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

					N OF ASB to NJAC				T :	lad d	EG			7 [5	J 1904
Date of Notification (1) 12-05-18	-			Name o	of Building	Owner/(Operator	(2)	Las touristing	X	15 0	Line .	Ш.		Tarana Land
Agencies Notified	pe Notification		1	Street A	Address Hadley F	Rd.			and Profit Course	Andreas (DEC	1	21	8	TU
DEP X DOL	Amended Amendment #				ate, Zip Co Plainfie				Port of the state	1_	SBESTO	os c	TNO	OL 8	- Annual I
DOH DCA	justification) Cancellation	ncluding	100		f Contact Pentek						ephone N 2-540-4		NG NG	Trenting to	
				FACI	ILITY INFO	DRMAT	ION								
Name of Facility Where At PSEG New Milford S		Place (3	3)					Тур	e of Facility School (K-						
Street Address 132 Henley Ave								X	Subchapter Other (i.e. petc.)				uildin	, hon	ies,
City (5) New Milford, NJ								Squ N/A	are Feet	# o	f Floors A		Bld(Age	
County (6) Bergen					Code (7) USE ONLY			Cur	rent Use (Pri	or if be	ing demoli	ished)			
Name of Monitoring Firm I- N/A	red by Building O	wner (8)		ASCN N/A	A No.				patement Con vironment			ic.		-	
Street Address N/A	-						Street 17 O		ess ock Rd						
City, State, Zip Code N/A				-					Zip Code , NY 1198	0				-	
Project Manager for Monito N/A	ing Firm			Telepho	ne No.		Teleph 631-		No. 8111		License 01136	No.		***************************************	
Start Date (10) 12-17-18		Scheduk 1-31-1		pletion	Date (11)		200000000000000000000000000000000000000		SHA Monitor vironment	al Ser	vices, In	c.			
Occupancy Status During	patement (Check	Only Or	ie)				Street								
Facility Closed/Vacate Abatement Performed Other – Describe: No.	Outside of Norma						City, S	tate,	ock Rd Zip Code , NY 1198	 B0			-		
Scope of Work (Check All	nat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ATTRIBUTE .	Renoval Demoliti				×	M G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure				re	
Location of	1	1	Location Normall	У		De	scription	7,4					Ak	emer	î
Asbestos-Containing N TO BE ABAT In Facility (13)	terial (ACM)	Ma Cusi	d Solel intenan todial S (12)	ice/ staff?	Asbesi (i.e.	tos Coni thermal surfa		lateri s insu T, or		(5	mount Specify F or LF)	Kemovai	- Topon	Encapsulate	Enclosure
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Control House	13KV			Х		טנ	ıct Bar	ik		1	50 If	X	+	-	
												-	+		\blacksquare
Name of Registered Waste	-lauler		I N.	JDEP W	laste	Cubic	Yards		Name of	Registe	ered Landf	111			
Environmental Transp			Ha	auler ID		of Was 30	ste		1		rless La		I		
City, State Gold Mine Road, Flan	ers NJ 07836					TBD	sal Date		City, Stat 1000 N		ord Mill F	Rd, N	lorri	/ille,	PA
Completed by Raymond Tutiven		Title Supe	rvisor	•		9	iemature (QV)		elT	il		ate 2-05	5-18		

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Page 1 of 2	20(29	P		CATIO		w Jersey ESTOS A 8:60 and			Land of the state	D		C					The State of the S
Date of Notification (1) 12-05-18				Name o		Owner/Op	erator	(2)	The best of the second	The state of the s	Artifordam and a state of the s	DEC	1	1 2	(3	- Partition of the Control of the Co	团
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment			4000 City, Sta	Address Hadley I ate, Zip Co Plainfie	ode			The state of the s	and an agent	ASE	EST LI	OS	CON		L &	and the second second
DOH DCA	justification) Cancellation				f Contact Pentek						Telep 732-				- (-		
Name of Facility Where Al PSEG New Milford S Street Address 132 Henley Ave		g Place (3	3)	FAC	LITY INFO	ORMATIO	N	X	School (I Subchap Other (i.e	<-12) ter 8 (i s	hom	es,
City (5) New Milford, NJ	***************************************								etc.) are Feet		# of F N/A	loors		BI N		\ge	
County (6) Bergen					Code (7) USE ONLY)	_	Curre	ent Use (i	Prior h	f being	dem	olish	ed)	-		
Name of Monitoring Firm H N/A	ired by Building	Owner (8))	ASCN N/A	/ No.				atement (Inc.		-		
Street Address N/A						1		Addre	ss ock Rd				-		-		
City, State, Zip Code N/A				· III					Zip Code NY 119	980					-		
Project Manager for Monito N/A	ring Firm			Telepho	ne No.	- 1		none N 924-8				licens),	-		
Start Date (10) 12-17-18		Schedule 1-31-1		npletion	Date (11)				HA Monit ironmer		Servio	ces,	Inc.		-		
Occupancy Status During								Addre	ss ock Rd						-		
Facility Closed/Vacate Abatement Performed Other – Describe: No	Outside of Norm	Period of A nal Facility	Abaten / Hours	nent			City, S	tate, Z	ip Code , NY 11	980							
Scope of Work (Check All	hat Apply)											7-7-18-13			-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Table Street	Renova Demolit				X	Mi	II Contain ni-Enclos ovebag P n-Exemp	ure roced	ure					0	
			Locati				- Conta	1,100	ni Exoreo		r direct	1011-1	TREME		A ite	ement	
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		Descritos Contain thermal sy surfacin other mis	/stems	lateria insula T, or	ation,			ount ecify r LF)		Remova	<u> </u>	e Encapsulate	Enclosure
		Yes	No	N/A												te	4
Control House				Х		ransite f				1	125			ж			
Control House		-		X	Exp	pansion (erior	-	30			Ж	_		
Control House		4		Х		Roof F		ing		-	228			x	_		
Control House Name of Registered Waste			1 44	JDEP W	lanks		ucco		1 82	1	150			х	_		
Environmental Transp		;	H	auler ID		Cubic Ya of Waste 50			Name (MII			
City, State Gold Mine Road, Flan	lers NJ 07836					Disposal TBD	Date		City, St 1000		Ford	Mill	Rd,	, Mor	r vi	lle, F	PA
Completed by Raymond Tutiven		Title Supe	rviso			Sign	mature Li Yi	nem	l -	Tw	a	7	Date 12-	e -05-1	8		

D&S Proj. #;_18-264	T I			of NJ estos Abatement 8:60 and 12:120)	MEGE	VEM
Date of Notification (1) 1 2 / 0 5 / 1 8 Agencies Notified Type Notific EPA	he	ne of Building Owr Ien shumsky et Address	ner/Operator (2)		DEC 11 ASSESTOS CC	2018 JTROL 8
DOL Amendment DOH Emergence (including justificatio) DCA Cancellati	/ Li Name	State, Zip Code IVINGSTON, N e of Contact elen shumsky	IJ 07039		Telephone Number	The state of the s
Name of facility where abatemen	is taking place		ILITY INFORMA	TION	Type of Facility (4)	
helen shumsky Street Address	- Calling place				School (K - 12) Subchapter 8 (Othe Other (Private/Com Bldgs./Homes, etc.	than K-12) ercial
City (5)	County (6)		County Code (7) (State use only)	Square Feet # of Floors Current Use (Prior if being d	Bldg. Age
LIVINGSTON Name of Monitoring Firm Hired by Street Address	Bldg. Owner (8	3)	ASCM No.	Name of Abatement of D & S RESTORA		
City, State, Zip Code				Street Address 20 California Av City, State, Zip Code	CONTRACTOR OF THE PROPERTY OF	
Project Manager for Monitoring Fir		Phone Numb		Paterson, NJ 07: Telephone Number 973-345-8020 Name of OSHA Monit	License Nu 011	ber
Start Date (10) 12/06/18 Occupancy Status During All Alexanders	12/20/18)	D & S Restoration		
Occupancy Status During Abateme Facility closed/vacated durin Abatement performed outsid Describe:	entire period of of normal facili	f abatement.		20 California Ave City, State, Zip Code		
Other-Describe: NORMAL Scope of Work (check all that app ≥3 sf or >3 lf ≥160 sf or ≥260 lf □	Company of the Compan	to.			full Containment w/negative pre fini-enclosure Blovebag procedure	
Location of asbestos-containing material (acm) to be abated in facility (13)	by maintenant staff(12)	rmally used solely ce/custodial		of asbestos-containing	Amount (Specify SF or LF)	Procedure R E E P C C a a L
BASEMENT		X	PIPE INSULA	ATION	28 L FT 💆	
				4		
Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503	NJDEP H 13506				RESOURCE RECOVERY	
Completed by (Print or Type) BOGDAN JOLDZIC ASB-41	Title PRESIDENT Do not use this	s form for asbesto	Signature s licensure exem	·	Date 12/05/201	

State of NJ
Notification of Asbestos Abatement

2018-254 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 9024 Date of Notification (1) Name of Building Owner/Operator (2) 1 12 1/10 17 1/11 131 Rona Malton Agencies Notified Type Notification Street Address ☐ EPA X DEC nitial 2018 ☐ DEP City, State, Zip Code X DOL mendment Morristown, NJ 07960 ASBESTOS CONTROLA X DOH Name of Contact Telephone Numbe SING ancellation ☐ DCA Rona Malton **FACILITY INFORMATION** Name of facility where abate ment is taking place (3) Type of Facility (4) School (K - 12) Rona Malton Subchapter 8 (C er than K-12) Street Address Other (Private/C nmercia! Bldgs./Homes, € Square Feet # of Floo Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if bein demolished) Morristown, NJ 07960 Essex Residential Name of Monitoring Firm Hilled by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitorir g Firm Phone Number Telephone Number License umber (973)696-6869 00 78 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 12/17/2018 12/18/2018 Street Address Occupancy Status During Abi tement (Check only one) 105 Ryerson Road Facility closed/vacated luring entire period of abatement. City, State, Zip Code Abatement performed dutside of normal facility hours-Describe: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) Demolition X Renovation ☐ Full Containment w/negative pressure ✓ Glovek 1 procedure >3 sf or >3 if ≥160 sf or ≥260 lf Mini-enclosure Non-fri ile procedure Is location normally used solely Location of E E by maintenance/custodial asbestos-containing e п Description of asbestos-containing Amount staff(12) n n material to be p (Specify SF or C material (ACM) C abated in facility (13) a LF) Yes No N/A p basement X pipe insulation 150 lf 3 Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 12/18/2018 Pen Argyle, PA Completed by (Print or Type) Signature Date Gordana Luna Gordana Luna Secretary/Treasurer 12/07 018

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

	3	(5)	IM			*** Sub ch	napte	r 8 ***	Check	# 9022		
Date of Notification	1 (1)		111	Name of Bu	ildina Owr	ner/Operator (2)	711-22-2	Fire and the second sec	AND THE PARTY OF T	TOTAL CONTRACTOR AND ADDRESS OF THE PARTY OF	
1 12 1/10 16	1/11 18	1		Newark			,					/ EF
Agencies Notified	Type No		ion	Street Addre							11 1	
EPA DEP	X I	itial		2 Cedar					The same of the sa	DEC.	1 201	IQ
X DOL	A	nendi		City, State, 2 Newark	Zip Code , NJ 071	106						A Acade
₩ DOH	A See agree		1	lame of Cor					Telephor	e Number	ONIF	IUL či
DCA	☐ C:	ncella			e E Spri	ggs				Number LICE 33-6549	SING	Marian Caranta America Caran
				-	FAC	ILITY INFORM	MOITA	٧				
Name of facility wh	nere abate	nent i	s taking pl	ace (3)					Type of Facility			
Lincoln Schoo	ol (Sub c	napte	er 8)							ol (K - 12) apter 8 (Ol	er than	K-12)
Street Address									2000	(Private/Co		
87 Richelieu	Terrace								Bldgs.	Homes, et # of Floors		Bldg. Age
City (5)		-	Cou	nty (6)				inty Code (7)				
Newark, NJ (sex			(Sta	ite use only)	Current Use (P School	rior if being	emolish	ned)
Name of Monitorin			Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contractor (9)			
TTI Environm	nental, ir	C.				0003		B & G Restorati	on, Inc.			
Street Address 1253 North (Church S	tree	t					Street Address 105 Ryerson R	oad			
City, State, Zip Cod							_	City, State, Zip Code			COMMUNICATI	
Moorestown,	NJ 080							Lincoln Park, I	NJ 07035			
Project Manager for	Monitorin	Firm	1	1 - 1 310 0	one Numb			Telephone Number (973)696-6869	2	License	mber	
Jim Guilardi					9-314-1					00:	<u>'8</u>	
Scheduled Start Da	te (10)	and the second	Sched	d. Completion	on Date (1	1)		Name of OSHA Monit B & G Restorati				
12/21/2018				31/2018				Street Address				
Occupancy Status I								105 Ryerson Ro	oad			
Facility closed Abatement pe								City, State, Zip Code	2			
Describe:		toluc	Ornormal	racility flour	3-		_	LincolnPark, NJ	1.07035			
Other-Describ			A				-	Elifoliii ark, No	707033			
Demolition	eck all that	700 17100	Ü.				w -			-		
		X	Renovation					ull Containment w/neg	ative pressure [Gloveb	proced	
>3 sf or >3 lf		X	≥160 sf or		d salab	1		Mini-enclosure		Non-fri	le proce	
Location of asbestos-con	taining		by mainte	n normally tenance/cust					Amount		R	n E
material to be	:		staff(12)		1	material (sbestos-containing	(Specify S	F or	n p	c n
abated in faci	iity (13)		Yes	No	N/A				LF)		i	p L
Room B-3			×			pipe insula			300 lf			
Room B-3			X			cove base		tic	320 lf			
Room 311			×		Settor.	ceiling pla	ster		1,000 sf			
							-					
Pagistarad Wasta P	aulor		L			ll Varda of V	Masta	IN 18 11 1				
Registered Waste H B & G Restorat	ion, Inc.			EP Hauler I 19563		ubic Yards of V 15	vaste	A SECURE OF THE PROPERTY OF THE PARTY OF THE	Landfill Itral Landfill			
City, State Lincoln Park, N	11				Disposal Dis)ate /18 - 12/31/	18	City, State Pen Argyl,	PA			
Completed by (Print Gordana Luna	or Type)	e Alice e	Title Secreta	ry/Treasu	irer	Signature	(Gordana Luna		Date 12/06	018	
				· j/ i casu		1		0		12/00	010	

Gordana Luna

Secretary/Treasurer

State of NJ Notification of Asbestos Abatement

2018-253 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 9023 *** Sub chapter 8 *** Date of Notification (1) Name of Building Owner/Operator (2) 1 1 2 1/10 16 1/11 18 1 Newark Public Schools Type No tification Agencies Notified Street Address ☐ EPA 2 Cedar Street X Ir itial DEC DEP City, State, Zip Code X DOL A rendment Newark, NJ 07106 X DOH Name of Contact Telephone Numbe Concellation □ DCA Sherelle E Spriggs 973-733-6549 **FACILITY INFORMATION** Type of Facility (4) Name of facility where abate nent is taking place (3) School (K - 12) East Side High Schoo (Sub chapter 8) Subchapter 8 (Ot ar than K-12) Street Address Other (Private/Co mercial Bldgs./Homes, et 238 Van Buren Street Square Feet # of Floor: Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being lemolished) Newark, NJ 07106 Essex High School Name of Abatement Contractor (9) Name of Monitoring Firm Hirl d by Bldg. Owner (8) ASCM No. TTI Environmental, Ir c. 0003 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 1253 North Church Street City, State, Zip Code City, State, Zip Code Moorestown, NJ 080 57 Lincoln Park, NJ 07035 Project Manager for Monitorin | Firm License ımber Phone Number Telephone Number (973)696-6869 00 78 Jim Guilardi 609-314-1683 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 12/21/2018 12/26/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated uring entire period of abatement. City, State, Zip Code Abatement performed o itside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all tha apply) Demolition Full Containment w/negative pressure X Renovation Gloveb procedure >3 sf or >3 lf Mini-enclosure Non-fri ale procedure ≥160 sf or ≥260 lf Is location normally used solely E Location of E е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n n p staff(12) C material to be (Specify SF or material (ACM) C a a abated in facility (13) Yes No N/A D Trading Post pipe insulation 30 If Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State 12/21/18 - 12/26/18 Pen Argyl, PA Lincoln Park, NJ Signature Completed by (Print or Type) Date Gordana Luna

12/06 2018

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

201 -54 A B & G proj. #: (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 9021 Date of Notification (1) Name of Building Owner/Operator (2) 1 12 1/10 16 1/11 131 Estate of Richard Williams Agencies Notified Street Address EPA X DEC 2018 nitial DEP City, State, Zip Code X DOL mendment Montclair, NJ 07042 ASBEST(3 CONTROL & X DOH Name of Contact Telephone Numbe NSING Cancellation DCA Jane Redmond **FACILITY INFORMATION** Name of facility where abate ment is taking place (3) Type of Facility (4) School (K - 12) Estate of Richard Williams Subchapter 8 (C er than K-12) Street Address Other (Private/C Bldgs./Homes, e Square Feet # of Floor Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if bein Montclair, NJ 07042 demolished) Essex Residential Name of Monitoring Firm Hill 3d by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitorir 3 Firm Phone Number Telephone Number License ımber (973)696-6869 00 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 12/19/2018 12/20/2018 Street Address Occupancy Status During Aba tement (Check only one) 105 Ryerson Road Facility closed/vacated luring entire period of abatement. City, State, Zip Code Abatement performed of Itside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all tha apply) Demolition X Renovation Full Containment w/negative pressure Gloveb | procedure >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-fri le procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing e n Description of asbestos-containing Amount staff(12) n material to be n p C (Specify SF or material (ACM) C abated in facility (13) a Yes No N/A L D 2 attics X pipe insulation 12 If 6 Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date Lincoln Park, NJ 12/20/2018 Pen Argyl, PA Completed by (Print or Type) Signature Date Cordana Luna Gordana Luna Secretary/Treasurer 12/06 018

	PAID NO	State of New Jersey TIFICATION OF ASBESTOS ABATE (Pursuant to NJAC 8:60 and 12:12	EMENT 0) / K-	# 115	<i>-</i>
Date of Notification (1) 12/08/2018		Name of Building Owner/Operator Johnathan Shapiro	r (2)	FCE	D. T. F. Director
Agencies Notified EPA	ype Notification Initial	Street Address			WED
DEP X DOL	Initial Amended Amendment # Emergency (including	City, State, Zip Code Edison, NJ 08837	Account Accounty	DEC 1	2018
DOH DCA	justification) Cancellation	Name of Contact Johnathan	Te	lephone Number	NTROL &
Name of Equility Whar-	A11	FACILITY INFORMATION	- Co-Touches	EICENS	7G
Private Home	Ab: tement is Taking Place (3)		Type of Facility (4)		
Street Address City (5)			School (K-12) Subchapter 8 (Otl Other (i.e. private etc.)	ner than K-12) & commercial bu	ings, homes,
City (3)			0.0.7		

Agencies Notified	ype Notification			Jiliatilaii				1	171	压低	E		\mathbb{W}^{-1}	F
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EPA DEP	Initial Amended							all						Citemps Linear
× DOL	Amended Amendmen			y, State, Zip				445	-	DEC	1	21	018	14 A A A A A A A A A A A A A A A A A A A
] Emergency			dison, NJ				deaday	ned State of			4	110	1
DOH DCA	_ justification			me of Conta	act			1	Tel	ephone.N	lumher	-	-	
L DOA	Cancellation	1		hnathan						_			ROL	&
Name of Facility Where Ab	tement is Takir	na Place (2)	1	FACILITY I	NFORMAT	ION			The entertain the anal		CENS	NG.	-	~~~
Private Home	tomorit is Takii	ig riace (5)				Type of F	acility (4)					
Street Address							Sch	ool (K-12	2)					
							Sub Sub	chapter { er (i.e. pr	3 (Other ivate 8	er than K- commer	-12) rcial bu	ina	s, hon	nes
City (5)							etc.)	Ÿ						
Edison							Square F	eet	# of	Floors		dg.	Age	
County (6)			Cor	inty Code (1	7)		0							
Middlesex			(ST)	ATE USE ON	iLY)		Current U	se (Prior	if beir	ng demoli	shed)			
Name of Monitoring Firm Hi	ed by Building	Owner (8)	A	SCM No.		Name	of Abateme	ent Contr	ractor	(0)				
							oval Saf			(9)				
Street Address	×						Address	Cty LLC				_		
							osby Ave	,						
City, State, Zip Code							ate, Zip Co							
							rson, NJ							
Project Manager for Monitor	ng Firm		Tele	phone No.			one No.	07302		1:		_		
							400-871	1	1	License 01332	INO.			
Start Date (10)		Scheduled	d Complet	ion Date (1	1)		of OSHA M			01332				
12/17/2018		12/20/2	018	20	53		as (9)	iornitor						
Occupancy Status During At	atement (Chec	k Only One)				Address							
Facility Closed/Vacated	During Entire F	Period of Ab	patement											
Abatement Performed (Other – Describe: Nor	Dutside of Norm	al Facility F	Hours			City, Sta	ate, Zip Co	de			_	_		
						•	, _ ,							
Scope of Work (Check All Th	at Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		× Re	novation				Full Con	.toin	A		_			
× ≥160 sf or ≥260 lf		De	molition			×	Mini-End	closure	t with i	Vegative	Pressu			
						×	Gloveba	g Proced	dure					
		lat					Non-Exe	empted (*) and	Non-Fria	ble Pro			
Location of		1000	ocation ormally										ement ype	t
Asbestos-Containing Mat	rial (ACM)	Used	Solely by	Ash	Des estos Conta	cription o	of			113		- '	T	
TO BE ABATE In Facility	<u>)</u>		tenance/ dial Staff?	7:	e. thermal:	systems i	insulation.	VI)		ount ecify	70		四	т
(13)		14 DOOLS ADDOOR 237	(12)		surfac	ing, VAT	, or			or LF)	Removal	Repair	cap	nclo
Storensette		V			outer m	iscellane	ous)				oval	ar.	Encapsulate	Enclosure
		Yes	No N/	A									te	a l
Ground floo			X		Ceilin	g trans	ite		180	SF	x	-	V	\vdash
								-	100	01	_ ^		X	
Name of Registered Waste H	vdes									9-3 9-50-50				
	luler			Waste	Cubic Y		Nan	ne of Reg	gistere	d Landfill		_		
Removal Safety LLC			Hauler 00370		of Wast	e		ROWS	***************************************					
City, State			00070	,,,,		I Dot-			NOIL		9	_		
Paterson, NJ					Disposa	ii Date		, State				30,710		
Completed by		Title				notire	IVIC	rrisville	e, PA					
Lasko Veskov	l S	Preside	ent		319	nature	/_/	1/1	~	Da		contant		
			speletis in		1	100	no la	lake	V	12	2/08/2	18		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Chk#34.9 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	500 Zh				Mon	o of Duildi	0	(0)	<u> </u>	J (
	;	/ _1	8		B 5,0000	e of Buildii e <mark>rizon</mark>	ng Owner/Operator ((2)	MEC	E	90-0-	$\overline{\mathbb{W}}$	
Agencies Notified	T/pe No	tification	1		Stree	et Address			110)	d to be a supply of the supply	No. of Lot	**********	
] Initia						ntgomery Place,	Lowerlavel	limi				W. TINGS
] Ame				2000			Lower Level	ill ill ne	c_1	-2	018	1
□ DHSS	Ame	ndment a	#	_		State, Zip			11 11		_		20110
		rgency (i	includir	g			PA 15212						
(NJAC 5:23-8)		ication)			100000000000000000000000000000000000000	e of Conta	7.51		Telephone Num			TRO	L &
] Cano	ellation			An	thony Po	orta		412-633-40	24CEN	NO	3	-
					FA	CILITY	NFORMATION						
Name of Facility Where Ab	temen	t is Takir	ng Plac	e (3)	(Same of			Type of Facility	(4)		-		
Verizon Paulsboro C	. D.							School (K-1	2)				
Street Address								Subchapter	8 (Other than K-1	2)	22		
220 W Broad St.								homes, etc.	orivate and comme	ercial bu	ling	js,	
City (5)								Square Feet	# of Floors	DI	. A	70	
Paulsboro								Square Feet	# 01 F1001S	DI	. A	ge	
County (6)					10	-1.0.1.	71/07475 1105 048 18				_		
					Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demol	ished)			
Gloucester								_					
Name of Monitoring Firm H	8.0		Owner	(8)	ASCM	No.		-					
USA Environmental I	anag	ement					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					-		Street Address				7,700		-
8436 Enterprise Ave							1123 BEAVE	R STREET					
City, State, Zip Code				15000			City, State, Zip Co	ode				- 77	
Philadelphia, PA 191	5 3						BRISTOL, PA						
Project Manager for Monito		n	-V	Tel	ephone	No	Telephone No.		License No.		_		
Mark Jenkins	J., 3			1 200		5-5810	215-788-6040	1	a compression and acceptant				
Start Date (10)		Soho	dulad (-		ate (11)			00509		_		
12 /26 /	18			405		18	Name of OSHA M						
					9_ /		BRISTOLEN	VIRONMENTA	L, INC.				
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated							1123 BEAVE	R STREET					
Abatement Performed C							City, State, Zip Co	ode					
Time of Abatement:	_AIVI-		1VI/ <u>5:UI</u>	JPIVI-1	:30AM	li.	BRISTOL, PA	19007					
Scope of Work (Check all the	it appl	y)											
≥3 sf or ≥3 If			5 15					tainment with Ne	gative Pressure				
≥3 \$1 or ≥3 if ≥160 sf or ≥260 if				enova emoliti			☐ Mini-Enc	losure g Procedure					
23 _ 100 01 01 <u>1</u> 200 11				SITIOILL	1011		☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ıre			
			1:	s Loca	tion	-				Aba		ont To	100
Location of				Norma			Description o	of			-	ent T	
Asbestos-Containing Ma		ACM)		ed Sol	lely by		estos Containing Ma	terial (ACM)	Amount	Remova	Renair	Encapsulate	Enclosure
TO BE ABATE IN Facility	= 5				Staff?	(i.e	e., thermal systems		(Specify	nov	Š.	aps	los
(13)				(12)			surfacing, VAT, other miscellane		SF or LF)	<u> 20</u>		ula	ure
			Yes	No	N/A							te	
Basement Old HSB are				П		Floor t	ile and mastic		185 SF		7		
	-		1=	1=		1 1001 0	no una mastro		100 01				ш
				П						П	7	П	П
				1							7] [1
Name of B							1/2		1			Ш	
Name of Registered Waste				1.00	NJDEP '		Cubic Yards of	Name of Regis	stered Landfill				
SERVICE TRANSPOR	GRO	DUP, IN	C.		dauler I 2099		Waste	MINERVA	LANDFILL				
City, State					2000		Disposal Date	City, State					
YARDLEY, PA 19067									URG, OH 4468	8			
Completed By (Print or Type		Titl	ρ				Signature				177		
Brian Scafiro		859455	e Stima	tor			Signature	ate		15	>		
STOCK THE STOCK OF			.suilla	LOF			Duar	1 Scagn	0/7/2	12-	2 -	15	
ASB-41 BS 18/34					his form	for asbes	tos licensure exemp	ited activities.		100	8	10	1

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	PA		(1	Pursuant	to NJA	C 8:60 ar	nd 12:12	20)				CHI	0	26	141
Date of Notification (1) 12/6/2018		The street of th				g Owner/ USA L		or (2)		J. Salara	TE	* Andrews of the Party of the P	7	20/	77
Agencies Notified Type	e Notification	2.75.H		Street A	Address						1)	CE	1	\\ <u>\</u>	5
X EPA X	Initial			110 N	l. Carpe	enter S	t.				1		The case	-	Production of Street
DEP DOL	Amended	ш			ate, Zip (Meh.		DEC 1		2018	- A
	Amendment Emergency		g			60607	7-2101			[2nd 1		DLO.		2010	TV4007Y
DOH DCA	justification) Cancellation				f Contac n Weis							Number	-	-	The same
						FORMAT	ION	2.000.000.00		132	2-632	ESTOS (AC	TRO	La
Name of Facility Where Abate	ment is Takin	g Place	(3)	1701		ONWA	ION	Туре	e of Facility (4)	an extension of	Comment of the comment	1 0		-
Former Michael Watley	Printing								School (K-12)					
Street Address 139 Main Street								×	Subchapter 8 Other (i.e. pri etc.)	(Othe vate &	r than I comm	K-12) ercial buil <mark>d</mark>	gs.	hom	es,
City (5)			-					Squa	are Feet	# of	Floors	BI	1. A	ge	
Orange County (6)								15,0		2		6	70		
Essex				County (y)			ent Use (Prior cant Print S						
Name of Monitoring Firm Hire BioTerra Environmenta	by Building (Owner (8	3)	ASCN	No.				atement Contr		9)	***************************************		-5 -0//20	
Street Address	Solutions,	LLC							Diagnostic L	.LC					
1130 West Cheshut Str	et:	To Gleriwild Ave											50000		
City, State, Zip Code		City, State, Zip Code													
Union, NJ 07083		Bloomingdale, NJ 0													
Project Manager for Monitorin	Firm	relephone No.									Licens	e No.	-		
Rick Eustaquio				973-49			973-	928-3	3995		0118	1			
Start Date (10) 12/17/2018		Schedu 01/31	led Cor	mpletion [Date (11)		100		HA Monitor						
Occupancy Status During Aba	ement (Check								iagnostic L	LC					
× Facility Closed/Vacated [1000	10.				Street 16 G		ild Ave						
Abatement Performed Or	tside of Norma	al Facilit	Abaten y Hours	nent S				200000000000000000000000000000000000000	ip Code				-		
Other – Describe:							0.0240.00		dale, NJ 07	403					
Scope of Work (Check All Tha	Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit				×	Mir	ll Containmen ni-Enclosure ovebag Proced n-Exempted (dure			ure	<u>.</u>	
		ls	Locati	on	THE STATE OF THE S)		A		ment	
Location of		1 22000	Normall ed Sole	-			scription						Ту	oe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	al (ACM)	Ma	intenar todial S (12)	nce/	Asbes (i.e.		aining M systems cing, VA niscellan	insula T, or	(ACM)	(Sp	ount ecify or LF)	Remova		Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		late	ire
Throught First FI				X		VAT	/ Mas	tic		6,40	0 SF	X	+		
Throught Secound	Floor			X		VAT	/ Mas	tic		6,00	0 SF	Х	1		
Rear Basement C	nly			X		VAT	/ Mas	tic		3,00	0 SF	X	1		
Upper / Lower Ro				X	,	ACM R	oof Fla	shind	1	560		X	+		
Name of Registered Waste Har	120 110		100000	JDEP Wa	ste	Cubic `	Yards		Name of Re						-
Hazmat Diagnostic LLC/N	ewark Cart	ing Inc		auler ID N 035440/		of Was	te		Fairless L	90537					
City, State Bloomingdale,NJ /	Newark	, NJ				Dispos TBD	al Date		City, State Morrisville	, PA	10-100-100			70. HI- 9-0	
Completed by		Title				Si	gnature		B			Date			_
Tatiana Rotaru		COO						1	Z-			12/6/201			

601											*1			I	Print
K1794	P	AU	NOT	IFICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	MEN 0)	A Commence of the Commence of	0)-	EC	E			
Date of Notification (1) 12/5/18					of Buildin Jean-P		Operator	(2)	Sharay A	11	Bea	1 .			Section of
Agencies Notified	ype Notificatio	n			Address	milipe			The state of the s	Ш	DEC	ı	1 2	18	
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	Emergency	y (includin	g		of Contac		<u> </u>		1000		ARTON DESCRIPTION OF THE PERSON OF THE PERSO	de microsom	MANAGER OF THE PARTY OF THE PAR	She with the same	
DCA [justification Cancellation				Jean-P					Tel	ephone N	umhe	ć		
Name of Facility Where At	atement is Tak	ina Diana	(2)	FAC	CILITY IN	FORMAT	ION			1 _					
Residential Home	atement is rak	ing Place	(3)					Тур	e of Facility (4	200					
Street Address								H	School (K-12 Subchapter 8	2) 3 (Othe	er than K-	12)			
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City (5) Teaneck			250						are Feet	1.607.7007	Floors	T	Bldg	Age	
County (6)				County	Code (7)			210		2		- 4	70	/-	
Bergen	And the second second				USE ONL			Re	ent Use (Prior sidential Ho	ir beir ome	ng demolis	shed)			
Name of Monitoring Firm H	red by Building	Owner (8	3)	ASC	M No.			of Ab	atement Contr	ractor	(9)		_	-	
Project Manager Street Address							All St	age	s Abatemer					2000000	
							Street A		ess idland Ave.						
City, State, Zip Code		Nimes-					1000		Zip Code						
									rook, NJ 07	663					
Project Manager for Monito	ing Firm			Telepho	ne No.	C.V.	Telepho				License N	Vo.			
Start Date (10)		Schedu	led Co	mpletion	Date (11)		201-6		HA Monitor		01305			_	
12/8/18		12/11/	18		(/		rianic o	100	I IA WOITIO						
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Scope of Work (Check All T	at Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		×	Renova Demoli	ation tion			×	Glo	Il Containment ni-Enclosure ovebag Proced n-Exempted (*	dure				e	
		le	Locat	ion) and	HOIT HAL	T	Ab	emen	t
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Location of Asbestos-Containing Ma	erial (ACM)		Normal ed Sole		A-1	Des	cription o	f				-			
Location of Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)	erial (ACM)	Use Ma	Normal ed Sole intena todial S (12)	ly by nce/	Asbes (i.e.	tos Conta thermal surfac	aining Ma systems i ing, VAT,	terial nsula or	(ACM)	(Sp	ecify or LF)	Remov	кера	Encapsi	Enclos
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility	erial (ACM)	Use Ma	ed Sole intena todial S	ly by nce/	Asbes (i.e.	tos Conta thermal surfac	aining Ma systems i	terial nsula or	(ACM)	(Sp	ecify	Removal	кераг	Encapsulate	Enclosure
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CKITAE	PA	ID		ICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE		B		C		1			
Date of Notification (1) 12/5/18					of Building Feldma		Operator	(2)		- Contraction	DEC	1 1	20	18	Constitution of	
Agencies Notified T	pe Notificatio	n			Address			-	-						- 10	200
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DOH DCA	iustification	ר)			of Contact Feldma					Tele	ephone	Numb	er			
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Name of Facility Where Ab Residential Home	tement is Tak	ing Place (3)					Туре	of Facility (4))						
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City (5)									re Feet	# of	Floors	4	Ble	gb	Age	
Fair Lawn								2000		2			70) .		
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Name of Monitoring Firm H	ad by Duildin	0(0)							idential Ho							
Project Manager	en by Ballainé	J Owner (8)		ASCI	VI INO.				tement Contr Abatemer		(9)					
Street Address								Addres	and a second second	10						
									dland Ave.							
City, State, Zip Code							City, S	tate, Zi	ip Code							
							Sado	dle Br	ook, NJ 07	663						
Project Manager for Monito	ng Firm			Telepho	ne No.		1000/95000000000000000000000000000000000	one No 600-3			License 0130					
Start Date (10)				npletion	Date (11)		Name	of OSF	A Monitor							
12/14/18		12/18/	10 m													
Occupancy Status During A	- 8	5	·5.				Street	Addres	SS							
Abatement Performed Other – Describe: 8 A.	Dutside of Nor	Period of A mal Facility	Abaten Hours	nent			City, S	tate, Zi	p Code					_		
Scope of Work (Check All T	at Apply)															
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City, State Saddle Brook, NJ		1				Dispo:	sal Date		City, State Pen Argy	ıl, PA				1		
Completed by		Title				5	Signature	///	1 4	_		Date		-		-
Richard Cristofol		Presi	dent				1	alas	-/4/		/	12/5	/18			
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N 19100) PAI			CATION	ite of Nev OF ASBI to NJAC I	ESTOS	ABATE			(1K+	± 19	¬ (\supset	
Date of Notification (1)					Building (711	21		
12/5/18					lewark	rown (Center	LLC) just-op	1 [RI	77	[22]	glarac
Agencies Notified	Type Notification			Street A						1	= 9	IS II	ij	E,	
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DOH DCA	justification) Cancellation			Name of	Comaci				trong	1010	priorie i	annoer		O PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN 1 APRIL 1 AP	- 1
LI DOA	Carrottation			FACI	LITY INFO	RMATI	ON		-	A	BEST	OS CON	FÉ	L &	-
Name of Facility Where	Abatement is Takin	g Place (3)					Type of Fa	acility (4)			ENSIM	Name of		
Building # 54								School Subo	ool (K-12)						
Street Address				processor involves				Subo	chapter 8 r (i.e. priv	(Othe	r than K-	12)	20	aomes	
900 Passaic Ave								Othe etc.)	r (i.e. priv	ate &	commer	ciai bullul	5,	iomes	**
City (5)								Square Fe	eet	# of	Floors	Bk	A	ge	
East Newark								25,000		3		50			
County (6)				County C	Code (7) ISE ONLY)			Current U				shed)			
Essex								Comme							
Name of Monitoring Firm	Hired by Building	n/a Harmony Contracting Inc													
n/a		Street Address													_
Street Address		360 Palisade Ave													
		360 Palisade Ave City, State, Zip Code													
City, State, Zip Code															
Project Manager for Mo	itoring Firm			Telephor	ne No.			none No.			License	No.	-		\neg
n/a				n/a	10 To 402 702 10			460.6026			01255				
Start Date (10)		Schedule	ed Con	npletion I	Date (11)		Name	of OSHA N	fonitor						
12/14/18		01/31/	19				Han	nony Cor	ntracting	g Inc					
Occupancy Status Durin	3 Abatement (Chec	k Only On	ie)				Street	Address					-		
Facility Closed/Vac								Palisade							
Facility Closed/Vac Abatement Perform Other – Describe:		nal Facility	Hours	3				state, Zip Co							
							Gar	field, NJ (07026				_		
Scope of Work (Check /	Il That Apply)	Ellerini.					gain gain	ug							
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Asbestos-Containing TO BE AB		Ma	intena	nce/				Vaterial (AC s insulation		1,000	pecify	20	n	Encapsulate	Ē
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(13)		-		T		omeri	miscella	neous)				val	4.	late	иге
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													0.000		
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Rovic Transport			1	lauler ID	No.	of Wa		1:	SEI Lan	dfill					
City, State							sal Date	C	ity, State				-		
Riverdale, NJ						TBD			Bethlehe	em, F	PA				
Completed by		Title				-	Signatur				T	Date			
E. Cirovic		Seci	retary	1			8. (wort	e			12/5/11			
													Limburer		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 12 18 PSE&G / Job # 1810-5388 Check # Agencies Notified Type Notification Street Address ☑ EPA ☐ Initial 4000 Hadley Road **⊠** DOLWD City, State, Zip Code **⊠** DHSS SEESTUR Amendment #2 South Plainfield, NJ SING LICE ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Christina Meerlo 908-756-7736 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- North Br Inswick Station Control House ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercia uildings, 301 Victory Blvd. homes, etc.) City (5) Square Feet # of Floors dg. Age North Brunswick, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished Middlesex Control House Name of Monitoring Firr Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Mor toring Firm Telephone No. Telephone No. License No. Jim Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>10</u> / 11 / 18 12 / 14 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacate d During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or > 3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location A tement Type Location of Normally Description of Asbestos-Containing Naterial (ACM) Used Solely by Repair Removal Enclosure Asbestos Containing Material (ACM) Encapsulate Amount Maintenance/ TO BE ABA ED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facilit surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Exterior \boxtimes Roofing Material 612 SF X Exterior Perimeter Roof Flashing 104 LF X Exterior \boxtimes Roof Penetration Flashing 20 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Environmental Transport Group, INC. Hauler ID No. Waste Conestoga Landfill 000692061 40 City, State Disposal Date City, State Flanders, NJ 12/14/18 Morgantown, PA Completed By (Print or Typ 3) Title Signature Gwendolyn Trumbett Operations Coordinator ASB-41 **MAY 11**

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

State of New Jersey



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

Date of Notification (1)				Name	of Building	Owne	r/Onerato	r (2)					-	_	_	-
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Agencies Notified	Type Notification	1			Address		- Clott i la	IIIS LL		1100) E	C	3		\mathbb{W}	
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X DOL	Amendmen	t#			ing Ridg					1		DEC		1 2	2018	
× DOH	Emergency	(including	1		1000											TRAINE
DOH DCA	justification Cancellation				of Contact inne Her		-Miles				lephone			001	7001	!
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Name of Facility Where A	batement is Takir	ng Place (3)	FAC	CILITY INF	ORMA	TION	T	. f = 101 /	C-12-Majoring	S.T. Briston and Address of the	de an estimate de	-		- Martin - Park	rest of heat of heat of
United Financial Se	vices Federal	Credit I	Unior	1				_	of Facility (inet.						
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Union					Code (7)	1			nt Use (Prid			nolished	-			
						, —			mercial i							
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASC	M No.				ement Con		(9)		-			
							Hazr	mat Di	agnostic	LLC						
Street Address							Street	Address	3				-			
							16 G	lenwil	d Ave							
City, State, Zip Code							City, S	tate, Zip	Code	1000			-			
							Bloo	mingd	ale, NJ 0	7403						
Project Manager for Moni	oring Firm			Telepho	one No.			one No				se No.	_			
							973-	928-39	95		0118					
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		Name	of OSH	A Monitor				-		-	-
12/17/2018		12/31/	2018				190		agnostic	LLC						
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Facility Closed/Vaca	ed During Entire F	Period of A	Ahaten	nent			16 G	lenwild	d Ave							
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Other - Describe: _									ale, NJ 0	7403						
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TO BE ABA	ED (ACM)	Mai	ntenar	nce/	Asbest	tos Cor	ntaining Ma al systems	aterial (ACM)		nount				m	_
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City, State						Dispo	sal Date		City, State			-	-			
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NOTIFICATION OF ASBES (Pursuant to NJAC 8

State of New Jersey ATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60 and 5:16)	DR		G		\mathbb{V}
Name of Building Owner-(Ones-to- (O)	11111	2.7	FIFA	1 -	

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Date of Notification (1)							ling Owner/Operator			DEC 1	20)18	No. of the last
	7/	18	_		В	orough o	of Spring Lake He	eights / Job #18	811-5411 C	heck#			P .
Agencies Notified EPA	Type Notifi	cation				et Address	s ton Avenue		ASB	ESTOS C	NT	ROL (8.
☑ DOLWD					_	State, Zip				LICENS	VG.		
☑ DHSS	Amendr	and the second second second	•				ke Heights, NJ 07	762					
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		cludin	g	_	ne of Conta		702	Tolonhono	Mumbar	_		
(110/10/0.20/0)	☐ Cancella	50			9-1-1	ryan Kee			Telephone 732-229				
					-	-			132-223	7-4004			
Name of Facility Where A	hatament is	Taking	Dlass	(2)	FA	ACILITY	INFORMATION	1					
Spring Lake Height			Place	= (3)				Type of Facility					
Street Address	5 Fullip St	aton						School (K-12		K-12)			
550 Jersey Avenue								Other (i.e., p	rivate and co		ding	gs,	
City (5)		*****						homes, etc.)				22 111	
								Square Feet	# of Floor	s B	J. A	ge	
Spring Lake											_		
County (6)					Cou	inty Code	(7)(STATE USE ONLY)	· · · · · · · · · · · · · · · · · · ·		emolished)			
Monmouth		-						Pump Statio					
Name of Monitoring Firm	lired by Buil	lding Ov	wner ((8)	ASCN	l No.	1	ent Contractor (9)		10-10-10-10-10			
NA							AbateTech, I	nc.					
Street Address							Street Address						
							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip C	ode					
							Lumberton, I	NJ 08048					
Project Manager for Monit	ring Firm			Tele	phone	No.	Telephone No.		License N	0.			
<u> </u>					and the state of t	and deposit on the same	609-265-2107		00529				
Start Date (10)						ate (11)	Name of OSHA M	lonitor					
12 / _3_ /	18	/12	/	31	_ /	18	EMSL Analyt	ical					
Occupancy Status During	batement (Check o	only o	ne)			Street Address						\neg
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AbateTech, Inc.				10000000	18750		vvaste 25	G.R.O.W.S.	Landfill				
City, State				-37-77			Disposal Date	City, State					
Lumberton, NJ							12/3118	Tullytown, I	PA				
Completed By (Print or Type)	Title					Signature			Date	1,500	558	
Gwendolyn Trumbett		Ope	ratio	ns C	oordi	nator				121.	11	18	
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ASB-41 MAY 11

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

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City (5)									homes, etc				J .	
									Square Feet	# of Floors	E	g. A	Age	
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City, State, Zip Code							_	30 Maple Ave				_		
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Project Manager for Moni	oring Firm			Te	lephon	e No	_	Lumberton, Nelephone No.	13 08048	I tianna Na		-		
	3					o 110.		609-265-2107		License No. 00529				
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⊠ ≥160 sf or ≥260 lf				emolit				☐ Mini-Encl☐ Glovebag						
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AbateTech, Inc.				F	lauler I 1875		Wa 2	3355	G.R.O.W.S					
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Lumberton, NJ							10	2/31/18	Tullytown,	PA				
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Gwendolyn Trumbett		O	oerati	ons	Coord	inator		(MAR		121	71	18	
SB-41									KIVVI			- [10	
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* Do not use this form for asbestos licensure exempted activities.

State of New Jersey

Date of Notification (1)	108	70	P/N	OTIF	(Purs	ION OF A	f New Jersey ASBESTOS ABA IJAC 8:60 and 5	:16)	DEC		7	V 18	
12 / Agencies Notified	7	-	18				ding Owner/Operato ealth Network / J	7.1.5	Check #1086	9			1 millionist or versus
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☐ DCA (NJAC 5:23-8)	☐ Emer justifi ☐ Cano	cation))	ling	Na	me of Con John Dev			Telephone No. 856-262-1		_		
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City (5) Mullica Hill, NJ								Square Feet	# of Floors	В	1. /	Age	
County (6) Gloucester					Co	ounty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being demo	olished)	_		
M.E.C.S. Street Address	lired by B	uilding	Owne	r (8)	ASC	M No.	Name of Abatem AbateTech,))				
PO Box 341							Street Address						
City, State, Zip Code								e. PO Box 25					
CHesterfield, NJ 085	15						City, State, Zip C						
Project Manager for Monit	Comment of the Commen			Te	elephon	e No	Lumberton, I	NJ 08048	1		_		
William Weisgarber Start Date (10)	9.75 December	Coho	المحاديات	1	609-29	8-4070	Telephone No. 609-265-2107		License No. 00529				
12 /26 / _		_	1	/ _1		Date (11) 18	Name of OSHA N EMSL Analyt						
Occupancy Status During / Facility Closed/Vacated Abatement Performed (Time of Abatement:	During Er utside of	tire Pe Norma	eriod o	Abat	urs - De	escribe _AM	Street Address 200 Route 13 City, State, Zip Co	ode					
Scope of Work (Check all t	at apply)						Cililatiiiisoi	, NJ 00077			_		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				enova emolit			☐ Mini-Encl	Procedure	gative Pressure	ure			
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ASB-41 MAY 11		* [Do not	use th	is form	for asbest	os licensure exempte	ed activities.			_1		

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Date of Notification (1)	30	/	18				ling Owner/Ope ealth Network		(2) bb #1801-5255	Check #1	DEC 1	- 2	2018	
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	☐ Canc	ellation			J	ohn Devi	ne			856-26	32-1800			
					F	ACILITY	INFORMATIO	N						
Name of Facility Where			ng Pla	ce (3)					Type of Facility	(4)	-			
Zee Farm Building	#1, 3B &	3C							School (K-1	2)				
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Street Address							Street Addres	SS	The state of the s					
PO Box 341							30 Maple	Ave	e. PO Box 25					
City, State, Zip Code							City, State, Z	ip Co	ode			_		
Chesterfield, NJ 085							Lumberto	n, N	J 08048					
Project Manager for Monit					ephone		Telephone No	0.		License	No.	-		
William Weisgarber	Jr.	- 3	0.65			8-4070	609-265-2	107		00529)			
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Occupancy Status During							Street Addres	s				-		
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AbateTech, Inc.				H	auler II 18750	2000000000	Waste 40		G.R.O.W.S.	Landfill				
City, State					. 5 . 00		Disposal Date		City, State			-		-
Lumberton, NJ							1/11/19		Tullytown,	PA				
Completed By (Print or Type)	Title					Signature		1:/		Date	-		\dashv
Gwendolyn Trumbetti		Op	eratio	ons C	oordi	nator		A	and		12/-		18	,
MAY 11		* D	o not u	use th	is form	for asbesto	s licensure exe	mpte	ed activities.					

W 109	100	3	PN	OTIF	ICAT (Purs	ION OF	of New Jersey ASBESTOS AB IJAC 8:60 and 5	ATEMENT :16)		BE		V	E
Date of Notification (1)		2 ()			N	ame of Bui	Iding Owner/Operate	or (2)	III DE	C 1	-	2018	-
	6	/	18	_		Federal	Aviation Adminis	stration / Job	#1512-4971 C	heck#	181	68	
Agencies Notified	Type No		on		St	reet Addre			ASBES	-	7.0	ITRO	51 C
☐ EPA ☐ DOLWD							nnical Center		*	LICEN	N		11.0
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(NJAC 5:23-8)	justif	ication)	(1110101	ung		me of Con		7 port, 110 004	Telephone Nu				
	☐ Cano	ellation	1			Nathaniel	Burgess						
									202-651-2	525	_		
Name of Facility Where	batement	is Tak	ing Pl	aca (3	1	ACILITY	INFORMATION	1-	*				
William J. Hughes	ech Cer		ing i i	ace (S	,			Type of Facility					
Street Address		1001						School (K-1	2) 8 (Other than K-	40)			
Building #301								Other (i.e., p	orivate and comm	12) nercial b	dir	ngs,	
City (5)								homes, etc.)	.010101	-	igo,	
Atlantic City								Square Feet	# of Floors	В	1.	Age	
County (6)													
Atlantic					C	ounty Code	(7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
								Technical C					
Name of Monitoring Firm	lired by B	Building	Owne	er (8)	ASC	M No.	Name of Abaten	nent Contractor (9)			-		-
USA Environmental							AbateTech,	Inc.					
Street Address							Street Address				_		-
8436 Enterprise Ave	านе						30 Maple Av	e. PO Box 25					
City, State, Zip Code							City, State, Zip C				-		
Philadelphia, PA 19							Lumberton,						
Project Manager for Monit	ring Firm			Te	elephon	e No.	Telephone No.		License No.		100		
Mark Jenkins		25000			267-78	84-8651	609-265-210	7	00529				
Start Date (10)		Sche	duled	Comp	letion [Date (11)	Name of OSHA	·-	00323		-		
12 /19 / _	15		1			19	EMSL Analys						
Occupancy Status During	batement	t (Chec	k only				Street Address					5.071.5-5	
☐ Facility Closed/Vacated	During Er	ntire Pe	eriod o	f Abat	ement		200 Route 13	00 No. 44					
	utside of	Norma	l Facil	ity Ho	urs - De	escribe					-		
Time of Abatement:	AM		M/			_AM	City, State, Zip C						
Scope of Work (Check all t	at apply)						Cinnaminsor	i, NJ 08077					
☐ ≥3 sf or >3 if	at apply)		⊠R	enova	tion		☐ Full Con	tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf				emolit	ion			Procedure mpted (*) and Non	-Friable Procedu	ire			
				s Loca	7.1.1					Aba	m	ent T	vne
Location of Asbestos-Containing Ma		NA)		Norma	ally lely by		Description o	f		1	-		T
TO BE ABATE	D AC	141)	Ma	ainten	ance/	Asbe	stos Containing Ma	terial (ACM)	Amount	Removal		Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?	(,,,	surfacing, VAT,	or	(Specify SF or LF)	ova		Sd	nso
(13)			Yes	No		\dashv	other miscellane	ous)	5500 S-000TO #0	-		ilate	œ.
Mad Char D. Will			res		N/A	-						(D	
Mod Shop Room #111						Fittngs			250 total]		
Mod Shop Room #111						Pipe In:	sulation		1,000 LF		1		
Mod Shop Room #111				\boxtimes		Duct In	sulation		500 SF	\boxtimes	1		
										П	1	П	П
Name of Registered Waste I	auler			359	JDEP '		Cubic Yards of	Name of Registe	ered Landfill	1-1	.1		
AbateTech, Inc.				H	lauler II	C. III Microsoft	Waste	Fairless Lan					
City, State					18750	,	40 Disposal Date	City, State			_		
Lumberton, NJ							1/18/19						
Completed By (Print or Type		Title						Tullytown, P	A		100		
Gwendolyn Trumbetti	1	, 277825555	erati	ons (Coordi	nator	Signature	DAM	Da		1	0	
SB-41 IAY 11			<u> </u>					AVU		12/4	_!	O	
AT II		* D	not	use th	is form	for achaet	e licensure exempt	S. 1. 1					

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

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Date of Notification (1)	3	/ _ 1	8				ding Owner/OperatorstEnergy Comp		1-5415 Cheel	E#1079!	2	2018	
Agencies Notified ☑ EPA ☑ DOLWD ☑ DHSS ☐ DCA (NJAC 5:23-8)	⊠ Emer	nded ndment #	#	– ng	Str	eet Addres 1 0 Legion y, State, Zij	s Place- Building o Code n, NJ 07960			STOS C LICENK	- M	TROI	L &
	☐ Canc					ving Silv			978-490-				
					_		INFORMATION		070-400-		_		
Name of Facility Where A		is Takin	ng Plac	ce (3)			THE CHARACTER	Type of Facility	(4)		_		
JCP&L- Atlantic Hig	hlands							School (K-1;	A 1. A 1.				
Street Address								☐ Subchapter	8 (Other than K	(-12)			
401 Navesink River	Road/BI	ossom	Inte	rsect	ion			Other (i.e., p homes, etc.)	rivate and com	mercial b	dir	igs,	
City (5)					7			Square Feet	# of Floors	В	1. /	Age	
Atlantic Highlands,	NJ												
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolished)	_		
Monmouth								Substation					
Name of Monitoring Firm			Owner	(8)	ASC	M No.	Name of Abatem	nent Contractor (9)			-		
1 Source Safety & h	alth, Inc	.					AbateTech,	Inc.					
Street Address							Street Address				8 -00		
140 S. Village Ave. S	uite 130						30 Maple Av	e. PO Box 25					
City, State, Zip Code						CE-TURNED DE	City, State, Zip C	ode			_		
Exton, PA 19341							Lumberton,	NJ 08048					
Project Manager for Monit	ring Firm				ephon		Telephone No.		License No.		_		
Brian Hovendon Start Date (10)						4-5525	609-265-2107		00529				
	10					ate (11)	Name of OSHA N						
					_ ′	18	EMSL Analyt	ical					
Occupancy Status During							Street Address				_		
☐ Facility Closed/Vacated ☐ Abatement Performed 0	During Er	itire Per	iod of	Abate	ement	7	200 Route 13	0 North					
Time of Abatement:	AM-	PN	гасііі. 1/	y nou PM	rs - De -	AM	City, State, Zip C						
				-1611/19			Cinnaminsor	n, NJ 08077					
Scope of Work (Check all t ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at apply)		⊠ Re □ De	novat moliti			☐ Mini-Enc ☐ Gloveba			dure			
1.224				Loca: lorma						Aba	m	ent T	уре
Location of Asbestos-Containing Ma TO BE ABATI IN Facility (13)	terial (AC	M)	Use Mai	d Sole intena	ely by	Asbe (i.e	Description o stos Containing Ma ., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal		Encapsulate	Enclosure
Exterior Pole				No.							-		
Exterior Fole			Ц			Asbesto	os risers		16 LF]		
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Name of Registered Waste	lauler				JDEP	Waste	Cubic Yards of	Name of Registe	rod Landell		7	Ц	Ц
AbateTech, Inc.				100	auler II	D No.	Waste	G.R.O.W.S.					
City, State					18750)	2 Disposal Date		Lanulli				
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Gwen Trumbetti		00000000	eratio	ons C	oord	inator	Signature	/		Date 12-3	į	8	
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* Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 3 1 18 JCP&L/FirstEnergy Company / Job #1811-5413 Check #1080 Agencies Notified Type Notification Street Address ASBESTOS CO TROL & LICENS 10 Legion Place- Building A ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment #_ Morristown, NJ 07960 ☐ DCA Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Irving Silverman 978-490-6930 **FACILITY INFORMATION** Name of Facility Where batement is Taking Place (3) Type of Facility (4) JCP&L- Long Branch School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial ildings, 23 Emmons Street homes, etc.) City (5) Square Feet # of Floors lg. Age Long Branch NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 1 Source Safety & lealth, Inc. AbateTech. Inc. Street Address Street Address 140 S. Village Ave. Buite 130 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Exton, PA 19341 Lumberton, NJ 08048 Project Manager for Moni oring Firm Telephone No. Telephone No. License No. Brian Hovendon 610-524-5525 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 5 / 18 12 / 5 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacate | During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all hat apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location tement Type Normally Location of Description of Removal Encapsulate Used Solely by Asbestos-Containing N aterial (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A **Exterior Pole** П Asbestos risers X 16 LF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech. Inc. G.R.O.W.S. Landfill City, State Disposal Date City, State Lumberton, NJ 12/5/18 Tullytown, PA Completed By (Print or Type) Title Signature Date Gwen Trumbetti **Operations Coordinator** ASB-41

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

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

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30				Na	me of Buildi	ing Owner/Operator	(2)	H LI DE	3	-21	018	
	/	18		F	Rutgers, T	he State Univers	ity of NJ / Job	#1804-5300 C	Check			200
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				City	State Zin	Codo	6 Livingston C	ampus	and a substitution	190000	#16#16#1-112#	Joseph - Marinette
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						AND DESCRIPTION						
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							homes, etc.)		or oldr or		go,	
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18							10.11.7.7.7.10.					
	17					EMSL Analyti	cal					
batemer	nt (Che	ck only	one)	A	, U. 4 - 44 * **	Street Address						
During E	:ntire-Pe	eriod of	Abate	ment								
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		Ole -			•	Cinnaminson,	NJ 08077					
at apply)					□ Full Conto	inmont with None	ative Deserves				
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-		1			1	⊠ Non-Exem	pted (*) and Non-	-Friable Procedu	re			
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D						, thermal systems in	sulation,	(Specify	Now	4	cap	Enclosure
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lauler			1000	auler ID		Cubic Yards of Waste	Name of Registe					
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lauler							0" 0"			10		
lauler						Disposal Date	City, State					
						12/31/18	Tullytown, P	A		_		
	Title				.(1		Dạ		_		
	100000			oordi	.(12/31/18		Dạ	te \-3(_	18	
	ired by ices ring Firm 18 batemen During E utside o _AM at apply	Emergency justification Cancellation Cancellation Datement is Tak Campus- Blo 4 lired by Building ices ring Firm Sche 18 During Entire Poutside of Norma _AMF at apply)	justification) Cancellation Datement is Taking Pla Campus- Bldgs. 46 4 lired by Building Owner ices ring Firm Scheduled (18 12 12 12 12 12 12 12 12 12 12 12 12 12	□ Emergency (including justification) □ Cancellation Datement is Taking Place (3) Campus- Bldgs. 4086, 4 4 ired by Building Owner (8) ices ring Firm Tel 8 Scheduled Completed in the second of Abate and the second in th	Emergency (including justification) Cancellation Cancellation Finatement is Taking Place (3) Campus- Bldgs. 4086, 4087 & Conlined by Building Owner (8) ices Telephone 856-45; Scheduled Completion De 18	Emergency (including justification)	Emergency (including justification)	Piscataway, NJ 08854 Name of Contact Michael F. Smith	Piscataway, NJ 08854 Name of Contact Name of Contact Name of Contact Nichael F. Smith Sata-445-25	Piscataway, NJ 08854 Name of Contact Michael F. Smith Michael	Piscataway, NJ 08854 Name of Contact Michael F. Smith S48-445-2550	Piscataway, NJ 08854 Name of Contact Name of Contact Michael F. Smith Name of Contact Name

Scope of Work Cont.

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A CONTROL CONT	DEC	1	2018	The state of the s
	SBESTOS LICE nent Typ	MS	VTROL (Tanana d

				1	LICENS
Location of	\CM	Used for Maint.	Description of ACM	Amount Aba	tement Type
Building #40	86	NO	Roof Flashing	125 SF	Removal
Building #40	86	NO	Floor tile	6,884 SF	Removal
Building #40	37	NO	Floor tile	7,732 SF	Removal
Building #40	37	NO	Mastic	43 SF	Removal
Building #40	37	NO	Furnace Gasket	5 LF	Removal
Building #40	37	NO	Furnace Door Packing	2 SF	Removal
Building #40	37	NO	Roof Flashing	125 SF	Removal
Building #41	5	NO	Transite Ceiling Panels	1,400 SF	Removal
Building #41	2	NO	Complete Wet Demolit	ion & Disposal as ACI	VI Removal
Building #40	9	NO	Complete Wet Demolit	ion & Disposal as ACI	M Removal
Building #409	0	NO	Complete Wet Demolit	ion & Disposal as ACI	M Removal
Building #41(2	NO	Complete Wet Demoliti	on & Disposal as ACI	/I Removal
Building #410	3	NO	Complete Wet Demoliti	on & Disposal as ACI	A Removal
Building #412	7	NO	Complete Wet Demoliti	on & Disposal as ACI	A Removal
Building #415	5	NO	Complete Wet Demoliti	on & Disposal as ACN	A Removal
Building 5022	Kiln	NO	Complete Wet Demoliti	on & Disposal as ACN	/I Removal

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	30 /	18						Owner/Operator	(2) on Group,LLC	lab#1800	DEC 1	_	2018	
Agencies Notified	Type Not				Stre	eet Address		Street, SUite 2			BESTOS C	_	TRO	- Aller
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☐ DHSS	A. 534-554	dment #3	7.0		100000000000000000000000000000000000000	ampa, FL								
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(**************************************	☐ Cance				1 200	hris Walst				Telephone				
					-		_			609-51	7-5/41			
Name of Facility Where A	natement i	s Taking	Plac	o (3)	F.	ACILITY	11-0	ORMATION	I =			102		
Stockton Seaview F				e (3)					Type of Facility					
Street Address		on oran	_						School (K-12		K-12)			
401 South New York	Road								Other (i.e., proposed homes, etc.)	ivate and co	ommercial bu	lin	gs,	
City (5)			75						Square Feet	# of Floor	rs Bl	-	Age	
Galloway, NJ 08205									Particle Action (1997) by 65 - Jan 15 Back				.50	
County (6)					Cou	inty Code (7)(S	TATE USE ONLY)	Current Use (Pri	or if being de	emolished)	-		
Atlantic									Hotel					
Name of Monitoring Firm I	ired by Bu	ilding O	wner	(8)	ASCN	I No.	N	ame of Abateme	ent Contractor (9)			92		
Heath & Safety Serv	ces							AbateTech, Ir						
Street Address							-	treet Address						
PO Box 365								30 Maple Ave	. PO Box 25					
City, State, Zip Code							_	ity, State, Zip Co				-	-	
Berlin, NJ 08009								Lumberton, N						
Project Manager for Monito	ing Firm		365.5	Tele	ephone	No.		elephone No.		License N	Jo	_		
Jim Proctor				6	09-704	1-8850		609-265-2107		00529				
Start Date (10)10 /15 /	18	Schedul 12				ate (11)		ame of OSHA Mo						
Occupancy Status During A	batement	(Check	nfy-c	one)				reet Address				-		
☐ Facility Closed/Vacated	During Ent	tire Perio	d of	Abate	ment			200 Route 130	North					
Abatement Performed C	utside of N	Normal F	acility	/ Hou	rs - Des	scribe		ty, State, Zip Coo				0		
Time of Abatement:	AM	PM/		_PM-		_AM		Cinnaminson,						
Scope of Work (Check all the	at apply)							200		AMERICA CONTROL OF CONTROL		_		
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if				novati molitic										
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Regency Wing 3 rd Fl.			-					I Fire proofing		2,500 SI		1		
Bay Wing 3rd FI.			7	П			-	I Fire proofing		2,500 SI		1	귀	
Name of Registered Waste I	auler			N.	JDEP V			oic Yards of	Name of Registe			1	ш	ᆜ
AbateTech, Inc.					auler ID 18750	No.		ste	G.R.O.W.S. I					
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Completed By (Print or Type		Title				(Signature			Date	-		
Gwendolyn Trumbetti		Ope	ratio	ns C	oordi	nator		3			11-30	-	18	7

ASB-41 **MAY 11**

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

Scope of Work Cont.

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Commence and the second	DEC	1	1	2018	To be designed to the second
	P North and a Company				1

Location of A	CM Us	ed for Maint.	Description of ACM	Amount	Abatement Type	7/
Crawlspace		NO	Fittings	30 total	Removal	N
Crawlspace		NO	Soil	5,400 SF	Clean Up	
9 Locations I	asement	NO	Pipe Insulation	3 LF	Removal	
Regency Wir	g 1 st Fl.	NO	Pipe Insulation	27 LF	Removal	
Regency Wir	g 2 nd Fl.	NO	Pipe Insulation	27 LF	Removal	

Print Form

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

Check # 257: 1.

Date of Natification (1)					it to NOAC			•	1) F	PE	1	M	E		
12/03	′2018			Name of Building Owner/Operator (2) Csapo									4			
Agencies Notified	Type Notification			Street	Address					ll n	EC 1	_	2018			
X EPA	X Initial			City C	tata 7:- 0	- 1-				1 0	LU,		2010	the state of the		
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ĭ DOH	Emergency justification)			Name	of Contact			40/110/////	- 1	ASBE lephone N	STOS (N	TRO	L &		
DCA	Cancellation				Tho	mas C	sapo		1	CDITIONIO_I	AGEI IDEN	1 0		CHISADE NA		
Name of Facility Where	Abatement is Takir	a Place (3)	FAC	ILITY INF	ORMAT	ION					_				
	dential	y Flace (3)					Type of Facility	, , ,							
Street Address								School (K		er than K	-12)					
								Other (i.e etc.)	. private	& comme	rcial build	gs	, hom	es,		
City (5)								Square Feet	# 0	f Floors	В	1. /	Age			
	own, NJ							3000		3			0+/-			
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		Owner (8)		120	M No.	-	Namo	of Abatement C		(0)						
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A CONTRACTOR OF THE PROPERTY O	cks, NJ 08515							ate, Zip Code								
				Telepho	no No			town, NJ 085	001							
Bill Weisgarber	toring i iiii				298-407	70		one No. 59-9688		License 00493	No.					
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				/2018			MECS									
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Other – Describe:	ai Facility	Hour	5				ate, Zip Code terfield, NJ 0	8515	515							
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City, State, Zip Code Crossw	cks, NJ 08515								ip Code , NJ 0850)1									
Project Manager for Mon Bill Weisgarber	toring Firm			Telepho (609)	one No. 298-40	70	Teleph 609 2				License N 00493	0.							
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Project Manager

Mahlon E. Stevens

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Date of Notification (1) 12-05-18				Name of Building Owner/Operator (2) PSEG DEC 11							. 1 1	2(2	And the control of th
Agencies Notified	ype Notification	30.1181.3184			Address Hadley	Rd			Control of the contro	II DEC		_4	5	\$ 5.00 \$
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DOH DCA	justification) Cancellation	ncluding			of Contact Pentek					Telephone 732-540-		[NO STONE OF	er eparti te cury.
	FACILITY INFORMATION atement is Taking Place (3) Type of Facility (4)													
Name of Facility Where Al PSEG New Milford S	atement is Taking	Place ((3)					Туре	of Facility (4)					
Street Address 132 Henley Ave	103(4)(0)					***************************************		X	School (K-12) Subchapter 8 Other (i.e. pri- etc.)	(Other than I		aildir	s, ho	mes,
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treet Address V/A									eet Address Old Dock Rd					
City, State, Zip Code N/A								State, Zip Code phank, NY 11980						
Project Manager for Monito N/A	ing Firm			the state of the s			Telephone No. License No. 631-924-8111 01136							
tart Date (10) 12-17-18		Schedul 1-31-1		mpletion	Date (11)		Name of OSHA Monitor WRS Environmental Services, Inc.							
occupancy Status During	batement (Check	Only O	ne)			Street Address							***************************************	
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Completed by Raymond Tutiven

Title

Supervisor

Signature

Date

12-05-18

Page 2 of 2													-	Prin	nt For			
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DOH DCA	justification	justification) Name of Contact Telephone Number Cancellation Steve Pentek 732-540-4838									***************************************							
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Environmental Transp	- contrate to the contrate of		H	auler ID	370	of Was 25			The second second second second	egistered La - Fairless		dfill						
City, State Gold Mine Road, Fland	lers NJ 07836	3				Dispos	al Date		City, State 1000 Nev	w Ford M	ill Rd.	, Morr	ville	, PA				
Completed by Raymond Tutiven		Title Supe	rvisor		***************************************	N	gnature		Tit	たい	Date		-					

State of NJ Notification of Asbestos Abatement D&S Proj. #: 18-267 (Pursuant to NJAC 8:60 and 12:120) W7 Date of Notification (1) Name of Building Owner/Operator (2) 1 12 1/10 16 1/11 18 robert rowetter Agencies Notified Type Notification Street Address ☐ EPA Initial ASSESTOS CON BOL & Amended DEP LICENSIN Amendmen #: City, State, Zip Code DOL Emerger cy westfield, nj 07090 DOH. (including Name of Contact Telephone Number justificati n) DCA Cancella ion robert rowetter **FACILITY INFORMATION** Name of facility where abateme it is taking place (3) Type of Facility (4) School (K - 12) robert rowetter Subchapter 8 (Oth r than K-12) Street Address Other (Private/Ccr nercial Bldgs./Homes, etc Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being emolished) westfield Name of Monitoring Firm Hired t y Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Fi m Phone Number Telephone Number License N nber 973-345-8020 011 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 12/18//18 12/31/18 Street Address Occupancy Status During Abatem ent (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that api ly) Full Containment w/negative pr \boxtimes >3 sf or >3 If Renovation Mini-enclosure ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (*) and Non-fria e procedure Is location normally used solely Location of by maintenance/custodial E asbestos-containing E Description of asbestos-containing n Amount staff(12) material (acm) to be n p C material (ACM) (Specify SF or abated in facility (13) C C Yes No LF) a N/A 1 ٧ p E BASEMENT PIPE INSULATION 55 l ft 0 1st floor radiator cover insulation D 15 SQ FT Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 12/19/18 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 12/06/20 Do not use this form for asbestos licensure exempted activities. ASB-41