PAI	.D.		ICATIO	state of New Jerse N OF ASBESTO t to NJAC 8:60 at	SABATE		CK 436	9			
Date of Notification (1)			Name of	Building Owner		Miller	REAR		П	ΠЛ	
11/28/17 Agencies Notified Type Not	ification		Street A	K GEOR	62	MAER	IL A 15-16		11	W	
			buccert				Ini				
D DEP D Am	ended	F	City, Sta	te, Zip Code	,	ICT	prost) -	6 2	017	TU
	endment # ergency (including				TON	.NJ.		h			
DOH just	ification)			Contact MILLER			Telephone Num	Der			
				LITY INFORMA						Filtrand	
Name of Facility Where Abatement is						Type of Facility (4)				
Street Address	liver		_	<u> </u>		School (K-1	2) 8 (Other than K-12)				
Sueer Address						Other (i.e. p	rivate & commercial	buildir	igs, ho	mes, e	tc.)
City (5)						Square Feet	# of Floors	E	ldg. A	ge	
WALLINGT	SN					2000	2		19	40	
County (6) BERGEN	1		County (Code (7) USE ONLY			Fifbeing demolished				
Name of Monitoring Firm Hired by B			ASCN	12 - 24-150	Name	of Abatement Contr	is a second s				
						t. Removal					
Street Address			-		Street	Address					
							ver Stree	et			
City, State, Zip Code					1000	State, Zip Code	NT 07(01				
Project Manager for Monitoring Firm	7		Telephor	ne No		kensack, 10ne No.	NJ 07601).		-	
					1		0038	8			
Start Date (10)	Schedule	1212123			Name	<u>-329-7444</u> of OSHA Monitor					
12/11/17		12	112/	17	Ome	<u>ga Enviro</u>	nmental				
Occupancy Status During Abatement						Address	treat				
Facility Closed/Vacated During Abatement Performed Outside o Other – Describe: 730 DA						Huyler S State, Zip Code	LIEEL				
D Other - Describe: 730 DA	(TO J:2	ofr	1		Sou	th Hacken	sack, NJ	076	06		
Scope of Work (Check All That Apply	/)								20 A 1		
\ge 3 sf or \ge 3 lf $\square \ge$ 160 sf or \ge 260 lf		Renovat Demolit				J Full Containme Mini-Enclosure	ant with Negative Pres	ssure			
	u .	Demon	1011		-2	Glovebag Proce	edure				
				1	E	Non-Exempted	(*) and Non-Friable	Proced		ement	
Taradian AC		s Locati Normal				6				pe	
Location of Asbestos-Containing Material (A	CM) Us	ed Sole	ly by	Asbestos Co		faterial (ACM)	Amount			म	-
TO BE ABATED In Facility	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	stodial S	Staff?	(i.e. thermal sy	stems insu VAT, or	lation, surfacing,	(Specify SF or LF)	Removal	Repair	ncaps	Enclosure
(13)		(12)		othe	r miscella	neous)		oval	air	Encapsulate	sure
	Yes	No	N/A								
BASEMENT				THALMAR ST	STOM I	NSULATION	70 LF	X			
							1				
Name of Registered Waste Hauler			JDEP W Jauler ID	Sector States and States	c Yards	Name of	Registered Landfill		Con Reserved		
Best Removal Inc		F	171(S.785.	21	2e7 Mine	rva Enter	pri	Ses	. 1	TC
City, State		L		Disp	osal Date	City, Stat	e and and a second	<u>er h</u>		,	
Hackensack, N.I 07 Completed by	601				12/12/	I VICL VII	esburg, Ol		468	8	
J. Maiorano		+ :			Signature	lionor	und Da	1, 1-	81	17	
0. Hatorano	LSI	LIME	ator		X	10000		. 1/2	-01	. /]
ASB-41 (R-06-08)					0.	* Do not use this for	m for asbestos licens	ure exe	mpted	activi	ties.

E A					of New Jersey F ASBESTOS AB						
\mathbb{P}/Δ		NO			NJAC 8:60 and 1						
11 152	7 M F	J	(lone electrical and 1	2.120)	Check #12	360			
Date of Notification (1)	nber 29, 2017				ing Owner / Operator	(2)				10.172	
	be Notification			erick Hor et Addres			TARRE		₩ <i>II</i>	TC'	1
				orest Edg				<u> </u>	W	E	
	Initial		City	State & Z	lin Code		DEC.	6.6	<u>m17</u>		U
	Amended				bor, NJ 08087			-12 -			
	Amendmer	a de la companya de l			-			n de antenero	-		<u></u>
	Cancellatio	n		e of Conta Spagnola				elephò	ne N	ümb	er
			F	ACILITY	INFORMATION					2	
Name of Facility Where At Residence	patement is Tak	ing Place (3)			Type of Fac						
Street Address					School						
						apter 8 (Other that	an K-12) commercial building	a ha	~~~	oto \	
					Square Feet			s, nor g. Age		etc.)	
City (5)					800	o	1		5 6 ye	ars	
Little Egg Harbor					Current Use	(Prior if being de	emolished)				
					Residence						
County (6) Ocean		County Cod									
Name of Monitoring Firm H	lired by Building	Owner (8)	-	ASCM	No. Name of Aba	atement Contrac	tor (9)				
N/A Street Address					Synatech, Ir	nc.					
Street Address					Street Addre 829 Radio R						
City, State & Zip Code					City, State &						
Project Manager for Monito	ring Firm	Te	lenhone	Number		arbor, NJ 0808					
			ephone	Number	Telephone N 609-296-691		License Num	ber 0081	7		
Scheduled Start Date (10) December 9, 2017			ion Date ber 28, 3		Name of OS Synatech, In						
Occupancy Status During A	Abatement (Che	ck only one)	Abotom	ant	Street Addre						
Abatement Perform				ent	829 Radio R City, State &						
Other – Describe:			-		이 이 것 같아요. 아이지 않는 것 같아요. 아이지 않는 것 같아요.	arbor, NJ 0808	7				
Facility Occupied		ent					<i>.</i>				
Scope of Work (Check all t	hat apply)										
						Full Containme	nt with Negative Press	ure			
$\ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\ge 160 \text{ sf or } >260 \text{ lf}$			Renovat Demoliti			Mini-Enclosure					
			Demoliti	on		Glovebag Proc					
Location		Is Locati	on Norm	ally Used	Descript		(*) and Non-Friable Pro	-		ont -	Туре
Asbestos-Containing I TO BE ABA	Vaterial (ACM)	Solely b	y Mainte	nance or	Asbestos-C	ontaining	Amount (Specify		aten	ent	Type
IN Facilit		Custo	dial Staf	(12)	Material (i.e., therma		SF or LF)			-	
(13)					insulation, sur	facing, VAT		R	_	Enc	ш
					or other misc	ellaneous)		Remova	Repair	aps	Iclos
		Yes	No	N/A				val	air	Encapsulate	Enclosure
Exterior			x		Sidir	ıg	750 SF	X			<u> </u>
ame of Registered Waste	Hauler	NIDED	Vacto	Curries	landa of Minut	IN					
	naulei	NJDEP V Hauler ID		Cuau	ards of Waste	Name of Regis	stered Landfill				
Synatech, Inc. Dity, State			429	3		Fairless Hills					
Juy, State				Disposi	al Date	City, State					
ittle Egg Harbor, NJ					ber 29, 2017	Morrisville, P/	4				
Completed By	Title			Signatu	ire . ///		Date				
Diane Aloia	Exec	utive Adminis	strator	- Al	and flow	*	November 29, 2017				

	A	Π	-	1				100		2 12	П	0.0	Print
H237D F	囚	Lon	IFICATI	State of New ON OF ASB Int to NJAC	w Jersey ESTOS ABAT 8:60 and 12:1	EMEN 20)	IT		E ((» E		W	
Date of Notification (1) 11/28/17				e of Building Ireen Ohln	Owner/Operato	or (2)			L DE	:C -	6 2	2017	
Agencies Notified Type Notification	n			t Address	lullel								
EPA Initial				1111111111					ASBES				_ &
DEP Amended			City, S	State, Zip Co	de					LICEN	ISIN	G	
DOL Amendme	nt#		Mon	tclair, NJ (07043								
DOH justification	ר)	ig	- 1) 25-465 (20)	of Contact				Te	lephone i	Numbe	r		
DCA Cancellatio	on		A CONTRACTOR OF A CONTRACTOR O	reen Ohlm									
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INFO	RMATION	Tur	e of Facility	(4)					
Private House		x-7				Тур	7. 	10020					
Street Address						H	School (K- Subchapter		er than K	-12)			
						×	Other (i.e.)	private	& comme	rcial bu	uilding	js, hor	nes,
City (5)						Sou	etc.) are Feet	#0	f Floors	ŀ	Bida	Age	
Montclair											biug	. Age	
County (6) Essex				Code (7) USE ONLY		Cur	rent Use (Pri	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building		2)											
Competent Supervisor	J Owner (a	5)	ASC	CM No.	Name	of Ab	atement Cor	ntractor	(9)				
Street Address							/ Construc	ction Ir	IC.				
					Street 205		ess ∕6 West St	uite d d					
City, State, Zip Code							Zip Code	une 14					
					0.000 C 20		NJ 07512						
Project Manager for Monitoring Firm			Teleph	one No.	Teleph				License	No	_		
							4244		01155	99.0 T.C			
Start Date (10) 12/09/17			mpletion	Date (11)	Name	of OS	HA Monitor						
	12/16				Sam	e as	above						
Decupancy Status During Abatement (Che					Street	Addre	ess						
 Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 	Period of mal Facili	Abate ty Hou	ment rs		City, S	tate, Z	Zip Code						
Cope of Work (Check All That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	Personal Person of the Person	Renov Demol		1	×	Glo	II Containme ni-Enclosure ovebag Proco on-Exempted	edure				re	
		s Local								1		emen	t
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Description	of					Т	уре	
TO BE ABATED	Ma	aintena	ince/	Asbestos (i.e. th	s Containing M ermal systems	ateria	I (ACM)		nount becify	T		Щ	_т
In Facility (13)	Cus	todial (12)			surfacing, VAT	Γ, or			or LF)	Removal	Repair	Encapsulate	Enclosure
3 X	Ne		1	-	ther miscelland	eous)				oval	air	sula	Sure
Deserved	Yes	No	N/A									te	
Basement			X		Pipe Insulat	ion		60	LF	Х		Х	-
										-	-		
		10.00	IJDEP W	STREETS	Cubic Yards		Name of R	egister	ed Landfil		1		
		1.1.	lauler ID	No lo	of Waste					202			
ademy Construction Inc.		1.	34422	2			GROWS	S Land	fill				
ame of Registered Waste Hauler cademy Construction Inc. ty, State		1.		2	isposal Date	_	City, State		†ill				
cademy Construction Inc.	Title	1.		2)isposal Date BD			n PA					

								[eninger och bere Fallen och bere		Р	int For
CH 1052 D Date of Notification (1) 11/27/2017	4		Vurstian Name of	tate of New . N OF ASBES t to NJAC 8:6 of Building Ov ne Da Silv:	TOS ABAT 50 and 12:1	20)	5535		E G		6 2	₩ 2017	
Agencies Notified Type Notification	1		Street /	Address			-	Handing				-	
EPA Initial DEP Amended X DOL Amendmen				ate, Zip Code ay, NJ 070				AS	BEST	OS C CEM	ÖNT SING	ROL	&
☑ Emergency justification) ☑ DOH ☑ DCA ☑ Cancellation)	3	Name o Gislai	of Contact Ne				1 - 7	kl	mhor			
Name of Facility Where Abatement is Takir			FAC	ILITY INFOR	MATION								
Gislaine's Residence	ig Place (3)				Ty	pe of Facility						
Street Address						×	School (K- Subchapte Other (i.e. etc.)	12) er 8 (Other tha private & con	an K-12 nmerci	2 <mark>)</mark> al buil	dings	, hom	es,
City (5) Rahway						Sq	uare Feet	# of Floo	rs	E	Bldg. /	Age	
County (6) Union				Code (7) USE ONLY)		Cu	irrent Use (Pr	ior if being de	molish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.			batement Co operty Mai	ntractor (9) ntenance L	LC				
Street Address					1 5 6 7 5 7 5	et Add Var	Iress n Riper Ave	9					
City, State, Zip Code							, Zip Code NJ 07011						
Project Manager for Monitoring Firm			Telepho	ne No.		ohone -899	No. 9008	Lice 013	nse No 36	0.		111325	
Start Date (10) 12/9/2017	Schedul 1/10/2		npletion	Date (11)	Nam	e of C	SHA Monitor		1				
Occupancy Status During Abatement (Chec					Stree	t Add	ress						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of a nal Facility	Abaten y Hours	nent s		City,	State	, Zip Code						
Scope of Work (Check All That Apply)		_											_
\ge ≥3 sf or ≥3 lf \ge 160 sf or ≥260 lf	and the second s	Renova Demolii				×	Mini-Enclosur Glovebag Pro	-				~	
	ls	Locat	ion				ton-Exempte		-r naui			emeni	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	Normal ed Sole intena todial S (12)	ly by nce/	(i.e. the	Descriptio Containing rmal system surfacing, V her miscella	Mater ns ins AT, or	ulation,	Amoun (Specify SF or LF	1	Remova	Ty Repair	e Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	-	ate	Ire
Basement		Х		F	Pipe insul	ation		188 ln	ft	x			
						20							
			-										
Name of Registered Waste Hauler TBD		H	JDEP W auler ID BD	No. of	ubic Yards Waste YD			Registered La nd Compar					
City, State					isposal Date	9	City, State Melville	e , NY 1174	7				
Completed by Darko Raloski	Title Proje	ct Ma	inager		Signatur	e	Man.		Dat	e /27/2	017		

.....

DAM		NOTI	FICATIO	State of New Jer DN OF ASBESTO nt to NJAC 8:60	DS ABATEME	NT					994 U
Date of Notification (4)	Ľ	<u> </u>	Name	of Building Owne	er/Operator (2)		Cł	neck#	5078	3	
Agencies Notified Type Notification			Street	Address iffwood Ave, Su			INE	G	EI	I. W	E
□ EPA Initial ⊠ DEP ☑ Amended ☑ DOL Amendmen	t #_1_		City, S	State, Zip Code wan, New Jerse							
☑ DOH Emergency ☑ DOH justification ☑ DCA □ Cancellation		g		of Contact Grigorian			Telephone	DEC Number		201	<u>/</u>
Name of Facility Where Abatement is Takir	ng Place ((3)	FA	CILITY INFORMA		/pe of Facility	Contraction of the second s	ESTO			OL &
Residence Street Address						School (K-1 Subchapter		2) cial bldg	ıs, hor	nes, e	etc.)
City (5) Little Silver					Sc	uare Feet 3000	# of Floors 2	1	Bldg. 5	Age 5+	
County (6) Monmouth			County (STATE	Code (7)	Cı	Irrent Use (P	rior if being demo e Residence	ished)			(;;;;
Name of Monitoring Firm Hired by Building Brinkerhoff Environmental Services Inc	Owner (8 C.)		M No.	Name of A Lilich Cor	batement Co					
Street Address 1805 Atlantic Avenue					Street Add 606 McB					•••••	
City, State, Zip Code Vlanasquan, New Jersey 08736						, Zip Code d Park, New	/ Jersey				·
Project Manager for Monitoring Firm Gary W Fleming			Telephe 732-22	one No 23-2225	Telephone 973-225-4		License 01104	No.			
Start Date (10) 1/27/2017	Schedul		npletion 8/2017	Date (11)		SHA Monitor onmental La	boratories, LLC				()
Cocupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of	Abater	nent		City, State,	ite 22 West		•,			
Scope of Work (Check All That Apply) ∃ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		Renoval Demolit	the second second			ull Containme Aini-Enclosur				9	
	1.	Locati						1		emen /pe	t -
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma Cusi	ed Sole intenar todial S (12)	lý by nce/ Staff?	Asbestos Co (i.e. therma surf	escription of ntaining Mater al systems insu acing, VAT, or miscellaneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
st Fl, 2nd Fl, Attic, Boiler Room	Yes	No	_N/A_ X	Corrugated P	ipe Wrap(w	/rap&cut)	800 LF	×		l o	
nd Floor NE Bathroom			x	Wall Tile (Fu			200 LF	X			
iler Room			Х	Packed Pipe	Fitting (Ten	t)	6 LF	X			
ood Frame Windows			Х	Window Glaz	zing (Non Fr	riable)	30 LF	X			
roughout Interior			Х	Gypson Boar (Full Containr		ompound	900 SF	X			
ame of Registered Waste Hauler lich Corporation	1	Ha	JDEP W auler ID 8724	Vaste Cubic No. of Wa	e Yards aste	G.R.O.W.	Registered Landfi S Landfill	1	I		 'at
ity, State Voodland Park, New Jersey				A 33 163	sal Date 9/2017	City, State Morrisvil	Э				
ompleted by Adriana Olejarova	Title Presid		and his state	the second state of the se	Signature	10		ate			

ASB-41 (R-06-08)

Date of Notification (1)			NOT	(Pursu	ION OF A	f New Jers ASBESTO IAC 8:60 a	S ABATE and 12:12	20)				<u>C</u> Dec	E - 6	20	<u> </u>
				Nan Der	ne of Build holtz As	ling Owner sociates	/Operato	or (2)		<u> </u>					1.1.1.1.1.1.1
Agencies Notified	Type Notificatio	on		Stre	et Addres		te 200					Heck# BEST(ONTE	10L &
C. EPA	Initial Amended				State, Zip					Innens		South Sectors			
IXI DOL	Amendme	ent #		Mat	awan, Ne	ew Jersey	07739								
DOH DCA	Emergenc justification Cancellation		ıg	Nam Slav	ie of Conta va Grigori	act ian				Tel	ee l	Numbe	il.		10
Name of Facility Whore (Nata and the The			F.	ACILITY	NFORMAT	TION		;						a.
Name of Facility Where A Residence	voatement is Tak	ing Place	(3)	5				Ту	pe of Facili	ty (4)	· · · · · · · · · · · · · · · · · · ·				
Street Address									School (K-	12)					
P									Subchapte Other (i.e.	private & o	than K-1 commerc	2) ial bld	as, ho	mes.	etc.)
Sity (5) Little Silver									uare Feet 3000		Floors 2	:	Bidg	Age 55+	
County (6) Monmouth				Coun	ty Code (7	7)		Cur	rrent Use (I	Prior if beir	na demol	ished)			959) <u>(</u>)
ame of Monitoring Firm	Hired by Building	Owner (3)		CM No.	LY)	Name		Priva batement C	te Reside	ence				- -
Brinkerhoff Environmer	ntal Services In	IC.					Lilich	Corp	poration	ontractor ((a)				
805 Atlantic Avenue		(A)					Street	Addr	ess de Ave						
ity, State, Zip Code Ianasquan, New Jerse	ey 08736						City, S	tate.	Zip Code Park, Ne						- 10 A
roject Manager for Monit	oring Firm			Telep	hone No	· · · ·	Teleph								
ary W Fleming				732-2	223-2225		973-22	25-8	400		License 01104	No.			
art Date (10) /27/2017		Schedu		mpletio 04/2017	n Date (11	1) .	Name o	of OS	SHA Monità	pr					Pari .
coupancy Status During	Abatement (Che	ck Only C		-12017			An entrance in the second		nmental L	aboratori	es, LLC		1	P	
Abatement Performed	ed During Entire	Doriod at	Aleste	ment s			City, St	Route	ess e 22 West Zip Code J 07083	t			-		·····
cope of Work (Check All	That Apply)						0110		001003						
≥3 st or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					Full	Containm	ent with Ne	egative P	ressur	е		
5. S.								Glo	ni-Enclosu webag Pro	re cedure)				1
a <u>nev : .</u> Glub		1			1		X	Nor	n-Exempte	d (*) and N	Ion-Friab	le Prod	cedure	Э	
Location of	-		Locat Normal											emen	t į
Asbestos-Containing Ma TO BE ABATE	aterial (ACM)	Use	d Sole	ly by	Asbe	stos Conta	cription o aining Ma	teria	I (ACM)	Amo	ount.		1	/pe T	1
In Facility		Cus	todial S	Staff?	(i.e	e, thermal s	systems i ing, VAT,	insula	ation,	(Spe	cify	Re	R	Enci	in
(13)			(12)	1	1	other mi	iscellane	ous)		SF o	r LF)	Remova	Repair	Encapsulate	Endosure
ic, Boiler Room		Yes	No	N/A X	Corrue	atod Di-	0.144	,				<u>a</u>		late	ð
Floor NE Bathroom	 ו								ap&cut)	80 LF		x			l.
er Room	То стали			X		ile (Full (200 LF		X			
od Frame Windows				X.		l Pipe Fit				6 LF		X			
ughout Interior				X		w Glazin				30 LF		X			1 March 1
		N		Х	Gypsor	n Board & ntainme	& Joint	Con	npound	900 SF		X			1
he of Registered Waste H	lauler		N.	DEPW	the second se	Cubic Ya	11 10 20 20 4 20	r	Norre	Deal					
h Corporation			Ha	uler ID 8724		of Waste				Registered	Landfill				1
State odland Park, New Jers	sev			0124		10 Disposal	Date	1	G.R.O.W. City, State)					
pieted by		Title				12/4/20		1	Morrisvill	e, PA					
iana Olejarova						0.4.	natire	1.200	1 7 1	11	Dat				

K3074941P)A	NOT	FICATIO	ate of New OF ASBE to NJAC 8	ESTOS A 8:60 and	ABATEN 1 12:120)		C	F			
Date of Notification (1) * 11/28/17				of Building (es Feldrr		perator	(2)		UEU	-	5 21	J17	
Agencies Notified Type Notification	n		Street A	and and an inclusion of the second				1	BEST	200	ONT	POL	0
EPA Initial		3						AOI			SING		Ğt.
X DEP Amended X DOL Amendme	nt #			ate, Zip Co Plainfield		7060							
DOH Emergence	n)	1	Name o	f Contact				Telenhor	ne Num	oher	1		
DCA Cancellation	n			ry Feldm							ł.		
Name of Facility Where Abatement is Tak	ing Place (3)	FAC	ILITY INFO	DRMATIC		Type of Facility	(4)			1. 1. <u>2</u>		
House							School (K-						
Street Address								8 (Other tha private & com			dings,	hom	es,
City (5)							etc.) Square Feet	# of Floor			lldg. A		
North Plainfield						-	N/A	N/A		N	I/A	.90	
County (6) Somerset				Code (7) USE ONLY)			Current Use (Pri HOUSE	or if being de	molish	ed)			
Name of Monitoring Firm Hired by Building	g Owner (8))	ASCN	/ No.			of Abatement Cor	ntractor (9)					
N/A						D&S /	Abatement, Ir						
Street Address						Street A	Address Sengren Ave	nue					
City, State, Zip Code							ate, Zip Code	luc					
Desired Manager () Market () Et							va, NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho 973-3	one No. 45-8685	Lice 013	nse No 11).			
Start Date (10)				Date (11)			f OSHA Monitor						
11/30/2017	12/02/2						Abatement, In	IC.					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	8		mont			Street A 11 Ro	sengren Aver	nue					
Abatement Performed Outside of No	mal Facility	y Hour	ment s				ate, Zip Code						
					_	Totow	/a, NJ 07512						
Scope of Work (Check All That Apply) ⊇ ≥3 sf or ≥3 If	×F	Popov	ation				Full Container						
≥160 sf or ≥260 lf		Renov: Demoli				×××	Full Containme Mini-Enclosure	9	ative Pr	essu	re		
						×	Glovebag Proc Non-Exempted		-Friabl	e Pro	cedur	е	
	1	Loca	- A.								Abate Tv	ement pe	
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	ely by	Asbesto		cription on a cription of a cr	of aterial (ACM)	Amount	t		. y		
TO BE ABATED In Facility	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Staff?		thermal s		insulation,	(Specify SF or LF	Ý	Ren	Re	Encapsulate	Enclosure
(13)		(12)				iscellane		OF OF L	/	Removal	Repair	osula	osure
	Yes	No	N/A									te	(D
Basement		X				insulati	on	200 LF	-	Х			
Basement		X				VAT		300 SF		Х			
Attic		Х			Tank	Insulat	ion	7 SF		Х			
Name of Registered Waste Hauler			NJDEP W	laste	Cubic	lorda	Nerrow	Desistant	151				
D&S Abatement, Inc.		F	Hauler ID		Cubic Y of Wast			Registered La Manageme		PA			
City, State		2	0996		TBD	al Date	City, State						
Totowa, NJ					TBD		Moorisv						
Completed by Oliver Hegedis	Title	of M			Sig	gnature	In/		Dat		-		
	Proje	CCIVI	anager				1/~		-1-1/	28/1	7		

CH4462	P	NO		ATIC	NOF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1	TEMENT 16)		IJ]	\mathbb{V}	
Date of Notification (1)			0.5	Nan	ne of Buildi	ng Owner/Operator	(2)		5	~ ~	0.4.73	
11/27/	17	·		1		alley Regional S) - (5 21)1/	
Agencies Notified Type Notifi	ication			Stre	et Address							
🖾 EPA 🛛 🖾 Initial						Main Street		ASBEST	OS C	ONT	ROI	8
DOLWD Amend				-	, State, Zip				CENS			
DOH Amendi						n, NJ 08534					an manager and	P321701-46-50
DCA Emerge (NJAC 5:23-8) justifica	ency (in ation)	cludin	g		ne of Conta	<u>.</u>		T-1			-	
					nomas Qu			Telephone Nur	nber			
				1				1				
Name of Facility Where Abatement is	Taking	Diac	0 (3)	F/	ACILITYI	NFORMATION	1-					
Hopewell Central High Schoo	a raking	j Plac	e (3)				Type of Facility	•				
Street Address	, i						School (K-12) 3 (Other than K-1	2)			
	1						Other (i.e., pi	rivate and comme	2) ercial b	uildin	as	
259 Pennington-Titusville Roa	ad						homes, etc.)				.go,	
City (5)							Square Feet	# of Floors	E	Bldg. A	Age	
Pennington							50,000	2		70		
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Mercer							School					
Name of Monitoring Firm Hired by Bui	ilding O	wner	(8)	ASCN	I No.	Name of Abatem	ent Contractor (9)					
PARS Environmental, Inc.							onmental, LLC					
Street Address			-			Street Address					1	_
500 Horizon Drive, Suite 540						623 Cutler Av	venue					
City, State, Zip Code						City, State, Zip Co						
Robbinsville, NJ 08691						Maple Shade						
Project Manager for Monitoring Firm			Tel	phone	No	Telephone No.	, 145 00052	1				
Rafael Torres					0-7277	856-755-0099	1	License No.				
Start Date (10)	Schedu	Ind C			ate (11)			00842				
<u>_12</u> / <u>06</u> / <u>17</u>					ate (11) 17	Name of OSHA M						
				_ '		EMSL Analyt	ical, inc.					
Occupancy Status During Abatement (Street Address						
 Facility Closed/Vacated During Ent Abatement Performed Outside of N 	Ire Peri	od of	Abate	ment		200 Route 13						
Time of Abatement:AM	PM		y Hou DM	's - De	SCRIDE	City, State, Zip Co	ode					
						Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)												
⊠ ≥3 sf or >3 lf	Ē.	X Re	novati	on		☐ Full Cont ⊠ Mini-Encl	ainment with Nega	ative Pressure				
] ≥160 sf or ≥260 If			molitic			Glovebag						
						Non-Exer	mpted (*) and Non	-Friable Procedu	re			
			Locat		5	1000 C	-		Ab	atem	ent T	vpe
Location of Asbestos-Containing Material (ACN	~ İ		lorma d Sole			Description of				1	1	1
TO BE ABATED	⁽¹⁾		intena		Asbe	stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust		Staff?	(surfacing, VAT,	or	(Specify SF or LF)	ova	≒·	psu	USCI
(13)	-		(12)	1	-	other miscellaned	ous)		-		late	e
		Yes	No	N/A								
xterior	[\boxtimes		Cement	Pipe		52 LF				
	1									-		
		_	1									Ц
										П		
amo of Decistered Martalla		1	N	JDEP	Vaste	Cubic Yards of	Name of Registe	red Landfill				
arrie of Registered Waste Hauler				auler II	S 22.22	Waste	GROWS Nor					
Freehold Cartage			1	15939		1	5.101101101	an Edituriii				
Freehold Cartage				10000		Dianagel Det	0:1. 0					
Freehold Cartage ity, State				10000		Disposal Date	City, State					
ity, State Freehold, NJ				10000		12/08/2017	City, State Morrisville, I	PA				
Freehold Cartage	Title				Operation	12/08/2017 Signature	a construction of the second second	PA	te			

CICH 4380	-						n e c e	7 []	\mathbb{V}	E	$\overline{\mathbb{N}}$
PAI	D) NO	(Purs	uant (OF ASE	w Jersey ESTOS ABATEM 8:60 and 12:120)		DEC -	62	017	And the state of the	U
Date of Notification (1) 26-1			Name	of Buildin 了も	g Owner/Operator (RRYSE	XCAUA	ASBESTOST	-ON	TRO	1	=
/ igol, ioi of	otification		Street	Address 27	4 THIDIA	NTRA	A ALOCAL	ISINC	à		
DEPA 255 Initia	ended	\vdash	City, S		N-da				57	10	
	indment #	L				OURT 14	DUSE N.J	0	0 4	10	-
	ification) cellation		Name	OF Contact							_
			FAC		ORMATION						
Name of Facility Where Abatemen	nt is Taking Place	(3)				Type of Facility					
Street Address	IDENCE					Other (i.e., p	8 (Other than K-12) rivate & commercial	buildi	ngs,		
						homes, etc.) Square Feet	# of Floors	1.	g. Ag		-
City (5) N.W	ILDWOO	D				1500	2		0	+	_
County (6) CAPE MA				ty Code (ONLY)	7) (STATE	VA	ior if being demolish	ea)			_
Name of Monitoring Firm Hired by	Building Owner	1	SCM	No.	Name of Abatem)				
					Street Address						-
Street Address					369 S. City, State, Zip Ca	SPRUCE	AUE				=
City, State, Zip Code					MAPLE	SHADE	W.J 080	52			=
Project Manager for Monitoring Fi	m	Telep	phone	No.	Telephone No. 856-779		License No.	4			_
Start Date (10)	Scheduled Co	mplet	ion Da	te (11) 7	Name of OSHA N	ionitor W/B					_
Occupancy Status During Abaten	nent (Check only	one)	-		Street Address						
Facility Closed/Vacated During	Entire Period of /	Abaten	nent		City, State, Zip C	ode	**************************************	-			=
Abatement Performed Outside Other - Describe:	OI NOIMA I BOING	TIOUR					· •.				_
Scope of Work (Check all that ap	pły)				Full Con	tainment with Ne	gative Pressure				
		novatio			Mini-Enc	dosure a Procedure					
¥≥160 sf or ≥260 lf	La				Non-Exe	empted (*) and No	on-Friable Procedure	e A	bater	ment	\neg
250	No	ocatio mally			D i line of				Тур	e	_
Location of Asbestos-Containing Material (A	CM) Main	Solely	æ/	Asbes	Description of tos Containing Mat	erial (ACM)	Amount (Specify	-		Enc	<u>п</u>
TO BE ABATED		stodia taff?		(i.e.	, thermal systems in surfacing, VAT,	10	SF or LF)	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		(12)			other miscellaned	xus)		val	=	ilate	ILB
	Yes	No	N/A		70.4.10.7	-6	3500 SE	V		-	-
SIDING			X		TRANSIT	<u> </u>	20000	1	-		
Name of Registered Waste Haule	r		JDEP		Cubic Yards of Waste	Name of Reg	istered Landfill	1 1	٨		
	NC		auter IC	<u>54</u>	Disposal Date	City, State	1. C. M.L	1. 4	~		_
City, State	E NL.J	-			Uisposal Date	WOOL	OBINE M	١.	Γ		
MAPLE SHADE	Title				Signature	1	Date	- 7.0	0	17	
MicHAEL LLOAM	SI	SP.			M.]	le					

.

ASB-41		-	102	
	0.0	: 🗆	_	1
	n,	~	-	

PA				TION OF A	New Jersey SBESTOS ABATE C 8:60 and 12:12) ECE		√ [= 17		
Date of Notification (1)	6-17		N	ame of Build	INELAN						1
Agencies Notified	Type Notificatio	жп	St	reet Addres	is	03 00	NSTRUCT	ONIT	ROL &	<u></u>	=
	Initial		_		300 7	TTU ST	- LICENS	ING	NUCLEY COLUMN	-	
DOL	Amended		Ci	ty, State, Zip	Code F ISLE	NIT	NIT	10-	2112		
	Emergency justification) Cancellation		Na	me of Conta	and an open spin the spin term of term o	CITY	Telephone Nur		242	2	
					FORMATION						
Name of Facility Where Ab						Type of Faci	lity (4)				
Street Address	SIDENI	E				School (K	-12) er 8 (Other than K-1	2)			
Sueer Address						Other (i.e.	, private & commerce	z) ial bu	ildings,		
City (5)						homes, e Square Feet	# of Floors	E	Bildg. A	ge	
	DNE H	ARBE				1500			50		
	MAY		US	SE ÓNLY)	(7) (STATE	V	Prior if being demole	ished)			
Name of Monitoring Firm Hi (8)	red by Building	Owner	ASC	M No.	Name of Abatem	ent Contractor	(9) INC				
Street Address					Street Address 369	S. SP	RUCE AU	1-			
City, State, Zip Code					City, State, Zip Co MAP	ode	HADE N.		080	5	>
Project Manager for Monitor	ing Firm	Te	lephon	e No.	Telephone No. 856-77		License No.			20	-
Start Date (10)		luted Comp			Name of OSHA M			14	1		-
Occupancy Status During A		2-16	A		Street Address	-N	A				-
Facility Closed/Vacated D	92				offeet Address		- ⁶				
Abatement Performed Ou Other - Describe:	승규는 것은 방향이 이상을 감각해 많아요. 그 가슴이 돈				City, State, Zip Co	de					_
Scope of Work (Check all the	at apply)							-			-
		🗌 Renova 🔀 Demoliti	tion on		Mini-Enclo Glovebag	osure Procedure	egative Pressure				
	T	Is Locat	on	1	Non-Exer	npted (*) and N	on-Friable Procedu	1	batem	ent	-
Location of		Normal Used Sole			Description of				Туре		
Asbestos-Containing Mater	ial (ACM)	Maintena Custodi	nce/		os Containing Mater thermal systems ins		Amount (Specify			5	m
TO BE ABATED IN Facility		Staff?		(1.6., 1	surfacing, VAT, o	r	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-	(12) Yes No	N/A	{	other miscellaneou	5)		oval	3ir	ulate	ure
SIDING			X	1	RANSITE	Ŀ.	2.2505E	X	+	+	
			ľ								
				Alasta I	Cubio Varda I	Nome	atom d L JCH				_
Name of Registered Waste Ha	DUC.		UDEP V autor D 1790	Ng 24	Cubic Yards of Waste	CM.	stered Landfill				_
City, State MAPUE SH	IDDE 1	U. J	08	JŚZ.	Disposal Date	City, State WOOL	D'BINE N	1.5			
Completed By	Title	SUD			Signature -	100	Date	-71-	-17		
MiCHHA KL	21111	SUP			-1-npan	nn		Le	. 1		_

.

2

1			
-Δ	20		1
n	90	-	٠

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

С	× m4380) E C E I		7 [5)]					
	P/		D) NC		TION OF AS	New Jersey BESTOS ABATE C 8:60 and 12:12		DEC - 6	201	7		川					
	Date of Notification (1)	26-17		N	ame of Build	ing Owner/Operato		ASBESTOS CO	NTRO	DL &							
. 3	Agencies Notified	Type Notificati	on	S	treet Addres		50										
		Amended	. 2	G	ty, State, Zip	Code					-10	_					
	DOL DOH	Amendmen Emergency justification	(including		G- ame of Conta	REENIFIE	LD ML.	T OS Z									
	DCA	Cancellation			1000-00	UCE											
Ľ					FACILITY IN	FORMATION											
	Name of Facility Where	Abatement is Tak ESIDEN((3)			Type of Facili										
t	Street Address							r 8 (Other than K-12 private & commerci		dings							
+	City (5)						homes, etc Square Feet			Ida. A							
	City (0)	CETAN	(ITY				2000	2		Šc)+						
	COUNTY (6) CAPE	MAY	•		ounty Code SE ONLY)	(7) (STATE		Prior if being demotis	shed)								
F	Name of Monitoring Firm (8)	Hired by Building	Owner	ASC	ZM No.	Name of Abatem		9)									
$\left \right $	Street Address	JA				Street Address											
						City, State, Zip C		JCE ALE				_					
	City, State, Zip Code						ESHAD	E NI.J	080	SC	2						
F	Project Manager for Moni	itoring Firm		Telephor	ne No.	Telephone No. 856-77	9-0472	License No.	DOYYY								
F	Start Date (10)	Sch	eduled Cor		1111 C C C C C C C C C C C C C C C C C	Name of OSHA N						_					
L	12 - 16 - 17		C L	4-1	1.	Street Address	NA			_		_					
1	Occupancy Status During A Facility Closed/Vacate	d During Entire P	eriod of At	batement	t							_					
	Abatement Performed	Outside of Norm	al Facility I	Hours		City, State, Zip C	ode .	8									
-	Scope of Work (Check all	that apply)				T Full Con	tainment with Ne	egative Pressure									
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Reno Demo	ovation olition		Mini-Enc	dosure g Procedure	on-Friable Procedu	e								
-			Is Loo		1		inploo () dira it			bater							
	Location of		Nom Used Se Mainter	olely by	1 A.b.	Description of tos Containing Mate		Amount	-	170	1	-					
	Asbestos-Containing Ma		Custo	odial		thermal systems in surfacing, VAT,	sulation,	(Specify SF or LF)	Ren	Repair	Encapsulate	Enclosure					
	IN Facility (13)		(12			other miscellaneo			Removal	pair	sulate	SULE					
			Yes 1	NO N/A				12									
_	SIDINI	6		X	<u> </u>	RANSIT	<u> </u>	2500 SE	X		-+	_					
=									-		-	-					
=	and the second																
T	Name of Registered Waste	e Hauler		NJDEP Hauter	Waste	Cubic Yards of Waste	Name of Reg	istered Landfill									
_	KIEMCO	INC		129	04	Disposal Date	City, State	1.C. M.U.	A			=					
0	City, State MAPLE SH4	ADE IN	. J					DBINE	8		-	_					
10	Completed By	Title		P		Signature	on	Date	76.	-17)						
_	MICHAU KL	CMM	30	<u> </u>		-I-que											

A	S	8	4	1

CK#4380 PA			TCATI	ON OF AS	lew Jersey BESTOS ABATER C 8:60 and 12:12) <u>ECE</u>) DEC - 6				\mathbb{D}		
Date of Notification (1)			Nar	ne of Build	ing Owner/Operator		ALLGAGE	-11-1	not.	8			
1 5	Notification		Stre	et Addres	ISS RT	. 50	LICENS	ING		200271-10+4			
	ntial mended		Citv	State, Zip					-		=		
KI DOL A	mendment #	lucling			REENFIEL	LO MI.	T 0821	30					
DOH ju	stification)	loong	Nan	ne of Conta	act		Telephone Numb	per					
	encellation				UCE						_		
	<u>s(</u>		F	ACILITY IN	FORMATION								
Name of Facility Where Abatem	ent is Taking	Place (3)				Type of Facili							
	DENCE						r 8 (Other than K-12						
Street Address						Dother (i.e., homes, etc	private & commercia	al buil	dings				
City (5)						Square Feet	# of Floors	B	dg. A	ge	-		
OCEA	NCI	TY				2000		_	50) +			
County (6)				E ONLY)	(7) (STATE		Prior if being demolis	hed)					
CAPE MA	and the second sec	<u>.</u>		1997			CANT_		_		_		
Name of Monitoring Firm Hired b	ry Building Ow	mer	ASCN	1 NO.	Name of Abatem		Server and						
(8) N/A CLEMCO INC													
Sueer Address					369	S SPIRI	JCE ALE						
City, State, Zip Code					City, State, Zip C	ode							
						ESHAD		080	254		_		
Project Manager for Monitoring F	im	Tel	ephone	No.	Telephone No. 856-77	6 0422	License No.	IJ					
		1	1 D		Name of OSHA N		1_004	4 7			-		
Start Date (10)	Schedule	- 13			Hame of OOTAN	NIA							
Occupancy Status During Abate	10				Street Address						-		
K Facility Closed/Vacated Durin	g Entire Perio	d of Abate	ment				19				_		
Abatement Performed Outside	e of Normal Fa	acility Hou	irs		City, State, Zip Co	ode .	(A)						
Other - Describe:											-		
Scope of Work (Check all that ap	ipły)					tainment with Ne	egative Pressure						
		Renovat			Mini-Enc								
∑≥160 sf or ≥260 lf	Ķ	Demolitic	n				on-Friable Procedur	e					
		Is Locatio						A	bater				
Location of	U	Normally sed Solei			Description of			-	176	1	-		
Asbestos-Containing Material (-0-0-1-00-000 II - 1-1-20	Vaintenan Custodia	ice/	Asbest	tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify	R	-	Enc	Ē		
TO BE ABATED IN Facility		Staff?		(1.6.,	surfacing, VAT, i	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)		(12)			other miscellaneou	(au		val	ir	late	ure		
	Y	es No	N/A							_			
SIDING			X	. 7	RANSIT	5	2000 5=	X					
			1										
				-									
Name of Registered Waste Haule	r	1	UDEP V	and a second	Cubic Yards	Name of Reg	istered Landfill						
-	NC	H	auter 10	NO. DY	of Waste	C.M	1.C. M.U.	A	-				
City. State	4.4				Disposal Date	City, State							
MAPLE SHADE	M.	J				WOC	DBINE				_		
Completed By	Title	12.0			Signature	Dr	Date	26.	-17				
MICHAU KLOMM		SUP			- Mul	2							

	00	۰.		
~	30	2-1	۰.	ł

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

P		\mathbb{D}	NOT		ION OF	FASBE	w Jersey ESTOS AB/ 8:60 and 12		т				
Date of Notification (1)				Nam	e of Build	ing Own	er / Operator	(2)		ck #	1235	54	
	mber 20, 2 ype Notifica						cable Trust, I	Herbert R P	orter Trustee				
ПЕРА	ype nounce	llion			River Ro					; []	[]	V	
	Initia	r.		City	Ctata 9 7	in Code			DE	2	<u>~ </u>	047	
Доон	Ame	nded ndment #_	1	(- 5-33C)	State & Z asquan, N					, ~	62	01/	P
DCA		cellation	<u>. </u>		e of Conta Porter	act			ASBE	elepho	henn	ümb	er&
				F/		INFO	RMATION						
Name of Facility Where A Fed Ex Commercial Pre	Abatement ess Buildin	is Taking F	Place (3)				Type of Facil						
Street Address		5							r than K-12)				
450 W. 1st Street									e & commercial building	s. ho	me. e	etc.)	
014.(5)							Square Feet			lg. Ag			
City (5) Roselle							33,00		1 g demolished)	5	50 Ye	ars	
							Commercial		ig demolished)				
County (6) Union		US	ounty Cod SE ONLY										
Name of Monitoring Firm Apex Companies, LLC	Hired by B	uilding Ow	mer (8)		ASCM	1 No.	Name of Aba		tractor (9)				
Street Address							Synatech, In Street Addres						
120-D Wilbur Place							829 Radio R	oad					
City, State & Zip Code Bohemia, NY 11716							City, State & Little Egg Ha		8087				
Project Manager for Moni	itoring Firm			elephone			Telephone Nu		License Nun	ber			_
Steven Cotrone Scheduled Start Date (10	0	Scheduled			77x6507		609-296-6916			008	17		
December 8, 201	17		Janu	ary 8, 20			Name of OSH Synatech, In						
Occupancy Status During Facility Closed/V	acated Du	ring Entire	Period of		ent		Street Addres 829 Radio Ro						
Abatement Perfo		ide of Norr	mal Hour	S			City, State &	Zip Code					
Other – Describe							Little Egg Ha	arbor, NJ 0	8087				
Facility Occupied Scope of Work (Check all	and a state of the state of the												
\square ≥3 sf or ≥ 50 lf \square ≥160 sf or ≥260 lf	таасарруу			Renovati Demolitio				Mini-Enclos Glovebag F	Procedure				
Locatio	n of		Is Locati	on Norm	ally Used		Descripti	the second s	pted(*) and Non-Friable P	-	ire atem	ant	Tuno
Asbestos-Containing <u>TO BE AB</u> IN Faci	ATED	ACM)	Solely b		nance or		Asbestos-Co Material (ontaining ACM)	Amount (Specify SF or LF)		atem	Citt	, ype
(13)							(i.e., thermal nsulation, surf or other misce	acing, VAT		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A					val	Ŧ	late	ure
Warehouse Area					X		Floor Tile an		2,000 SF	Х			
File Room					X		Pipe/Joint I	Fittings	300 SF				
										-			
Name of Registered Wast	te Hauler		NJDEP \	Vaste	Cubic	Yards of	Waste	Name of R	Registered Landfill		_		
			Hauler ID	No.									
Freehold Cartage City, State			15	959	40 Dispos	al Date		Fairless H City, State					
0							10.00						
Little Egg Harbor, NJ 08 Completed By	3087	Title			Januar Signatu	ry 9, 201	8	Morrisville	Date				
					Signatt	1/1	Also.		November 27,	2017			
Diane Aloia		Executiv	e Admini	strator	N.	inc	1110-		November 20, 2017				

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

Data of No. 17 (1							,	Ch	neck#	12318	3						
Date of Notification (1) ovember 20, 2	017		Nam	e of Build	ing Owner / Operator er Irrevocable Trust,	(2) Horbort D. Dortor	. T									
Agencies Notified	Type Notifica				t Address		nerbert R Portei			1 17 /		1 percent					
				2527	River Ro	bad			; [[[₩	Ŀ						
	Initia			Second States	State & Z	- The second second second			C - 6	2017							
Дрон		ndment #_	_	wana	isquan, r	NJ 08736											
DCA	Canc	ellation		Name	e of Conta	act		ASREG	Telepho	ne-Nur	nbe	r					
				Alina	Porter												
				FA	CILITY	INFORMATION											
Name of Facility When Fed Ex Commercial	e Abatement i	is Taking I	Place (3)			Type of Faci											
Street Address	Tess Bullum	g				School											
450 W. 1 st Street							pter 8 (Other than		2000 00 10 20		2477)						
outer						Square Feet		ommercial buildir			c.)						
City (5)						33,00			Bidg. Age	e i0 Year	c						
Roselle							(Prior if being der	molished)		U Tear	5						
County (6)			aunts Card	- (7)		Commercial	[_						
Union		US	ounty Cod SE ONLY														
Name of Monitoring Fi	rm Hired by Bu	uilding Ow	mer (8)		ASCM	No. Name of Aba	tement Contracto	or (9)									
Apex Companies, LL Street Address	C					Synatech, In	IC.										
120-D Wilbur Place				12		Street Addres 829 Radio R											
City, State & Zip Code						City, State &											
Bohemia, NY 11716 Project Manager for Ma	onitoring Firm		1=			Little Egg Ha	arbor, NJ 08087										
Steven Cotrone	Shitoling Firm			lephone 1-567-17	Number 77x6507	Telephone N 609-296-691		License Nu	umber 0081	7							
Scheduled Start Date ((10)	Scheduled			Contraction of the American Contraction	Name of OSI			0001	1							
December 7, 2			Janu	ary 8, 20	18	Synatech, In											
Occupancy Status Dur Facility Closed	d/Vacated Dur	t (Check o ina Entire	Period of	Abateme	nt	Street Addres 829 Radio R											
Abatement Pe						City, State &											
Other – Descr				3			arbor, NJ 08087										
Facility Occup	ied During Ab	atement															
Scope of Work (Check	all that apply)																
							Full Containmen	t with Negative Pre	ssure								
$\ge 3 \text{ sf or } \ge 50 \text{ lf}$			니	Renovati		\boxtimes	Mini-Enclosure	ě.									
\ge 2160 sf or 2260	lf			Demolitio	n		Glovebag Proce										
	tion of		1					*) and Non-Friable	Procedu	re							
Asbestos-Contain	tion of ing Material (A	(CM)	Is Locati Solely b	on Norm y Mainter	ally Used	Descript Asbestos-Co		Amount (Specif		atemer	nt Ty	ype					
TO BE	ABATED	,	Custo	dial Staff	? (12)	Material (ACM)	SF or LF)	y								
	acility I3)					(i.e., thermal				T	_	-					
	10)					insulation, surf or other misc			Re	R	nca	Enclosure					
									Removal	Repair	lsd	clos					
			Yes	No	N/A				Val	5	Encapsulate	ure					
Warehouse Area					X	Floor Tile ar	nd Mastic	2,000 SF	X		-	_					
File Room					X	Pipe/Joint		300 SF									
							5		-								
Name of Registered W	aste Hauler		NJDEP V Hauler IE		Cubic `	Yards of Waste	Name of Regist	ered Landfill			-						
Freehold Cartage			22-0	959	40		Fairless Hills										
City, State					Dispos	al Date	City, State										
Little Egg Harbor, NJ	08087				Janua	ry 9, 2018	Morrisville										
Completed By		Title			Signate		Morrisville, PA	Date									
Diane Aloia		Energy				Vane Alo	7										
Diane Aloia		r ⊂xecutiv	e Adminis	strator	IN.	when the		November 20, 201	7								

PA		ЛОИ		ATION	OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1		DEC	E	7]]	V [
Date of Notification (1)	07	_				ng Owner/Operator ((2)	H L UEC		5 20	<u>11/</u>	H					
		7			iler Tran	isport		and the second s	2	22	0	7					
Agencies Notified	Type Notification	n			t Address			ASBEST	OS C			Č.					
						hook Road	5 	been an		race. Someon	er troller elle er						
DOH	Amendment				State, Zip	e Station, NJ 088	80										
DCA (NJAC 5:23-8)	Emergency (justification)	including	g		e of Contac		05	Telephone Num	hor								
(10/10/0.20-0)				10000000	n Kakal				Del								
						NFORMATION	-	L		-							
Name of Facility Where	Abatement is Taki	ng Place	e (3)	1.4			Type of Facility (4)									
Residence		5					School (K-12)										
Street Address							Subchapter 8	(Other than K-12									
							homes, etc.)	ivate and comme	rcial bi	uilding	gs,						
City (5)		Square Feet	# of Floors	B	ldg. A	ge	_										
Seaside Park	2						2000 sf	2		65							
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	shed)								
Ocean			Residence														
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	· · ·										
N/A		ntracting, Inc.															
Street Address						Street Address											
City, State, Zip Code						1889 Route 9											
ony, orace, zip code						City, State, Zip Co	ode New Jersey 087	766									
Project Manager for Mon	itorina Firm		Tel	ephone	No	Telephone No.	New Jersey 00/	License No.									
						732-349-9932	2	00624									
Start Date (10) / /		eduled C				Name of OSHA M E.M.S.L. Ana											
Occupancy Status During	g Abatement (Che	ck only o	one)			Street Address						-					
Facility Closed/Vacate						1056 Stelton											
Abatement Performed Time of Abatement:		al Facilit PM/	y Hou PN		cribe AM	City, State, Zip Co											
						Piscataway, I	New Jersey 088	354									
Scope of Work (Check al $23 \text{ sf or } \geq 3 \text{ lf}$ $2160 \text{ sf or } \geq 260 \text{ lf}$	li that apply)	□ Re ⊠ De				Mini-Enc	tainment with Neg losure g Procedure	ative Pressure									
						Non-Exe	mpted (*) and Nor	n-Friable Procedu	re								
Location	of		Loca			P			Ab	atem	ent T	уре					
Asbestos-Containing		Use	d So	lely by	Asbe	Description o estos Containing Ma	terial (ACM)	Amount	Rer	Repair	Enc	Eng					
TO BE ABA				ance/ Staff?		e., thermal systems	insulation,	(Specify	Removal	bair	Encapsulate	Enclosure					
(13)			(12)		surfacing, VAT, other miscellane	ous)	SF or LF)	<u> </u>		ulat	Ire					
		Yes	No	N/A							0						
exterior			\boxtimes		asbest	os siding		2100 sf									
Name of Registered Was	te Hauler				Naste	Cubic Yards of	Name of Regist	ered andfill									
Guardian Contracti				Hauler II	D No.	Waste	T.R.R.F.	CICU LANUIII									
City, State				20223	3	3 Disposal Date	City, State										
Toms River, New Je	ersey					12/11/17		Pennsylvania									
Completed By (Print or T		le				Signature	1	11-	ate		6						
Nicholas Fernicola		Project	Mar	ager			Stat			1-	1.						
ASB-41	l					P.	1 10001		1	+ [11	1					

	_			-	
- 1)r	in	+	E.	0
- 23		11.1		-	٤,

Г

														P	rint F
PAL				ICATIO	State of Ne N OF ASE Int to NJAC	ESTOS	ABATE			Ja J	k I	γ	3	2	
Date of Notification (1)					of Building		Operator	r (2)							
11/28/17					ph Ponto	oriero				m	EC	, E			In
Agencies Notified	Type Notification	í.		Street	Address					ΠU			<u> </u>		7111
EPA	× Initial		ļ							(n)					
DEP X DOL	Amended Amendmen	+ ++			tate, Zip Co						DE	C - 6	5 20	17	L
	Emergency		-		y, NJ 07	(110									
DOH DCA	justification) i			of Contact						lephone	Numbe	TIT	ROL &	
DCA	Cancellation	1		Josep									G	NOL 0	
Name of Facility Where A	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAI	ION	TT	pe of Facility	(4)	CONTRACTOR AND AND A				
home										30 - 193 					
Street Address								X	School (K- Subchapte Other (i.e.	r 8 (Oth	ner than I & comm	K-12) ercial b	uilding	js, horr	IES,
City (5)								-	etc.) quare Feet	4	of Floors		DI	A	
Nutley								0,000	100	2	DI PIOOIS		віад 76	Age	
County (6)			T	County	Code (7)				urrent Use (Pr	-	ing demo	olished)			
Essex					USE ONLY)			ingle family			Jilaneu			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.		1	of A	Abatement Co Ivironmenta	ntracto	r (9)	1.0			
Street Address							Street			al Ser	vices, L	LU			
							Carling Cold		(483, 4 E C	ato D	rivo				
City, State, Zip Code							City, S	State	e, Zip Code						
Project Manager for Moni	toring Firm			Telepho	ana No				od, NJ 074	118					
							Teleph 973-		4-2276		Licens 703	e No.			
Start Date (10) 12/8/17				npletion	Date (11)		Name	of C	OSHA Monitor						
	Ab - to - t	12/28/													
Occupancy Status During			12				Street	Add	iress						
Facility Closed/Vaca Abatement Performe Other – Describe: b	ed Outside of Norn	Period of nal Facilit	Abaten y Hours	nent S			City, S	tate	, Zip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Παι Αμριγ)	and the second s	Renova Demolit						Full Containm Mini-Enclosure		n Negativ	e Press	sure		
					_		×		Glovebag Pro	cedure	d Non-Fr	riable P	roced	ure	
		ls	Locati	ion									Aba	atemen	t
Location			Normal			Des	scription	of	ĺ					Гуре	1
Asbestos-Containing I TO BE ABA	Material (ACM)		ed Sole aintena		Asbest	tos Cont	aining M	late	rial (ACM)		mount			m	
In Facilit		Cus	todial S	Staff?	(I.e.	surfac	systems cing, VA	s ins T. o	r lation,		Specify F or LF)	Kemova	Re	Encapsulate	Enclosure
(13)			(12)				niscellan			0.	0, 2, 7	SAOL	Repair	luso	osu
		Yes	No	N/A								1		ate	ê
Baseme	nt			x		pipe	insulat	tior	1	1:	20 LF	x	-		
														-	
													+		
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	radion		_		
Freehold Cartage			H	auler ID 5939		of Was			Wester	01-2517034					
City, State Freehold, NJ							al Date		City, State Birdsbo		Δ				
Completed by		Title					ignature		1	, . /		Date			
A. Scott Higgins		Pres	ident				5	N	1-		1.0	11/28	/17		

				2								L	FI	пиг
PAID		NOTIF (F	ICATIO	tate of Nev N OF ASB t to NJAC	ESTOS A	ABATE		Dea	RI	71-	3	4		
Date of Notification (1) 11/28/17				of Building Fiorini	Owner/O	perator	(2)		2			1		47
Agencies Notified Type Notification	ı		Street A	Address					EP	e n	Π	7 Tr		1
EPA Initial								$ D _{r}$	EG	E [M		2	11
DEP Amended				ate, Zip Co				Ini			*			
Emergency	(including			n, NJ 07	/036				DEC		20	7		Щ
DOH justification			Pete	or Contact					Telephone	Numbe	er		hingare	1
				ILITY INFO	ORMATIC	NC			ASBESTO	SCON	ITE	01	2	
Name of Facility Where Abatement is Taki home	ng Place (3)					Type of Fac	ility (4)	LIC	ENSIN	G			
Street Address								(K-12)	Other than	K 10)				
							X Other (ite & comm		ouilc	lings,	hom	es,
City (5)		-					etc.) Square Fee	t T	# of Floors		B	ldg. /	ne	
Linden							2100	· · · · · · · · · · · · · · · · · · ·	2		8		.90	
County (6)				Code (7) USE ONLY)			Current Use			olished)			
Union Name of Monitoring Firm Hired by Building	0		8				single fan							
Name of Wontoning Firm Hired by Building	Owner (8)	ASCN	M No.			of Abatement Environme							
Street Address							Address	sintar O	ervices, i					
						POE	3ox 483, 4	E Gate	Drive					
City, State, Zip Code							tate, Zip Code wood, NJ							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No.		Licens	se No.				
Start Date (10)							764-2276		703					
Start Date (10) 12/11/17	Schedul 12/31/		npletion	Date (11)		Name	of OSHA Mor	nitor						
Occupancy Status During Abatement (Che						Street	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abaten	nent									1.1001100		
Other – Describe: basement	nai Facility	Hours	5		_	City, S	tate, Zip Code	9						
Scope of Work (Check All That Apply)					l.									
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 	and the second s	Renova Demolit				×	Mini-Enclo Glovebag	osure Procedu	with Negativ					
	10	Locati				Ľ	I NON-Exem		and Non-F	riable F			e ement	
Location of	1	Vormal	ly		Desc	cription	of						ре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole		Asbest	os Conta	ining M	aterial (ACM)		Amount				щ	rT1
In Facility	Cus	todial S (12)	Staff?	(1.8.1	surfaci	ng, VA			(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other mi	iscellan	eous)			0.00	evo	bair	sula	Sure
	Yes	No	N/A								_		e	
Basement	-		X		pipe i	nsulat	ion		180 LF	x	-			
Name of Registered Weeks Hards														
Name of Registered Waste Hauler Freehold Cartage		H	JDEP W auler ID 5939	100 100 100 100 100 100 100 100 100 100	Cubic Y of Waste TBD			2753	stered Lan erks Lan					
City, State Freehold, NJ					Disposa TBD	al Date	City, S	State sboro,	PΔ					
Completed by	Title					gnature	ABIU	35010,		Date	_			
A. Scott Higgins	Presi	ident				(y~			11/2	8/1	7		

ſ

246144 P1	A	(Pu	ATION Istrant t	te of New OF ASBE to NJAC 8	STOS :60 ar	ABATEN Id 12:120				C DEC	- (<u>6</u> 2		For
Date of Notification (1) 11/28/17			Name of ESI	Building C)wner/	Operator	(2)			*****	Store # 2054-04		Las (No duality)	
Agencies Notified Type Notification			Street Ac	ddress oute 15 S	South				ASI	BESTO LIC		SING		&
EPA Initial DEP Amended				te, Zip Coo			2000-040		Louis terreturn and the			ever de la composition de la compositio		- dry to the to
DOL Amendment Emergency (-		lopatcon	ig, N.	J 07849								
DOH justification) DCA Cancellation	J		Name of Brian N	Contact /lende					Telephone	e Numb	er			
			FACIL	ITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taking CareOne Nursing Home	g Place (3)							of Facility (4						
Street Address							T S		8 (Other than			81 - B		
1040 Route 36							e e	etc.)	rivate & comr			- 14 - 1499		s,
^{City} (5) Atlantic Highlands							Squar	e Feet	# of Floors	S	Bl	dg. Ag	ge	
County (6) Monmouth			County C STATE U	Code (7) ISE ONLY)	-			nt Use (Prid ing Home	er if being der B	nolishee	d)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	l No.				ement Con PROFE	tractor (9) SSIONALS	5				
Street Address			4			Street 6		s DOVE CC	URT					
City, State, Zip Code								p Code DD, NJ 08	3701					
Project Manager for Monitoring Firm		-	Telephor	ne No.		Teleph 732-6			Licer 1200	nse No. D				
Start Date (10) 12/1/17	Schedule 12/15/1		pletion [Date (11)				A Monitor	SSIONALS	5				
Occupancy Status During Abatement (Chec	k Only On	9)				Street								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm X Other – Describe:	Period of A nal Facility	batem Hours	ient			City, St	ate, Zi	DOVE CO p Code DD, NJ 08						
Scope of Work (Check All That Apply)						LANL		JD, NJ 00	5701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the second s	enoval emoliti				×	Min Glo	i-Enclosure vebag Proc					9	
	1000	Locati									9	Abate Ty		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Useo Mai	ormali d Solei ntenar odial S (12)	ly by nce/		os Cor therma surf	escription ntaining N al systems acing, VA miscellan	aterial insula T, or		Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										œ	
INTERIOR				Fl	_00r	Tile and	Mast	ic	1400SI		x			
													_	
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W lauler ID 4509		Cubi of W 20	c Yards aste		Name of I IESI	Registered La	andfill				
City, State NEWARK, NJ						osal Date 5/17		City, State BETHL	e EHEM PA					
		101201			L	Signature			12120-170-2613-15	Date		_		

1

CH 6143 P			ICATIO	of New OF ASBE	ESTO	SABATE		r	RE			U	
Date of Notification (1) 11/28/17		<u></u>		of Building (edge Mar			(2)			DEC	- 0	201	
Agencies Notified Type Notification				Address ngsland A	Ave S	Suite 2			AS	BESTO	S CC ENSI		JL &
DEP Amended X DOL Amendment				ate, Zip Co n NJ 0701									
DOH justification) DCA Cancellation			Name o Sarah	of Contact					Telephone	e Numbe	r		
Name of Facility Marra Abetemant in Takin	D1 (FAC	ILITY INFO	RMA	TION	-		2000 C		-		
Name of Facility Where Abatement is Taking 446 Ave C	g Place (3)						e of Facility (4 School (K-12	eno 1933				
Street Address 446 Ave C								Subchapter	8 (Other than ivate & comn	K-12) nercial b	uilding	s, horr	ies,
City (5) Bayonne							Squa	are Feet	# of Floors 2	;	Bldg.	Age	
County (6) Hudson				Code (7) USE ONLY)			Currestor		r if being dem	nolished)			
Name of Monitoring Firm Hired by Building (Owner (8))	ASC	И No.				atement Cont D PROFE	ractor (9) SSIONALS	5			
Street Address						Street 6 Wł		ess DOVE CO	URT				
City, State, Zip Code								Zip Code OD, NJ 08	701				
Project Manager for Monitoring Firm	ang that start		Telepho	ne No.		Teleph 732-	none N	lo.		se No.			
Start Date (10) 12/8/17	Schedul 12/13/		npletion	Date (11)		1		HA Monitor	SSIONALS				
Occupancy Status During Abatement (Check	c Only Or	ne)				Street							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of a lacility	Abaten / Hours	nent S			City, S	tate, Z	DOVE CO					
Scope of Work (Check All That Apply)					_	LAKI	=WO	OD, NJ 08	701				
	F X	Renova Demolit	tion ion				Glo	ovebag Proce	nt with Negati dure (*) and Non-F			ire	
Location of		Locati Normal			D	escription					Aba	temer ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	(i.e. t	os Cor herma surfa	ntaining N al systems acing, VA miscellan	lateria s insula T, or	ation,	Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure
EXTEDIOD	Yes	No	N/A									ate	œ
EXTERIOR						Roofing			1500SF	x	+		
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509	No.	Cubic of Wa 15	: Yards aste		Name of R	egistered Lar	ndfill			and the second second
City, State NEWARK, NJ					Dispo 12/1	osal Date 3/17		City, State BETHLE	HEM PA				
Completed by JOSEPH PERLSTEIN	Title OWN	IER		l.		Signature		l		Date			



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

ECE

VE

			<i>(</i> ,			to 0.00 and 0.1	,			~	000	
Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		:0 -	6	2017	
	28 /	17		Pau	Il Jacobs	son		22	~	17		
Agencies Notified	Type Notificatio	on		Street	Address			ASBES	TOS	COL	VTRO	1 2
🖾 EPA	Initial								LICE	NSIN	IG	12 04
🛛 DOLWD	Amended			City S	State, Zip 0	Code			ARE IN TRAINERS	10. A B B C B		
DOH DOH	Amendment	t #		1.	. U 199	d, NY 10312						
DCA	Emergency					And the second second second second						
(NJAC 5:23-8)	justification)			0.000	of Contac			Telephone Numb	er			
	Cancellation	1		Pau	Il Jacobs	son				_		
				FAG	CILITY IN	FORMATION						
Name of Facility Where	Abatement is Tak	ing Place	(3)				Type of Facility (4	4)				
Residence							School (K-12)					
Street Address								(Other than K-12) vate and commerce	ial bu	ilding		
							homes, etc.)	vale and comment	al Du	nung	IS,	
City (5)							Square Feet	# of Floors	Blo	dg. A	ae	
Seaside Park							1000	1	1000	65		
County (6)				Cour	ty Code (7)(STATE USE ONLY)		or if being demolish				
Ocean				Joodi		ACTURE COL ONE I)	Residence	a noong demolisi	icu)			
Name of Monitoring Firm	Hired by Building	a Owner (R)	ASCM	No	Name of Abateme						
N/A	r med by Bullom	y Owner (5)	ASCIVI	NO.							
							ntracting, Inc.					
Street Address						Street Address						
						1889 Route 9	, Unit 61					
City, State, Zip Code					A	City, State, Zip Co	ode					
						Toms River,	New Jersey 087	55				
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.				
						732-349-9932		00624				
Start Date (10)	Sch	neduled Co	mple	etion Da	te (11)	Name of OSHA M	lonitor					
12 / 08 /	12)E.1	12 /				E.M.S.L. Ana						
Occupancy Status During	a Abstement (Ch		-			Street Address	,		_			
Security Closed/Vacate				mont		Contraction and the second						
Abatement Performed					crihe	1056 Stelton	•					
Time of Abatement:						City, State, Zip Co						
					or week	Piscataway, I	New Jersey 088	54				
Scope of Work (Check a	ll that apply)						ainment with Near	ative Deserves				
>3 sf or >3 lf		Rei	nova	tion		Mini-Enc	ainment with Nega losure	ative Pressure				
≥160 sf or ≥260 If		Der Der				Glovebag	Procedure					
						Non-Exe	mpted (*) and Non	-Friable Procedure	e			
			Loca	1000					Ab	atem	ent Ty	/pe
Location			lorma d Sol	ally lely by		Description o		7. .	R	R	Щ	ш
Asbestos-Containing TO BE ABA				ance/	Asbe	estos Containing Ma	terial (ACM)	Amount (Specify	Remova	Repair	nca	ICIO
IN Facil	and the second se	Cust		Staff?	(1.0	surfacing, VAT,		SF or LF)	ova	=	psu	Enclosure
(13)			(12	1		other miscellane	ous)	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -			Encapsulate	Ø
		Yes	No	N/A								
exterior-front porch,	peaks		\boxtimes		asbest	os siding		480 sf	\boxtimes			
exterior-shower					achoot	os siding		200 sf				
CALCHOR-SHOWEI					asuest	os siully		200 51				
Name of Registered Was	ste Hauler		_	NJDEP	Naste	Cubic Yards of	Name of Regist	ered Landfill				_
Guardian Contracti				Hauler II		Waste	T.R.R.F.	or or cananii				
				20223	3	3	-					
City, State						Disposal Date	City, State					
Toms River, New J	ersey					12/11/17	Tullytown, I	Pennsylvania				
Completed By (Print or T	уре) Т	Title				Signature	11	Dat	te /		1	
Nicholas Fernicola	(7) (1 -) (2) (1 -) (2) (1 -) (2) (2) (2) (2) (2) (2) (2) (2) (2) (Project	Mar	nager			C.V.	1	1 .	28,	11-	,
ASB-41			- March 9088			/:	-part		(-	- 51	1	

PAI	PAID State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)											
Date of Notification (1)						g Owner/Operator	(2)		EC -	- 6	201	7
11 /28	<u> </u>	<u> </u>		Da	A Demo	o, LLC		122	52	11)	
	pe Notification				t Address			ASBE	STOS	CO	VITRO	218
	Initial Amended					lain Road			LICE	NSIN	IG	JL Q
⊠ DOH	Amendment #	ŧ			State, Zip							
	Emergency (in	ncluding	9			h, NJ 08844						
(NJAC 5:23-8)	justification) Cancellation			0.000	of Contac	2.7		Telephone Num	ber			
	Cancellation			An	tonio Din	nuzio				_		
Nome of Could All All			101	FA	CILITY IN	FORMATION						
Name of Facility Where Abat Residence	ement is Takin	ig Place	e (3)				Type of Facility					
Street Address							School (K-12	:) 3 (Other than K-12				
Street Address							Other (i.e., p	rivate and commer		uilding	JS,	
City (5)							homes, etc.)					
Essex Fells							Square Feet	# of Floors		dg. A	ge	
County (6)				0	the Carda "		4000 sf	2		60		
Essex				Cour	ity Code ()	7)(STATE USE ONLY)		or if being demolis	hed)			
Name of Monitoring Firm Hire	nd by Duilding	0	(0)	10014	N		Residence					
Guardian Contracting,	177-1 1870 -	Owner	(0)	ASCM	NO.	Name of Abatem						
Street Address	me.						ntracting, Inc.					
1889 Rte. 9, Unit 61						Street Address						
City, State, Zip Code						1889 Route 9 City, State, Zip Co					_	
Toms River, New Jerse	ev 08755						New Jersey 08	766				
Project Manager for Monitorir	-		Tel	ephone	No	Telephone No.	New Jersey 08					
Nicholas Fernicola	ig i iiii		1000000	32-349		732-349-9932	,	License No. 00624				
Start Date (10)	Sche	duled C	1	etion Da		Name of OSHA M		00024				
11 /29 /1				1 /		E.M.S.L. Ana						
Occupancy Status During Ab	atement (Chec	k only o	one)			Street Address						
Facility Closed/Vacated D						1056 Stelton						
Abatement Performed Out Time of Abatement:		l Facilit M/				City, State, Zip Co	ode					
1		IVI/	_PM	-	AM	Piscataway, I	New Jersey 08	854				
Scope of Work (Check all tha	t apply)											
$\boxtimes \geq 3$ sf or ≥ 3 lf		🛛 Re	novat	ion			tainment with Neg losure	ative Pressure				
		🗌 De	moliti	on		Gloveba	g Procedure					
		le	Loca	tion		L Non-Exe	mpted (^) and No	n-Friable Procedur	1			
Location of			Norma			Description of	f			atem		уре
Asbestos-Containing Mate			d Sol	ely by		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enc
TO BE ABATED IN Facility	2			Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	NOL	air	aps	Enclosure
(13)			(12)			other miscellane		SF OF LF)	<u> </u>		Encapsulate	re
		Yes	No	N/A							CD	
basement			\boxtimes		asbest	os pipe insulatio	'n	200 lf	\boxtimes			
basement			\boxtimes		duct wi	rap		50 lf				
									П			
Name of Registered Waste H	auler	1	1	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contracting,			H	lauler I		Waste	T.R.R.F.					
City, State				20223)	8 Disposal Date	City, State					
Toms River, New Jerse	ey.					12/01/17		Pennsylvania				
Completed By (Print or Type)		e				Signature			to '			
Nicholas Fernicola		- Project	Man	ager		Signature	0.11	\mathcal{V}			1,-	
ASB-41		-,500)	1	en	1	281	11	

PA) N	ют		ATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:		DE	C [2	\mathbb{V}	E
Date of Notification (1)	28 /	17				e of Buildi & H Hom	ng Owner/Operator	(2)	tent best	DEC	- 6	201	7
						& H Hom	es		L 3	30	71	(
Agencies Notified	Type Notific	ation			1.000	et Address			ASBI	ESTO	S CO	NTR	OL &
DOLWD		d					iter Street			LICE	ENSI	NG	and the state of the
DOH DOH	Amendm				1	State, Zip							
DCA	Emergen	icy (inclu	uding	1	-		r, NJ 08753						
(NJAC 5:23-8)	justificati					e of Conta			Telephone Nur	nber			
	Cancellat	tion			Bi	II Hoerma	ann						
					FA	CILITY	NFORMATION						
Name of Facility Where A	batement is 1	Faking P	Place	(3)				Type of Facili	ty (4)				
Residence								School (K	-12)				
Street Address								Cher (i e	er 8 (Other than K-1, private and comme	2)	uildin		
								homes, et	C.)	ercial D	unam	gs,	
City (5)			1000					Square Feet	# of Floors	B	ldg. A	Age	
Seaside Park								1500	1		65	0	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Prior if being demol	ished)		1.11.22	
Ocean								Residenc					
Name of Monitoring Firm	Hired by Build	ling Ow	mer (8)	ASCM	No.	Name of Abatem	ent Contractor	(9)				
N/A							Guardian Co	ontracting, Ind	D.				
Street Address							Street Address						_
							1889 Route 9	9. Unit 61					
City, State, Zip Code							City, State, Zip C			1222/1122			
								New Jersey (08755				
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No.		License No.				
					•		732-349-9932	2	00624				
Start Date (10)	S	Schedule	ed Co	omple	tion Da	ate (11)	Name of OSHA M		00024				
/ 08 /						/1	E.M.S.L. Ana						
Occupancy Status During	Abatement (C							iyudai		-			
Facility Closed/Vacate					ment		Street Address						
Abatement Performed	Outside of No	ormal Fa	acility	Hour	rs - Des	scribe	1056 Stelton						
Time of Abatement:	AM						City, State, Zip C		2				
Scope of Work (Check all	that apply)			22 - 2 			Piscataway,	New Jersey 0	8854				
	that apply)							tainment with N	egative Pressure				
☐ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			10000000	novati	1000		Mini-End	losure	egative Flessule				
A 2100 SI OF 2200 IF		\boxtimes	Der	nolitic	on		Gloveba	g Procedure	Ion-Friable Procedu				
			ls	Locat	ion	1	NOII-EXE		Ion-Fradie Procedu				
Location of			N	orma	lly		Description of	of		-		ent T	уре
Asbestos-Containing N				d Sole ntena	ely by	Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Eng
TO BE ABAT IN Facility					Staff?	(i.e	., thermal systems surfacing, VAT		(Specify	nov	air	aps	Enclosure
(13)				(12)			other miscellane		SF or LF)	a		Encapsulate	ure
		Y	'es	No	N/A			hand and a state of the second s				fe	
exterior						asbest	os siding		1400 sf				
					-				1400 31				-
	200.000												
	e Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Rec	istered Landfill				
lame of Registered Waste	a lno			1.000	auler I	D No.	Waste	T.R.R.F.					
lame of Registered Waste Guardian Contractin	y, mc.				20223	1	3						
Guardian Contractin	y, mc.												
Guardian Contractin							Disposal Date	City, State					
tity, State Toms River, New Jer	rsey	T:41-					12/11/17		n, Pennsylvania				
Guardian Contractin	rsey	Title Proje								ate) \$	/,-	

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

property free	for gran	CANES -	St	tate of	New J	Jersey		Ch	leck	# 16	144	
			ant t	O NJAC	8:60-	TOS ABATEMENT 7 and 12:120-7						
Date of Notification (1)	Ľ		the second s			Owner/Operator	c (2)	FP	0		17 57	
11/28/2017			De	erek	Haas	l,		In_E	G	E	$\ \rangle$	VEF
Agencies Notified Type	Notifica	ation	Stre	et Addr	ess							
[]EPA [X]	Initial											111
	Notific	ation	Ci ha	at at		a 1			DEC	- 6	5 20	17_11
[]DEP	Amended		1000	, State	2010 - 2010 - 7			1 1				i harrow
[X]DOL	Notific	ation	Ma	prew	00a,	NJ,07040		1			-	
[X]DOH			Name	of Con	tact		Telepho	one Number		DS C CENS	ONT	ROL &
[]DCA	EMERGENC	Y	De	rek	Haas					CONTRACTOR OF		nnessaawoolaanna kaamaa
[]	Cancella	tion										
						INFORMATION						
Name of Facility Where Ab	patement	is Taki	ng Pl	ace (3))		Type of Faci	lity (4)				
Derek Haas							[]School	(K-12)				
Street Address								pter 8 (Other				
							No. Contrast Contrast	(i.e., private , homes, etc.)	& C	omme	rcıa	1
							Square Feet	# of Floors	- b	ldg.	Are	
City (5)	k	County	(6)		Cou	inty Code (7)				-~9.		
Maplewood	1	Essex			(SI	ATE USE ONLY)	Current Use	(Prior if bein	a de	moli	shed)
									5			
Name of Monitoring Firm h	ired by 1	Building	J AS	CM No.		Name of Abater	ment Contract	or (9)				
Owner (8) N/A						AZTECH M	ANAGEMEN	F, Inc.				
Street Address						Street Address		•				
							topher St	e.				
City, State, Zip Code												
city, state, zip code						City, State, 2		140				
							r, NJ 070	J4Z				
Project Manager for Monit	oring Fi			ne Numb	er	Telephone Numb				Num	ber	
		N/	A			(973)744	-8800	0	037	/1		
Scheduled Start Date (10)	Scheo	d. Compl		n Date	(11)	Name of OSHA N	Monitor		- 1.57			
12- 07- 17	_		9-	17		N/A						
Month Day Year Occupancy Status During A	Mor		ay	Year		Street Address						
[X]Facility Closed/Va	acated Du	ring En	tire	Period		Street Address	3					
of Abatement	d outraid											
[]Abatement Performe Hours - Describe:«				Facili	сy	City, State, 2	Sip Code					
[]other - Describe:«				ript»								
Scope of Work (Check all	that app]	ly)				11			- 201			
			-1 -					ith Negative P	ress	ure		
[X]≥3 sf or ≥3 lf []>160 sf or >26		0.50		ovation olition			Enclosure -bag Procedur	0				
		-			-		riable Proced					
Location of		L	Is ocati	on					Aba	ateme		
Asbestos-Containin	ng		ormal Used	ly		Description Asbestos-Cont		Amount	R	R	E N	E N
Material (ACM)	2		Solel	У		Material (A		(Specify	EM	E	CA	C L
TO BE ABATED			inter	nance/		(i.e., thermal		SF or	0	PA	P	0
In Facility (13)		Sta	aff (12)		sulation, surfa		LF)	V A	IR	S U	s U
		Yes	No	N/A					L		L	R E
Basement				X	PI	PE INSO	YCATION	904F	X			
										-		
Name of Registered Waste H	Hauler	NJ	DEP W	l laste	Cub	oic Yards	Name of Reg	istered Landfi	11	1		
AZTECH MANAGEMEN		На	uler	ID No.		Waste 1.5	- 1	Enterpri		INC	С	
City, State		L	7040	,		magel Det					-	
Montclair, NJ 070	42				1	posal Date 2/11/17	City, State			1600	0	
					1	-//-/	waynest	ourg, Ohio	44 4	1000	5	
Completed By (Print or Typ	Signature		/h	ate								
Constantine Vivia	n Pre	eside	nt			1 100	a Tandune /10	14		8/201	17	
								~~				
						Car 20 million (1)						

DAID	NOTIFIC/ (Pursu	ATION	te of Ne OF ASB NJAC 8:	ES	lersey TOS ABATE -7 and 12:12	MENT	. (CK 76	39
Date of Notification 11/25/17		Name of	Building O		r / Operator (2)				-
AgenciesNotified Type of Notificat	ion	Chase Street Ad		-			DEC	; E	WER
	cy Notification		aaress th Street						<u> </u>
DEP X Initial Not			te & Zip Co	de			In		
	Notification		ovidence,		07974			C - 6	2017 11
X DOH Cancellat	tion	Name of						Telepho	one Number
DCA		Dan Mc	Keon		11. 		ASBE		
			LITY INFO	ORN	IATION		L	ICENSIN	IG
Name of Facility Where Abatement	is Taking Place	e (3)		Ty	pe of Facility (4)				
Street Address	storerront			-	School (K-12)				
	th Street			x	Subchapter 8 (
					(# of Floo			service and a
City (5) Cou	unty (6) Co	ounty Cod	le (7)	104	5,000	# 01 F100	1000	Bldg. Ag	
New Providence Uni			(/)	Cu	rrent Use (Prior if	boing d	1.5		80+
				A CONTRACTOR OF A	mmercial	being u	emolished)		
Name of Monitoring Firm Hired by E	Building Owner	(8) A	SCM No.		me of Abatement	Contrac	tor (0)		
Environmental Tactics	Ū.		I/A	GI	bal Abatemen	t Servi			
Street Address			17		eet Address				
64 Broad Street				443	Schoolhouse	Road			
City, State & Zip Code					, State & Zip Coo				
Matawan, NJ 07716 Project Manager for Monitoring Firm					nroe Townshi	p, NJ 08	8831		
Tom Geiger		phone Nui -290-221			ephone Number		License N		
the second se	duled Completio			_	2-605-9062			00714	4
12/5/17	12/8		1)		ne of OSHA Mon bal Abatemen				
Occupancy Status During Abatemer X Facility Closed/Vacated During	nt (Check only on Entire Period	one) of Abatem	ient	Stre	et Address Schoolhouse		.es, LLG		
Abatement Performed Outside	of Normal Fac	ility Hours	-		, State & Zip Coo				
Describe:		,		-	nroe Township		831		
Other - Describe:					in our rownship	, 140 00	001		
Scope of Work (Check all that apply))								
	Renovation				Full Conta	ainment v	with Negative P	ressure	
Large Project					X Mini-Enclo		0		
X Quantity is ≥ 3 SF or ≥ 3 LF A					Glovebag	Procedu	ire		
Quantity is ≥ 160 SF or ≥ 260					Other: N	lon-fria	ble		
Location of Asbestos-Containing	1 A A A A A A A A A A A A A A A A A A A	Location			escription of		Amount		ment Type
Material (ACM)		nally Used olely by	4 ¹	Asbe Ma	stos-Containing aterial (ACM)		(Specify		y: Removal,
TO BE ABATED		tenance o	r (i		hermal systems		Square Feet or Linear Feet)		Repair, osulation or
in Facility	Custo	odial Staff	? insu	ulatio	on, surfacing, VA	т	Emour r coty		closure)
(13)		(12)	or	othe	er miscellaneous)				
Attic		N/A		Join	t compound		90 SF	Re	moval
							0001	T.C	
Name of Registered Waste Hauler	NIDE	D Mosta I	Hauler ID #		0				
Freehold Cartage	INJUE	186			Cu. Yds. of Was 5		ame of Registe umberland (dfill
City, State					Disposal Date		ity, State	Jounty	
Freehold, NJ					12/9/17		ewburg, PA		
	Title				Signature		0,	an a	Date
Dominick Tringali	Manager				Dominick Trie	ıgali			11/25/17

ASB-41 JUN 95 G4667

CH 14683P Date of Notification (1) November 27, 2017		NOTI	ICATIO ursuan Name	of New Jers NOF ASBESTOS to NJAC 8:60 a of Building Owner e Waiter	S ABATE nd 12:12	20)	٩T		DE([]F	<u>ай</u> г.б. 2017	m
Agencies Notified Type Notification	1			Address				AS	BEST	TOS	CON	TROL	2
EPA Initial			Sireer	Address					L	ICEN	ISING	G	x.
DEP Amended X DOL Amendmen			City, Si Belm	ate, Zip Code ar, NJ 07719									
DOH justification) DCA Cancellation			Name o Same	of Contact e				1					
Name of Facility Where Abatement is Takir	na Placa (2)	FAC	ILITY INFORMAT	TION	1 -		-			-		
Private Home & Garage	ig Flace (.	5)					pe of Facility (
Street Address						×	Other (i.e. p	2) 8 (Other than K- rivate & commer	12) cial bu	ilding:	s, hon	nes,	
City (5) Belmar							etc.) Jare Feet 73	# of Floors 2		Bldg. 114	Age		
County (6) Monmouth				Code (7) USE ONLY)		Cui Re	rrent Use (Pricesidence	or if being demoli	shed)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.	Name Finis	of Al	batement Cor g Touch As	tractor (9) bestos Abater	nent	Corp	1		
Street Address					Street 17 T		ress npson Stree	et					
City, State, Zip Code					City, S Wes	State, st Lo	Zip Code ng Branch,	nj 07764					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 732-		No. -8372	License I 00040	No.				
Start Date (10) December 6, 2017	Schedule	ed Cor ber s	npletion 9, 2019	Date (11))	Name	of O	SHA Monitor						
Occupancy Status During Abatement (Chec					Street	Addr	ess				-		
 Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 	Period of A nal Facility	Abaten Hours	nent S		City, S	itate,	Zip Code						
Scope of Work (Check All That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enova emolit			××	G	ini-Enclosure lovebag Proc	nt with Negative edure (*) and Non-Frial			•		
	1000	Locati								Abat	emen	t	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Useo Mai	lormall d Sole ntenar odial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfa	scription taining M systems cing, VA niscellan	lateria s insu T. or	lation,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure	
	Yes	No	N/A						a		late	re	
House Basement			x		TSI			168 LF	x				
Garage			х		TSI			93 LF	x				
Name of Registered Waste Hauler		N.	JDEP W	aste Cubic	Yards		Name of R	egistered Landfill					
FTAA		Ha	auler ID 2058				TRRF						
City, State West Long Branch, NJ				Dispos 12/28	al Date 3/17		City, State Tullytow	n. PA					
Completed by Joseph P. Miller	Title Presid	dent		<	ignature	2-	2 06		nte 1/27/1	7			

-

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2 0 Agencies Notified Type Notification Street Address 06 EPA K Initial oute DEP City, State, Zip Code Amended ASBES C DOL 0 Amendment # ORO Emergency (including DOH Name of Contact justification) DCA Cancellation avic FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Dwelling ingle a m "School-(K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ologies Jni Street Address Street Addres P. 0 City, State, Zip Code State, Zip Code Project Manager for Telephone No. Telephone No. 609 758-3365 609 758-3365 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor L 7 7 a ler hnolo Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement P.0. BOR .337 Abatement Performed Outside of Normal Facility Hours П City, State, Zip Code Other - Describe: New Eq 18533 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If X Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, Encapsulat Enclosure (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12) (13)other miscellaneous) N/A Yes No asemen Pipe Insulation х OOUAX ~ Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste J ogies Waste Management of PIA 7000 City, State **Disposal Date** City, State NJ Mornisville 12-8-17 PA Completed b Title Signatur Date PResident RUP 11-27-17

ASB-41 (R-06-08)

PAID) пот		ATION	OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1			Ct	×,	Ş	١
Date of Notification (1)	- Constants		and the second second		g Owner/Operator	(2) Г					
/ /	17		Ma	ry-Jane (Coooper		MEC	E] []	7 6	
Agencies Notified Type Notifi	cation		Street	Address							
EPA Initial						1	IN				
DOLWD Amende	7.7		City, S	State, Zip	Code		L L DEC	-6	-20	17	1
DHSS Amendr	ency (including	-	Tite	usville, N	IJ 08560-1320	1					
(NJAC 5:23-8) justifica	tion)	9	Name	of Contac	zt		Telephone Num	berch	MTS		2
	ation		Ma	ry-Jane							×
			FA	CILITY IN	FORMATION						PART AND AND A
Name of Facility Where Abatement is	Taking Place	e (3)				Type of Facility ((4)				
Resident						School (K-12)				
Street Address						Subchapter 8	(Other than K-12 ivate and commer) cial bi	uilding	gs,	
City (5)						Square Feet	# of Floors	B	ldg. A	đe	
Titusville, NJ 08560-1320						4,400	3		1959	17. S.	
County (6)		-	Cour	ty Code (7	7)(STATE USE ONLY)		or if being demolis	hed)			
US; CO.						Resident	and a second				
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCM	No.	Name of Abateme						
					1 mrs m 15-50 33		al Service, LLC				
Street Address					Street Address				0. zerv,	- 22.5	
					958 Jackson	Rd					
City, State, Zip Code					City, State, Zip Co	ode					
					Mays Landin	g, NJ 08330					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
					609-561-1901		01158				
	Scheduled C	Compl	etion Da	te (11)	Name of OSHA N	Ionitor			10.00		
/	/		6 /	17	Graham-Tech	n Environmenta	al Services, LLC	.			
Occupancy Status During Abatement					Street Address						
Facility Closed/Vacated During En	tire Period of	Abate	ement		958 Jackson	Rd					
Abatement Performed Outside of N Time of Abatement: <u>7AM-11:30</u> PI	Normal Facilit	y Hou	Irs - Des	cribe	City, State, Zip Co	ode			0000		-
Time of Abatement. TAM-11.30PI	IVI/PIVI-				Mays Landin	g, NJ 08330					
Scope of Work (Check all that apply)											
<u> </u>	🛛 Re	enova	tion			tainment with Neg	ative Pressure				
□≥160 sf or ≥260 lf	🗌 De	emoliti	ion		Glovebag	g Procedure					
	le	Loca	ition		LI NON-Exe	mpted (*) and Nor	n-Friable Procedur	1			
Location of		Norma	ally		Description o	f			atem	1	
Asbestos-Containing Material (AC			lely by ance/	Asbe	stos Containing Ma	terial (ACM)	Amount	Remova	Repair	Eno	Enclosure
TO BE ABATED IN Facility			Staff?	(i.e	e., thermal systems surfacing, VAT,	insulation,	(Specify SF or LF)	Nou	air	aps	losu
(13)		(12)		-	other miscellane		GI ULLE)	a		Encapsulate	Ire
	Yes	No	N/A							Ø	
Garage		\boxtimes		Asbest	os pipe Insulatio	on	70LF	\boxtimes			
										П	
Name of Registered Waste Hauler				Masta	Cubio Vorda of	Nome of Deal					
Graham-Tech Environmental	Service, LL		Hauler IE 00345	No.	Cubic Yards of Waste	Name of Regist G.R.O.W. N	ered Landfill orth Landfill &	Tully	tow	ı	
City, State 14 Read Drive Sicklerville, NJ	08081				Disposal Date	City, State 1,51/3 Brode	ntown Rd. Mor	risvil	le,P/	4	
Completed By (Print or Type)	Title				Signature	- U					
Completed By (Print or Type) Title Signature Date Vernice Graham President 0.11 At 1.1-21-17-											

١

Date of Notification (1)			(Pursu	ant to N	JAC 8:60 and 5:	TEMENT 16)	ID E		<u> </u>	W	E
11 /	6 /	17				ding Owner/Operator	(2)	TU L' DE	C -	6 1	2017	1
		17			/erizon							
	Type Notifica	tion		Str	eet Addres	s		ACDEO	TOO	001		-
	⊠ Initial ⊠ Amended			1	5 East M	ontgomery Place	, Lower Level	ASBES	LICEN	ISIN	li ho G	L&
⊠ DHSS	Amendme		22/1	(y, State, Zi			And a second	and the second	-		
DCA	Emergenc			F	Pittsburg	n, PA 15212						
(NJAC 5:23-8)	justificatio			Na	me of Cont	act		Telephone Nun	nber			1000
	Cancellatio	on		4	Anthony F	Porta						
					ACILITY	INFORMATION						
Name of Facility Where Ab	atement is Ta	aking Plac	ce (3)				Type of Facility (4)				
Verizon Ramsey CO							School (K-12)					
Street Address							Subchapter 8	(Other than K-12	2)			
36 N Franklin Turnpi	ke						Other (i.e., pri homes, etc.)	vate and comme	ercial b	uildin	igs,	
City (5)							Square Feet	# of Floors	B	Bldg. A	Aae	
Ramsey										-9.7	.90	
County (6)	•			Co	ounty Code	(7)(STATE USE ONLY)	Current Use (Pric	or if being demoli	shed)	122		
Bergen								active active	5.100)			
lame of Monitoring Firm H	ired by Buildin	ng Owner	(8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
USA Environmental I							IVIRONMENTAL	INC				
treet Address						Street Address		.,				
8436 Enterprise Ave						1123 BEAVE	RSTREET					
ity, State, Zip Code						City, State, Zip C			ans			
Philadelphia, PA 191	53					BRISTOL, PA						
roject Manager for Monito			Te	elephor	ne No	Telephone No.	. 10001	Liconce Ma				
Mark Jenkins					65-5810	215-788-6040	1	License No. 00509				
tart Date (10)	Sc	heduled (-		Date (11)	Name of OSHA N		00509			-	
11 /20 /	17				17		VIRONMENTAL	INC				
occupancy Status During A								, 110.		_		
] Facility Closed/Vacated						Street Address	DOTREET					
Abatement Performed O	utside of Nor	mal Facili	ty Ho		occribo	1123 BEAVE						
Time of Abatement:	AM	_PM/5:0	DPM-	1:30A	M	City, State, Zip Co						
Time of Abatement:	TTE 11	122, 11	128	b, u/a	4/17	BRISTOL, PA	19007					
] ≥3 sf or >3 lf			enova	ation		S Full Con	tainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			emoli	tion		Gloveba	g Procedure					
		1.	s Loc	ation		∐ Non-Exe	mpted (*) and Non-	Friable Procedu	re			
Location of			Norm			Description of	Æ		Ab	atem	ent T	уре
Asbestos-Containing Ma		Us	ed So	lely by	Asb	estos Containing Ma		Amount	Re	Re	En	En
TO BE ABATE IN Facility	Ð			ance/ I Staff?	(i	e., thermal systems	insulation,	(Specify	Removal	Repair	cap	nclosure
(13)			(12			surfacing, VAT, other miscellane	or ous)	SF or LF)	val	1	Encapsulate	ure
58 - 1585		Yes	No	N//	4		000)				ate	
asement Mechanical I	Room				Duct I	nsulation		800 SF				
asement Mechanical F	Room				Pipe Ir	nsulation		120 LF				
ame of Registered Waste I					Waste	Cubic Yards of	Name of Registe	red Landfill				
SERVICE TRANSPOR	T GROUP, I	INC.		Hauler 2099		Waste	MINERVA LA					
ty, State				2033		Disposal Date	City, State			10.00		
NEW CASTLE, DE 197	20						Conception and a second	RG, OH 44688				
ompleted By (Print or Type		itle				Signature					222122	
Brian Scafiro	()	Estima				Signature	0 1.	/ · / Da	te /	- /	1,0	

**

MAY 11 B517129 * 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)

CHK#3287

11 Sec. 10.0				1.40	arrie of Bulld	ing Owner/Operator	(2)	Wallings.	I HART STREET, SALES		-	
/6	/	17		- 24 ° 22	Verizon		10 B	IN E C	D E		\mathbb{V}	E
EPA 3080 Initi	- N N	on			reet Address 15 East Mo	ontgomery Place	, Lower Level					1
	ended endmen	t #		Cit	y, State, Zip	Code			<u>C ~ (</u>	6-20	17	-
	ergency	(includ	ling	-		, PA 15212						a recently to
(NJAC 5:23-8) just	ification))	0.003		me of Conta			Telephone	Tumber	ONTI	ROL	8
	cellatior	1		1	Anthony P					T G		*****
Name of Facility Where Abatemer	at in Tak	ine Die	(0)		ACILITY I	NFORMATION				2 E		
Verizon Ramsey CO	it is Tak	ing Pla	ace (3)				Type of Facility					
Street Address							School (K-1	12) r 8 (Other than K	-12)			
36 N Franklin Turnpike							Other (i.e.,	private and com	mercial	buildi	ngs,	
City (5)							homes, etc					
Ramsey							Square Feet	# of Floors		Bldg.	Age	
County (6)				Co	unty Code (7)(STATE USE ONLY)	Current Lise (P	Prior if being dem	aliahad	1		
Bergen						,, ONE ()		nor in being dem	Unsried	1		
Name of Monitoring Firm Hired by		Owne	r (8)	ASC	M No.	Name of Abateme	ent Contractor (9))				_
USA Environmental Manag	ement						VIRONMENTA	/				
Street Address						Street Address					-	
8436 Enterprise Ave						1123 BEAVER	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Philadelphia, PA 19153						BRISTOL, PA	19007					
Project Manager for Monitoring Firm	n		etter	ephone		Telephone No.		License No.				
Mark Jenkins	1				5-5810	215-788-6040		00509				
Start Date (10) 11 /20 /17					ate (11) 17	Name of OSHA M		L. INC.				
Occupancy Status During Abatement	nt (Choc	de se d						-,				
						Street Address						
Facility Closed/Vacated During E	Entire Pe	eriod of	Abate	ment		Street Address 1123 BEAVER	STREET					
 Facility Closed/Vacated During E Abatement Performed Outside o 	Entire Pe f Norma	eriod of I Facili	f Abate ty Hou	rs - De	scribe							
 Facility Closed/Vacated During E Abatement Performed Outside o Time of Abatement:AM 	Entire Pe f Norma P	eriod of I Facili	f Abate ty Hou	rs - De	scribe I	1123 BEAVER	de					
 Facility Closed/Vacated During E Abatement Performed Outside o 	Entire Pe f Norma P	eriod of I Facili	f Abate ty Hou	rs - De	scribe I	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007					
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM ☐ Scope of Work (Check all that apply ☐ ≥3 sf or ≥3 If 	Entire Pe f Norma P	eriod of I Facili M/ <u>5:00</u>	f Abate ty Hou	rs - De :30AM	scribe I	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg osure Procedure					
 Facility Closed/Vacated During E Abatement Performed Outside o Time of Abatement:AM 	Entire Pe f Norma P	eriod of I Facili M/ <u>5:0(</u> M/ <u>5:0(</u> Re D De	f Abate ty Hou DPM-1 enovat emolitie	rs - De :30AM ion on	scribe I	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg osure Procedure	ative Pressure n-Friable Proced				
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM Scope of Work (Check all that apply ☐ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf Location of 	Entire Pe f Norma P)	eriod of I Facili M/ <u>5:0(</u> M/ <u>5:0(</u> Re De	f Abate ty Hou <u>D</u> PM- <u>1</u> enovat emolitie s Locat	rs - De :30AM ion ion lly		1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg osure Procedure opted (*) and Nor		Ab	patem		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM Scope of Work (Check all that apply ☐ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf 	Entire Pe f Norma P)	I Facili I Facili M/ <u>5:00</u> De Is Use Ma	f Abate ty Hou DPM-1 enovat emolitions Locat Norma ed Sole	rs - De :30AM ion ion lly sly by nce/	Asbes	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg soure Procedure pted (*) and Nor erial (ACM)	n-Friable Proced	Ab	-		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P)	I Facili I Facili M/ <u>5:00</u> De Is Use Ma	f Abate ty Hou <u>D</u> PM- <u>1</u> enovat emolitie S Locat Norma ed Sole intena todial :	rs - De :30AM ion ion lly sly by nce/	Asbes	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg osure Procedure apted (*) and Nor erial (ACM) sulation, or	n-Friable Proced	Ab	Repair		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P)	I Facili I Facili M/ <u>5:00</u> De Is Use Ma	f Abate ty Hou DPM-1 enovat emolitions Locat Norma ed Sole	rs - De :30AM ion ion lly sly by nce/	Asbes	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg osure Procedure apted (*) and Nor erial (ACM) sulation, or	n-Friable Proced Amount (Specify		-	ent Tr Encapsulate	
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P)	I Facili I Facili M/ <u>5:0(</u> B B B B B B B B B B B B B B B B B B B	f Abate ty Hou PPM- <u>1</u> enovat emolitie S Locat Norma ed Sole intena todial s (12)	rs - De :30 AM ion ion lly by by nce/ Staff?	Asbes	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg osure Procedure apted (*) and Nor erial (ACM) sulation, or	n-Friable Proced Amount (Specify	A Removal	-		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P)	I Facili M/ <u>5:00</u> B B B B B B B B B B B B B B B B B B	Abate ty Hou PPM-1 PPM-1 PPM-1 PPM-1 PPM-1 S Locat Norma ed Sole intena todial 1 (12) No	rs - De :30AM ion lion lly by by nce/ Staff? N/A	Asbesi (i.e.,	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg osure Procedure apted (*) and Nor erial (ACM) sulation, or	Amount (Specify SF or LF) 800 SF	A Removal	-		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P)	I Facili I Facili M/ <u>5:00</u> Is Def Is Use Ma Cus Yes	Abate ty Hou PPM-1 PPM-1 PPM-1 PPM-1 PPM-1 S Locat Norma ed Sole intena todial 1 (12) No	rs - De :30AM ion ion lly sly by nce/ Staff? N/A X	Asbes (i.e.,	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg osure Procedure apted (*) and Nor erial (ACM) sulation, or	Amount Specify SF or LF)	At Removal	-		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P)	I Facili I Facili M/ <u>5:00</u> I I Use Ma Cus Yes	Abate ty Hou PPM-1 PPM-1 PPM-1 PPM-1 PPM-1 S Locat Norma ed Sole intena todial 1 (12) No	rs - De :30AM ion ion lly by by nce/ Staff? N/A Staff?	Asbesi (i.e.,	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg osure Procedure apted (*) and Nor erial (ACM) sulation, or	Amount (Specify SF or LF) 800 SF	A Removal	-		ype Enclosure
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM Scope of Work (Check all that apply ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> IN Facility (13) asement Mechanical Room asement Mechanical Room 	Entire Pe f Norma P)	I Facili I Facili M/ <u>5:00</u> Is Def Is Use Ma Cus Yes	Abate ty Hou DPM-1	rs - De :30AM ion ion lly bly by nce/ Staff? N/A Staff?	Asbes (i.e., Duct Inst Pipe Inst	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg sure Procedure pted (*) and Nor erial (ACM) sulation, or us)	Amount (Specify SF or LF) 800 SF 120 LF	At Removal	-		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P) CM)	I Facili M/ <u>5:00</u>	Abate ty Hou DPM-1 PPM-1 S Locat Norma ed Sole intena todial 3 (12) No	rs - De :30AM ion ion lly bly by nce/ Staff? N/A Staff? IDEP V auler ID	Asbes (i.e., Duct Insu Pipe Insu Vaste No.	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 inment with Neg procedure pted (*) and Nor erial (ACM) sulation, or IS) Name of Registe	Amount (Specify SF or LF) 800 SF 120 LF	A Removal	-		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P) CM)	I Facili M/ <u>5:00</u>	Abate ty Hou DPM-1 PPM-1 S Locat Norma ed Sole intena todial 3 (12) No	rs - De :30 AM ion lion lly bly by nce/ Staff? N/A Staff? IDEP V	Asbes (i.e., Duct Insu Pipe Insu Vaste No. V	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 iinment with Neg sure Procedure ipted (*) and Nor erial (ACM) sulation, or us) Name of Registe MINERVA L/	Amount (Specify SF or LF) 800 SF 120 LF	A Removal	-		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P) CM)	I Facili M/ <u>5:00</u>	Abate ty Hou DPM-1 PPM-1 S Locat Norma ed Sole intena todial 3 (12) No	rs - De :30AM ion ion lly bly by nce/ Staff? N/A Staff? IDEP V auler ID	Asbes (i.e., Duct Insu Pipe Insu Vaste No. V	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 iinment with Neg sure Procedure ipted (*) and Nor erial (ACM) sulation, or us) Name of Registe MINERVA LA City, State	Amount (Specify SF or LF) 800 SF 120 LF ered Landfill ANDFILL	A Removal	-		
 ☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside o Time of Abatement:AM	Entire Pe f Norma P) CM)	I Facili M/ <u>5:00</u>	Abate ty Hou DPM-1 PPM-1 S Locat Norma ed Sole intena todial 3 (12) No	rs - De :30AM ion ion lly bly by nce/ Staff? N/A Staff? IDEP V auler ID	Asbes (i.e., Duct Insu Pipe Insu Vaste No. V	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 iinment with Neg sure Procedure ipted (*) and Nor erial (ACM) sulation, or us) Name of Registe MINERVA LA City, State	Amount (Specify SF or LF) 800 SF 120 LF	A Removal	-		

		NOT			N OF	FASBE	v Jersey ESTOS ABA 8:60 and 5:		(À	世	16	91
Date of Notification (1) U	/ 17	7				Building C 1 McKin	Owner/Operator nney	(2)	DEC	FU	7 []	<u> [</u>	
Agencies Notified Type No ⊠ EPA ⊠ Initial				Stre	et Ado	iress			DEC DEC) - (6 21)17	
DOLWD Amer				City	, State	, Zip Coo	de						
DHSS Amer	idment # aency (ir		-	B	arring	gton, N.	J		ASBEST	050		BOI	8
(NJAC 5:23-8) justifi	cation)	loidaili	9	Nan	ne of C	ontact			Telephone Nurh				
Canc	ellation			M	arilyn	n McKin	iney		Î	202			
				F	ACILI	TY INFO	ORMATION						
Name of Facility Where Abatement Resident	is Takin	g Place	e (3)					Type of Facility	2)				
Street Address								Subchapter	8 (Other than K-12 rivate and comme)	uildin	~~	
								homes, etc.))	rciai d	uliain	gs,	
City (5)								Square Feet	# of Floors	B	ldg. A	ge	
Barrington, NJ								1,000	1		1950)	
County (6)				Co	unty C	ode (7)(S	TATE USE ONLY)		ior if being demolis	shed)			
US; Camden CO.								Resident					
Name of Monitoring Firm Hired by E	Building (Owner	(8)	ASCI	VI No.	N		ent Contractor (9)					
Street Address				1				n Environment	al Service, LLC	•			
olicerAdress						0	Street Address 958 Jacksor	Pd					
City, State, Zip Code							City, State, Zip C						
							Mays Landir						
Project Manager for Monitoring Firm	1		Te	lephon	e No.	T	elephone No.	.9,	License No.			5-1-2	
							609-561-190	1	01158				
Start Date (10)	Scheo	duled C	omp	letion D	Date (1	1) N	lame of OSHA I	Vionitor					
11 /30 /17		12 /)2 /	17	_	Graham-Tec	h Environment	al Services, LLO	с.			
Occupancy Status During Abateme						S	treet Address						
Facility Closed/Vacated During E							958 Jackson	Rd					
Abatement Performed Outside o Time of Abatement: 7AM-11:30					escribe	C	ity, State, Zip C						
							Mays Landir	ng, NJ 08330					
Scope of Work (Check all that apply	()						T Full Cor	tainment with Neg	ative Pressure				
$□ \ge 3$ sf or ≥ 3 lf $□ \ge 160$ sf or ≥ 260 lf		⊠ Re □ De	enova emolit				Mini-En Gloveba	closure Ig Procedure	n-Friable Procedu	re			
		1 222		ation						1	atem	ent T	ype
Location of Asbestos-Containing Material (A	CM)		Norm	lely by		Ashesta	Description s Containing Ma		Amount	R	R	Щ	Щ
TO BE ABATED	,			ance/ I Staff?			hermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	(12			,	surfacing, VAT other miscellane		SF or LF)	val		sula	sure
x -7		Yes	No	N/A	4	,						Ite	
Kitchen					As	bestos	Floor Tile		180LF				
			-										
Name of Registered Waste Hauler					Maat		ubic Yards of	Norse	keyed I				
Graham-Tech Environmenta	Servi	ce II		Hauler			ubic Yards of laste	Name of Regis		Tull	town		
City, State	. OUT VIC		-	0034	1500	-	ionoorl Dete		lorth Landfill &	rully	towl	1	
14 Read Drive Sicklerville, N	1 0808	1					isposal Date	City, State	ntown Del Mar	dou.!!			
Completed By (Print or Type)	Title								entown Rd. Mor		ie,P/	4	
Vernice Graham	1. 1976	, reside	ant				Signature	in the a	Da	te ///	20.	1	2
ASR.41							LIUM	'UY UN	~ 1	1-0	74-	-1 1	

MO 243D OIL	940	pp		EICATION OF AS	<u>J.A.C.</u> 7:26-2.12)			E C	EI	VE	
Date of Notification (1)					Name of Build	ling Owner	Operator (2)		DEC	- 6 1	2017	U
Agencies Notified		Notification	Туре		Paulsboro Rei Street Addres		pany					
					800 Billingspo			AS	BEST	OS CON	TROL 8	2
() EPA () DEP		(X) Initial No () Amended		on	City, State, Zir	o Code			LI	CENSIN	G	~
(X) DOL		() Cancelle	ed		Paulsboro, NJ							
(X) DOH () DCA		(X) Emerge	ncy		Norma of Court			r				
0.507					Name of Cont Ravi Jarecha	act						
				FACILITY IN	FORMATION			-				
Name of Facility Where Abate Paulsboro Refining Company		aking Place (<u>3)</u>		Type of Facilit () School (K-							
					() Subchapte		han K-12)					
Street Address					(X) Other (i.e.	private & o	commercial blo	dgs., hor	nes, et	c.		
800 Billingsport Rd					Sq. Feet_N/A		# of Floo	rs N//	A			
	ounty (6)	1	County C	Code (7)								
Paulsboro GI	oucester		(State Us	se Only)	Bldg. Age N. Current Use (p		a demolished)		financ			
Name of Monitoring Firm Hire	d by Blda.	Owner (8)	ASCM N	0.	ourient ose (nor ii bein	Name of Co					•
				-			Mansfield In					
Street Address					Street Address 800 Billingspo							
					City State, Zip							
Desired Marcola Marchael	T				Paulsboro, NJ							
Project Manager for Monitorin	<u>ig Firm</u>	Telephone I	Number		Telephone Nu 856-224-4392			00857	e Num	ber		
Scheduled Start Date (10) 12/2/17		Scheduled (12/2/17		Date (11)	Name of OSH Mansfield Indu							
Occupancy Status During Aba () Facility Closed/Vacated Du () Abatement Performed Out	uring Entire	e Period of A	batement		Street Address 800 Billingspor							
(X) Other – Describe – Remov		130		irea in outside	City, State, Zip Paulsboro NJ							
area												
Source of Work (Check all that	at apply)											
 () Demolition (X) Renovation () Large Proj. (160 SF or >26 () Full Containment with Negative 	0 LF ACM) (X) SM Proj sure - PDA	. >25<160 () Mini-Er	SF or >10 <260 nclosure (X)	LF ACM) () N Glovebag Proc		<25 SF or <10) LF ACI	M)			
Location of Asbestos-	Is Loca	tion Normally	Used	Description of		Amount (Specify SF or	LF)	Abate	ement Typ	<u>be</u>	
Containing Material (ACM) in Facility (13)	Solely I Staff? (oy Maint./Cus	stodial	thermal system surfacing, VAT								
	YES	NO	NA	misc.)	, or other				Rem.	Rep.	Encap E	Enclose
40LB Steam Line – Coker		X		TSI		Approx 1	5 LF		X			
Unit		- V										
		X										
1												
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Was 17273	ste Hauler I	<u>D #</u>	Cubic Yards of <1 CY	Waste				<u>Landfill</u> ounty Lar	dfill	
<u>City, State</u> South Harrison, NJ							<u>Disp. Date</u> Various			<u>City, Stat</u> South Ha		IJ
Completed by (Print or Type)		Title			Signature			Date				
ANDREW GREEN		MANAGER	– Mansfield	d Industrial, Inc	- Ande Site p	perations S	<u>éé</u> z Supervisor	12-1-1	7			
					1							

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 C:\WORD\MYDOCS\ASBESTOS 9/18/00

CK4101	6410	+P		Pursuant to N					-	<u>E</u> [VE	m
Date of Notification (1)					Name of Build			J L	DEC	-62	017	
11/30/17 Agencies Notified		Notification	Type		Paulsboro Rei Street Addres		pany					
Agencies Notified		Notification	Type		800 Billingspo		F	40	DEOTO			
() EPA		(X) Initial N	otification				1	AS	BESIO	S CONT	FROL &	.
(X) DEP		() Amended		on	City, State, Zi		lass	the state of the s	L.I O.I	C14014C	1	
(X) DOL		() Cancelle			Paulsboro, NJ	08066						
(X) DOH () DCA		() Emergen	су		Name of Cont	act				- 17-115		
0.000					Ravi Jarecha	au						
		1		FACILITY IN	FORMATION			_		8.000		
Name of Facility Where Al		aking Place (3)		Type of Facilit							
Paulsboro Refining Compa	any				() School (K-	12)						
Otra at Address					() Subchapte (X) Other (i.e.	r 8 (other t	han K-12)	Idaa ba				
Street Address 800 Billingsport Rd						. private & i	commerciari	lugs., no	nes, etc			
ood Diningoport (d					Sq. Feet N/A		# of Flo	orsN/	A	_		
City (5)	County (6)		County C	Code (7)				State 19700	Service Services			
Paulsboro	Gloucester		(State Us	se Only)	Bldg. Age N		P. 1		-			
New Alter to File		0 (0)	100111		Current Use (p	prior if bein	-					
Name of Monitoring Firm I ATC Associates	HIREA DY BIAG	. Owner (8)	ASCM N	<u>o.</u>			Name of C Mansfield					
Street Address					Street Address	s	Inditation	maustridi	, 110.			
3 Terri Lane, Suite 4					26 Colonial Av							
Burlington, NJ 08016					City State, Zip							
Draiget Managar for Manit	oring Firm	Tolophone	Number	11	Woodbury, NJ			Lisone	Alumah			
Project Manager for Monit John Lutz	oring Firm	Telephone 609-479-85			Telephone Nu 856-224-4392			00857	se Numb	ber		
oonn Luiz		000-470-00	12		030-224-4332			00007				
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH	A Monitor						
12/15/17		12/29/17			Mansfield Indu							
Occupancy Status During () Facility Closed/Vacated	Abatement (0	Check only on	le) betement		Street Address 26 Colonial Av	-						
() Abatement Performed	Outside of No	e Feriod of A	Hours -		20 Colonial Av	e						
		978 97 - 1999 - 19			City, State, Zip	Code						
(X) Other - Describe - Re	moval of ACM	A within restrie	cted work a	area in outside	Woodbiry Nj 0	8096						
area												
Source of Work (Check all	that apply)											
() Demolition (X) Renov	vation											
(X) Large Proj. (160 SF or		M) () SM Proj	. >25<160	SF or >10 <260	LF ACM) () N	linor Proj. (<25 SF or <	10 LF AC	M)			
(X) Full Containment with	Negative Pre	essure - ()	Mini-Enclos	sure () Glov			0					
Location of Asbestos-						Amount ((Specify SF of	or LF)	Abate	ment Typ	be	
Containing Material (ACM) Facility (13)	Staff?	by Maint./Cus	stodial	thermal systen surfacing, VAT								
r donity (roy	YES	NO	NA	misc.)	, or other				Rem.	Rep.	Encap E	Enclose
		156-55 					~~~~			1		
Reactor 401A+B CHD1 Ur	nit	X		TSI		Approx 9	00 SF		X			
Name of Reg. Waste Haul	ler	NJDEP Was	ste Hauler I	<u>D #</u>	Cubic Yards of	f Waste			of Reg.		1011	
Waste Management, Inc.		17273			3 CY			Glouce	ester Co	unty Lan	IIITDI	
City, State							Disp. Date			City, Stat	e	
South Harrison, NJ							Various			South Ha		1J
Completed by (Print or Typ	<u>pe)</u>	<u>Title</u>			Signature			Date				
ANDREW GREEN		MANAGER	- Mansfield	d Industrial, Inc	TA	1 1		11-30-	17			
a second to the total					and	1 Ma	00.1-	-				
					Site Ø	perations S	Supervisor					
					/							
								_				
Mail to: NIDEP DSHW/	RDDTD	Telenhone 6	00.081.66	20				C·WAO	RDIMYC	OCSIAS	BESTO	S

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

الميسي		passing						Della recordination	L					
Ch 3003 F		PUTSH	State of New Je ON OF ASBEST Int to NJAC 8:60	OS ABATE	MENT 0)) E C] []					
Date of Notification (1)		Name	e of Building Owr	ner/Operato	r (2)				00	17				
11/29/2017 Check #3093		Ber	Bergen Arts & Science Charter School DEC - 6 2017											
Agencies Notified Type Not	ification	10000	Street Address											
EPA 🗵 Initia	al		Maple Avenue	9		ASBESTOS CONTROL								
🗖 DEP 🛛 🗖 Ame	ended	1000000000	City, State, Zip Code											
	endment # ergency (including		kensack, NJ											
🚺 DOH 🛛 🗌 justi	fication)		Name of Contact											
DCA Can	cellation		Tom Hickey FACILITY INFORMATION											
Name of Facility Where Abatement	is Taking Place (3)	FA	ACILITY INFORM	IATION	Type of F	acility (4)								
Bergen Arts & Science Cha														
Street Address					Descend	ool (K-12) chapter 8 (Ot	her than K-1	2)						
43 Maple Avenue					Othe	er (i.e. private			dings	, home	es,			
City (5)					etc.) Square Fe	eet #	of Floors	F	Bldg. /	Age				
Hackensack					30,000	2		1.11	50+	.90				
County (6)		Coun	ty Code (7)		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	se (Prior if be	eing demolis	hed)						
BERGEN		(STAT	TE USE ONLY)		School	,	0	-/						
Name of Monitoring Firm Hired by E	Building Owner (8)	AS	CM No.	Name	of Abateme	ent Contracto	or (9)							
N/A	-					Corporatio								
Street Address				Street	Address									
			426 69th Street											
City, State, Zip Code				City, S	ode									
			Gutenberg, NJ 07093											
Project Manager for Monitoring Firm	า	Telep	hone No.	Telep	hone No.		License No.							
				201-	295-1700)	01074							
Start Date (10)	Scheduled	Completio	on Date (11)	Name	of OSHA M	Ionitor	- <u> </u>							
12/9/2017	12/11/20			Sam	ne as abo	ve								
Occupancy Status During Abateme	nt (Check Only One))		Street	Address									
 Facility Closed/Vacated During Abatement Performed Outside Other – Describe: <u>Starting 3:3</u> 	of Normal Facility H			City, S	State, Zip Co	ode								
Scope of Work (Check All That App	12													
				Г	7									
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		novation molition		Ľ	Full Cor Mini-En	ntainment wi	th Negative	Pressu	ire					
					Gloveba	ag Procedure								
				2	Non-Ex	empted (*) a	nd Non-Fria	ble Pro						
	217.51.52	ocation								ement /pe	0			
Location of	Llood	rmally Solely by		Description				-	1	1				
Asbestos-Containing Material (A <u>TO BE ABATED</u>	Maint Maint	tenance/			Material (AC s insulation		Amount (Specify		-	Enc	ц.			
In Facility		dial Staff? (12)	S	urfacing, VA	AT, or		F or LF)	Removal	Repair	Encapsulate	clos			
(13)			oth	ner miscella	neous)			oval	air	ulat	Enclosure			
	Yes	No N//	A							e				
Seconf Floor		x	P	laster Ce	iling		1 SF		x					
First Floor-Gym		x			ster Ceiling		2 SF		x		-			
. not loor Oyni			1		9		2.01		~		-			
											_			
Name of Registered Waste Hauler		NJDEF Hauler		ubic Yards Waste	Na	me of Regis	tered Landfil	1						
Tri-State Transfer Assoc		19551			Minerva Enterprises									
City, State				sposal Date	Cit	ty, State								
Bronx, NY			tb			aynesburg	g, OH							
Completed by	Title			Signature				ate						
Gina Betances	r	11/29/20												

CH Left P	A		Pursuan	tate of New NOF ASB	ESTC 8:60	OS ABATE and 12:12	0)	Γ	P	<u>e C</u> dec	-	<u>-</u> U	Unt Form					
11/30/17			Name of Building Owner/Operator (2) Bais Kayla															
Agencies Notified Type Notification		Street Address ASBESTOS CONTI										ROL&						
EPA Initial																		
DEP Amended X DOL Amendment	DEP Amended							City, State, Zip Code Lakewood, NJ 08701										
Emergency	(including	_	Name of Contact															
DOH justification)																		
Name of Epplity Million Abotement in Tali	- DI - 4		FAC	ILITY INFO	ORMA	TION												
Name of Facility Where Abatement is Takir	ig Place (3)					Туре	e of Facility										
Street Address				H	School (K- Subchapter	12) 8 (Other than	K-12)											
							×	Other (i.e. j	private & comm	ercial bui	ldings	, hom	es,					
City (5) Lakewood				etc.) Square Feet # of Floors 1000						1	Bldg. Age							
County (6) Ocean			County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) home															
Name of Monitoring Firm Hired by Building	Owner (8)]	ASCM No. Name of Abatement Contractor (9)															
			AAA LEAD PROFESSIONALS															
Street Address																		
City, State, Zip Code						6 WHITE DOVE COURT City, State, Zip Code												
		LAKEWOOD, NJ 08701																
Project Manager for Monitoring Firm		Telephone No. Telephone No. License No. 732-668-9078 1200																
Start Date (10) 12/10/17								of OSHA Monitor LEAD PROFESSIONALS										
Occupancy Status During Abatement (Chec		202					Street Address											
Facility Closed/Vacated During Entire I	Period of /	Abater	ment				6 WHITE DOVE COURT											
Abatement Performed Outside of Norm Conter - Describe:	nal Facility	/ Hour	1					y, State, Zip Code AKEWOOD, NJ 08701										
Scope of Work (Check All That Apply)								OD, NJ 0	0/01									
		Renova Demoli					GI	ni-Enclosure ovebag Proc				° 0						
	1 1 2 3	Locat									Abate	emen	1					
Location of Asbestos-Containing Material (ACM)		orma d Sole				escription			Amount		Ty	/pe						
TO BE ABATED In Facility (13)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	intena todial (12)	Staff?	al system facing, VA	taining Material (ACM) I systems insulation, cing, VAT, or niscellaneous)			Remova	Repair	Encapsulate	Enclosure							
	Yes	No	N/A	1						a		ate	re					
EXTERIOR- Garage & Attic						Siding			300SF	x								
INTERIOR					Linoleum 200 SF					x								
Name of Registered Waste Hauler			JDEP W			ic Yards		Name of I	Registered Lan	dfill								
NEWARK CARTING			lauler ID 4509	NO.	of W 10	aste		IESI										
City, State NEWARK, NJ						osal Date 1/17		City, State BETHLI	e EHEM PA									
Completed by JOSEPH PERLSTEIN	Title OWN	IER				Signature	1			Date								

PAID	D	NOT		ATIO	N OF AS	BESTOS ABA		DE	CE		\mathbb{V}	ľ			
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)		FC -	- 6	201	7	HU,		
12 / 01	/ _1	7					1 3	33711							
Agencies Notified Type N	otification	1		Stree	t Address				01.0						
				21	56 Camp	lain Road		ASBE							
		u.						balan and a standard							
				Hil	Hillsborough, NJ 08844										
(NJAC 5:23-8) justi	fication)	noidain	9	Name									-		
🗌 Can	cellation			An	Antonio Dimuzio										
				FA	CILITY II	NFORMATION			-				1		
	nt is Takin	ng Place	e (3)				Type of Faci	ility (4)					-		
							School (H	<-12)							
							Other (i e	ter 8 (Other than K-12	?) ercial bu	uldin	ae				
							homes, e	etc.)	relat be	mann	ys,				
Date of Notification (1) Name of Dalating Queer/Operator (2) Diff (-1) Diff (-1) <thdiff (-1)<="" th=""> Diff (-1) <thdiff (-1)<="" td="" th<=""><td>1</td></thdiff></thdiff>					1										
										60					
				Cou	nty Code (7)(STATE USE ONLY)	10.000		shed)						
	Duilding	0	(0)	10001	N	1									
		Owner	(8)	ASCM											
							ē								
	755														
			Tele	phone	No										
					i										
Start Date (10)	Schee	duled C													
12/01/17	1					1 1750 501 4 548 5 0 8 4 6 9 6 6 7 8 6 6 7 8 8									
Occupancy Status During Abateme	ent (Chec	k only o	one)										1		
Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment											
Abatement Performed Outside	of Norma	I Facility	y Hou	rs - Des	cribe		ode		-						
Time of Abatement:AM	·PI	M/	_PM		AM			08854							
Scope of Work (Check all that appl	у)														
⊠ >3 sf or >3 If		□ Re	novat	ion		Full Cont Mini Enc	ainment with I	Negative Pressure							
⊠ ≥160 sf or ≥260 lf						Glovebag	Procedure								
		1			1	Non-Exer	mpted (*) and	Non-Friable Procedu	re						
Location of						D			Aba	atem	ent T	уре			
Asbestos-Containing Material (A	ACM)	Use	d Sol	ely by	Asbe			Amount	Re	Re	En	Ш			
		22 12			(i.e	., thermal systems i	nsulation,	(Specify	mov	pair	caps	clos			
								SF or LF)	a		sula	ure			
		Yes	No	N/A			,				te				
interior			\boxtimes		asbest	os floor tile		100 sf							
exterior					roofing				-						
		-			looning			3000 ST							
			Ц												
							Name of Re	egistered Landfill	_			-			
							T.R.R.F.								
						Disposal Date	City, State					_			
						12/06/17	Tullytow	/n, Pennsylvania							
Completed By (Print or Type)	Title					Signature	/	// Da	te (1					
Nicholas Fernicola	P	roject	Man	ager		Nº	Jer	f 1	2/1	11-	7				
ASB-41						· · · · · · · · · · · · · · · · · · ·	~	\	-1'	11					

PA		NOT		ATION	OF AS	ew Jersey BESTOS ABA AC 8:60 and 5:1		DEC	; E	7 []						
Date of Notification (1)	01 /	17		1	of Buildin dewinds	DE 2	33244									
Agencies Notified	Type Notificatio	on		Street	Address				ONT	BOI	8					
I EPA	Initial			34	West Sai	lboat Lane		ASBESTOS CONTROL & LICENSING								
	Amended Amendment	t #			State, Zip (
	Emergency	(including	g	1000		k, NJ 08008										
(NJAC 5:23-8)	justification)			10000000000	of Contac											
		1			vis Leply											
Name of Facility Where A	Abatement is Tak	ing Place	(3)	FA	CILITYIN	FORMATION	Tupo of Facility	(4)								
Residence	Abatement is Tak	ang Flace	(3)			Type of Facility										
Street Address							Subchapter 8	8 (Other than K-1)								
							Other (i.e., p homes, etc.)	rivate and comme	ercial bu	ilding	IS,					
City (5)							Square Feet	# of Floors	BI	dg. A	qe					
Harvey Cedars							2000	2		65						
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)							
Ocean							Residence									
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)									
N/A						Guardian Contracting, Inc.										
Street Address						Street Address										
City, State, Zip Code						1889 Route 9, Unit 61										
ony, orace, zip oode						City, State, Zip C	New Jersey 08	755								
Project Manager for Mon	itoring Firm		Tel	ephone	No	Telephone No.	New Jersey 00	License No.								
-	20272	732-349-9932	2	00624												
Start Date (10)		eduled C	omple	etion Da	te (11)	Name of OSHA N	Aonitor									
/ /		12 /	1	3 /	17	E.M.S.L. Ana	lytical									
Occupancy Status During						Street Address										
Facility Closed/Vacate						1056 Stelton										
Abatement Performed Time of Abatement:	I Outside of Norm AM-	nal Facilit PM/	y Hou PM		cribe AM	City, State, Zip C										
						Piscataway,	New Jersey 08	854								
Scope of Work (Check al $23 \text{ sf or } \ge 3 \text{ lf}$	I that apply)	🗌 Re	enova	tion		Full Con Mini-Enc	tainment with Neg closure	gative Pressure								
≥160 sf or ≥260 If		🛛 De	moliti	on			g Procedure empted (*) and No	n Frichle Dresed								
		Is	Loca	ation		M NOII-EXE		n-Fhable Proced	-	atem	ont T	vne				
Location			Norma	ally lely by	32 34	Description of				1						
Asbestos-Containing TO BE ABA		Ma	inten	ance/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure				
IN Facili	ty	Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	oval	=	osula	sure				
(13)		Yes	No			other miscellane	eous)				ate					
exterior					asbeste	os siding		2200 sf								
exterior						os transite skirt										
					455656	o transite skirt		400 sf								
Nome of Desistant 1141	4- 11- 1															
Name of Registered Was Guardian Contracti			1.12	NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis	tered Landfill								
	ng, mc.			20223		4	T.R.R.F.									
City, State Toms River, New Je	PLEAN					Disposal Date	City, State	Dannersh								
	-	itle				12/13/17	rullytown,	Pennsylvania								
Completed By (Print or Ty Nicholas Fernicola	ype)	itle Project	Mar	12005		Signature	$\gamma(1)$		ate	$\left(\right)$						
INCOLOS T ETTICOLA		Tojeci	mai	ager			1	$\sim l$	121	((7					
		\bigcirc				S	tate of N	ew J	Jersey							
---	-------------------------	-------------	---------	-----------	----------	------	--------------------	-------------	------------------------------------	------	-------------------------------------	---	-----------	---------------------------	-------------	-----------
PV 2200	DU		NOT		ATI	ON	ILOF AS	BES	TOS ABA							
Date of Notification (1)	1)			(.							INGU	; E I V		$\left n \right $		
11 /	30 /	17					novation		ner/Operator	(2)	IK.	.)		L.	15	
Agencies Notified	Type Notifica		-					5 0 9	11033			<u>c. 6 20</u>	73	J.	15)
EPA	Initial	ation			200		Address avenpor	+ A.v.	20110			0 - 10				
DOLWD	Amendeo	4					State, Zip (400000	T00.00177				
	Amendm			į.		200	seland, N					TOS CONTR LICENSING	{OL &			
DCA (NJAC 5:23-8)	Emergen justificatio		cluding	3			of Contac				Indian in a stranger and a stranger	Telephone No	umber	มารามสา ปจาหนั		
56 E.C.	Cancellat	102			F	Ros	s Vardir	nan					_			
				111	1	A		IFOR	RMATION							
Name of Facility Where A	Abatement is T	Taking	Place	(3)	Ϋ́ε.					1	Type of Facility (4	4)				
Residence											School (K-12)					
Street Address											Subchapter 8 Other (i.e., pri			huildin	25	
											homes, etc.)	vato and com	noroiar	Julian	30,	
City (5)											Square Feet	# of Floors	1	Bldg. A	ge	
Waretown					-						1500	1		65		
County (6)					C	oun	ity Code (7	')(STA	TE USE ONLY)	0	Current Use (Pric	or if being dem	olished			
Ocean	Line d has Daille	1:		(0)				1			Residence					
Name of Monitoring Firm N/A	Hired by Build	aing O	wner	(8)	ASC	-IVI	NO.				t Contractor (9)					
Street Address									eet Address	on	tracting, Inc.					
01001/1001035								1.06765	889 Route	٥	Unit 61					
City, State, Zip Code								-	y, State, Zip (
								1 1 1 1 1 1	and the second state of the second		ew Jersey 087	55				
Project Manager for Moni	toring Firm			Te	lepho	ne l	No.		ephone No.	,		License No.				
					3			7	32-349-993	2		00624				
Start Date (10)		Sched	uled C	omp	letion	Dat	te (11)	Nar	me of OSHA	Мо	nitor					
/ /		1	2_/	1	2	/ _	17	E	.M.S.L. An	aly	tical					
Occupancy Status During	Abatement (Check	only o	one)				Stre	eet Address				and Marca			
Facility Closed/Vacate								1	056 Steltor	ı					*	
Abatement Performed Time of Abatement:	Outside of No AM-	ormal PN	251 17	y Hoi			cribe AM		, State, Zip C			- Contraction -				
-			м					P	Piscataway,	Ne	ew Jersey 088	54				
Scope of Work (Check all	that apply)									ntai	inment with Nega	ativo Progoviro				
□ ≥3 sf or ≥3 lf				nova					🗌 Mini-En	clo	sure	alive Flessule				
			🛛 De	molit	ion						Procedure pted (*) and Non	Friable Proce	duro			
			ls	Loc	ation					em		-Filable Floce		batem	ont T	VDA
Location				Norm					Description	of			-		1	
Asbestos-Containing I TO BE ABA		I)			lely b				Containing M rmal systems			Amount	Reliova	Repair	Encapsulate	Enclosure
IN Facili			Cust		Staf	?	(1.6		surfacing, VA			(Specify SF or LF)	oval	1	psu	osur
(13)			Yes	(12 No	<u> </u>	/A	1	ot	her miscellan	eou	us)				late	e
ovtorior			_			-									-	
exterior			Ц			_	asbesto	os si	ding			1400 sf	Þ			
]							E			
]							Γ			
				П	Г	1							Г			
Name of Registered Was	te Hauler						Vaste	Cub	oic Yards of		Name of Regist	ered Landfill				
Guardian Contraction					Haule			Wa	ste		T.R.R.F.					
City, State					202	223	<u> </u>	3 Disp	oosal Date		City, State					
Toms River, New Je	ersey								2/12/17			Pennsylvani	а			
Completed By (Print or Ty	/pe)	Title							Signature	-		-//-	Date	/	1	
Nicholas Fernicola	67. 82	Pr	oject	Mai	nage	r				/			111	30	1-	
ASB 41								. 17	l f	/	1	(11/	101	1 1	

1900

(Pring)

PAID		N		State of New Je ATION OF ASBEST uant to NJAC 8:60	OS ABATEMENT		DEC DEC		20		8
Date of Notification (1) 12/01/17				ing Owner/Operator (2)					11		- 1
Agencies Notified Type Notification			rtin Lu t Address	ccibello							
☑ EPA ☑ Initial □ DEP □ Amended ☑ DOL Amendment # □ Emergency (includin, justification) □ DCA □	g	City, : Nev Name	State, Zip Vark, N e of Conta	^{Code} VJ 07104		Telephone Numb	ver				
			I	FACILITY INFORM	ATION	-			1		
Name of Facility Where Abatement is Taking Place (3) Legge Industries Street Address 73-87 Clay St City (5)					Other (i.e.	er 8 (Other than k . private & Comm	ercial buildings, h	iomes	, etc.	.)	
Newark					Square Feet 9,350+	# of Floors	Bldg. Age				
County (6)				y Code (7)	Current Use (Prior if	I∠ being demolished)	1932				
Essex			(STATI	E USE ONLY)	Commercial						
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement						
Street Address					Unicorn Contra	cting Corp.					
ancer Address					Street Address						
City, State, Zip Code					32 Willow Way City, State, Zip Code						
					Woodland Park	, NJ 07424					
Project Manager fo Monitoring Firm			Teleph	one No.	Telephone No. 973-333-9176		License No. 01331				
Start Date (10)				eletion Date (11)	Name of OSHA Monit						
12/04/17 Occupancy Status During Abatement (Check Only One)		12/12	2/17		Envirovision Cor	nsultants, Inc.					
Facility Closed/Vacated During Entire Pe	riad of A	hatome			Street Address						
Abatement Performed Outside of Norma			it.		20-21 Wagaraw City, State, Zip Code	ка., віdg. 35-Е					
Other - Describe:					Fair Lawn, NJ 07	7410					
cope of Work (Check All That Apply)											
□ ≥3 sf or ≥3 lf			Renov	10.000 m		nment with Negat	tive Pressure				
∑ ≥160 sf or ≥260 lf		X	Demo	lition	Mini-Enclos						
					Glovebag P						
		Is Locatio	n	1	Non-Exemp	ted (*) and Non-f	-riable Procedure	-	Abat	emer	it
Location of		Normally sed Solely			Description of					уре	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	N	laintenan	ce/		tos Containing Material (# thermal systems insulatio		Amount (Specity				
In Facility	Cu	istodial Sta (12)	aff?		surfacing, VAT, or		SF or LF)	R		Enca	E
(13)	Yes	No	N/A	1	other miscellaneous)			Removal	Repair	Encapsulate	Enclosure
Roof		X		Bla	ick Roofing Materia	al	9350 SF	X	Ŧ	fē	6
Roof	X			Roof Flashing		1,550 SF	X	1			
	_				7						
ame of Registered Waste Hauler nicorn Contracting Corp.		NJDEP W		ler ID No.	Cubic Yards of Waste		Name of Regustered				
ty, State		120	1 1	Fairless Hills La	ndfill						
oodland Park, New Jersey					Disposal Date	1 11	City, State				
mpleted by	Title				Signature	4-1-1	Morrisville, PA	Date			
imo Golcev		al Mana							01/1	17	

-	÷			-		1
1	1	11	15	4	U	\$

langeously. Your	d#16	Contraction of the local division of the loc		State of N				2 4			1		inici
Ch2371PA		NOT	IFICATIO	State of N ON OF ASI nt to NJAC	BESTO	S ABATE	MENT 0)) <u>E</u> (Ē		V	
Date of Notification (1)		Change Ch	Name	of Building	Owne	er/Operator	(2)	HB	(711
11/28/17				h Amboy					li Dr	-0 -	C 00	14-7	
Agencies Notified Type Notification	1			Address				1U L	<u>l De</u>	EC -	0 20	11/	
EPA Initial			178	Barracks	s St				1				1
DEP Amended			City, S	State, Zip C	ode				ASBE	STOS C	ONT	ROI	8
X DOL Amendmen				h Amboy		08861		L	Contract Contractor	LICEN	SING		~
DOH Emergency	(includir	ng		of Contact									
DCA Cancellatio				olas Cru				16	elephone	Numbe	r F		
				CILITY INF		TION					-		
Name of Facility Where Abatement is Takin	ng Place	(3)					Type of Facility	(4)					
Perth Amboy High School							School (K-						
Street Address							Subchapte	r 8 (Oti	her than I	(-12)			
300 Eagle Ave							Other (i.e.	private	& comm	ercial bu	ilding	s, hon	ies,
City (5)							etc.) Square Feet	# (of Floors		Bldg.	Age	
Perth Amboy									1110013		Diug.	Aye	
County (6)			County	Code (7)			Current Use (Pri	or if be	ina dema	lished)			
Middlesex			(STATE	USE ONLY)	<u></u>			goont				
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement Cor	ntracto	r (9)				
AHERA Consultants Inc.			005	57		Acad	lemy Construc	ction I	nc.				
Street Address							Address						
PO Box 385						205	Route 46 Wes	t Suit	e 14				
City, State, Zip Code							tate, Zip Code						
Oceanville, NJ 08231							wa, NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No.		License	No.			
John Smoyer				652-1833			832-4244		0115				
Start Date (10)			mpletion	Date (11)		Name	of OSHA Monitor						- 2017/112-2
12/4/17	12/31					Same	e as Above						
Occupancy Status During Abatement (Chec	k Only C	ne)				Street A	Address						
Facility Closed/Vacated During Entire I	Period of	Abater	ment										
Abatement Performed Outside of Norm Other – Describe: Facility Occupied Di	nal Facilit uring Aba	ty Hour	S			City, St	ate, Zip Code						
	aning rioc	a content											
Scope of Work (Check All That Apply)													
	_	Renova Demoli				×	Full Containme Mini-Enclosure	÷	Negative	e Pressi	ure		
						H	Glovebag Proc	edure	d No E -				
	1	s Locat	ion				Non-Exempted	() an		able Pri		re ement	
Location of		Normal										/pe	6
Asbestos-Containing Material (ACM)		ed Sole aintena		Asbest	os Cor	escription on taining Ma	aterial (ACM)	Δ	mount		1	1	
TO BE ABATED		stodial S		(i.e.	therma	I systems	insulation,		Specify	R		Enc	E
(13)		(12)			other	acing, VAT miscellane	, or	SF	or LF)	Remova	Repair	aps	Enclosure
	Yes	No	N/A	1						val	Ξ.	Encapsulate	ure
See attached sheet												0	
See allached sheet													
								27-0/201					
										1	1		
											-		
Name of Registered Waste Hauler			JDEP W	laste	Cubi	Varda							
Academy Construction Inc			auler ID		of Wa	Yards Iste	Name of F						
		0	34422		7		Grows	airle	ss Lanc	fill			
City, State						sal Date	City, State						
Totowa, NJ					TBD		Tullytow		4				
Completed by John Geleski	Title				15	Signatura	411			Date			
USINI GELESKI	PM					Alle	Telet			11/28/	17		

64	Sf	ACM Pipe Fittings	O Yes O No	Fillit Shop & Dark Hoom
	3455 sf	12x12 Brwn≪ brn VAT&Mas	O No	Drint Shop & D. J. D. Dark Hoom
	1280 <i>sf</i>	12x12 Brwn VAT & Mastic	ON O	Drint Chan Office of the Chi 34
300	Sf	Door Partitions Caulk	0	Straffra Com Catal of China
60	Sf	Grey Caulk to Block	O Yes O No	
	400 <i>sf</i>	Partition Glazing	OYes ONo	Upper Media Center
40	Sf	Door Caulk	O Yes O No	
40	1	ACM Pipe Fittings	O Yes O No	Guidance & Nurse's Area
Enter only Lineal Footage	Enter only Square Footage	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Asbestos-Containing ID BE ABATED (13)

MO#24499222121	PA	Not		ATIOI		BEST	sey OS ABA 0 and 5:1		NT	M	E (0			
Data of Noview 11		<u> </u>	L	/				Č		IST					
Date of Notification (1)	02	17		Name	e of Buildir	ig Owne	r/Operator	(2)			DE	r	- 6	201	17
				Chris	tine Walt	ers					UL	U	0	201	11
Agencies Notified	Type Notificatio	on		Stree	t Address						Average and the second second	- Krnand	(Treasure		
DOLWD	Amended									A	SBES	TOS	SCO	INTR	OL &
DHSS	Amendment	t #		City,	State, Zip	Code				And the second s	CENTER OF THE OWNER		INSI	MG	
DCA	Emergency		- a	Sprin	gfield, N.	J 07081									
(NJAC 5:23-8)	justification		5		of Contac					Telephone I	Number				
	Cancellation	n		Chris	tine Walt	ers				1	-				
				FA	CILITY II	NFORM	ATION				_				
Name of Facility Where	Abatement is Tak	king Place	∋ (3)					Type	of Facility	(4)					
Private house									chool (K-1						
Street Address						1			ubchapter	8 (Other than K	(-1 2)				
									ther (i.e., pomes, etc.	private and con	nmercia	l bu	ilding	IS,	
City (5)									re Feet	# of Floors		RI	lg. A	ne	
Springfield, NJ 07081								gua	01001	" 011100IS			.y. A	90	
County (6)				Cour	ty Code (7)	(STATE	USE ONLY)	Curre	nt Use (P	rior if being der	nolisho	d)			
Union					,			June			Tonalie	~1			
Name of Monitoring Firm	n Hired by Buildin	g Owner	(8)	ASCM	No	Name	of Abatem	ent Cor	tractor (0)					
						Second second	ch LLC	0111 001		/					
Street Address							Address								
						000000000000000000000000000000000000000	alley Rd	4782							
City, State, Zip Code							State, Zip C								
						1000	e, NJ 074								
Project Manager for Mon	itoring Firm		Tele	phone	No.	_	none No.	10		License No	1				
							38-1777			01127					
Start Date (10)	Sch	neduled C	omple	tion Da	te (11)	-	of OSHA N	Aonitor		01127					
12 / 12 /		12													
Occupancy Status During						the second se	Address	onsulta	nts,Inc						
Facility Closed/Vacat				ment				D	D11 //	265					
Abatement Performed	d Outside of Norm	nal Facilit	v Hour	s - Des	cribe	ZU-ZI City S	Wagaraw State, Zip C	Road,	Bldg .#	35E					
Time of Abatement:	AM	_PM/	PM_	-	AM	a constant of									
Scope of Work (Check al	II that apply)					Irai La	awn, NJ (econtamir	nation with neg	ativo pr	0000	1170		
		_				6	Full Con	tainmer	nt with Ne	gative Pressure	euve pi	633	ule		
>3 sf or >3 lf > 160 sf or >260 lf			enovati emolitic				Mini-End	losure		Tent with Nega		0.00			
			montre			6	Non-Exe	g Proce	(*) and No	n-Friable Proc	edure	655	ule		
			Locat									Aba	teme	ent Ty	me l
Location Asbestos-Containing			Norma ed Sole				escription of				H	1			
TO BE ABA			intena		Asbe	stos Cor	ntaining Ma al systems	terial (A	ACM)	Amount		Remova	Repair	inca	Enclosure
IN Facili		Cus	todial 3	Staff?	(1.6		acing, VAT		on,	(Specify SIF or LF)		Nor	air	apsu	osu
(13)			(12)	1	-		miscellane					<u>n</u>		Encapsulate	e
		Yes	No	N/A											
Basement-utility room				\boxtimes	Pipe inst	ulation				15 LF					
nd floor-closet				\boxtimes	Pipe insu	lation				12 LF					
					T. T. Mast										
Name of Desited and															
Name of Registered Was	ste Hauler		NJD	EP Waste	Hauler ID No.	Cubic Y	ards of Wast	e Nam	e of Regis	tered Landfill					
Fr Tech LLC			0	03378	5	TB	D	T.R.	R.F. Inc						
City, State						Dispos	al Date	-	State			-			
Vayne, NJ 07470						TB	D	Tully	town, PA	A					
Completed By (Print or T	ype) Ti	itle					gnature	Λ			Date				
I.Jevtic	0	wner					×	anter	Wena	0	12/02	/17			
SB-41							/	conc	wena	сı	12/02	11/			

	1		77			oersel		1	Luec	с # т	0140	1
Date of Notification	18	NOT Purs	uant Name	of Bui	8:60 Iding	STOS ABATEMENT -7 and 12:120- Owner/Operato	7) or (2)		-			
12/1/2017	L	L	1 PE	omis	e Pi	coperties	LLC	ME	G	3	\mathbb{W}	EF
Agencies Notified	Type Notific	ation	Stre	et Addr	ess					<u> </u>	<u>U</u>	<u>_</u>
[]EPA	[X]Initial		58	2 Gr	een	Valley Ro	ad	IIN				
[X]DEP	Notific	ation	City	, State	, Zip	Code		$-\mu$	EC -	- 6 - 2	2017	
[X] DOL	[]Amended		1 2 2 2 2 2			7,07652						1
[X] DOH	Notific	ation	Name	of Con	tact		Teleph	orie Number	STOS	CON	TRO	8
[]DCA	[]EMERGENC	Y	1	ra S		ian	lierepin	Sile Number		N		L 0(
	[]Cancella	tion			-				-		and a second second	and in some state of the
Nome of Berlille II						INFORMATION		.4				
Name of Facility Whe Residential	re Abatement	is Taki	ing Pl	ace (3)			Type of Faci					
Street Address							[]School []Subcha	pter 8 (Othe	er tha	n K-1	12)	
Street Address							[X]Other	(i.e., priva	te &	comme	ercia	al
								, homes, etc				
City (5)		County	(6)		Cou	inty Code (7)	Square Feet	# of Floo	ors	Bldg.	Age	
Paramus		Berge	en			ATE USE ONLY)	Current Use	(Prior if be	ing d	emoli	shed	1)
Name of Monitoring F Owner (8) N/A	irm hired by	Buildin	ag AS	CM No.			MANAGEMENI					
Street Address						Street Addres	s					
						86 Chris	stopher St	2.				
City, State, Zip Code	9					City, State, Montclai	Zip Code Lr, NJ 070	42				
Project Manager for M	Monitoring Fi	rm Tre	lephor	ne Numb	er	Telephone Num			icono		1	
J			A/A		er	(973)744			icens 003		ber	
Scheduled Start Date 12-14-17	(10) Sched	1. Comp. 12-1	letion		(11)	Name of OSHA	Monitor					
Month Day Ye Occupancy Status Duri [X]Facility Close	ng Abatement	(Check	Day only	Year one) Period		Street Addres	S					
of Abatement												
[]Abatement Per Hours - Descr []other - Descr	ibe:«OffHours	Descri	.pt»		Y	City, State,	Zip Code					
Scope of Work (Check												
[]≥3 sf or 2 [X]≥160 sf or	3 lf	E		vation		[]Mini- []Glove	Containment wi Enclosure -bag Procedure Triable Procedu	-	Press	sure		
			Is			[A] NOII-E	TIADIE FIOCED		Ab	ateme	ent 1	Type
Location Asbestos-Cont			ormall			Descriptio Asbestos-Con		Amount	R		EN	EN
Material (A	ACM)		Used Solely			Material ((Specify	E	E	CA	CL
TO BE ABAT In Facili		Cu	ainten 1stodi	al	ins	(i.e., thermal sulation, surfa		SF or LF)	0 V	A	PS	o s
(13)	-	Yes	aff (1 No	N/A		or other miscel		LET	AL	I R	UL	U R
Exterior sid	ing			x	+	rangita		120000	_			E
	±119			A	L	ransite		1200SF	X			
										1		
Name of Registered Wa AZTECH MANAGE		Ha	DEP Waller 17040	ID No.	1 1 1 1 1 1 1 1 1	ic Yards Waste 5.5	Name of Regi Minerva	stered Landf Enterpr		INC	2	
^{City, State} Montclair, NJ	07042					posal Date 2-19-17	City, State	urg, Ohi				
Completed By (Print or Constantine Vi		e eside:	nt			Signature	anala. It	Ma	Date 12/1	/2017	7	
							en fan lus	1 m				

PA		Υ.	NOT	IFICATI (Pursua	State of N ON OF AS	BESTO	SABATE	CMEN)	т (- hor	h#	11	110	75	~
Date of Notification (1)				Name	of Building				L	Auc	1911	-	<u> </u>	10	
12-1-17 Agencies Notified					188 F	loute	10 W	est.	LLC			-	-		
	ype Notification			Street /	Address					In	TEC			\mathbb{N}	FR
DEP DEP	X Initial			C'1 0	100 E	Junba	ar Stre	eet		IL			<u> </u>	<u> </u>	<u> </u>
DOL	Amended Amendment	#	(1999) Alex	City, Si	Spart	anbu	ra. So	C 2	9306	IIN)i				11
DOH	Emergency (justification)	including			of Contact		3, 5,				DE DE		6	2017	
DCA C					e e e e e e e e e e e e e e e e e e e					l	lephone Nur	iber			1
Name of Facility Where Abate				FAC	ILITY INI	FORMA	FION				ASBES	TOS	CON	ITD	1
188 NJ - Rout		lace (3)					001129 <u></u>	Type	e of Facility	(4)	L	ICE	NSIN	G	<u>n a</u>
Street Address									School (K-	12)		1001.00	2 am Garco		Contraction of the second
Street Address 188 NJ - Rout									Other (i.e.	r 8 (Other private &	than K-12) commercial	buildi	ngs, h	omes,	etc.)
East Hanove	or.							Squa	ire Feet		f Floors		Bldg. /	75.	
County (6)	21							45	5.000		3		100) yr:	
Morris					Code (7) USE ONLY	1				or if bein	g demolished)			
Name of Monitoring Firm Hire	d by Building Ox	vner (8)			M No.		L NIC		acant						
Whitestone As	ssociates	(*)		Auci					tement Con				2.0	L.	
Street Address							Street A	Addres	s		onment	arc	.,	Inc	.,
1600 Manor D	Prive							923	Haws	Aver	nue				
City, State, Zip Code Chalfont, PA	10014			-540 (es.1446) (1996)			City, Si	tate, Zi	ip Code						
Project Manager for Monitoring				Telephor	N.				ristowr	1, PA					
Jeremy Hass	-				712-2	700	Telepho			000	License No				
Start Date (10)		Schedule	ed Com	pletion Da	ate (11) $12-2$	100	Name o	of OSH	-239-9	920	0	00.	398		
12/18/17				31/1					Statistical and search and the	ronm	nental,	Inc			
Occupancy Status During Abate		ST 24					Street A	Address	\$				1120301-1107		
Facility Closed/Vacated D Abatement Performed Our	During Entire Peri	od of Aba	tement				4	411	Sout	hgate	e Cour	t, S	Suit	еE	
Other – Describe:	iside of Normal P	acinty Ho	ours				City, St	ate, Zi	p Code						
Scope of Work (Check All That	t Apply)						IVI	ICK	ieton,	NJ I	08056				
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$			Renova Demoli					Mi Glo	ni-Enclosur ovebag Proc	e edure	Negative Pres Non-Friable I		lure		
			Locat								0			ement	
Location of Asbestos-Containing Mate	rial (ACM)		Normal ed Sole		Ashar	De	scription of	of					13	pe	
TO BE ABATEI In Facility			aintena todial 3		(i.e. the	mal syste	aining Ma ms insula	ation, s	(ACM) surfacing,	1	mount pecify	R	-	Enc	묘
(13)			(12)				VAT, or niscellane	cous)		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
		No	N/A								val	Ť	ılate	ure	
throughout building		x		coil	ing ti				10.0	00.05					
throughout building	x				masti	~			00 SF	X					
1st floor	X				lazin				00 SF	X	-				
Roof					shin				SF	X					
Name of Registered Waste Haul	N	JDEP Wa		Cubic		Э	Name of I		00 SF	X					
Newark Carti	auler ID 1 450	No.	of Was		/			va Lar	ndfi	11					
City, State			Dispos	al Date		City, State			. an						
Newark, NJ				1/31/	18		Way	nesbu	rg,	OH					
James Kelly	lent		Si	goature	ala	V(D)	1.0	Dat	c						
carries reliy		1 -1	0510	Jent			411	(0)	150	UX.		12/	1/1	/	

ASB-41 (R-06-08)

PAID		NOTII	FICATIC	State of New Jo N OF ASBEST	OS ABATE	MEN	то			[F	rint Form
		(1	Pursuar	nt to NJAC 8:60	0 and 12:12	:0)	Ċ	1+ 125	27			
Date of Notification (1)				of Building Ow		r (2)				R	π Π	
Dec 1, 2017				ragon Drive	LLC			In E	6	Ľ		
Agencies Notified Type Notification	1			Address				112				
EPA Initial				ragon Drive					0.00	- 6		47
DEP Amended DOL Amendmen	+ #			tate, Zip Code					UEC	C	20	THE S
Emergency	(includin	g		tvale, NJ								
DOH justification DCA Cancellatio				of Contact Guarnieri				Telephonet	khorpel		ONT	ROL &
				CILITY INFORM	ATION			· formation and			JG	
Name of Facility Where Abatement is Takin	ng Place	(3)				Туре	e of Facility (4	4)				
Former A & P Headquarters							School (K-1)	2)				
Street Address							Subchapter	8 (Other than K	-12)			
2 Paragon Way City (5)							etc.)	rivate & comme	ercial bu	uildings	s, hon	nes,
Montvale						1.000	are Feet 0,000	# of Floors 3		Bldg. 50+	Age	
County (6)		1	County	Code (7)				r if being demol	lished)	50+		
Passaic			(STATE	USE ONLY)		Aba	andoned	in boing demoi	naneu)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Name	of Aba	atement Cont	tractor (9)				
n/a			n/a		Harr	nony	Contractir	ıg				
Street Address					Street							
City, State, Zip Code							ade Ave.					
n/a							Zip Code NJ 07026					
Project Manager for Monitoring Firm			Telepho	one No.	Teleph		and the second second second second	License	No	-		
n/a			n/a		973-			01255				
Start Date (10) Dec 11, 2017				Date (11)			HA Monitor					
Occupancy Status During Abatement (Chec	Jan 1	1, 201	8			10-	Contractin	Ig				
and the second se					Street		^{ss} ade Ave					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	al Facilit	Abaten y Hours	nent S				lip Code					
					Garfi	ield, l	NJ 07026					
Scope of Work (Check All That Apply)											1	
X ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Glo	ni-Enclosure ovebag Proce	t with Negative				
	19	Locati	on			1 110	n-Exempted	(*) and Non-Fria	able Pro		emen	
Location of	1	Normall	ly		Description	of					/pe	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Solel iintenar		Asbestos C	ontaining M	aterial	(ACM)	Amount				
In Facility		todial S			nal systems rfacing, VA1		ation,	(Specify SF or LF)	Rer	Re	nca	Enc
(13)		(12)			er miscellane			OF OF LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u> </u>		ate	re
Elevators		x		VAT			400 SF	x				
Computer Room		x		Mastic			900 SF	x				
Roof		x	Fi	eld Roof '	'A"		44,000 SF	x				
Roof Flashing		x	Roo	of Perimet	ters		1,900 SF	X				
Name of Registered Waste Hauler	JDEP W	aste Cub	oic Yards		Name of Re	gistered Landfi	11	1				
Yannuzzi Group. Inc.	No. of V	Vaste D		Grows / I	Fairless							
City, State Kinnelon, NJ					oosal Date		City, State					
Completed by	Title			TB			Morrisvill	e / Fairless I		PA		
E. Cirovic	Secr	etary			Signature	?	the		ate Dec 1s	st, 20	17	

	\wedge	Π	D					ME	C	E		/ 16	inF
Cheyd PL	4		dATIO	tate of New N OF ASBES t to NJAC 8:	STOS ABAT	EMEN 20)	ιτ	M	DEC	- 6	20	17	
Date of Notification (1)				of Building O				ted ten)	0.00				
11-27-2017				ship of So	uth Orang	е		100	FOTO		ONITT		
Agencies Notified Type Notification				Address				ASE	EST(ENS	ING	IUL	ÖL
EPA Initial				outh Orang				NECONAL PROPERTY OF		NUTRIN A MODIFIC			
X DEP Amended X DOL Amendment	#			ate, Zip Code N Orange N									
Emergency	(including			of Contact	01019			Telenho	no Mu	mbor			
DOH justification)				an Daskal	oski			1 TELETIN		maer			
]		ILITY INFOR	and the second se			18	and the second second				
Name of Facility Where Abatement is Takin	g Place (3	3)				Ту	pe of Facility	(4)					
South Orange Police Station	-						School (K-						
Street Address						X		r 8 (Other the private & cor			Idinae	hom	00
201 South Orange Ave							etc.)	private a cor	minerci		ungs	, nom	65,
^{City} (5) South Orange NJ 07079						N/		# of Floo N/A		1	Bldg. / N/A	Age	
County (6) Essex				Code (7) USE ONLY)	6 NOTE: 11		rrent Use (Pr		emolis	hed)			
	0		10 				olice Statio						
Name of Monitoring Firm Hired by Building RJB Environmental	Jwner (8)		ASC	VI NO.			batement Co ontracting						
Breet Address						ax C	-						
56 East Bridge Rd					10.000		(734						
ity, State, Zip Code							Zip Code				_		
Vorrisville PA19067							nd Park NJ	07424					
roject Manager for Monitoring Firm			Telepho	ne No.	Telep	hone	No.	Lice	ense N	lo.			
Richard Beach				91-9212	973	-692	-6298	01	266				
tart Date (10)			npletion	Date (11)			SHA Monitor			- 11/			
12-07-2017	1-10-2						ontracting	LLC					
Occupancy Status During Abatement (Chec						t Add	ress 734						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of /	Abater	nent				Zip Code						
Other – Describe:							nd Park NJ	07424					
cope of Work (Check All That Apply)									100			210200	
2 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova Iemolii					ull Containm Iini-Enclosur Blovebag Pro Ion-Exempte	e cedure				0	
	Is	Locat	ion							T		ement	:
Location of	1	lormal	ly		Descriptio						Ту	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intena	nce/		Containing ermal system			Amour		-		m m	m
In Facility	Cust	odial 3 (12)	Staff?		surfacing, V	AT, or		(Specit SF or L		Removal	Repair	Encapsulate	Enclosure
(13)	ļ	(12)		0	ther miscella	neous	s)			oval	air	sula	sure
Exterior	Yes	No	N/A X		Decr	, He		0015				te	
		Door Ca			90 LF		X						
Exterior	X		loofing ma			9150 S	SF	Х					
Basement, 1st Floor		x	Fi	ttings and	Joint	ts	237 L	F			Х		
Basement, 1st Floor		x	Fi	ttings(wra	p\$cu	t)	79 LF		X				
ame of Registered Waste Hauler	JDEP W auler ID		Cubic Yards		Name of	Registered L	andfill						
max Contracting LLC	4 2	of Waste 0 cy		Fairles									
ity, State /oodland Park NJ 07424		Disposal Date 0-10-2018		City, Stat				- 25					
	1		10 million (10	Morrisv	me PA	0	4.0						
ome Maslarkov	Title Proie	ct Ma	nager		Signatur	-//	1.	0			017		
ompleted by ome Maslarkov	anager	l	Signatur	e	la		Da 11	te -27-(017				

				Abeck				
	Si	tate of New Jers	ev	Check	#10	17	4	
	NOTIFICATION (Pursuant	OF ASBESTOS	ABATEMENT		10			4
Date of Netification (T)		f Building Owner/	•	BE	GEI		F	D
12-2-1	7	V.F.V.	PROPER	,1111-			13	<u>۱۱ ۱۱</u>
Agencies Notified Type Notification	Street A	Address D c	<u> </u>		250 - 0	004	-	$\parallel \parallel \parallel$
EPA EPA Amended	City St	ate, Zip Code,	J. Box	C 508	DEC - 6	201	1	P
DOL Amendment #	ŧ	Mai	etinsvill	e NJ	-08	83	6	
DOH Emergency (i justification)	Name o	f Contact		Telepho	ESTOS CO	NG	OL 8	
DCA Cancellation		Rank /	NoRanc					
Name of Facility Where Abatement is Taking	Place (3)			Facilitý (4) 🙀				
Street Address Street Address	y Dwelling	j	D \$ct	1001.(K-12)				
Street Address	•2)	→ Oth	ochapter 8 (Other the er (i.e. private & cor		dings,	home	es,
City (5)	2		etc. Square F		ors E	Bldg. A	ge	
Somerville	NJ	18876	1			60		-
County (6)		Code (7) USE ONLY)	Current I	Jse (Prior if being d	emolished)	11 .		
Name of Monitoring Firm Hired by Building O	wner (8) ASCN	No.	Name of Abatem	ent Contractor (9)	Dive	11.1	9	
EPC Technolo	sies -	NA	EPC	Techno	logie	5	In	ic
Street Address	てつ	-	Street Address	~ 322	0			
City, State, Zip Code	NT AD		City, State, Zip C	ode od r				
New Equat.	N7 08	333	New E	Equat 1	W O	85	53	3
Project Manager for Monitari ge Firm	Telepho		Telephone No.		ense No.	20	U	
Start Date (10)	Scheduled Completion I	758-3365 Date (11)	609 758- Name of OSHA I		UU.	7	7	
12-13-17	12-15-	17	EPC"	Technoloc	ies I	nc		
Occupancy Status During Abatement (Check			Street Address	Box 337	5			
Facility Closed/Vacated During Entire Pe D Abatement Performed Outside of Norma			City, State, Zip C					
Other – Describe:		(1999) (1999) (1999)	New Eg	EN toy	- 08	53	3	
Scope of Work (Check All That Apply)			_					
23 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Demolition			ntainment with Neg nclosure	ative Pressu	re		
×.				ag Procedure cempted (*) and Nor	n-Friable Pro	cedure	9	
	Is Location					Abate		
Location of	Normally Used Solely by		scription of			Ту	be	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance/ Custodial Staff?	(i.e. thermal	aining Material (AC systems insulation	n, (Specif		R	Ence	Enc
In Facility (13)	(12)		cing, VAT, or niscellaneous)	SF or L	Pernova	Repair	Encapsulate	Enclosure
	Yes No N/A				<u></u>		ate	re
Kitchen	X	FLOOR	Tiles	150	SFX			
Name of Registered Waste Hauler	NJDEP W Hauler ID		sto	ame of Registered L				
EPC Technologies		00	21	Vaste Mana	igener	Fot	: P	A
City, State	VJ	Dispos	sal Date Ci	ty, State Nornisville	PA			
Completed by	Title		ignature	norm some	Date			
Steve Schenker	PResident		Steeps	Chech	12-	2-	-17	7

ASB-41 (R-06-08)

CK 6083 0		NOTH (F	ICATIC	NOF AS	lew Jerse BESTOS C 8:60 an	ABATEN	MENT)	Γ	D.E	C		\mathbb{V}	E
Date of Notification (1) 12/01/2017		71		of Buildin es Flax	g Owner/(Operator	(2) Che	ck # 5080		EC -	- 6	2017	
Agencies Notified Type Notification			Street	Address						<u> </u>		con	
☑ EPA ☑ Initial ☑ DEP □ Amended ☑ DOL Amendment				tate, Zip (nit, New	Code Jersey 0	7901			ASBE	STOS LICE	CON NSIN	ITRO G	L&
☑ DOH . Justification □ DCA □ Cancellation)		Name Jill Bra	of Contac ay	t					- har			
Name of Facility Where Abatement is Takir	na Diana (f	2)	FAG	CILITY IN	FORMATI	ON	T (C	I					
Private Residence	ig Place (3	5)					Type of Fac	5.5.5					
Street Address							School (I Subchap Other (i.e	ter 8 (Othe	r than K-12 commercia) al bidgs	s, hom	es, et	c.)
City (5) Summit, New Jersey 07901							Square Feet 2500	# c	of Floors 2		Bldg. A 55	~	
County (6) Union				Code (7)			Current Use Priv	(Prior if be ate Resid		shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.		Name of Lilich (of Abatement Corporation	Contracto	r (9)				
Street Address						606 M	Address cBride Ave						
City, State, Zip Code						Woodl	ate, Zip Code and Park, N	e lew Jerse	у			-	
Project Manager for Monitoring Firm			Teleph	a marson far Ulandar r			25-8400		License I 01104				
Start Date (10) 12/11/2017 Occupancy Status During Abatement (Chec		12/1	npletion 3/2017	Date (11)		of OSHA Mon vironmental		ries, LLC			uger Geo	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abater	nent			2333 F	Route 22 We				-		
Other – Describe: Scope of Work (Check All That Apply)							n, NJ 07083						
\square ≥3 sf or ≥3 lf \square ≥160 sf or ≥260 lf		lenoval Iemoliti					Full Contair Mini-Enclo Glove bag Non-Exemp	sure Procedure					
8		Locati										ement rpe	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	d Sole intena todial S (12)	ly by nce/		stos Cont thermal surfac		aterial (ACM) insulation, , or	(S	mount pecify F or LF)	Removal	Repair	Encapsulate	Enclosure
ttic	Yes	No	N/A X	Vermio	ulite			Appro	ox 500 SF	x	-	te	τρ
asement			X	Asbest	os Duct	Таре		Appro	ox 20 SF	X	-		
Name of Registered Waste Hauler		N	JDEP V	Vaste	Cubic	arde	Nome	of Posist	ered Landfil	<u> </u>	<u>N</u>		
ilich Corporation		H	auler ID 18724	5 TO T * T	of Was 5	te	G.R.C	.W.S Land			2 12 13	ienen. Ini	
Voodland Park, New Jersey		12/ /	al Date 2017	City, S Morri	state sville, PA					14			
Completed by Adriana Olejarova		Si	gnature	Jha	jo/		ate 2/01/2	2017		e.			
ASB-41 (R-06-08)						C Do not	use this form	for asbest	tos licensur	e <mark>e</mark> xer	npted	activit	ies.

2000			r-N otif	State		IJ os Abatement						
B & G proj. #:2017-1		4	Pursua		8:60-	7 and 12:120-7)	Check	c # 8706	;			
Date of Notification (1)		Name of B	uilding Ow	ner/Operator (2	:)		Providence and and a second					
1 2 / 0 1 / 1 7		Thoma	s Fennel	I			ME	GE		\mathbb{N}	EI	M
Agencies Notified Type Notifi	cation	Street Add	ress									++++-
	al							1FC -	6 0	047		
	ndment	City, State,			1000000			/E/5	0-2	917-	1L	5
	nument	CONTRACT OF THE	vood, NJ	07450						-		
X DOH	ellation	Name of Co	ontact				Telépho	LICEN	SING	ROL	8	1
		Thoma	as Fenne							-	water-179	
			FAC	LILITY INFORM	IATIO	N						
Name of facility where abatement	nt is taking	place (3)					Type of Facility					
Thomas Fennell								ol (K - 12		. 9		
Street Address							21 DAMA TO STOCK STATE	napter 8 (0 (Private/0			(-12)	
								/Homes, e				
City (5)		ounty (6)			Co	unty Code (7)	Square Feet	# of Floo	rs	BI	ldg. A	ge
						ate use only)	Current Use (P	rior if beir	na den		ed)	
Ridgewood		Bergen					residential		.9		/	
Name of Monitoring Firm Hired b	by Bldg. Ow	vner (8)		ASCM No.		Name of Abatement C	ontractor (9)					
Street Address	E de la compañía de l			n/a	_	B & G Restoratio	on, Inc.	2				8
Street Address						Street Address 105 Ryerson Ro	ad					
City, State, Zip Code					_	City, State, Zip Code						
						Lincoln Park, N	J 07035					
Project Manager for Monitoring Fi	rm	PI	none Numb	ber	_	Telephone Number		License		ber		
						(973)696-6869 Name of OSHA Monito		00)378	_	_	
Scheduled Start Date (10)	Sch	ed. Completi	on Date (1	1)		B & G Restoratio			i.			
12/04/2017		2/05/2017				Street Address						-
Occupancy Status During Abatem						105 Ryerson Roa	ad					
Facility closed/vacated durin Abatement performed outsid						City, State, Zip Code						
Describe:						Lincoln Park, NJ	07035					
Scope of Work (check all that ap	p(v)				-							· · · ·
Demolition	-	tion			F	ull Containment w/negal	tive pressure [Glove	nag pr	ocedu	ire	
✓ >3 sf or >3 lf	_]≥160 sf c	or >260 lf			_	/ini-enclosure	[Non-fr				
Location of	Is locati	ion normally		/			1		R	R	Е	-
asbestos-containing material to be	by main staff(12	itenance/cus	todial			sbestos-containing	Amount	-	e m	e p	n c	E n
abated in facility (13)	Yes	No	N/A	material (A	ACM)		(Specify S LF)	F or	o v	a	a	C L
basement				heiles is sul					e	r	p	-
basement	-		X	boiler insul	-	1	40 sf 50 lf		X	님		H
							<u> </u>		H	片	片	
]			Contract of							
Registered Waste Hauler B & G Restoration, Inc.	NJE	DEP Hauler I 19563	D# C	ubic Yards of W 1 1/2	laste	Name of Registered La	andfill esource & Re	COVERY	Cent	or		
City, State			Disposal D			City, State	Contrast Contrast (1) Contrast (2000)	covery	Gent	31		
Lincoln Park, NJ			12/0	5/2017		Tullytown, PA	4				<u> </u>	
Completed by (Print or Type) Gordana Luna	Title	ary/Treasu	irer	Signature	C	Gordana Luna		Date	1204	7		
					4			12/01	1201	1		

							,	Ch	ecl	F		-
PAIL)),		CATION	ate of New Je OF ASBEST to NJAC 8:60	OS ABATE		. 17	#	(21	7.	5
Date of Notification (1)			Name of	Building Own	er/Operato	or (2)		<u>me</u> c	5		E	h
19-2-1	7			I	RYi	ng	B	nin	÷ *	1.		A STATE AND
Agencies Notified Type Notification		100	Street Ad	ddress		í.		1 A DE	3 - 6	201	7	
Image: Dep initial Image: Dep initial Image: Dep initial Image: Dep initial	t en inter	0	City, Sta	te, Zip Code			0	AUC		_		
DOL Amendment	Internet Statement of Statement	— L	lama af	Contact	ighla	nd	Park	Alets	<u>rd</u> od	40		
DOH justification)		ſ		VI25 B	Polar.	•	ll _{ep}	Telephonel	Number	INCO		Nota-John
	Dia as (2		FACI	LITY INFORM	ATION		of Footburg		_			
Name of Facility Where Abatement is Taking Single Family D	Place (3					1	of Facility (School_(K-1					
Street Address	VALE II	. 27					Subchapter	8 (Other than H private & comme	(-12)	ildinas	bomo	
07-70				-		r~ e	etc.)					.5,
City (5) Highland Par	K	N	15	089	104	Squar	re Feet	# of Floors		Bidg. /		
County (6)			County C	Code (7) JSE ONLY		Curre	nt Use (Pri	or if being demo	olished)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM		Name	e of Abat	ement Cor	ntractor (9)			•	
EPC Technolo	sie	5	-	NA	1	EPC	Contract of Contract	chnole	gie	5	In	C
Street Address Box 3	37					Addres	Box	337	U			
City, State, Zip Code	NJ	5	08	533	City	State, Zi	p Code	At AL	50	8	53	3
Project Manager for Monitoring Firm			Telephor	ne No. 758-336	Telep	hone No	- 334	Licens	e No.	29	Y	
Start Date (10)	Schedule					e of OSH	A Monitor	1		5		
d-1a-11	6	2 ~	14-	17	Stroo	EPC t Addres		hnologie	is I	Inc		
Occupancy Status During Abatement (Check A Facility Closed/Vacated During Entire F			ent		1000000000	0.002.002.002.002	27. S	337				
Abatement Performed Outside of Norm Other – Describe:						State, Zi		()	0.01		-	
Scope of Work (Check All That Apply)					10		Sypt	NJ	08	53	5	
'⊯ ≥3 sf or ≥3 lf		Renovat						ent with Negativ	e Press	ure		
□ ≥160 sf or ≥260 lf		Demoliti	on		2	🕿 Glo	i-Enclosur vebag Pro	cedure			2	
	1.					Nor	n-Exempte	d (*) and Non-F	riable Pr		re ement	
Location of	1	Locatio	y	1.0	Descriptio	n of			_	T:	ype	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solel	ice/	Asbestos ((i.e. ther	Containing mal system			Amount (Specify	2		Enc	Ē
In Facility (13)	Cus	todial S (12)	taff?	S	urfacing, Valer miscella	AT, or	,	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	"N/A						a		late	Ire
Basement	X			Pipe	Tre.	latio	· ·	60 LF	·x			
- Dagen Ion				- ups		- A I C						
			•					De lateral I	4611			
Name of Registered Waste Hauler EPC Technologie	s		JDEP W auler ID	No. of	ubic Yards Waste	2	Was	Registered Lan		nt o	f f	A
City. State New Equipt	NJ	×.		Di	sposal Dat		City, Star Morr	usuille	PA			
Completed by Steve SchenKee	Title	side	+		Signatu	e	SAD	h	Date	-2	-1-	7
UTEVE SUIERINER	1110	SIG	011	a luca a ser e se e			- UNE	and	10	9		

									-					F	rint			
hleya	JPL		NOTI (FICATIO	tate of New . N OF ASBES It to NJAC 8:6	TOS AB	ATEN 2:120]	NENT)	r	D-	EC	Ľ	0 0	7				
Date of Notification (1)	C 25			Name	of Building Ov	vner/Oper	rator ((2)			050		00	17	1			
12/1/17				Mich	lichael Pagnotta Private Home									1/				
Agencies Notified	Type Notification	n		Street	Address				1									
X EPA	Initial								f		ASBEST	TOS C	ONTE	105	R.			
DEP	Amended	0171220			tate, Zip Code		10100					ICENS						
DOL	Amendmer			Long	Beach Isla	ind NJ (0800	8	- en	NOD-POINTING #	5-0125-0-23-0-06-012	en anticipation de la companya de la	00409494-14003	11761/1979/2095	Berlike S			
X DOH	justification)	9		of Contact					Te	lephone .							
DCA	Cancellatio	n		Mike														
Name of Facility Where	Ahatement is Taki	ng Place	2)	FAC	LITY INFOR	MATION				_		2153.57						
Michael Pagnotta	Private Home	ng Flace	3)					Туре	e of Facility	(4)								
Street Address									School (K-	12)								
								X	Subchapte Other (i.e.	r 8 (Oth	er than K	-12) reial bu	ildinge	hon	200			
City (5)	_								etc.)	private	a comme	rcial buildings, homes						
Long Beach Islan	d N.I.08008								are Feet	5.5								
County (6)				Count	0-1- /7			100		+ 2 35+ Use (Prior if being demolished)								
Ocean				(STATE	Code (7) USE ONLY)					ior if bei	ng demo	lished)						
Name of Monitoring Fin	m Hired by Ruilding	Ownor /0				· .		Hou										
N/A	in threa by ballaling	Owner (o)	ASC	M No.				atement Co	ntractor	(9)							
Street Address							Perna											
							reet A											
City, State, Zip Code					-				Sec. 201									
									lip Code lin NJ 08	004								
Project Manager for Mo	nitoring Firm			Telepho	ne No					091								
	3			reiepilo	ne NO.	1.1	lepho 56-7				License							
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)						00727							
12/12/17		12/19		ripiedON	Date (11)		ime of ame		HA Monitor									
Occupancy Status Durir	ng Abatement (Cher																	
-	ated During Entire		0.000			Str	reet Ad	uures	55									
	ned Outside of Norn	nal Facility	Abaten / Hours	nent s		City	y, Sta	ite, Zi	ip Code									
Scope of Work (Check A	All That Apply)		-												1000			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolii					Min Glo	vebag Pro	Containment with Negative Pressure -Enclosure vebag Procedure								
		10	Land					NOI	n-Exempted	(*) and	Non-Fria	able Pro	100 C					
Location	n of	4 15	Locati Iormal			D							Abate Ty	emen pe				
Asbestos-Containing	Material (ACM)	Use	d Sole	ly by	Asbestos (Descript Containin	uon of Ig Mat	t terial	(ACM)	An	nount							
TO BE AB In Faci			odial S		(i.e. ther	mal syste	ems ir	nsula	ition,	(S	pecify	Re	7	Enc	En			
(13)			(12)		oth	urfacing, her miscel	VAT,	or ous)		SF	or LF)	Remova	Repair	apsu	Enclosure			
		Yes	No	N/A								Val	Ŧ	Encapsulate	ure			
exterior s	iding	103	NU											w				
exteriors	siulity			X	е	xterior	sidin	Ig		370	00 SF	x						
ame of Registered Was	ste Hauler		1.51		aata I.C.	1.1. X												
Inited Containers			H	JDEP W auler ID 2459		ibic Yards Waste	S		Name of I G.R.O.		ed Landfi	11						
ity, State						sposal Da	ate		City, State									
lm NJ					1.	2/19/17			Morrisv		19067							
ompleted by		Title				Signat	ure/					ate			_			
nthony T Perna		Presi	dent			11	-	0				2/1/17	7					

29 2017 16:07 NJ Asbestos C	ontrol (509.6	33.066	4		pag	je 1							
29.2017 02:03 PM AC	P			ICTION	Jersey	RATE	UCUT	124243	R		Cp DEC		6 <u>2</u>	₩, E 1115-11 017
Date of Notification (1) 11/29/17			Name o Jodi L	if Building	Ównar/Op	orator	(2)	•		Soldier of the lot	ESTO	DS C	ON	ROL 8
Agencies Notified Type Notification EPA Initial DEP Amended Amended Amended Amended	14		Street A City, Sti Bayer	aldrass sta, Zip Co Mile, NJ						V EA R	FOR		SING	
DOH Justification	1		Jodi L						Talepho					<u></u>
Name of Facility Where Abatement is Takin	ig Place (3)	PAG	LITY INFO	ORMATIO	N	Type	of Facility (41					
Private House Street Address City (5)				-				Benaal (K-1 Bubchaptar		នក K-1 ពាកាតាស	12) Xei Duli	ldings	i, hom	69,
Sayerville							Squa	ro Fost	I TO PIO	UTY	1	Sidg.	Age	
County (8) Middlesex			County (STATE	Code (7) Vae only			Curre	nt Use (Pric	or If being d	emoile	hed)			
Name of Monitoring Firm Hired by Building Competent Supervisor Street Address	ABON	J No.		Acad	Addres		tion inc.							
City, Stata, Zip Code					(City. St	tate, Zi	D Code J 07512	ilte 14					
Project Manager for Monitoring Firm			Telepha				ana Na 832-4			ansa 1 155	No.			
Etarl Oate (18) 11/30/17	12/7/1	7	noisian	Data (11)	1			A Manitor						
Occupancy Status During Abatament (Chai Facility Closed/Vecsted During Entire Abatement Performed Dutaids of Norr Other - Describe:	Period of	Aboter	noni P		L		Addrea Iaio, Zi	a p Coda						
Scope of Work (Check All That Apply) 2 3 of or >3 if >160 of or ≥260 if		ilaməf				LT M	Min	I-Endosura						
Locetion of		Looat										Abat	emen ypc	
Asbeatos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Usa Ma Cus	id Bali Intere todia: 1 (12)	ilý by novi Stafi?	Asbest (I.e.)	Deso os Contair tharmol sy auríacin othor mis	g, VAT	letorial Ineula T, or	(ACM) flon,	Amou (Sped SP or L	fy	Removal	Repair	Encopydate	Enclosure
Basemant	Yas	No	N/A X		Pipe in	sulat	lon		70 LI	:	×	-	X	_
													-	<u> </u>
Namo of Registered Waste Heuler			IJDEP W		Cubic Ye of Waste				Registorod I					
Academy Construction Inc.			34422		2 Dispossi			Olly. State						
Totowa, NJ Completed by Filip Geleski	Titio				T80 Sign	ALLITE		Tullytaw	in; PA		a10			
	Supe	erviso	r				Fel	ER D	dente	1	1/29/	17		

ASE-41 (R-08-08)

* Do not use this form for Rebestos Roonsurg exempted Activities,

	-											Р	rint Fo
2424740P	A	NOTIF (F	ICATIO	tate of New N OF ASBI t to NJAC I	w Jersey ESTOS AB 8:60 and 12	ATE 2:12(MENT))	2	CHECK #	5967	/245	81/:	24740
Date of Notification (1)			Name	of Building (Owner/Oper	rator	(2)		19-19-19-19-19-19-19-19-19-19-19-19-19-1				
11-27-17			Medo	o Health	Solutions	s, In	c. (d	ba Expres	ss Scripts) =	CE		\mathbb{N}	F
Agencies Notified Type Notification				Address Parsons P	ond Dr					<u> </u>			
EPA Initial DEP X Amended		ł	222,238,3	ate, Zip Co	Service States of the				n		0	004	-
X DOL Amendmen					, NJ 074	17			ΠĽ D	EC .	- 6	201	/
DOH Emergency				of Contact					Telephone Nu	umber			
DCA Cancellation	۱			Potocki									OL &
Name of Facility Where Abatement is Takir	g Place (3)	FAC	ILITY INFO	DRMATION	- 1	Туре	of Facility	(4)	LICE	NSI	NG	
								School (K-1					
Street Address								Subchapter	8 (Other than K-1				
100 Parsons Pond Road							×	other (i.e. p etc.)	private & commerce	cial bui	ildings	, hom	ies,
^{City} (5) Franklin Lakes							Squa 87,0	are Feet)00	# of Floors 3		Bldg. 48 ye		
County (6) Bergen				Code (7) USE ONLY)		-		ent Use (Pri nmercial	or if being demolis	shed)			
Name of Monitoring Firm Hired by Building BEM Systems, Inc.	Owner (8)	ASCI	M No.				atement Cor Environm	ntractor (9) ental Corp.				
Street Address 100 Passaic Ave							Addre Broac	^{ss} I Street					
City, State, Zip Code Chatham, NJ 07928								ip Code NJ 07072	2				
Project Manager for Monitoring Firm Venkat Balasubramanian			Telepho (908)	ne No. 598-2600			one N 939-6		License 1 00756	No.			
Start Date (10) (2)09-21-17	Scheduled Completion Date (11) Name of OSHA Monitor 03-01-18 EMSL Analytical, Inc.												
Occupancy Status During Abatement (Chec	k Only O	ne)					Addres						
 Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: 	Period of a nal Facility	Abaten y Hours	nent s		Cit	y, St	ate, Z	38th Stre					
Scope of Work (Check All That Apply)					- N	ew	YORK	, NY 1001	18				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	ni-Enclosure ovebag Proc				e	
	Is	Locati	on									emen	t
Location of		Normal ed Sole			Descrip					-	T	/pe	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	intenar todial S (12)	nce/	(i.e. tl	os Containin hermal syste surfacing, other misce	ems VAT	insula , or	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
B1: Entire Beams & Columns	Yes	No	N/A		Firepro	ofic			22 40005			ate	¢.
B1: Columns			X				-		22,400SF	x	-		
			X		Joint Con		New York		800SF	x	-		
B2: Entire Beams & Columns			X		Firepro		-		22,400SF	x			
B2: Columns Name of Registered Waste Hauler		L M	X		Joint Con		und	News	800SF	x			
TC, Inc. / JBT (50071)		H	JDEP W auler ID I310	No.	Cubic Yard of Waste TBD	S		352353	Registered Landfill Enterprises				
City, State Shirley, NY / Bronx, NY					Disposal Da TBD	ate		City, State Waynes	burg, OH 4468	38			
Completed by Kevin Moriarty	Title Proje	ct Ma	nager		Signat	ture		dif	Da 11	ite -27-	17		

Title Of Project: 100 Parson Pond Rd., Franklin Eakes, NJ²⁰¹⁷ Additional Materials / Floors

ECEIV

FL

			ASBESTO	COLITROL &
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
B2: Bathroom	N/A	Pipe Fittings	50LF	Removal
B2: Breezeway	N/A	Fireproofing	2,000SF	Removal
B3: Beams & Columns	N/A	Fireproofing	20,000SF	Removal
B3: Columns	N/A	Fireproofing	2,400SF	Removal
B3: Columns	N/A	Joint Compound	800SF	Removal
B3: Drain Pipe	N/A	Elbow Insulation	40LF	Removal
(2)B3: Breezeway	N/A	Fireproofing	2,000SF	Removal
(3)B1	N/A	Window Caulk	10SF	Removal
(3)B2	N/A	Window Caulk	10SF	Removal
(3)B3	N/A	Window Caulk	10SF	Removal

	Country of the second se		1.200								L		
C	HIBO P	A		FICATIO	State of New Jers N OF ASBESTOS It to NJAC 8:60 a	ABATE	0)	D	EC			/ [2	-
1 02	ate of Notification (1)' 1/22/2017				of Building Owner PANO MONTE		r (2)		DEC	- 6	20	17	TL
A	gencies Notified Type Notification	n			Address			first inst					-
X												ROL 8	<u> </u>
×					tate, Zip Code NHOPE NJ.			L	LIC	JENS	ING		
X	DOH Emergency	(includin	g		of Contact			Te	lephone Ni	mber			-
	DCA Cancellatio				PANO MONTE								
Na	ame of Facility Where Abatement is Taki	ng Place	(3)	FAC	LITY INFORMA	TION	Type of Facilit	v (4)					
P	RIVATE						1000						
St	reet Address						Subchapt	er 8 (Oth	her than K-1	2)	Idina	hom	
Ci	ty (5)						etc.)						les,
	LIFTON NJ.						S	# c			1000		
Co	punty (6)			County	Code (7)			rior if be	a Theorem and	hed)	-		
Na	me of Monitoring Firm Hired by Building	0			USE ONLY)				3				
	and of Monitoring Firm Filed by Building	Owner (a	>)	ASC	M No.					.	C		
Str	eet Address					Street	Address						
Cit	y, State, Zip Code					-		ET					
	y, state, zip code							IN.I O	7047				
Pro	pject Manager for Monitoring Firm			Telepho	one No.	100		110, 0		lo.			
Cto	at Data (10)					1.			01300				
	art Date (10) 2/01/2017	Schedu 12/02		npletion	Date (11)								
Oc	cupancy Status During Abatement (Che												
X	Facility Closed/Vacated During Entire	Period of	Abater	nent		108	LIBERTY ST.						
	Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hour	S			방법에서 가지 않는 것이 아이지 않는 것이 같다.						
Sco	ope of Work (Check All That Apply)					MEI	UCHEN NJ.						
X	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Concession)	Renova Demoli			XXX	Mini-Enclosu Glovebag Pro	re ocedure	-			re	
			s Locat					ASBESTOS CONTROL & LICENSING ASBESTOS CONTROL & LICENSING Telephone Number of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) re Feet # of Floors Bldg. Age 88 mt Use (Prior if being demolished) N/A tement Contractor (9) AST ENVIRONMENTAL LLC ss STREET p Code ERGEN NJ, 07047 D. License No. 642 01300 IA Monitor ROBE LAB s RTY ST. p Code EN NJ. Containment with Negative Pressure Henclosure vebag Procedure Exempted (*) and Non-Friable Procedure Abatement Type (ACM) Amount (Specify SF or LF) To one Type Abatement Abatement Type Abatement Type Abatement Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Abatement Type Abatement Abatement Type Abatement Type Abatement A	i				
	Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	Normal ed Sole aintena todial \$ (12)	ly by nce/	Asbestos Con (i.e. thermal surfa	aining M systems cing, VA	aterial (ACM) insulation, Г, or	(S	pecify	Remov			Enclosu
	2	Yes	No	N/A						<u>a</u>		ate	ſē
	BASEMENT		X		FLC	OR TI	LE	76	SF.	X			
	BASEMENT		Х		PIPE II	NSULA	TION	80	DLF.	x			
Nan	ne of Registered Waste Hauler		1.00		lasta la Li	Ver 1	1						
	- STATE - ASSOCC		н	JDEP W auler ID	No. of Was	ste				or 11			
	, State		19	9951	TBD	5	and the second second		DEC - 6 2017 ASBESTOS CONTROL & LICENSING Telephone Number Other than K-12) ate & commercial buildings, homes # of Floors Bldg. Age 2 88 being demolished) ctor (9) CONMENTAL LLC 07047 License No. 01300				
	ONX NY				TBD	Image: Second State State State Street Address Image: Street Address 102 Image: Street Address 103 Street Address 104 Image: Street Address 105 Street Address 106 Street Address 107 Telephone No. 201 Street Address 108 Street Address							
	npleted by RLOS ESQUIVEL	Title			S		50 /	1	Dat	te			
UAI		SAFI	EIYN	IANAG	ER	4	Junit	14	/ 11	12212	2017		
							- 1 5	1 1					

ASB-41 (R-06-08)

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

r mitti onni

F Emergency	X	NOTIF (P	ICATIO ursuant	tate of New J N OF ASBES to NJAC 8:6	TOS ABAT 0 and 12:1	201	CR	64	\mathbb{D}			Pr	int Fo	orm
Date of Notification (1)	1.200		Name o	of Building Ow	ner/Operat	or (2	2)							1
11/27/17			Gary	Sampson I	Private H	om	e	[r	P	R	R	Π	// IF	
Agencies Notified Type Notification	2		Street A	Address					n E	6	G	11-1		$ n\rangle$
EPA Initial									R.					
DEP Amended		Ī	City, St	ate, Zip Code					Π	-				
DOL Amendment			Black	wood NJ 0	8012					DEC	- 6	5 20	17	LU
DOH Emergency justification)			Name o	of Contact				l.	·	-ber				
DCA Cancellation			Adria	n ຶ							10.0	ONT		
			FAC	LITY INFORM	NATION			1	100	110	CENS	UNG	ROL	ά (
Name of Facility Where Abatement is Takin	g Place (3	3)				1	Type of Facility	(4)			Cutino.am			
Gary Sampson Private Home						1	School (K-	(2)						
Street Address		8			2		Subchapter Other (i.e.) etc.)	8 (Othe	er than K-12 commerci	2) al bui	Idings	, hom	es,	
City (5) Blackwood NJ 08012							Square Feet		Floors		Bldg. /	\ge		
County (6)	-		County	Code (7)		_		2			35+			
Camden				Code (7) USE ONLY) _		1	Current Use (Pri	or if beir	ng demolish	ied)				
Name of Monitoring Firm Hired by Building	Owner (0)		ASC	, -	Late		Abole 10		(0)					
N/A	Owner (o)		ASCI	I NO.			Abatement Cor	ntractor ((9)					
Street Address			1				co Inc.							
					53,535	10.2	ddress							
City, State, Zip Code							ox 329							
							te, Zip Code Berlin NJ 080	191						
Project Manager for Monitoring Firm		1	Telepho	ne No.			ne No.		License N	0.				
							53-9800		00727					
Start Date (10) 11/28/17			npletion	Date (11)	1.000		OSHA Monitor							
	11/29/	1925			Sar									
Occupancy Status During Abatement (Chec	59	18 - E			Stree	et Ad	ddress		2					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Anal Facility	Abaten Hours	nent s		City,	Sta	te, Zip Code							
Scope of Work (Check All That Apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	Contractory of	Renova Demolit				X	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	U			ē		
	le	Locati	07					() ()		T		emení		
Location of	- C- 22	Vormal			Descriptio							pe		
Asbestos-Containing Material (ACM)		d Sole		Asbestos			terial (ACM)	An	nount					
TO BE ABATED In Facility		intenar todial S		(i.e. the	rmal system	ns ir	nsulation,		pecify	Re	R	inca	Enclosure	
(13)		(12)		s	urfacing, V. ner miscella	AI,	OF JUS)	SF	or LF)	Removal	Repair	Isde	Sos	
	Yes	No	N/A							val	=	Encapsulate	ure	
Laundry Room	103	110	X	flo	or tile & r	ma	stic	49) SF	x				
						1					1			
											-			
Name of Registered Waste Hauler		N	JDEP W	aste C	ubic Yards	-	Name of I	Register	ed Landfill	1	1			
United Containers		H	auler ID 2459	Electric de la	Waste		G.R.O.							
City, State				Di	sposal Date	e	City, State	3			000000	-37-24-1		
Elm NJ				1	1/29/17		Morrisv	ille PA	19067					
Completed by	Title			the second second	Signatur	e	17		Dai	e	1			
Anthony T Perna	Pres	ident				/	~	article -	111	27	11-	7		

Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address School (K-12) Street Address Subchapter 8 (0ther Bother (i.e., thrman 1) City (5) Square Feet Yes No< Name of Facility (4) Street Address Square Feet County (6) County Code (7)(STATE USE ONLY) Ware of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. M/A Name of Abatement Contractor (9) M/A I 74 City, State, Zip Code City, State, Zip Code M/A I 74 Project Manager for Monitoring Firm Telephone No. M/A I 24 J 13 J 17 J2 J4 J2 J4 Start Date (10) Scheduled Completion Date (11) Mare of Abatement Performed Outside of Nomal Facility Hours - Describe Street Address Scope of Work (Check all that apply) Street Address Scope of Work (Check all that apply) Scope of Work (Check all that apply) Self Of 2260 If Demolition Subatement Perfor		C -	6	V		
Agencies Notified Type Notification Street Address □ EPA ■ EPA ■ Energency (including justification) Street Address □ DCA □ DCA □ Energency (including justification) □ Amendment # □ Ref Contact Type of Facility (A) □ DCA □ DCA □ Cancellation □ Stell (A Sk. innect ■ Facility (A) ■ Type of Facility (A) Name of Facility Where Abatement is Taking Place (3) □ Type of Facility (A) □ Type of Facility (A) ■ School (K, 12) Street Address □ Subchapter 8 (N:12) □ Subchapter 8 (N:12) □ School (K, 12) Street Address □ Subchapter 8 (N:12) □ Current Use (Prior if be Rescillant) □ County (6) □ A m g J H □ County Code (7)(STATE USE ONLY) □ Current Use (Prior if be Rescillant) Name of Monitoring Firm □ A/P □ ASCM No. Name of Abatement Contractor (9) ↓ / H □ M/A □ M/A □ County Code (7)(STATE USE ONLY) □ Current Use (Prior if be Rescillant) Street Address □ M/A □ A M M □ A M M M □ A M M M M M M M M M M M M M M M M M M	r than K-12)	C -	- 6	201	1 E	
a mone of EPA Type Notification Street Address POOLWD Amendment #	r than K-12)	C -	- 6	201		
PDOLWD Amended Amended Amended Amended Amended Amended Amended IDCA Emergency (including justification) Image of Contact Cancellation Stella Varie of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address Stella Street Address Stubchapter 8 (Otherse) Street Address Subchapter 9 (Otherse) Street Address Square Feet Street Address Square Feet Manne of Monitoring Firm County Code (7)(STATE USE ONLY) Manne of Monitoring Firm County Code (7)(STATE USE ONLY) Manne of Monitoring Firm Manne of Abatement Contractor (9) M/A M/A Ity, State, Zip Code City, State, Zip Code M/A Telephone No. M/A Telephone No. Manager for Monitoring Firm Telephone No. M/A If Manne of OSHA Monitor Abatement Performed Outside of Normal Facility Hours - Describe Name of OSHA Monitor Manager for Monitoring Firm Street Address M/A If Manne of OSHA Monitor </td <td>r than K-12)</td> <td></td> <td></td> <td>201</td> <td></td>	r than K-12)			201		
BDOH Amendment # City, State, Zip Code Name of Contact Image: Contact Contact Image: Contact Contact Image: Contact Contact Image: Contact Contact Name of Facility, Where Abatement is Taking Place (3) Image: Contact Contact Contact Image: Contact Con	r than K-12)			201		
□DCA (NJAC 5:23-8) □ Emergency (including justification) Image of Contact Street Address Non-Exampled (NJAC 5:23-8) Image of Contact Street Address Vame of Facility Where Abatement is Taking Place (3) (1:Vall C C Sidence Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (0the Bother (ie, private R 0the Bother (ie, private R 0ther Bother (ie, private	r than K-12)				7-	
(NAC 5:23-8) justification) Name of Contact Fella Sking Place (3) Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Street Address Street Address Subchapter 8 (0the Botter (1e, private Botter (r than K-12)				•	
FACILITY INFORMATION FACILITY INFORMATION FACILITY INFORMATION Street Address Type of Facility (4) School (K-12) Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address AIM 10 County Code (7)(STATE USE ONL 7) Current Use (Prior if be Resident Contractor (9) AIM Name of Abatement Contractor (9) AIM Name of Abatement Contractor (9) AIM Name of Abatement Contractor (9) AIM N/A Country Code (7)(STATE USE ONL 7) Current Use (Prior if be Resident Address MIA Name of Abatement Contractor (9) AIM N/A Name of Abatement Contractor (9) AIM Telephone No. N/A Telephone No. AI/A Telephone No. </td <td>r than K-12) Ind commerce</td> <td></td> <td>Contraction of the</td> <td></td> <td></td>	r than K-12) Ind commerce		Contraction of the			
FACILITY INFORMATION Vame of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address Street Address Street Address Street Address Street Address Subchapter 8 (Othe Dounty (6) Mon may M County Code (7)(STATE USE ONLY) Address Man of Monitoring Firm Mired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A/A Miret Address Miret Address <td co<="" td=""><td>ind commerce</td><td></td><td>~~</td><td>TR</td><td>DL&</td></td>	<td>ind commerce</td> <td></td> <td>~~</td> <td>TR</td> <td>DL&</td>	ind commerce		~~	TR	DL&
Vame of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address Subcharger 8 (Other 2) Sity (5) Subcharger 8 (Other 2) Street Address Subcharger 8 (Other 2) Street Address Subcharger 8 (Other 2) Street Address Subcharger 8 (Other 2) Subcharger 8 (Other 2) Subcharger 8 (Other 2) Subcharger 8 (Other 2) <td< td=""><td>ind commerce</td><td></td><td></td><td>2</td><td>-</td></td<>	ind commerce			2	-	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	ind commerce					
Street Address □ Subchapter 3 (Other Street Address □ Square Feet ↓ # of ↓ 1900 Square Feet ↓ # of ↓ 1900 Square Feet ↓ # of ↓ 1900 County (6) <u>Monmodulf</u> Iame of Monitoring Firm Hired by Building Owner (8) <u>M/H</u> treet Address S <u>M/H</u> ity, State, Zip Code <u>M/H</u> ity, State, Zip Code <u>M/H</u> Telephone No. <u>M/H</u> Telephone No. <u>M/H</u> Tolephone No. <u>M/H</u> Telephone No. <u>M/H</u> Telephone No. <u>M/H</u> Tolephone No. <u>M/H</u> Telephone No. <u>M/H</u> Telephone No. <u>M/H</u> Tolephone No. <u>M/H</u> Tolephone No. <u>M/H</u> Tolephone No. <u>M/H</u> Tolephone No. <u>M/H</u> Telephone No. <u>M/H</u> Telephone No. <u>M/H</u> Tolephone No. <u>M/H</u> Tolephone No. <u>M/H</u> Telephone No. <u>M/H</u> <u>M/H</u> <u>Tolephone No. <u>M/H</u> <u>Tolephone No.</u> <u>M/H</u> <u>Tolephone No. <u>M/H</u> <u>Tolephone No. <u>Telephone No. <u>Tolephone No.</u> <u>Tolephone No. <u>Tolephone No. <u>Tolephone No. <u>Tolephone No.</u> <u>Tolephone No. <u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u>	ind commerce					
Dity (5) Square Feet # of County (6) Monmay M County Code (7)(STATE USE ONLY) Current Use (Prior if be Mame of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) M.A. Maree Address M/A Name of Abatement Contractor (9) M.A. Mol M for Moll Y Com for Moll Y Rescident Y Street Address M/A Name of Abatement Contractor (9) M.A. Moll Y Com for Moll Y Street Address Street Address Street Address I 7 4 Passa ic Auen UA Sity, State, Zip Code City, State Zip Code City, State Zip Code I 7 4 Passa ic Auen UA M/A M/A Telephone No. Telephone No. I clean Y and	ind commerce)				
Ity (5) Square Feet # of County (6) Monmark If 00 Monmark County Code (7) (STATE USE ONLY) Current Use (Prior if be Resident Aame of Monitoring Firm If A Moll 4 Resident with a me of Monitoring Firm Mine Mane of Abatement Contractor (9) Resident M/A Mine Mane of Abatement Contractor (9) Mine Resident Mine Mine Mane of Abatement Contractor (9) Mine Resident Mine Mine Mine Mane of Abatement Contractor (9) Resident Mine Mine Mine Mane of Abatement Contractor (9) Mine Mine Mine Mine Mine Mane of OSHA Monitor If 1 I I I Mine Mane of OSHA Monitor Mine I/A Mine Mane of OSHA Monitor Mane of Abatement Matement Int Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Mane of Abatement Matement Int Date Address Mine Science Mine Abatement Abatement Ameetee	Floors	cial b	buildir	ngs,		
Last ming du/le 1900 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if be Resident Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) M/A M/A M/A Mare of Abatement Contractor (9) M/A M/A M/A Street Address M/A M/A IT 4 Rescident Street Address IT 4 Rescident Order M/A M/A It et address IT 4 Rescident City, State, Zip Code City, State, Zip Code City, State, Zip Code It etephone No. M/A M/A It is a is a is a contractor (10) It is a is a contractor (10) It is a is a contractor (10) It is a contractor (10) It art Date (10) It a is a is a contractor (10) Scheduled Completion Date (11) Name of OSHA Monitor A is the contractor (10) It abatement Performed Outside of Normal Facility Hours - Describe Street Address Street Address Soft Abatement It abatement end of abatement: AM PM/AM Soft Abatement Soft Abatement Soft Abatement City, State, Zip Code Soft Abatement (10) Soft Abat	Floors					
Main mg JM Resident (norme back only) Other in bet (Prior in bet Resident) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) J/H J/H A. Moll y Company Street Address Street Address J/H IT 4 Passa is Auen Via Project Manager for Monitoring Firm Telephone No. J/H Telephone No. M/H It 10 T Jane of OSHA Monitor Street Address M/H Telephone No. M/H It 10 T Jane of OSHA Monitor Street Address M/H It 10 T Jane of OSHA Monitor Licer M/H It 12 I Jane of OSHA Monitor Street Address Street Address Street Address Practity Closed/vacated During Entire Period of Abatement Name of OSHA Monitor Abatement Performed Outside of Normal Facility Hours - Describe Street Address Time of Abatement: AMPMPMAM Stop 23 If Prenovation Full Containment with Negative President Societ on Societ Action Normally Used Solely by Maintenance/ Custodial Staff?	1	B	Bldg.	20072		
Main mg JM Resident (norme back only) Other in bet (Prior in bet Resident) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) J/H J/H A. Moll y Company Street Address Street Address J/H IT 4 Passa is Auen Via Project Manager for Monitoring Firm Telephone No. J/H Telephone No. M/H It 10 T Jane of OSHA Monitor Street Address M/H Telephone No. M/H It 10 T Jane of OSHA Monitor Street Address M/H It 10 T Jane of OSHA Monitor Licer M/H It 12 I Jane of OSHA Monitor Street Address Street Address Street Address Practity Closed/vacated During Entire Period of Abatement Name of OSHA Monitor Abatement Performed Outside of Normal Facility Hours - Describe Street Address Time of Abatement: AMPMPMAM Stop 23 If Prenovation Full Containment with Negative President Societ on Societ Action Normally Used Solely by Maintenance/ Custodial Staff?	3		19	00		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) M/A N/A N/A Street Address I74 Passa ic Avenus M/A I74 Passa ic Avenus Street Address I74 Passa ic Avenus N/A I74 Passa ic Avenus Street Address I74 Passa ic Avenus N/A I74 Passa ic Avenus Itopict Manager for Monitoring Firm Telephone No. Ifelophone No. M/A Ifelophone No. Ifelophone No. Ifelophone No. Itart Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Ifelophone No. Ifacility Closed/Vacated During Entire Period of Abatement Name of OSHA Monitor A. Seine Lighthouse Ifme of Abatement: AM PM/PMAM Street Address Time of Abatement: AM PM/PMAM Street Address If a 13 I I/A I/A I/A If a 16 of or ≥260 lf Encliption Street Address Description of Asbestos-Containing Material (ACM) Normally Used Soley by Maintenance/		hed)				
M/A U/A M <	ia (
M/AItel Addressity, State, Zip Code 174 $PassaicAuenutn/An/ACity, State, Zip CodePair + ieldM = 0.700roject Manager for Monitoring FirmTelephone No.M/ATelephone No.Icelephone No.n/AM/AM/AM/AN = 0.702 - 3.31/Otart Date (10)Scheduled Completion Date (11)Name of OSHA MonitorName of OSHA MonitorA - Seine Lighthouse in the second						
N/A IT4 Passaic Auenus ity, State, Zip Code IT4 Passaic Auenus noject Manager for Monitoring Firm Telephone No. N/A M/A roject Manager for Monitoring Firm Telephone No. N/A M/A Itat Date (10) Scheduled Completion Date (11) Itat Date (10) Ital I Itat Date (10) <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>						
Inty, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Implement City, State, Zip Code Street Address Implement City, State, Zip Code Solution Implement City, State, Zip Code						
M/ACity, State 2p Coderoject Manager for Monitoring Firm N/A Telephone No. $Telephone No.$ N/A N/A N/A $Telephone No.$ $Telephone No.$ $Iatr Date (10)$ N/A N/A $Scheduled Completion Date (11)$ Name of OSHA Monitor $Iatr Date (10)$ $Iatr 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1$	e					
Normality Telephone No. Telephone No. <td></td> <td></td> <td></td> <td></td> <td></td>						
Note: Manager for Monitoring Pirm Telephone No.)4					
10/14 10/14 862-702-33/1 0 tart Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/13/17 12/14/17 A-Seine Lighthouse ccupancy Status During Abatement (Check only one) Scheduled Completion Date (11) Name of OSHA Monitor PFacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Street Address Time of Abatement: AMPM/PMAM City, State, Zip Code Cope of Work (Check all that apply) PRenovation Full Containment with Negative Programs P≥3 sf or ≥3 lf PRenovation Full Containment with Negative Programs Location of Normally Used Solely by Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ (12) Yes No IN Facility Yes No N/A	neo No					
Image: Action of Abatement (Check only one) Scheduled Completion Date (11) Image: Action of Abatement (Check only one) PFacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Street Address Abatement Performed Outside of Normal Facility Hours - Describe Amage: Amag	1330	0				
ccupancy Status During Abatement (Check only one) PF- Seine Lighthouse PFacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Abatement Performed Outside of Normal Facility Hours - Describe Street Address Time of Abatement: AMPM/PMAM Cope of Work (Check all that apply) PRenovation P≥3 sf or ≥3 lf PRenovation ≥160 sf or ≥260 lf Is Location Normally Used Solely by Asbestos-Containing Material (ACM) Is Location IN Facility Is Location IN Facility (13)	1000					
	514		1	11		
	JOIUTIA	in S	2		ē	
△ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AMPM/PMAM Cope of Work (Check all that apply)						
AMP PMP AM Sorth Orange, MS 07 cope of Work (Check all that apply) PRenovation PMIAM Sorth Orange, MS 07 P≥3 sf or ≥3 lf PRenovation PMIPMIAM Sorth Orange, MS 07 P160 sf or ≥260 lf PRenovation PGIovebag Procedure PMIPMIPMIAM						
P≥3 sf or ≥3 lf Image: Renovation in the apply Image: Full Containment with Negative Product in the apply P≥3 sf or ≥3 lf Image: Renovation in the apply Image: Renovation in the apply Image: Renovation in the apply Image: Product in the apply Image: Renovation in the apply Image: Renovation in the apply Image: Renovation in the apply Image: Location of Asbestos-Containing Material (ACM) Is Location Normally Image: Renovation in the apply Image: Renovation in the apply Image: Image: Renovation of Asbestos-Containing Material (ACM) Image: Renovation in the apply Image: Renovation in the apply Image: Renovation in the apply Image: Image: Renovation of Asbestos-Containing Material (ACM) Image: Renovation in the apply Image: Renovation of Asbestos-Containing Material (ACM) Image: Renovation in the apply Image: Renovation of Asbestos Containing Material (ACM) Image: Renovation in the apply Image: Renovatin the apply Image: Renovati	100					
≥160 sf or ≥260 lf Image: Constraint of the second se	019				-	
≥160 sf or ≥260 lf Image: Constraint of the second se	essure					
Location of Is Location Non-Exempted (*) and Non-Friable Asbestos-Containing Material (ACM) Is Location Normally IN Facility Used Solely by Maintenance/ IN Facility (12) Ves Yes No N/A	cosurc					
Location of Is Location Asbestos-Containing Material (ACM) Normally IN Facility Used Solely by (13) (12)	Dress					
Location of Asbestos-Containing Material (ACM)Normally Used Solely by Maintenance/ Custodial Staff? (12)Description of Asbestos Containing Material (ACM)And And (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)And	: Procedure	1				
Asbestos-Containing Material (ACM) Osed Solely by Maintenance/ Asbestos Containing Material (ACM) Annoplaterial (ACM) IN Facility (13) IN Facility (12) IN Facility IN Facili		Ab	1	ent T	-	
IN Facility Custodial Staff? (i.e., thermal systems insulation, (Sp other miscellaneous) (Sp other miscellaneous) IN Facility (12) Ves N/A	nount	Rei	Repair	E	En	
(13) (12) Surfacing, VAT, or SF Ves No N/A other miscellaneous)	pecify	Removal	pair	cap	clos	
Yes No N/A	or LF)	/al		Encapsulate	Enclosure	
				Ite		
Basement D D & Thermal Suctana Tuculation 134		<u>ि त</u>				
The mail of steers this training 154	LF	Ø				
					분	
me of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Law	100					
v. State 25691 TBD GROWS North Lan	offill/Fa	air le	2550	land	15:11	
Disposar Date City, State	1					
Signature	A					
Sary Toriello Manager Day Stuth)A Date			1		
41 Journa Journa Journa	Date	1.	10	1	2	