsdale								Verizon Co	mmunications				
Name of Monitoring Firm I	ired by Bu	ilding (	Owner	(8)	ASCM	No.	Name of Abatem	nent Contractor (9	9)	_	-		
TTI Environmental, I	10						BRISTOL EN	VIRONMENT	AL, INC.				
Street Address	-						Street Address			_	-		
1253 North Church S	treet						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C			_			
Moorestown, NJ 080	57						BRISTOL, P.						
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.		License No.	_			
Kris Smith	•					-8218	215-788-604	n	00509				
Start Date (10)		Scheo	duled C	1		ite (11)	Name of OSHA	50	00000	_	-		
11 /28 / _	18					18		IVIRONMENTA	AL, INC				
Occupancy Status During	batement	(Chec	k only	one)			Street Address			-	-		
☐ Facility Closed/Vacated	During En	tire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed							City, State, Zip C	ode		_			
Time of Abatement:	AM	PI	VI/ <u>5:00</u>	PM- <u>2</u>	:00AM		BRISTOL, P.						
Scope of Work (Check all I	nat apply)												
☐ ≥3 sf or >3 lf			⊠ Re	enovat	ion			ntainment with Ne	egative Pressure				
≥160 sf or ≥260 lf				emoliti				g Procedure					
									on-Friable Procedure	<del>-</del>			
			100	Loca						F	item	ent T	ype
Location o Asbestos-Containing M	Company of the Compan	(A)		Norma ed Sol		Anha	Description			7	R	ш	Щ
TO BE ABAT	ED (ACI	VI)	Ma	intena	ince/		stos Containing M ., thermal systems		Amount (Specify	Kelllova	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	V d	_	lus	sure
(13)			Yes	No	N/A	1	other miscellane	eous)				ate	
Basement Sprinkler R					N/A	VAT/Ma	estic		60 SF	D			
Basement Diesel Roor	The state of the s					VAT/ma				-			
Hallway Power Room	-	-					5.07.7		720 SF	Z			
						VAT/ma			200 SF	\subseteq	ᆜ		
Stairwell Landing				Щ		VAT/Ma			81 SF	B	Ш		
Name of Registered Waste		D IN	-	1000	IJDEP I lauler II		Cubic Yards of Waste		istered Landfill				
SERVICE TRANSPO	- GROU	r, inc	٥.		20990				LANDFILL				
City, State							Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNES	BURG, OH				
Completed By (Print or Type	3)	Title	9				Signature		Date	e -	-	-	
Dillan DeCaro		E	stima	mator Dillam De Caw / In 11-					U -	18			
ASB-41 ADIEDOG		_		-			1 0000			_	-		
AN 13 DD 18 079		*	Do not	use th	is form	for asbest	os licensure exem	pted activities.					

<sup>\*</sup> 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 Buildin	g Owner/Operator (	2)					-
9 /	2 /	18					stwood C.O.		IN EC	E		W	
Agencies Notified	ype Notif	ication			Street	Address					9.00.00.00		
	] Initial				175	Broadw	ray						
	3 Amend			- 1		State, Zip (			THE DE	-	1 /	2018	-
⊠ DOH		ment # <u>4-1</u>		18		sdale, N							
DCA (NJAC 5:23-8)	Emerge justifica		ding	h		of Contac			Telephone Numb	OF.	gar-ini tan-i		and the state of t
The state of the s	] Cancell			Ι.		nzo Cont	77.		Land and amount	A real real		TRO	18
									973-951-0542		SIN	<u> </u>	
Name of Facility Where Ab	tement is	Taking P	lare (3	)	FA	CILITYIN	IFORMATION	Type of Facility	(4)		_		
Verizon Westwood C		, raining i	0) 000	,				School (K-12					
Street Address								Subchapter	3 (Other than K-12)				
175 Broadway								Other (i.e., p	rivate and commerc	cial b	ding	s,	
City (5)								homes, etc.)					
Hillsdale								Square Feet	# of Floors	В	J. A	je	
ATTENDED TO THE PARTY OF THE PA								32,775	3		50		
County (6)					Cour	ity Code (7	()(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Hillsdale								Verizon Cor	nmunications				
Name of Monitoring Firm H	1.30	ilding Owr	ner (8)	A	SCM	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental, Ir	С						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address				5.1		
1253 North Church S	reet						1123 BEAVE	R STREET					
City, State, Zip Code	-						City, State, Zip Co	ode			-		
Moorestown, NJ 080	7						BRISTOL, PA						
Project Manager for Monito			Т	eleni	hone	No	Telephone No.	. 10001	License No.	_	-		
Kris Smith						-8218	215-788-6040		00509				
Start Date (10)		Schedule	d Com			CONTRACTOR A			00509		_		
11 / _28 _ /	18			(T)		18	Name of OSHA N	ionitor VIRONMENTAI	INC				
Occupancy Status During A							Street Address	VIIICOTUILETTIA			_		
☐ Facility Closed/Vacated					ont			OTDEET					
☐ Abatement Performed C	itside of I	Normal Fa	cility H	ours	- Dec	crihe	1123 BEAVE						
Time of Abatement:						Cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all the	at apply)						DIGITOL, 17	13007					_
		17,000,00						ainment with Neg	jative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		$\boxtimes$	Renov				☐ Mini-Enc	losure					
≥ 100 St 01 ≥ 200 II			Demo	nition			☐ Gloveba		n-Friable Procedure	3			
			Is Lo	catio	n					TAI	ome	ent Ty	ma
Location of			Nor	mally	,		Description o	f		-	-	T	
Asbestos-Containing Ma	terial (AC	M)	Used S				stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATI	D	(	Mainte Custod				., thermal systems i	nsulation,	(Specify	Von	air	aps	losi
IN Facility (13)		,		12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	Ге
,·-,	SOTTOMOTO A CONTROL OF	Y	es N	No	N/A		m.comano	/				e	
Basement Meter Storag	e Room		] [	1		VAT/Ma	stic		75 SF				
Basement AC Room 2			1	1		VAT/Ma	stic		420 SF				П
					_		XTUSTIVES!		120 01	-	=	-	] [
		.		1	Ш								
Name of Registered Waste	Hauler			NJE	DEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill		-		
SERVICE TRANSPOR	T GROU	IP, INC.		3.5	uler ID		Waste	MINERVA					
City, State				2	0990		Disposal Date	City, State			-		
NEW CASTLE, DE							TBD		UDC OU				
								WAYNESB	UKG, UH				
Completed By (Print or Type	)	Title					Signature	.0	Date Date				
Dillan DeCaro		Esti	mator				Dillan	DeCaro	1/1 //	13	1 -	18	
		and the same of th					1.50000	1-2-00	10	-	-		

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

		TD A	MIL	i.									P	rint Forn
CK 17714	11982	I A Q	NOTI )	FICATIO	State of N N OF AS at to NJA	BESTOS	ABATE	EMEN	IT		E (	B	$\overline{\mathbb{V}}$	EIN
Date of Notification (1) 11/28/2018					of Buildin Dancz		Operato	r (2)			DE	EC 4	2018	The second secon
Agencies Notified	Type Notification	1		Street	Address					I feel back				i harde
EPA DEP DOL	Initial Amended Amendmen	ıt#			tate, Zip (						ASBE	STOS CO LICENS	ITROI G	-81
DOH DCA	Emergency justification Cancellation	(includin	g	Name	of Contact	:t				3,000	ephone I	Number		
		***			ILITY IN	2007.000	ION			•	1 1		_	
Name of Facility Where A House	patement is Takir	ng Place	(3)					Тур	e of Facility	30.50			-	
Street Address								×	School (K- Subchapte Other (i.e. etc.)	r 8 (Othe	er than K comme	(-12) ercial build	s, hom	ies,
City (5) Oradell				- 1				Squ N/A	uare Feet	# of N/A	Floors	BI N	Age	
County (6) Bergen				County (STATE	Code (7) USE ONL	Y)			rent Use (Pri	ior if beir	ng demo	lished)		
Name of Monitoring Firm N/A	lired by Building	Owner (8	3)	ASC	M No.				patement Con atement, Ir		(9)			
Street Address		102			Here y		Street		10,000					
City, State, Zip Code							City, S	State,	ngren Ave Zip Code NJ 07512	nue	<del></del>		-	
Project Manager for Monit	ring Firm			Telepho	one No.		Teleph	none l			License	No.		
Start Date (10) 12/11/2018		Schedu 12/12/		mpletion	Date (11	)	Name	of OS	SHA Monitor etement, In		01011			
Occupancy Status During							Street		7.7.7	transieri			-	
Facility Closed/Vacat Abatement Performer Other – Describe: 00	<ul> <li>Outside of Norn</li> </ul>	Period of nal Facilit	acility Hours City, State, Zip Code									-		
Scope of Work (Check All	hat Apply)						1000	wa, i	NJ 07512				_	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli		0/5		×	M Gl	ull Containmo ini-Enclosure lovebag Prod on-Exempted	e cedure			ıre	
	ex.	1.00	Locat Norma									A	temen	t
Location of Asbestos-Containing N TO BE ABAT In Facility (13)	aterial (ACM) <u>ED</u>	Use Ma	ed Sole aintena todial s	ely by nce/	Asbe: (i.e	stos Cont thermal surfa	scription aining M systems cing, VA niscellan	lateria insul T, or	lation,	(Sp	nount pecify or LF)	Remova	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>	late	lre
Basemer	t		X		Duc	t Insula	tion (w	rap (	& cut)	500	0 SF	Х		
													+	
										-		+	-	
Name of Registered Waste D&S Abatement, Inc.	Hauler		H	JDEP W		Cubic of Was			Name of F					
City, State Totowa, NJ 07512			20	0996			al Date		City, State	9		Of PA		
Completed by		Title				TBD	ignature	Y	Morrisvi	ille, PA		Date		
Ned Joksimovic		Proje	ct Ma	nager				_	10		1	11/28/20	3	

01/		H	DA	m	State of	New Iors	eov.							Print Fo
Date of Notification (1)	10021	62	NO	(Pursua	ION OF A	SBESTO: AC 8:60 a	S ABATE nd 12:12	20)	NT	DE	C		$\mathbb{V}$	Er
11/28/2018 Agencies Notified	Type Notification	on	<u> </u>	Bar	e of Buildi bara Ke et Address	lley	/Operato	or (2)	de SAMPLA de estadores, desdes en estadores de la composição de la composi		)EC		2018	
EPA  DEP  DOL  DOL	Initial Amended Amendme Emergend	y (includi	ng	Mon	State, Zip	J 07042	2		water,	ASBE	STOS	-	TROI	133
DCA	justification Cancellation	n) on			e of Conta para Kel					Telephon	e Numb	er ====		-
Name of Facility Where	Abatement is Tak	ing Place	(3)	FA	CILITY IN	IFORMAT	TION	Tree	F 113 - 7					
Street Address  City (5)								×	School (K-1 Subchapter Other (i.e. p etc.)	85	n K-12) mercial b	u n	gs, ho	mes,
Montclair, NJ 0704	?				_			N/A	uare Feet A	# of Floor: N/A		Δ	J. Age	
Essex	Tr. di =			(STATI	y Code (7) E USE ONL	) 		Cur	rent Use (Prio	r if being den	nolished	_		
Name of Monitoring Firm N/A Street Address	Hired by Building	Owner (	8)	ASC	CM No.		Name D&S	of Aba	patement Consta	tractor (9)				
							Street 11 R		ess ngren Aven	ue		-		
City, State, Zip Code							City, St	tate,	Zip Code NJ 07512					
Project Manager for Mon	toring Firm			Teleph	one No.		Teleph 973-3	one N	No.	Licen 0131	se No.	-		
Start Date (10) 12/10/2018		12/11/	2018	mpletion	Date (11)	)	Name o	of OS	SHA Monitor tement, Inc		1	-		
Occupancy Status During							Street A			•				
Facility Closed/Vaca Abatement Performe Other – Describe: 0	1 Ulitside of Norr	Period of nal Facilit	Abater y Hour	ment			City, Sta	ate, Z	gren Avenu	ie		-		
Scope of Work (Check Al	That Apply)						TOTOM	va, r	NJ 07512					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				××	Glo	ill Containmen ni-Enclosure ovebag Proce on-Exempted (	dure				
1 28			Locat						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y and Hone	nable FI	а	ire temer	it
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Name of Registered Waste	Hauler		N	JDEP W	anto	Out to V						-		
D&S Abatement, Inc.			H	auler ID 1996		Oubic Your of Waste TBD			Name of Reg	gistered Land nagement		_		
City, State Fotowa, NJ 07512						Disposa TBD	I Date		City, State Morrisville					
Completed by Ned Joksimovic		Title Projec	ct Ma	nager		(VC) 2250 IDEC	nature		FA/		Date 11/28/2			
ASB-41 (R-06-08)											. 112012			

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M DOH M DOF	☐ Amendment	Dumant, NJ 0	7628			
DCA	Cancellation	Paul Cordis	19. 40		Telephone Number	
Name of facility	hera abatement is takin	FA	CILITY INFORMAT	ION :	201-410-3169	
Lovell Hanis	; Elementary Scho	of (non sub 8)	¥	-	Type of Facility (4) School (K - 12)	
Street Address 31 Depew S	rest				Subchapter 8 (Other Coner (Private/Coner Blögs Jitomes, etc.	en K-12)
Dumont, NJ	07628	County (8) Bergen		County Code (7) State use only)	Square Fee! # of Fibers  Current Use (Prior if being de	Skig, Age
guerta sensa o acces	g Pim Rired by Eldg. (	Perser (8)	ASCM No.	Name of Abec	school (non sub 8)	lished)
Street Address			·	B & G Res Street Address 105 Ryen	pretion, Inc.	
Chy, State, Zip Co				City, State, Zip	Ode)	
Project Manager &		Phone Num	ber	Telephone Num (973)896	irk, NJ 07035	<u></u>
Scheduled Start Di 11/23/2018	1	hed. Completion Date (* 1/25/2018	1)	Name of OSHA B & G Red	Maniler	
Abstament p Describe:	using Absternent (Checked Absternent Checked during entire ) formed cutside of norm	x only one)		Street Address 105 Ryers City, State, Zip	n Fload	
Scope of Wark (ch				LincoinPar	, NJ 07035	
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Location of sebestis-con material to be abated in faci	ming syffic	tion normally used solely nienance/custodial		aplearing	Non-friable	E E
pasement polici	1 165	No N/A		9	(Specify SF or LF)	G B D
			pipe insulation		914	
Registered Wasse Ri B & G Restoration	Ner INJ	DEP Hauler Go Ci	ioic Aside of Asiata			措置
City, Same Lincoln Park, N.	ii, ii)C,	Disposal Da	1/2	Name of Regist in Grand Cert r City, State	ed Landfill	
Completed by (Print) Gordana Luna	Secret	11/26/ ary/Treasurer	Sidnature	Pen Argyl, I		
arabah, John	dklasti astlenia	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -	1 10 10 10	Germ Le	11/21/2018	

State of NJ

Notification of Asbestos Abatement 20 8-244 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proi. #: Check # 900 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1 1 2 1 1 1 1 8 1 Dumont Board of Education Agencies Notified Type Notification Street Address L EPA X 25 Depew Street Initial DEC 2018 DEP City, State, Zip Code DOL Amendment Dumont, NJ 07628 ASBESTO ONTROL & X DOH Name of Contact Telephone Num Cancellation T DCA Paul Cordts 201-410-311 **FACILITY INFORMATION** Name of facility where ab tement is taking place (3) Type of Facility (4) School (K-1 Lovell Honiss Elem Intary School (non sub 8) ther than K-12) Subchapter 8 Street Address ommercial Other (Private 31 Depew Street Bldgs./Homes Square Feet # of Fl Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if be Dumont, NJ 07628 g demolished) Bergen school (non sub 8 Name of Monitoring Firm lired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monito ing Firm Phone Number Telephone Number Number Licen (973)696-6869 378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 11/23/2018 11/25/2018 Street Address Occupancy Status During A patement (Check only one) 105 Ryerson Road Facility closed/vacate i during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all t at apply) wrap & cut ☐ Demolition X Renovation Full Containment w/negative pressure ₩ Glov ag procedure >3 sf or >3 if ≥160 sf or ≥260 if Mini-enclosure Non able procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing e e п Description of asbestos-containing Amount staff(12) material to be m p C material (ACM) (Specify SF or abated in facility (13) 0 C a a Yes LF) No N/A L basement boiler room pipe insulation 9 If X Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, In Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 11/26/2018 Pen Argyl, PA Completed by (Print or Type Signature Date Gordana Luna Gordana Luna Secretary/Treasurer 11/2 2018

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11 / 29	/18 Notification			1 VEF	IZON WAY		The Late of the La			Samuel of the last	
Agonolog 115	Initial Notifica	ation		City, S	State, Zip Code		AS	BEST	os co	Albana and	L&
EPA DEP X	Amended No	tification #	2	BASK	ING RIDGE, NJ	07920		L	CENSI	A Appropriate	
X DOL	Cancellation			Name	of Contact		Telephone Numbe	r			
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Street Address	- FT					313 SPOOK	ROCK ROAD			-	-
1253 NORTH CHURCH STR City, State, Zip Code						City, State, Z	p Code EW YORK 10901				
Control of the Contro	MOORESTOV	VN, NJ 080	)57	lumbor		Telephone N	umber Licer	nse Nu	mber		
Project Manager for Monitori	į Firm		313-82	Number		845-369-750	1101			_	-
KRISTOPHER SMITH		Sched. Co	mplet	ion Date	(11)	Name of OSI	HA Monitor IVIRONMENTAL				
Expected State Date (10)	/18	11		29	) /18 Year	QUALITYEN	IVIAONWENTAL			_	_
Day	Year	Month	)	Day	rear	Street Addre					
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X Other - Describe	MONDAY	- FRIDAT	O LIVI-I	.00 AIVI	243	WAP	PINGERS FALL, NE	W YO	HK 1258		
Scope of Work (Check all th	t apply)	2 707			X Full Con		legative Pressure				
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>3SF OR LF X >160 SF OR	60 LF					able Procedure		T Al	oatemer	ype	
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in Facility (1		Staff	(12)		or other misce	ellaneous)				1	j
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369 RAYMOND BLVD.		1 9	13		al Date	City, State	TOWNSHIP, PA		1/2	. 1	0
City, State NEWARK , NJ 07105				11/13-	3/30/18 Signature	PLAINFIE	D D	ate /	111	71	V
Completed by (Print or T)	e) Ti	tle RECTOR	OF OP	ERATION	NS SIGNATURE	1/12		41	1-	11	3
BENJAMIN SANCHEZ	U	ILLUION	J. J.		THE PARTY NAMED IN COLUMN	1 11-		1			

18 LEXINGTON AVENUE   18/19   19/19														
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NAICA BSOT and 12 120-7) and 12 120-7)  ata of Notification (1)  1 28  Street Address  1 VERIZON WAY  Notification  Name of Contact  Sanking Place (3)  Sanking Ripder, Notification  Name of Contact  Sanking Ripder, Notification  Name of Contact  Solocial (K-12)  Subchapter 8 (Other Ban K-12)  Subchapter 8	,												1	
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ARCEWOOD  ame of Monitoring Firm Hire I ENVIRONMENTAL  riset Address 253 NORTH CHURCH STREE I T  SORRESTOWN, NJ 08057  roject Manager for Monitoring Firm   Felephone Number   Telephone	216 LEXINGTON AVENUE			th ( 520 of 100		trong and the second							-	
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Abatement Perform Q Outside of Normal Facility Hours - Describe:    City, State, Zip Code   WAPPINGERS FALL, NEW YORK 12590	Occupancy Status During Abat	ment (Chec	k only on	ie)	aatamant									
MONDAY - FRIDAY 5 PM-1:30 AM   City, State, Zip Code   WAPPINGERS FALL, NEW YORK 12590   WAPPINGERS FALL,	Abotement Perform	d Outside of	Mormal	Facility	Hours - D	escribe.	113701	100123						
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PAID

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

Ck# 1951

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Date of Notification (1) 11/28/18						wner/Operator		-	ME	P	E	<b>N</b> //	E
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DOH DCA	justification)	•	N	lame of C	Contact			-	Telephone I	-	the latter was even	~~~	
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Street Address													
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City, State, Zip Code						0	City, St	ate, Zip Code						
n/a							Garfi	eld, NJ 07026	6					
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Date of Notification (1)				Name of	f Building	Owner/0	Operator	(2)		i innered	F (	a 12		7 F	57 10-
11/28/18				East N	Newark '	Town	Center	LLC			E (		1		
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DOH DCA	justification)			Name of	f Contact					Tel		Number— STOS CO	17	ROL	<u> </u>
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Street Address							Street								
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Project Manager for Mo	itoring Firm			Telepho	ne No.		Teleph				License				
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Other - Describe:	Scheduled for Demo			-					NJ 07026	ŝ					
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E. Cirovic		Secr	etary			15	E Co	1	-			11/28/1			
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\* Do not use this form for asbestos licensure exem •d activities.

ASB-41 (R-06-08)

State of New Jersey

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Agencies Notified	Type Notification			Street	Address				E-cut Making	4 64	DEC	,	L1 1	018	#7
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Name of Facility Marcon				1000		IFORMAT	ΓΙΟΝ			90	8-403-2	248			
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Scotch Plains									uare Feet ,000+	# of	Floors		BI 5(	Age	
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Name of Monitoring Firm	ired by Building	Owner (8	3)		M No.		Name	. 77	hool batement Cont	ractor	(0)		_		
N/A Street Address	× 0			N/A			EA S	Servi	ices	actor	(9)				
N/A							Street 426		ress Street						
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Project Manager for Monit	ring Firm				one No.		Teleph	none	No.		License	No.	_		
Start Date (10)		Schedu	led Co	N/A moletion	Date (11	)			-1700 SHA Monitor		01074			_	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 11/29/18					of Building	Owner/	Operato	r (2)	- 11		G	E	n	E	Parties
Agencies Notified	ype Notification		_		Dinan				2 2 2			<u> </u>	1	147	11)
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L DCA	] Cancellation	1			Pawlicki					1					
Name of Facility Where Ab	atement is Takir	ng Place (3	)	FAC	ILITY INF	ORMAI	ION	Туре	of Facility	(4)		***************************************			
Street Address								H	School (K- Subchapter		er than K	-12)			
								×	Other (i.e. p	private	& comme	rcial bui	ildin	hom	es,
City (5)						ELEVATOR V		Squa	etc.) are Feet	#0	f Floors		Bldg	₹ge	
Pequannock								190	0	2		4182	63		
County (6) Morris					Code (7) USE ONLY	)		Curre	ent Use (Pri	or if bei	ng demol	ished)			
Name of Monitoring Firm H	red by Building	Owner (8)		ASCN	Л No.		Name	of Aba	atement Cor	ntractor	(9)	***************************************			
Chronit Addit							ABS	Envi	ironmenta	l Serv	rices, Ll	_C			
Street Address							Street		<b>33</b>	_	100				
City, State, Zip Code									Drive, PC	Box	483				
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Project Manager for Monito	ing Firm		- 1	Telepho	ne No.		Teleph			10	License	No.			
							973-				703				
Start Date (10) 12/3/18		Scheduled 12/10/1		pletion	Date (11)		Name	of OSI	HA Monitor				_	-	
Occupancy Status During A	patement (Chec		1000				Street	A dalea							
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Asbestos-Containing Ma <u>TO BE ABAT</u> In Facility (13)	terial (ACM) <u>D</u>	Mair Custo	Solel ntenan dial S (12)	ce/	Asbes (i.e.	tos Cont thermal surfac	aining M	laterial insula T, or	(ACM) ation,	(S	mount pecify or LF)	Remova	Ivabaii	Encapsulate	Enclosure
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		riesia	CIIL						11	-		11/29/	18		

Print Form

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(	Pursuar	nt to NJA	8:60 a	nd 12:12	0)	( K	lok	_	8	C	75	)
Date of Notification (1) 11/28/18					of Building		/Operato	r (2)		i-marine	Lt-3	M		n n	7 17
Agencies Notified	ype Notification	1			Investo	rs					E	C	E	$-\int_{\overline{\mathbb{R}}}$	7 [
× EPA	Initial			0.0000000000000000000000000000000000000	East 18t	h Stree	et			IN	Shartwar				
DEP X DOL	Amended			0.700	tate, Zip C							DEC	_	20	8
	Amendmen Emergency		ng		rson, NJ		4			i full be	and				i i
DOH DCA	justification Cancellation	)			of Contact	3					none Nu			VA LITE	201
				0.0000000000000000000000000000000000000	CILITY INF		TION			973-	523-7	690 C	EM	MTF NG	101_1
Name of Facility Where Ab	atement is Takir	ng Place	(3)	IA	ZICIT INI	OKWA	ION	-	Facility (4	ŝ		the method of the Paris	cyrites	ansertects/h	March College
Street Address								Su X Oth	nool (K-12 bchapter ( ner (i.e. pr	Other t	han K-	12) cial bui	ldin	hom	es,
City (5)								Square		# of FI	oore		Bldg	\ge	
Paterson								2000		2	0013	100	73	ige	
County (6) Passaic				County	Code (7)			Current	Use (Prior	if being	demolis	shed)			
Name of Monitoring Firm H	and his Duilding	0 //			USE ONLY	r)		home							
	red by Building	Owner (8	3)	ASC	M No.				nent Cont nmental			C			
Street Address								Address							
City, State, Zip Code									ve, PO	Box 48	3			2011	
Oily, Olate, Zip Code							and the second second	tate, Zip (		0					
Project Manager for Monito	ing Firm			Telepho	one No		- 12-30	one No.	J 0741			1.	_		
				, oropine			139223	764 <b>-</b> 227	6		cense N 03	۱0.			
Start Date (10) 12/7/18		Schedu 12/18		mpletion	Date (11)		Name	of OSHA	Monitor						
Occupancy Status During A	atement (Chec	k Only O	ne)				Street	Address						-	
Facility Closed/Vacate Abatement Performed Other – Describe: ext	During Entire I	Period of	Ahater	ment s				tate, Zip C	ode						
Scope of Work (Check All T	at Apply)												_		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	<del>-</del>	Parameter and	Renova Demoli				×	Mini-E Glovet	ontainmen nclosure pag Proce xempted (	dure				3	
		ls	s Locat	ion						100			Ab	ment	
Location of			Normal ed Sole			De	scription	of					_	ре	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)	erial (ACM)	Ma	aintena stodial ( (12)	nce/	Asbes (i.e.	thermal surfa	taining M systems cing, VAT niscelland	aterial (A0 insulatior Γ, or eous)	DM)	Amou (Spec SF or	ify	Remova	керап	Encapsulate	Enclosure
		Yes	No	N/A								2		ate	ė,
exterior				Х			siding			2,800	SF	х			
front porch				X		r	oofing			300 8	SF	x	-		
														-	
														-	
Name of Registered Waste			200	JDEP W		Cubic		Na	ame of Re	gistered	Landfill				
Tonys Cleanup & Haul	ng ——————		355	auler ID 7787	No.	of Was	ste	1	hrin Bro				ndfi		
Bridgewater, NJ						Dispos TBD	al Date		ty, State aston P	A			1 10000		
Completed by A. Scott Higgins		Title Pres	ident			S	ignature	-	1 ~		Da 11	te /28/1	 I8		

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Date of Notification (1)	U P	AII	поті	(Pursua	State of I ON OF AS nt to NJA	SBESTOS .C 8:60 ai	ABATE nd 12:12	(0)	VT	)[	ECE	51	7	E	The state of the s
11/27/18 (	heck # 3286				of Building Owner/Operator (2) Lady Of Sorrows Church							Λ	20		
Agencies Notified	neck # 3286 Our Lady Of Sorrows Church  Type Notification Street Address										Land				
☐ EPA	Initial			217	Prospec	t Street	:		III hand		and the second representative states.	er namendation	-	and the same of the same of	
DEP X DOL	Amended	Amended Amendment # City, State, Zip Code ASBESTOS CONT DICENSING LICENSING									<u> 31 &amp;</u>				
	Emergency	(including					07079		3				ereness.		-
DOH DCA	justification Cancellatio	)	~	Name Marv	of Contac	ct				1000000	elephone N		r		
					CILITY IN	FORMAT	ION			9	73-393-0	121	_		
Name of Facility Where A	atement is Taki	ng Place (	(3)			TOTAL	ION	Тур	oe of Facility	(4)					
Our Lady of Sorrows Street Address	School							×	School (K-	2)					
162 Academy Street									Subchapter Other (i.e.	8 (Ot	her than K- & commer	12) cial bu	ıildi	s, hom	nes,
City (5) South Orange								10000	etc.) uare Feet ,000+	3	of Floors		Blc 50	Age	
County (6)					Code (7)			10000	rrent Use (Pri		ing demolis		_	-	
Essex					USE ONL	.Y)		Sc	hool			-7/			
Name of Monitoring Firm H N/A	red by Building	Owner (8	)	ASC N/A	M No.		Name EA S	of Al	batement Cor ices	itracto	r (9)		_		
Street Address N/A		Street Address 426 69th Street													
City, State, Zip Code N/A							City, S	tate,	Zip Code	093			_	-	
Project Manager for Monito N/A	Guttenberg, NJ, 07093   Telephone No.									-					
Start Date (10) 11/28/18		Scheduled Completion Date (11) 11/30/18  Name of OSHA Monitor N/A									•				
Occupancy Status During	batement (Ched	k Only Or	ne)				Street	Addr	ess				_		
Facility Closed/Vacate Abatement Performed Other – Describe: 4pi	Outside of Norn	Period of a	Abater / Hour	ment s			N/A City, St	tate,	Zip Code						
							N/A		0.74						
Scope of Work (Check All	nat Apply)	Elizara.					-						_		
<ul><li>≥3 sf or ≥3 If</li><li>≥160 sf or ≥260 If</li></ul>			Renova Demoli				×	M G	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce						
		ls	Locat	ion						( ) aii	- HOH-Fild	JIG FI	Al	emen	t
Location o		1	Norma d Sole	lly		Des	scription	of						ype	
Asbestos-Containing M TO BE ABAT In Facility (13)	terial (ACM)	Ma	intena todial ( (12)	nce/	Asbe: (i.e	stos Cont . thermal surfac	taining Material (ACM) I systems insulation, cing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Remova		Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		ate	Гe
Basement Nurse	y Area		Χ		Wrap	& Cut A	CM Pip	e In	sulation	30	) Ln ft	X	İ		
<u> (en en u>				-									F		
Name of Registered Waste	laules		1.												
ri-State Transfer Asso	19.55-040.994.705		0.00000	IJDEP W lauler ID	1000	Cubic of Was					red Landfill	1			
	Liales			9551		TBD	MESTER.		Minerva	Entre	eprise				
City, State Bronx, NY						Dispos TBD	al Date		City, State Waynes		ОН		_	4	
Completed by		Title				Si	gnature		201	0,	Da	ite		-	
Alchael Fajardo	Office Clerk 11/27/18														

														Print		
Date of Notification (1)	38 I	PAI	NOT	(Pursua	State of ON OF A ant to NJA e of Buildi	SBESTO AC 8:60	S ABATI and 12:12	20)			EQ	E		<u> </u>		
11/27/18	heck # 3288	700		Trin	ity Acad	emy	ороган	· (2)		And the second	חר	0		010		
Agencies Notified	Type Notification	n			t Address Bloomfi					111 14	DE	<u></u>	/_	018		
EPA DEP	Initial Amended				State, Zip		<del></del>						Disease			
X DOL	_ Amendme				well, N.		6			ļ Α	SBES			TROL		
□ DOH	<ul><li>Emergence</li><li>justification</li></ul>		ng		of Conta	200000000000000000000000000000000000000	Tolophor	Telephone Number								
DCA	Cancellation			Nick						973-88						
Name of Facility Where A	atement is Tak	ina Diana	(0)	FA	CILITY IN	IFORMA	TION						-			
Trinity Academy	diement is Tak	ing Place	(3)					Ту	pe of Facility	(4)						
Street Address								×	School (K-	12)						
235 Bloomfield Ave								H	Subchapte Other (i.e.	r 8 (Other that private & com	n K-12)	huildi	c b			
City (5)								<u>_</u>	etc.)					omes,		
Caldwell									uare Feet ,000+	# of Floor	'S	Bk				
County (6)				Count	y Code (7)	)	7					50				
Essex				(STATE	E USE ONL	(Y)		Sc	rrent Use (Pri chool	or it being der	if being demolished)					
Name of Monitoring Firm F	ired by Building	Owner (8	3)	ASC	CM No.		Name	15.00	batement Cor	ntractor (0)						
N/A				N/A	1		EA S	erv	ices	40101 (9)						
Street Address N/A							Street					-	-			
							426 6	39th	Street							
City, State, Zip Code									Zip Code			_	_	10000		
Project Manager for Monito	ing Firm						1		erg, NJ, 07	093						
N/A	ing Firm				one No.		Teleph				se No.					
Start Date (10)		N/A 201-295-1700 01074														
12/08/18	Scheduled Completion Date (11) Name of OSHA Monitor N/A															
Occupancy Status During A	patement (Chec	ck Only O	ne)					۸۵۵۶	222							
	During Entire Period of Abstament N/A															
Facility Closed/Vacate Abatement Performed Other – Describe: 11a	Dutside of Norn		City, State, Zip Code							-						
							N/A									
cope of Work (Check All T	nat Apply)	101109-110											-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	M G	ini-Enclosure lovebag Proci							
		Is	Locat	ion						1, 4.13 110/1-1	.idble i	AŁ		nt		
Location of Asbestos-Containing Ma	orial (AO: "		Normal d Sole			De	scription (	of					/pe	1953		
TO BE ABATE	D (ACM)	Ma	intena	nce/	Asbes	thermal	taining Ma systems	ateria	al (ACM)	Amount				_		
In Facility		Cus	todial S (12)	Staff?	(1.0.	surfa	cing, VAT	. or		(Specify SF or LF)		Ren	ncar	Encl		
(13)			200			other n	niscellane	ous)		/		Removal	Encapsulate	Enclosure		
		Yes	No	N/A									ate	e		
Basement A	эа		X			ACI	M Elbow	/S		3 Ln ft		X				
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me of Registered Waste H	auler		1	IDEE:												
-State Transfer Asso				JDEP W auler ID		Cubic of Was			The second secon	egistered Lan	dfill			-		
	-ales			9551		TBD			Minerva	Entreprise						
y, State onx, NY						The state of the s	al Date		City, State				-			
ompleted by						TBD			Waynest	ourg, OH						
chael Fajardo		Title	Clark			Si	gnature	000	-100/		Date					
3,4,40	Office Clerk M 11/27/1									/18						
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		FB A	7/77 *****		State	of No			E.					Print For
Date of Notification (1)	57	ra	N	(i disi	HON OF	IJAC 8:6	TOS ABAT 0 and 12:1:	20)		E C	E		$\overline{\mathbb{V}}$	EM
11/27/18	Check # 328	87		Nar St.	ne of Bui	lding Ow	ner/Operato	or (2)	IIMI			_	-	And Charles
Agencies Notified  EPA	Type Notificat  Initial	ion		Stre	eet Addre	SS			Acceptant Opposite	DE	3	4	018	
DEP DOL	Amended Amendm	ent#		City	, State, Z ington,	ip Code	111		A A	ASBESTOS CO LICENSI				C C C
DOH DCA	Emergen justification Cancellat	on)	aing	Nam	ne of Con trick		0 200		Tele	phone 1	Numb	er	St. St. St. St. St.	
Name of Facility Where A Burch Charter Scho	batement is Ta	king Plac	ce (3)	F.	ACILITY	INFORM	MATION	Type of Facili		7-373-	3223	_		
Street Address 100 Liden Ave								School (I	K-12) oter 8 (Other	than K	-12)			
City (5) Irvington								etc.) Square Feet	e. private &	comme	rcial b	BI	gs, ho	
County (6) Essex				Coun (STAT	ty Code (	(7) NLY)		40,000+ Current Use (F	4 Prior if being	demoli	ished	5(		
Name of Monitoring Firm I	ired by Building	g Owner	(8)		CM No.		iName FA S	School of Abatement C ervices						
Street Address N/A							Street	Address 9th Street				_		
City, State, Zip Code N/A							City, St	ate, Zip Code	7003					
Project Manager for Monito N/A Start Date (10)	ing Firm	Guttenberg, NJ, 070 Telephone No. N/A Telephone No. 201-295-1700								icense I				
12/08/18		Scheduled Completion 12/10/18					(11) Name of OSHA Monitor N/A							
Occupancy Status During A  Facility Closed/Vacate Abatement Performed Other – Describe: 8an	During Entire	D		ement			Street A N/A	ddress te, Zip Code				_		
Scope of Work (Check All T							N/A	te, zip obde						
<ul><li>≥3 sf or ≥3 If</li><li>≥160 sf or ≥260 If</li></ul>		-	Renov Demol				×	Full Containm Mini-Enclosure Glovebag Prod	e cedure					
	97	Is	s Locat	tion				Non-Exempted	d (*) and No	n-Friab	le Pro	Ab	e men	
Location of Asbestos-Containing Mar TO BE ABATE	erial (ACM)	Use	Norma ed Sole aintena	elv bv	Asbe	stos Cor	escription of ntaining Mat	erial (ACM)	Amou	Amount		T	pe	
In Facility (13)		Cus	todial ( (12)	Staff?	ff? (i.e. thermal s surfaci other mi			sulation,	(Specify SF or LF)		Removal	кераг	Encapsulaie	Enclosure
Basement Server	Room	Yes	No X	N/A							/al	=	ulaie	ure
			^		•	ACM P	ipe Insula	tion	3 Ln f	t		X		
Name of Registered Waste H			N.	JDEP Wa	aste	Cubic	Yards	Name of D	legistered L	ande"				
Tri-State Transfer Assoc	ates			auler ID 1 9551	Vo.	of Was	ste	200 000000	Entrepris					
Bronx, NY						Dispos TBD	al Date	City, State Waynesh				_	-	
Completed by MIchael Fajardo		Title Office	Clerk	<			gnature M		Juig, OH	Date				
ASB-41 (R-06-08)								this form for a	sbestos lice		27/18		tivitie	