CKDDID NOTIF	ication of ar	New Jersey	DE C	0 1 5 2017	
(1	Pursuant to N.J.	A.C. 8:60 and	12.120 ABBES	TOS CONTROL (k.
Date of Notification (1) 11/30/2017	Marie of Briedi	ng Owner / Operati	or (2)	- Serie de la constitue de la	
Agencies Notified Type Notification	Delores Swa Street Address		10: 5		
Microff .	City, State & Zi	Code	40	m	
DOL Amended	Trenton NJ		TOWER AL	20071110	
OCA Emergency Cancellation	Name of Conta		1:	Palashama Man	hees
- Annual Control of the Control of t	FACUITY IMES	7.7			-
Name of Facility Where Abstement is Taking in Residence	Flace (3)	Type of Fac	lity (4)		2014.
Street Address		2 Subcha	pter 8 (Other than K-	12)	
		Other (i.	e. private & commer	elai bulldings, horr	nes,
City (5) County (5)	County Cade (7)	Square Feet		Bldg. Age	
Trenton Mercer	Annua 5058 (1)	Current Use	(Prior if being demok	\$0>	
Name of Manitoring Firm Hired by Building Ow		Realdentia	1		
	mer (8) ASCM I	Alpha Envi	dement Contractor (9 renmental Service	i) es	
Street Address		Street Addre 2129 Route	18		
City, State & Zip Code	Andrew law court in the court of the court o	City, State &	Zio Code		
Project Manager for Monstoring Firm	Telephone Number	Hamilton, P Telephone N	umber License	Number	Street, Street
Scheduled Start Date (10) Scheduled Co.	Impletion Date (11)	Name of OSh		01222	2000 ₀
12/2/2017 12/3/2017		EMSL Anal	ytical		
Occupancy Status During Absternent (Check of Facility Closed/Vacated During Entire F	Period of Abstement	Street Address 107 Haddos			
Abatement Performed Outside of Norm	al Hours - 7am to 3p	n City, State &	Zip Code		
Facility Occupied During Abetement		Weatmont,	NJ 08108		
Scope of Work (Chack all that apply)	alma (1.4 to 1.4 to		☐ Full Containm	ent with Negative	
⊠ ≥3 sf or ≥3 lf	Renovation		Pressure Mini-Englosum		
≥160 of ≥250 ff	Demolijon		Glove Bag Pro		
			☐ Non-Exempted Procedure	d and Non-Friable	
Location of Asbestos-Conteining	le Location Normally Used	Description of	Amount	Abatament 1	ypa
Material (ACM)	Solely by	Asbesios-Containir Material (ACM)	SF or LF		61
TO BE ABATED in Facility	Custodial Staff? ine	.e., thermal system ulation, surfacing,	VAT	Encaps ulsay Ruppair Rusmoval	Encisous
(13)	(12) OF Yes No N/A	other miscellanso	ua)		GATH
Basement		Pips Insulation	3015	MICIO	
Name of Registered Waste Hauler	NJDEP Wash	Cubic Yards	Name of Registered	Lends	-
ALPHA ENVIRONMENTAL	Hauter ID No.	of Waste			
City, State	A4493938	Disposal Date	Grows Lendfill Cky, State		a.eeegin.ed.
Trenton, NJ			Morrisville, PA		O'CERTIFICATION OF
Completed By (Print or Type)	Tria	Signature	THE WELL IN THE PARTY OF THE	/Dete	

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(X245)		NOT	IFICATIO (Pursua)	State⊸of ON OF A nt to NJA	New Jers SBESTO AC 8:60 a	S ABATE	EMEN ⁻		EGE		Ŋ	E	M
Date of Notification (1) 12-1-2017			Name	of Buildi	ng Owner er - Les	r/Operato	r (2)		1 250 4	г с	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Agencies Notified Type Notificatio	n			Address		siy Roar	iguez		U DEC 1	5 2	2)1/	- -	
EPA X Initial									A. 4 (7) 100 A. 10	and and a second			
DEP Amended Amendmen	nt #			state, Zip ny, NJ					ASBESTOS LICE	NSIN		_&_	
□ DOH □ DCA □ DCA □ Emergency justification Cancellation)	ng	The Property of the Party of th	of Conta					Telephone N	lumbe	r		
Name of Facility Where Abatement is Taki	na Dlane	(2)	FAC	CILITY IN	IFORMA	TION							
Residential	ng Place	(3)					Туре	of Facility (() P				
Street Address							×	School (K-1 Subchapter Other (i.e. p	2) 8 (Other than K rivate & comme	-12) rcial bu	ıl dina	s hor	mes
City (5) Kearny, NJ 07032							(Sulan	etc.) are Feet	# of Floors		3ldg.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
County (6)			County	Code (7)		100 (-5000)		2 or if being demol		119		
Hudson Name of Monitoring Firm Hired by Building	0	2)		USE ONL	.Y)								
	Owner (8	5)	ASC	M No.				atement Convironment	tractor (9) al Services, I	LC			
Street Address	= 5,	=				Street	Addre						
City, State, Zip Code					İ	City, S	tate, Z	ip Code					-
Project Manager for Monitoring Firm			Telepho	ne No		Jerse Teleph		y, NJ 0730					
Start Date (10)						201-3			License 01174	No.			
12-2-2017	Schedu 12-2-2	led Co 2017	mpletion	Date (11)	Name o		HA Monitor					5-4-50
Occupancy Status During Abatement (Chec						Street /							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe:	Period of nal Facilit	Abater y Hour	ment s			City, St	ate, Zi	p Code			-		
Scope of Work (Check All That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demoli				×	Min Glo	i-Enclosure vebag Proce	nt with Negative dure (*) and Non-Fria			229	
	Is	Locat	ion				1101	Learnipled) and Non-Fila	DIE PIO		emeni	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		0 - 1		scription				-	T <u>y</u>	/pe	
TO BE ABATED In Facility	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	intena todial S	100270700000		stos Cont . thermal	systems	insula		Amount (Specify	Re	ת	Enc	Ē
(13)		(12)				cing, VAT niscellane			SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>		late	ire
Basement		Х			Pipe	insulati	ion		240 LF	х			
	-								4				
								-		-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic `	Yards	T	Name of Re	gistered Landfil	<u> </u>	<u> </u>		
Green Environmental Services,			auler ID I 034889	No.	of Was	te			orth Landfill				
City, State Jersey City, NJ					Dispos 12-2-2			City, State Morrisville	. PA				
Completed by	Title				1	gnature		IVIOITISVIIIE		ite			
Liliana Serrano	Office	e Man	ager		d	1/00	0 8 1	1 Slan		2-1-20	17		

MD 24306	10991	04		CATION OF AS (Pursuantito N.)	A.C. 7:26-2.12)				C E			
Date of Notification (1) 12/5/17		,			Name of Buildin Paulsboro Refi	ng Owner/C nina Comp	anv anv	Į D	EC 1	5 20	7	11/1
Agencies Notified		Notification	NAMES OF		Street Address 800 Billingspor	7 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -		ACDE	0700			
() EPA () DEP (X) DOL (X) DOH		(X) Initial No () Amended () Cancelle (X) Emerger	Certificatio ed	n	City, State, Zip Paulsboro, NJ			ASBE	LICE	COLUTE VSIN G	OL &	
() DCA		, ,			Name of Conta	<u>ict</u>		- 1				
				FACILITY INF								
Name of Facility Where Ab Paulsboro Refining Compa		aking Place (3	3)		Type of Facility () School (K-1 () Subchapter	2) 8 (other th	an K-12)					
Street Address					(X) Other (i.e.	private & c	ommercial bld	gs., hom	nes, etc			
800 Billingsport Rd					Sq. Feet N/A		# of Floors	s N/A		_ 3		
City (5)	County (6)		County C									
Paulsboro	Gloucester		(State Us	e Only)	Bldg. Age_N/. Current Use (p	rior if being	demolished)_	Oil Re	finery			_
Name of Monitoring Firm F ATC Associates	lired by Bldg	Owner (8)	<u>).</u>	i i		Name of Cor Mansfield Inc						
Street Address 3 Terri Lane, Burlington, N	11.08018				Street Address 800 Billingspor							
3 Terri Lane, Burnington, N					City State, Zipo Paulsboro, NJ	Code						
Project Manager for Monito	orina Firm	Telephone I	Number		Telephone Nur			License	e Numb	er		
John Lutz	<u> </u>	609-479-85			856-224-4392			00857				
Scheduled Start Date (10) 12/6/17		Scheduled (12/11/17		Date (11)	Name of OSHA Mansfield Indu	strial, Inc.						
Occupancy Status During () Facility Closed/Vacated () Abatement Performed	d During Entir	re Period of A	batement	5	Street Address 800 Billingspor							
(X) Other – Describe – Rearea	moval of ACN	M within restri	cted work a	rea in outside	City, State, Zip Paulsboro NJ (
Source of Work (Check all	that apply)											
(X) Demolition () Renov (X) Large Proj. (160 SF or (X) Full Containment with	r >260 LF AC	M) () SM Proj	. >25<160 :	SF or >10 <260 l Enclosure ()	_F ACM) () M Glovebag Proce	linor Proj. (edure	<25 SF or <10	LF ACN	M)			
Location of Asbestos- Containing Material (ACM)	Is Loca	ation Normally by Maint./Cus	y Used	Description of A	ACM (i.e.	Amount (Specify SF or	LF)	Abate	men Ty	<u>)e</u>	
Facility (13)	Staff? _YES		NA	surfacing, VAT misc.)					Rem.	Re o.	Encap	Enclose
Tank 2685 base - EOM U	nit	X		Gasket		Approx 2	05 SF		Х	Π		
		X										
										-		
Name of Reg. Waste Haul Waste Management, Inc.	NJDEP Wa: 17273	D#	Cubic Yards of 1 CY	f Waste				Lan ifill ounty Lar	ıdfill			
City, State South Harrison, NJ							<u>Disp. Date</u> Various			City, Stat Sout i Ha		NJ
Completed by (Print or Ty	pe)	<u>Title</u>			Signature			<u>Date</u>				
ANDREW GREEN		MANAGER	– Mansfield	d Industrial, Inc	- Andl Site p	perations S	<i>Qon</i> Supervisor	12-5-1	7			
												1000

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

Telephone 609-984-6620

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Date of Notification (1)			Name			r/Operator (2)	CHEC	FIL	ZEV	SINC	3
Agencies Notified Type Notificatio	n		Street	Address	HUBE	U p	face 150	<u>: ۱۰ د د د د د د د د د د د د د د د د د د </u>	7			
DEP Initial							Y	41	MA	1		Was did .
Amendme	nt #		City. 5	ilain, Zip			4 4	07/0/	<u> </u>			
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J J Odraciett			L H	UBEL	PORMA	MEAISO	ب ريا					
Name of Facility Where Abatement is Tak (ES NEW CE	ing Place	(3)					Type of Facility					
Street Address							School (K	o o (Other than K.	-12)			
City (a)							Other (i.a etc.)	. privata & commer	rcfal bu			ŋę p,
Hackensack						16	3500	# P1 P10015		Bidg.	Age -50	
County (6) BERGEN			County (\$TATE	Code (7	מל	1	Coment Use (P	for if being damos	shed)	7	40	
Name of Monnoring Firm Hired by Building	Owner (8)	7	M No.	-	Name of	ADELEMBNI C	DENTIAL				
Sireet Address		-				A.MAC	Contractin	g Inc.				
Alb. Gl./			-			Street Ad 185 Vr	iaress eeland Ave		13-11			
City, State, Zip Code			-			City, Stell	e, Zip Code	17432				-
Project Manager for Monitoring Firm			Telepho	ne No.	-	Telaphan	e No.	Ucense	No.			
Start Date (10)	Schedu	ed Co	mpietion	Date (11)	201-26 Name of	2-5841 05HA Manito	00156				-
11/30/17 Occupancy Status During Abalament (Chec		115.	1.5/			Omega	Environme	ntal Services	пс			
FACILITY CIDSEN/Vacated During France	Dariad as	A h-L-	neol	***		Street Ad 280 Hu	dress ylar Street					-
Abstement Performed Outside of Norm Other - Describe	nal Facilit	y Houn	3			City. State	a, Zip Code					·
Scope of Work (Check All That Apply)			-			Macker	sack, NJ 0	7606				
23 sf or 23 lf 2180 ef or 2360 lf		Renova Dėmolit					Clovebed Pro	ent with Negative e cadure d (*) and Non-Frja;			•	
Location of		Locali Normal					221119	- 1 July 1401-1112	JIE FIG	Abat	6 men	
Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	d Sole	ly by	Asbe	stos Com	scription of aining Mate	riel (ACM)	Amount		13	noe m	
In Facility (13)	Cus	todial 5 (12)	Staff?	(1.8	SUMP	systems in ping, VAT, o	of .	(Speaty SF or LF)	Removal	Repair	Encapadate	S. Prokua
	Yee	No	N/A		Property	riscallangou	18.)	(A), 1708A	BANG	25	adate	DA NO.
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lams of Registered Wasta Hauler	<u></u>	N.	DEP W	a G to	Cubic	Yards	Name of F	Registered Landfill				
ewark Carting Inc.			tuler ID 1 509	Va.	of Wes			Central Sanitary		dfill		Ž,
ity, State Gwark, NJ 07105					Dispos		City, State	ı				
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Completed by	Vice I				\$1	grature	1	Qar		-		- man

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Date of Notification (1)				of Building Owne					DE(3 1	5 20	7	
12/5/17				k & Lisa Con	nelly Priv	vate	Home	L L					
Agencies Notified Type Notification	n		Street	Address					ASBES	TOS	TIAOS	301	8
EPA Initial			City Ct	ete 7ie Oede					ASBES	HOEN 102	SING	101	
DEP Amended Amendmer	nt #			ate, Zip Code Nildwood N	1100060			(Carrencement)	Section of the last of	MR HASKINGSOME	DEC MILLS JEWISH	m wasterne	KIKINI (III)
Emergency	(including	,		of Contact	10 00200			Tal	onhar- *			_	
DOH justification			Frank					1 12	2.0				
	272			ILITY INFORMA	ATION								
Name of Facility Where Abatement is Taki		3)				Тур	e of Facility	(4)		3-1-1-1			
Frank & Lisa Connelly Private Ho	me					П	School (K-	12)					
Street Address				1			Subchapte	r 8 (Oth					
						X	Other (i.e. etc.)	private 8	& comme	rcial bu	ıldings	, hom	es,
City (5)				-		Squ	uare Feet	# 0	f Floors		Bldg. /	је	ataba's
North Wildwood NJ 08260						10	+00	1			35+		
County (6)				Code (7)	- H	Cur	rent Use (Pr	ior if bei	ng demol	ished)			
Cape May				USE ONLY)		1.00	ouse						
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.	1000000		patement Co	ntractor	(9)		17		
N/A	141				Peri	naco	Inc						
Street Address					Street						1977		
						Box							
City, State, Zip Code					35.50		Zip Code	004		Delta esta esta esta esta esta esta esta es		-0X	
Project Manager for Manifesian Film			Talant	N-			erlin NJ 08	091					
Project Manager for Monitoring Firm			Telepho	1		-753	-9800		License 00727				
Start Date (10) 12/15/17	12/22	/17	npletion	Date (11)	Name Sam		SHA Monitor						
Occupancy Status During Abatement (Che	ck Only O	ne)			Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of a	Abatem y Hours	nent		City, S	State,	Zip Code			- CONT.			
Scope of Work (Check All That Apply)												-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	personal and a second	Renova Demolit			<u> </u>	M G	ull Containm lini-Enclosur llovebag Pro on-Exempte	e cedure				6	
	le	Locati	on				- III	/ 4.70				nen	
Location of	1	Normall	ly		Description	of					Ту	е	
Asbestos-Containing Material (ACM)		ed Sole		Asbestos Co	ntaining N	/lateri			mount			П	_
TO BE ABATED In Facility		todial S			al systems facing, VA		ilation,		pecify or LF)	Remova	Re	Encapsulate	Enclosure
(13)		(12)			r miscellar)	٠.	o ,	lova	Repair	sula	osur
	Yes	No	N/A							=		ate	ė.
exterior siding			x	PA	terior sic	lina		140	00 SF	x			
omon ording	-			- CA	terior sic	ing		140	00 01			-	
						<u> </u>				+		-	
Name of Registered Waste Hauler		I N	JDEP W	aste Cub	ic Yards		Name of	Register	red Landf	ill	1		
Jnited Containers		H	auler ID 2459		aste		G.R.O.		ou cand				
City, State		1-			osal Date		City, Stat	e					_
Im NJ					22/17				19067				
Completed by	Title				Signature	1				ate			
Anthony T Perna	Pres	ident			1	L				12/5/1	7		

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Date of Notification (1)			-	Name	of Building (Owner/Operate	or (2)				-0	EC	-5	201	7
12/5/17				Jame	es & Kath	leen Dough	erty	Private Hor	ne						
	ype Notification			Street	Address					1	ASBE	STO	CC	ONTE	OL
EPA DEP	Initial Amended			City, S	tate, Zip Co	de						LIC	NS	ING	-
DOL -	Amendment					od NJ 0826	0								
☑ DOH ☐	Emergency justification)	,	9		of Contact				Telep	ohone Nu	mber				
DCA L	Cancellation	1		Fran											
Name of Facility Where Aba	tement is Takir	ng Place ((3)	FAC	CILITY INFO	DRMATION	T	pe of Facility (4	1)			-	-		-
James & Kathleen Do	ougherty Priv	ate Ho	me					School (K-1)							
Street Address						-		Subchapter	8 (Other						
							X	Other (i.e. pretc.)	rivate &	commerc	ial bui	ldings	, hom	es,	
City (5) North Wildwood NJ 08	2260						1	quare Feet		loors		Bldg. A	је		
County (6)	J200			County	Code (7)			000+ urrent Use (Prio	1	dor-1		35+			
Cape May					USE ONLY)			Inent use (Prio Iouse	r ii being	g demolis	nea)				
Name of Monitoring Firm His	red by Building	Owner (8)	ASC	M No.	Nam	e of A	Abatement Cont	tractor (9	9)		-	-		
N/A								o Inc							
Street Address								dress 329							
City, State, Zip Code							3.00	, Zip Code							
5000 100 10						10.000000		erlin NJ 080	91						
Project Manager for Monitori	ing Firm			Telepho	one No.	Telep	hone	No.	I	icense N	lo.	- 8			
Ct-d Data (40)								3-9800		00727					
Start Date (10) 12/15/17		Schedul 12/22		mpletion	Date (11)	Name Sar		SHA Monitor			1112-25-1				
Occupancy Status During At	patement (Chec					Stree		Iress					-		
X Facility Closed/Vacated Abatement Performed COther – Describe:	During Entire F	Period of	Abater	ment s	1			, Zip Code							
Scope of Work (Check All Th	nat Apply)										-		_	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure						
		Is	Locat	ion							T	Abate	nent		
Location of			Norma ed Sole			Description					-	Ту	e		
Asbestos-Containing Mat TO BE ABATE In Facility (13)		Ma	intena todial (12)	nce/	(i.e. tl	os Containing l hermal system surfacing, V/ other miscella	ns ins AT, o	ulation,	(Spe	ount ecify r LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A							=		ate	Q.	
exterior sidin	ıg			х		exterior si	ding		1400	SF	х				
Name of Registered Waste H	auler		553	JDEP W	C-12753-55	Cubic Yards		Name of Re	egistered	d Landfill					
United Containers				lauler ID 2459		of Waste 4		G.R.O.V	V.S						
City, State						Disposal Date		City, State					-		
Elm NJ		1				12/22/17		Morrisvil	le PA						
Completed by Anthony T Perna		Title Pres	ident			Signatur	0			Da 12	te 2/5/1	7			

Date of Notification (1)	P		. 1134	ant to N	f New Jer ASBESTO JAC 8:60	OS ABAT and 12:1	20)	D)E	C E		<u>M</u>		
12-1-2017		, <u>.</u>	Rer	i d of B úild Idina H	ding Owne ealthcar	er/Operate	or (2) State		DEC 1	5 3	117	And the second of the second o	
	Notification		Stree	et Addres	s				DLU	0 6	. V. 1.7	-	
1 050	nitial				Avenue	e, Suite	B-1		BESTOS	CON	TROI	2	-
	Amended Amendment #		City,	State, Zip	Code			AS		NSIN		_ OX	
IN DOLL	mergency (includi	ng			NJ 0710	9			OF THE STREET, SA	olimera / washiness	LOS LACHICOSCO	Market Market	roame and
	ustification) ancellation			e of Conta	act skiewicz			Т	elenhone	Numb	e		
Name of Facility Where Abateme Commercial	ent is Taking Place	(3)	17	CILITT	NFORMA	TION	Type of Fac	Hite. (A)					
Street Address 50 Newark Avenue, Suite	308						School Subcha	apter 8 (Ot	her than h	(-12)			
City (5)							elc.)	i.e. private	& comme	ercial b	u ldin	js, ho	mes,
Belleville,NJ 07109							Square Feet 60000	3	of Floors			. Age	
County (6) Essex	1 12 1	4 7	Count	y Code (7	7)		Current Use	1/253	eing demo	lished)	70+		
Name of Monitoring Firm Hired by	Building Owner (8)		CM No.		Name	of Abatement						
Stroot Add						Gree	en Environm	ental Sa	r (a)	110			191
Street Address						Street	Address		VIVICES,	LLU	_		
City, State, Zip Code					-		Virginia Ave						
District							ey City, NJ (
Project Manager for Monitoring Fi	rm		Teleph	one No.	II.	Teleph	one No.	77004	License	No.			-
Start Date (10)	Schadu	lad Ca				Linear Comment of the Comment	333-8855		01174				
12-4-2017	12-4-2	2017	mpletion	Date (11)		of OSHA Moni	tor					1000
Occupancy Status During Abatem	ent (Check Only O	ne)			1		as above						
Facility Closed/Vacated During Abatement Performed Outsid Other – Describe: night time of	g Entire Period of		ment s				Address ate, Zip Code						
Scope of Work (Check All That Ap													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli				×	Full Contain Mini-Enclos Glovebag P Non-Exemp	ure rocedure					
	2.1	Locat	0.000.000					T	I WOII-I IIA	DIE PIO		re ement	
Location of Asbestos-Containing Material (A		Normal d Sole			Des	cription o	of					/ре	100
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Name of Registered W.													
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☐ Emergency	(including			f Contact	10)	0 1	イフリ			Tele	nhone Nu	mber			
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Project Manager for Monitoring Firm	-46363-02-0	17	Telepho	ne No.		Telepi			,,	approx.	ticense t	Vin		Hessess	
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Agencies Notified Type Notification EPA Initial Amended DEP Amended Amended			City, Si	Address 147 late, Zip i	- 155 cooe	E	_	oufie		MA	ΔŒ	RA	FIN
E DOH Emergency justification) DCA Cancellation	(includin		G	סמוסר	NTCL	FOU	N	5 (27092	. =:		-	
Name of Facility Where Adalament is Takin	g Place	(3)	1,57,8	TILLY STATE	· Orrest		Туре	of Featity	(4)				
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HOWELL ALL								re Faat . oos	# of Floors		Bldg.	A90 (00)	
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Name of Monitoring Pirm Hired by Building	Owner (8))	ASC	M Na.				olement Co ontractin	UPCH ntractor (a) g Inc.				-
Street Address		-			- Quantum	Street A		and Ava					
City, State, Zip Code			- ;			CHy, St	ate. Z	ip Code 8rk, NJ (17432	K			
Project Manager for Monitoring Firm		I	Telepho	na No.		Telepho 201-2		DATE OF THE PARTY	Usanak 00156		•		
12/61/17		led Cor 2/10		Date [11)			HA Monitor	ntal Services	lac			-
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Location of		Local	ly		Dan	Cription o					Abs	emen ype	
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22	Yes	No	N/A		_							(B)	ā
Boiler Room					PIPE	MSU	(A)	10 4)	300	V			
Name of Registered Weste Heuler		l N.	DEP V	asta	Cupic Y	o mia				1			
Newark Carling Inc.		Hi	suier ID I 509		of Wasi				legistered Landt Santral Sanita		ıdî⊪		
City State Newark, NJ 07105	***************************************				Diepose		압	City, State	yl, PA 08702				
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	PAID	1		CATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATEME	. ти	Check DECK	01	18	<u>;</u>	
	Date of Notification (1) Agencies Notified Type Notification EPA Initial Amended Amendment # Emergency (in justification) DOH Cancellation Name of Facility Where Abatement is Taking	encluding	3)	Name of Street A	Building Owner/O	Deperator (2) Luc DN bi Cas ON	ype of Facility School-(K-Subchapte	12) r 8 (Other than K-12		201 17R	<i>518</i>	7
	City (5) Avon by the Sea County (6) Monmouth Name of Monitoring Firm Hired by Building O Street Address Street Address	- 9	(County (STATE L ASCM	ISE ONLY)	Name of A	etc.) quare Feet urrent Use (Pr) i 15 c Abatement Co dress	# of Floors ior if being demolished the process of	ed)	Ig. A	ge) †	_
	Dec 19, 2017	Dec	ed Com	pletion [533 ne No. 758-3365 Date (11)	Telephon 609 75 Name of 6	e No. 58-336 OSHA Monitor PC Tec	License No	033	35	33	3
	Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	eriod of A	Abatem Hours	tion		City, State	Box e, Zip Code Egypt Full Containm	NJ C		<u>-</u>	3	
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is I Use Ma	Location Normally and Solely internantodial S	on y y by	Asbestos Cont (i.e. thermal surfa	scription of aining Mate	erial (ACM) sulation, or		e Proc Remova		ment	Enclosure
-	Exterior Walls	Yes	No	. N/A	Siding		,	2600 SF	X	,	ate	re

Cubic Yards

of Waste

NJDEP Waste

Hauler ID No.

Name of Registered Landfill

Name of Registered Waste Hauler



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



Date of	Notification T		/17 otificati	ion		ame of Buil	lding Own	ner /	Operator (2)		EC		VE	M
Agencie X	es Notified EPA DEP DOL	х	Initial	rgency Notific Notification nded Notificat	ation 6	treet Addre 99 Washii ity, State & ackettsto	ngton St Zip Code	9			DEC	15	2017	
X	DOH DCA			ellation	N	ame of Cor	ntact				ASBFOT	Telek	JOHO NU	mber
						FACILIT	Y INFOR	RMA	TION	desired ventrant		TORSE OF BUILDING	No.	
Name o	of Facility V	/here	Ahaten	nent is Taking	Place (3)	T-	Type	of Facility (4)				-	
rvarrie e	or r domity v	viioio		ant Buildin		-/			School (K-12)					
Street A	Address								Subchapter 8			86 18	97	
			199	Main Stree	t				Other (i.e., priv		ercial build			C.
								Squa	re Feet	# of Floors		Bldg.		
City (5)				County (6)	Cou	nty Code (7			4,000	15 h = 1 = 1 = 1	الممال		70	
	Hacketts	town		Warren					ent Use (Prior	it being demo	olished)			
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	Planning		i mireu	by building C	wilei (o)	ASC			oal Abateme					
	Address								et Address		,		-	
	gh Street						4	443	Schoolhous	e Road			-	
City, Sta	ate & Zip C	ode	0000000000						State & Zip Co					
	ttstown,								roe Townsh			A1		
	Manager f	or Mor	nitoring	Firm .		none Numb 13-2323	2000	150 AV 170 T	ohone Number 605-9062		License		714	
John S		oto (1	٥١	Scheduled Co					e of OSHA Mo	nitor			17	
Schedu	led Start D 12/16/1		0)	Scrieduled Co	12/18				oal Abateme		s, LLC			
				ement (Checl During Entire				700000000000000000000000000000000000000	et Address Schoolhous	e Road				
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	escribe: Other - Des		Isolat	ted During	Abatem	ent	ľ	Mon	roe Townsh	ip, NJ 0883	31			
Scope of	of Work (C	heck a	II that a	apply)			_							
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	arge Proje								Mini-En					
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(≥ 260 LF ACN	the same of the sa	ocation			escription of		Amount	Ah	tement 7	Type
		ocations.c	ontainii	na	0.00000	ally Used	А		stos-Containin		(Specify		cify: Ren	
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	Е	asen	nent		_	N/A			TSI Pipe		65 LF		Remova	
		asen				N/A			e insulation		2 SF		Remova	11
	of Register			uler	NJDE	Waste Ha			Cu. Yds. of W		me of Reg	istered	Landfill	
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City, St									Disposal Date 12/18/		y, State	Pa		
	enton, NJ eted By (Pr	int or	Type	Title				-	Signature	., 10	,,		Dat	e
COMPLE									T	m · 1:			1000	2/5/17
	minick Tr	ingal	1	Pres.					Dominick	Tringall				

6	Λ s	staffe of N	ew Je	rsey - Notifi	ication of Asbestos	Abatem	ent	Chec	k;	430	06	4
GAC Project # 060-7		OPERATOR AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF TH			C. 8:60-7 and 12:120-7)		n	EC	D E		E	R
Date of Notification (1) Decemb	er 5, 2	2017			Name of Building Owne	r/Operator	NIVER		F N			m
Agencies Notified □ EPA □ DCA ☑ DOL		Notification ⊠Initial □Amend	Notifica ed Noti	ation fication # including	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code	_ HEALT 6 4086, LI	H & S7	FETY TON C	DEF	5 201 T.		
☑ DEP- No Longer REQUIRI ☑ DOH	ED	justifi	cation) elled		PISCATAWAY, NJ Name of Contact MICHAEL SMITH, HEALTH & SAFET	ENV.	Tel	ephone N	эсэдэмнин	VSING		
				FACILITY IN	IFORMATION							
Name of Facility Where Abatemeter JOHNSON APTS, BLD			3		Type of Facility (4) School (K-12)							
Street Address BUSCH CAMPUS		-			Subchapter 8 (other to Sq. Feet: N/A					Vears		
PISCATAWAY	MIDD	LESEX	County (State	y Code (7) Use Only)	Current Use (prior if beir					years		
Name of Monitoring Firm Hired b	y Bldg. C	Owner (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABA	TEMENT	CONS	III TAN		NC		
Street Address					Street Address		00.10	OLIAN	10,			\dashv
3 TERRI LANE					511 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ 0801					City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring F BRIAN KEARNY	<u>·irm</u>	Telephone I			<u>Telephone Number</u> 973-492-0477		008	nse Numl	<u>oer</u>			
Scheduled Start Date (10) 12/15/17		Scheduled (Completic /20/17		Name of OSHA Monitor TENVIROVISION, IN	c	1 000	,40				
Occupancy Status During Abat	ement (Check only o	ne)		Street Address	0.						-
☐ Facility Closed/Vacated Duri ☐ Abatement Performed Outside Describe	ng Entire de of No	e Period of A rmal Facility	batemer Hours -	t	20-21 WARGARAW City, State, Zip Code	ROAD						
☑Other – Describe: Shift Ho		3:00 PM – 4 hours a			FAIRLAWN, NJ							
Coope of Work (Charle all that an	- L - V				TAINLATTI, NO							
Scope of Work (Check all that ap				□ Renovation □ Demolition		Full Cont Mini-Enc Glovebag Non-Exem	osure Proced	ure				
Location of Asbestos-Containing Material (ACM) in Facility (13)					bestos Containing Material nal systems insulation, surfac	Amo	unt cify SF	Abater	ment 1			<u>e</u>
APT 874		X		VAT		600	CF	IDI	_			
APT 896	_	X		VAT			SF	X	+	-	+-	-
	-			YAI		000	SF		+		1	_
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was See Below		ID#	Cubic Yards of Waste:	30 CY		e of Regis		Landfill h Landf	 fill	
Hauler #1) Greenwood Abateme NJDEP # 28969 Hauler #2) Newark Carting,				NJ 07405		Disposal 12/20/1			Rd. N	∍w Ford I orrisville,		
NJ DEP# 04509									19067	16-1700		
Completed by (Print or Type) RAYMOND C. PEDALIN	o s	itle ENIOR PI IANAGER		т	Signature Raymond C. Per	dalino	Date			5, 2017		

CKIMAT P/		оті	(CATIO	ate of New Je N OF ASBEST to NJAC 8:60	OS ABATE	MENT		DE	G [E [V	Pri	nt For
Date of Notification (1) 12-07-17				f Building Owr I Howard	ner/Operator	(2)		Ш	DEC	15	: 01	7	凹
Agencies Notified Type Notification EPA DEP DOL Initial Amended Amendment	#			ate, Zip Code	55		50000	ASB	ESTO: LIC	S CO ENSIN		OL &	
Emergency (in justification) DCA Emergency (in justification) Cancellation	ncluding		Name o	f Contact I Howard				Telepho	one Nur	nber			
Name of Facility Where Abatement is Taking	Place (3)	FAC	LITY INFORM	MATION	Type	e of Facility (4	,			_		
Private Home		,					School (K-12						
Street Address						к	Subchapter 8 Other (i.e. pr etc.)				di ıgs,	home	es,
City (5) Rockaway						Squa	are Feet	# of Flo	ors	В	lc g. A	ge	
County (6) Morris				Code (7) USE ONLY)		Curr	ent Use (Prio	r if being d	emolish	ned)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCN	/ No.			atement Cont						
Street Address					Street 522								
City, State, Zip Code							Zip Code y NJ 07087	7					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 201	one N	lo.	Lic	ense No 206	0.	-		
	Schedule 12-21-		npletion	Date (11)			HA Monitor ntracting LL	.C					
Occupancy Status During Abatement (Check	Only Or	ne)			Street							-	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: 7:00 Am - 5:00 Pm					100000000000000000000000000000000000000	tate, Z	t. Zip Code y NJ 07087	7		-			
Scope of Work (Check All That Apply)					Unio	II CIL	y 143 07067						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Mi	III Containmen ni-Enclosure ovebag Proce on-Exempted	edure				25	
Location of	1	Locati	ly		Description	2000	on-Exempled	() and No	II-FIIADI		Apate		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenai todial S (12)	nce/	(i.e. ther	Containing Namal systems urfacing, VA ner miscellar	lateria s insula T, or	ation,	Amou (Speci SF or L	ify	Remova	Renair	Encapsulate	Enclosure
Pasamont	Yes	No	N/A		ina Inaula	#:a.a		00.1.1				te	W .
Basement		Х		Р	ipe Insula	uon		80 LI		х			
Name of Registered Waste Hauler		IN	JDEP W	aste Ci	ubic Yards		Name of R	egistered I	Landfill				_
Delfa Contracting LLC		1000000	auler ID 3524	No. of	Waste 2		Tullytown	100		ecove	er/F	acilit	у
City, State Union City, NJ					sposal Date 2-22-17		City, State Tullytown	n, PA					
Completed by Jaime Delgado	Title Proj.	Mana	iger.		Signature	1			Dat 12	te -07-1	7		

	A .	100 m												Pri	nt Fo
CKIDGS PL		оті (ICATION	ate of New NOF ASBE to NJAC 8	STO	SABATE	MENT 0)	г	000	E	C		<u> </u>		
Date of Notification (1) 12-06-17				f Building C Carringto		r/Operator	(2)			D	EC	15	20	117	
Agencies Notified Type Notification EPA Initial			Street A							ASBE			CNT		&
DEP Amended Amendmen Emergency		_	Morris	ate, Zip Coo stown, NJ		940			less consequences				NO MANAGE		
DOH justification Cancellation)		Linda	f Contact Carringto					Tele	ephone	Numi	oer			
Name of Facility Where Abatement is Takin	ng Place (3)	FACI	ILITY INFO	RMA	TION	Тур	e of Facility (4)						
Private Home								School (K-1							
Street Address							ĸ	Subchapter Other (i.e. p etc.)					li gs,	home	es,
City (5) Morristown								are Feet		Floors			lc g. A	ige	
County (6) Morris			(STATE	Code (7) USE ONLY)	_			rent Use (Prid		0700	olishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCN	ΛNo.		Delfa	a Coi	atement Con ntracting L		(9)					
Street Address						Street 522									-
City, State, Zip Code						000000000000000000000000000000000000000		Zip Code ty NJ 0708	7						
Project Manager for Monitoring Firm			Telepho	ne No.	-	Telepi 201				Licens 0120					
Start Date (10) 12-18-17	Schedul 12-20-		mpletion	Date (11)		1000770007		SHA Monitor ntracting L	LC						
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street						-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: 7:00 Am - 5:00 Pm							state, 2	Zip Code	_			-	_		
Scope of Work (Check All That Apply)						Unio	n Cit	ty NJ 0708	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				4	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					•	
	1000	Locat Norma				lan.	140	on-Exemples	() and	14011-1	Tidabic		A pate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial (12)	ely by ince/ Staff?	Asbesto (i.e. t	os Co therm sur	Description ontaining Notal system: facing, VA miscellar	Nateria s insu T, or	lation,	(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
D1	Yes	No	N/A		D:	, ,				015	_			te	w
Basement	-	Х			Pip	e Insula	ition		33	0 LF	-	Х	_		
~~~															
Name of Registered Waste Hauler		1	NJDEP W	/aste	Cub	ic Yards		Name of I	Register	red Lan	ndfill				
Delfa Contracting LLC			Hauler ID 3524	No.	of W	/aste 8		Tullytov	n Res			COVE	ery F	acilit	ty
City, State Union City, NJ						osal Date -22-17		City, State Tullytow				2000			
Completed by Jaime Delgado	Title Proj.	Man	ager.			Signature	-	1			Date 12-	06-1	7		

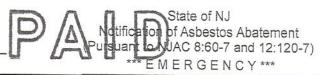
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CLI305 P		NOT	ursuafi	TATE OF NEW JOYNEST OF ASBES	TOS ABATE 0 and 12:12	(0)	т			C E				7 7 7
12-09-17	- '	3 4		and Bowler				In I	DE	EC '	1 5	20	17	
Agencies Notified Type Notification			Street	Address					1000	0700				
EPA Initial Amended				ate, Zip Code					ASBE	STOS			ROL	&
DOL Amendment Emergency	(including	_		ensack, NJ	07601Ho									
DOH justification)  Cancellation				of Contact ard Bowler				Tel	ephone	Numb	er			
Name of Facility Where Abatement is Takin	n Plane (	3)	FAC	ILITY INFOR	MATION	LTim	o of Facility	- (4)		-		_		
Private Home	ig i lace (	3)				Тур	e of Facility School (K-							
Street Address		-				目	Subchapte Other (i.e.	r 8 (Oth	er than k	K-12)	hriile	1 200	hom	00
City (5)						Sau	etc.)		Floors	elcial		3		es, 
Hackensack						Oqu	lare reet	# 01	F10015			l g. A	ige	
County (6) Bergen				Code (7) USE ONLY)		Cun	rent Use (Pri	ior if bei	ng demo	olished	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASCI	M No.			atement Co ntracting I		(9)					
Street Address					Street 522									
City, State, Zip Code							Zip Code						-1	
Project Manager for Monitoring Firm			T				ty NJ 0708	37						
Froject Manager for Monitoring Firm			Telepho	ine No.	Telepi 201		No. 9603		License 01206					
Start Date (10) 12-22-17	Schedul 12-24-		mpletion	Date (11)			SHA Monitor							
Occupancy Status During Abatement (Chec					Street		ntracting L	.LC						
Facility Closed/Vacated During Entire F	Period of	Abaten	nent		522	7th S	St.							
Abatement Performed Outside of Norm Other – Describe: 7:00 Am - 5:00 Pm	nal Facility	y Hours	\$		100000000000000000000000000000000000000		Zip Code ty NJ 0708	37						
Scope of Work (Check All That Apply)					1 01110	11 011	19 140 07 00					-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Section 1)	Renova Demolit				M Gi	ull Containm ini-Enclosure lovebag Pro on-Exempted	e cedure						
	Is	Locati	ion		- Land	7 140	ori-Exemple	u () and	I NOII-FI	lable i		ate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	Normal ed Sole intena todial s (12)	ly by nce/	(i.e. the	Description Containing M rmal systems surfacing, VA ner miscellar	fateria s insul T, or	lation,	(S	nount pecify or LF)		Remova	Ty	e Encapsulate	Enclosure
3:27	Yes	No	N/A		IOI IIIIOGGIIAI	icous)					val	Ŧ	ulate	ure
Basement		Х			VAT			110	00 SF	X				-
Name of Registered Wests Haules		1	IDEE	(t-   -										
Name of Registered Waste Hauler Delfa Contracting LLC		1000	JDEP W auler ID 3524	No. of	ubic Yards Waste 5		Name of Tullytov	//			ove	r/F	acilit	у
City, State Jnion City, NJ				1000000	sposal Date 2-26-17		City, State Tullytov				1117 -02	-		
Completed by Jaime Delgado	Title Proj.	Mana	iger.		Signature	/	1		1	Date 12-0	9-1	7		

CK446	8	P	Non		10ITA		BES	Jersey STOS ABAT ::60 and 5:1			) E (	g [	<u> </u>		7 [	
Date of Notification (1)	05 /	17				of Buildir hard Mil		ner/Operator (	2)		1 DE	C	15	201	7	
Agencies Notified  EPA  DOLWD	Type Notific  ☑ Initial  ☐ Amende					t Address					ASBES	STOS	S C C	NTF	OL 8	i i
☑ DOH	Amendm				200	State, Zip				herman		Nest Parising	HATSHESH CT	140	CONTRACTOR OF THE PARTY OF THE	
☐ DCA	☐ Emerger		cluding	g		-		NJ 08108								
(NJAC 5:23-8)	justificat  Cancella	225				of Conta				Tel	ephone N	lumb	ar			
	☐ Caricella					hard Mil										
Name of Facility When	Λ b = 4 = = - 4 :- :	T - 1-1	Di	(0)	FA	CILITY II	NFOI	RMATION					Ŧ			
Name of Facility Where A		Taking	Place	(3)			4		Type of Facility  School (K-1  Subchapter	2)	ner than K	(-12)				
Street Address									Other (i.e., phomes, etc.	orivate			ial n	uilding	JS,	
City (5)									Square Feet	#	of Floors		В	dg. A	ge	
Collingswood									2,500	- 2	3		- 1000	70		
County (6)					Cou	nty Code (	7)(STA	TE USE ONLY)	Current Use (P	rior if l	being den	nolish	ed)			
Camden									Residence							
Name of Monitoring Firm				0.000	ASCM	No.	O CONTRACT		ent Contractor (9							
Management & Env	/iro. Consul	Iting S	Servi	ces			-		onmental, LLC	;						
Street Address							10000	eet Address								
PO Box 341							-	23 Cutler Av								
City, State, Zip Code Chesterfield, NJ 08	515							y, State, Zip Co								
Project Manager for Mon				Tol	ephone	No		Maple Shade	, NJ 08052	11:	cense No					
Bill Weisgarber				6	09-298	-4070	4.00	ephone No. 356-755-0099			00842					
Start Date (10)	Sec. 1200				etion Da			me of OSHA N MSL Analyt								
Occupancy Status During							Stre	eet Address								
Facility Closed/Vacate							2	00 Route 13	0 North							
Abatement Performed Time of Abatement: _								y, State, Zip Co Sinnaminson								
Scope of Work (Check al	I that apply)							□ Full Cont	ainment with Ne	aativa	Dressure					
$\boxtimes \ge 3$ sf or $\ge 3$ lf $\square \ge 160$ sf or $\ge 260$ lf			⊠ Re □ De					<ul><li>✓ Mini-Enc</li><li>✓ Glovebag</li></ul>	losure							
				Loca									A	atem	ent Ty	уре
Location Asbestos-Containing I TO BE ABA IN Facilii (13)	Material (ACM TED	1)	Use Ma	inten	ely by ance/ Staff?		e., the	Description of Containing Ma rmal systems is surfacing, VAT, her miscellane	terial (ACM) insulation, or		Amount (Specify SF or LF)		Kemoval	Repair	Encapsulate	Enclosure
(10)			Yes	No	N/A		011	ici illiscellarie	ousj						te	
Basement				$\boxtimes$		Pipe In	sula	tion			110 LF		×			
			П	П									Г	П	П	П
				П								-	_			
Name of Registered Was	te Hauler				NJDEP V		Cut	oic Yards of	Name of Regis	stered	Landfill					
Freehold Cartage				100	15939	O No.	Was	ste	GROWS N							
City, State Freehold, NJ	34					700		2/18/2017	City, State Morrisville	, PA						
Completed By (Print or Ty Christina Lynch	rpe)	Title Vic	e Pr	esid	ent of (	Operatio	ns	Signature	20	\		Date 12		17	ay.	

OL 3007 P Date of Notification (1)		NOTII	Pursuah	N OF ASBES to NJAC 8:6	TOS ABATE 0 and 12:12	0)	D	EG	E	] [	7 [5	
Dec 5-2017 Check # 3097				of Building Ow mos & Maria				DEC	15	20	17	
Agencies Notified Type Notification				Address	4 1 (100110 1			000				-
EPA Initial							-	ACDECT	00.00	MITT	01.0	
DEP Amended				ate, Zip Code				ASBEST Li	CENS	NG	ULS	M.
DOL Amendment Emergency		_	East	Hanover, N	J 09936		(Interesting of Paris)	10	W/DOCOMINAL WAY	WHEN PERSONS ASSESSED.		
DOH justification)		9		of Contact			Te	lenhane M	imb a -			
DCA Cancellation				Ramos			COS					
Name of Facility Where Abatement is Takin	n Place /	3)	FAC	ILITY INFOR	MATION	T (F	741			0.00		
Residence at Kearny	9 1 1400 (	5)				Type of Facility	1.5					
Street Address						School (K-Subchapte Other (i.e. etc.)	r 8 (Oth	er than K- & commer	12) cial bu	dings	, hom	nes,
City (5) Kearny, NJ						Square Feet 2,000	# 0	f Floors		3ldg. /	Age	
County (6) HUDSON				Code (7) USE ONLY) _		Current Use (Pr Residencial	ior if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Building (	Owner (8	)	ASC	M No.		of Abatement Co						
Street Address					Street	Services Corpo Address	oration	1				
City, State, Zip Code						69th Street						
Oity, State, 21p Code					100000000000000000000000000000000000000	state, Zip Code	202					
Project Manager for Monitoring Firm			Telepho	ne No		enberg, NJ 070 none No.	193	11				
			Гоюрно	110.110.		295-1700		License 01074	NO.			
Start Date (10)	Schedul	ed Cor	npletion	Date (11)		of OSHA Monitor		01074				
12/16/17	12/19/			***************************************		e as above						
Occupancy Status During Abatement (Check	Only Or	ne)			Street	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Starting 8 AM	eriod of a	Abaten / Hours	nent		City, S	tate, Zip Code	1000					
Scope of Work (Check All That Apply)			-							-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Full Containm Mini-Enclosure Glovebag Pro Non-Exempted	e cedure				e	
	Is	Locati	on							Abate	ement	t
Location of		Normal d Sole		200 DO 100 100 100 100 100 100 100 100 100 10	Description					Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	(i.e. ther	Containing M mal systems urfacing, VA er miscellan	T, or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						-		te	Ф
Back and left side exterior			Х	Tra	nsite Shir	ngles	1,4	00 SF	х			
Name of Registered Waste Hauler		N.	JDEP W	aste Cu	bic Yards	Name of I	Renieter	ed Landfil				
Tri-Stare Transfer Assoc		Ha	auler ID	1 (T) T	Waste	Minerva	55.00					
City, State				10.77	posal Date	City, State						
Bronx, NY				tbo		Waynes	sburg,	ОН				
Completed by Gina Betances	Title Office	Maa	inger		Signature	Bluea	1	Da D	ite ec 5/2	017		

E & G proj. #:

2017-180



		-	! &		*** EMER	GE	N C Y ***		Check	# 870	}			
Date of Notification	(1)		Name	of Building Ov	vner/Operator (	2)	Section Section 2 in Communication Communica							
1 12 1/10 15	1/117	G. 8-7-1.1-17-V	100	nael Moss					E (	GE		VI	E	0
Agencies Notified	Type Notifica	ation	Street A	Address				-11-4			_		=	HH
	Initial								D	-0	- 0/	v-=		
☐ DEP	_		City, St	ate, Zip Code	1			1111		EC 1	) 21	11/	-11	1
X DOL	Amen	dment	We	ehawken, N	NJ 07086				CONTRACTOR OF WARE	V				
ĭ DOH			Name o	f Contact				TT	elephor	STOS (	ONT	ROL	8	
☐ DCA	☐ Cance	llation	Mic	hael Moss					•	LICEN	51NG	Olar years	toron nov	1000000000
					CILITY INCODE	AATIC	N.1		- 7/-					
Name of facility wh	ere abatement	is taking	nlace (3)		CILITY INFOR	VIATIC		T =						
Michael Moss		io taking	piace (5)					Type of I		(4) ol (K - 12	}			
										apter 8 (	9.0	than I	(-12)	
Street Address								×	Other	(Private/	comm			
								Square		/Homes, # of Flo			lda /	^~~
City (5)	111	0	ounty (6)			Co	ounty Code (7)	Oquare	1 001	# 01 110	NS	-	ldg. A	-lge
Weehawken			Hudson			(St	tate use only)	Current	Use (P	rior if be	ng der	nolish	ed)	
Name of Monitoring	Firm Hired by	Bldg O	wner (8)		ASCM No.	<u>.</u>	IN	reside	ntial					
	,	Diag. O	(0)		n/a		Name of Abatement		(9)				and the last	
Street Address						_	B & G Restora Street Address	ation, Inc.			_			
							105 Ryerson I	Road						
City, State, Zip Code		-				-	City, State, Zip Code	recovered recovers.	ales and a second		-			
-							Lincoln Park,		5					
Project Manager for	Monitoring Firn	n		Phone Num	ber		Telephone Number	- V	-	License	Num	ber	_	
							(973)696-686			0	1378			
Scheduled Start Date	e (10)	Sch	ed. Comp	oletion Date (1	11)		Name of OSHA Mor B & G Restora				Santan			
12/06/2017		1:	2/08/201	17			Street Address	nion, mc.	•					
Occupancy Status D						-	105 Ryerson F	Road						
Facility closed/ Abatement per	vacated during	entire p	eriod of al	batement.			City, State, Zip Code							
Describe:		01 110111	ar racinty	nours-		_								
Other-Describe						-	Lincoln Park, N	NJ 07035						
Scope of Work (che													-	
>3 sf or >3 if	×	Renova				_	Full Containment w/ne	gative press	ure [	Glove	ag pr	ocedu	ire	
			or ≥260 If				Mini-enclosure			Non-f	iable	oroce	dure	
Location of asbestos-conta	ainina '	by mai	ion norma itenance/	ally used solel custodial	1		W 20 Set Set 6		200	14	R	R	E	E
material to be	153	staff(12	)		Description material (	on of a ACM)	asbestos-containing	10 (0.000)	ount ecify SF	or	m	e	n	n
abated in facilit	.y (13)	Yes	No	N/A				ĹF)			O V	a	a	L
crawlspace				×	asbestos	debris	s-cleanup	200	2251		e	r	<u> </u>	<del> </del>
							o oleding)	200	san		×	님	<u> </u>	H
											Η	님	믐	片
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Registered Waste Hau	iler	INTE	]								터	H	Ħ	H
B & G Restoratio	n, Inc.	INJ	DEP Haul 19563	eriD# C	ubic Yards of V	Vaste	I remove an integration	Landfill	0 5					
City, State				Disposal D	ate		Tullytown City, State	Resource	& Rec	covery	Cent	er		
Lincoln Park, NJ				12/0	8/2017		Tullytown, I	PA						
Completed by (Print or Gordana Luna	24000	Title Secret:	ary/Trea	Surar	Signature	(	Gordana Luna		T	Date	_		- 90	
			311100	oui ci			Zuma Luna			12/05	201	7		

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05 2017 16:59 NJ Asbestos C	Control 609,633,0664		page 1	ME	CE		E
8 & G proj. St. 2017-18	L-\ LPuraluan	State of NJ ation of Asbestos £to NJAC 8:60-7 EMERGEN	and 12:120-7)	Check * B			inner Toron
Date of Notification (1)  1 12 / 0 15 / 11 17  Assencies Notified Type Notification  EPA Initial  DEP Amendment  DOL Amendment  DOH  Cancellation	Name of Building Owns Michael Moss Street Address City, State, Zip Code Weehawken, NJ	,		Talephone N	LICEN	SI VG	
D DCA	Michael Moss			_			On the last
		LITY INFORMATION					
Name of facility where abatement is takin Michael Moss Street Address	ng place (3)			ypa of Facility (4) School (K Subchapte Other (Friv Bidga,/Hor	r B (Other th		
				Squara Fast # o		Edg. Ag	e
Clay (5)	County (8)		nty Code (7) to use only)				
Weehawken	Hudson		us use only	Current Use (Prior residential	n being cem	ola hed)	
Name of Montoring Firm Hired by Bidg.	Owner (B)	ASCM No.	Name of Abetsmerk Co	ntractor (9)			a salapu
Street Address City, State, Zip Godé			Street Address 105 Ryerson Ros City, State, Zip Code Lincoln Park, N.				
Project Manager for Monitoring Firm	Phone Numb	ber	Telaphone Number (973)896-6859	.   12	00378	19	-
	consid. Completion Date (1	1)	Name of OSHA Monitor B & G Restoratio		20070		
12/06/2017  Occupancy Status During Abatement (Ch	12/08/2017		Street Address 105 Ryarson Ros	d	1000010		
E Facility dicastivateted during entire  Abstament performed outside of no	e period of abalament.		City, State, Zip Code				
Describe:			Lincoin Park, NJ	07035			37
	sf or ≥25¢ if		Full Containment w/nega Vini-endosure		Glovebag pr Nor-friable (		
aspectos-contenting metarial to be galated in facility (13)	postion normally used solar maintenance/custodiel H(12)	-1	isbealsa-containing	Amount (Specify SF of	ा । । ।	Несво	Bral
crawispace	×	asbestos debri	s-cleanup	200 saft	Ė		E
		4		4			F
							<b> -</b>
Personal III		1	A September 1999 and 1990 and				七
B & G Restoration, Inc.	NUDEP Hauter IDS 19583	Cubic Yards of Waste 3	Name of Registered D Tullytown R	escurce & Reco	Very Cart	er where	Inventor
Paul Crate	Disposal	Date	City, State		Con Conti	Ci Disconnicio	
Cay, State Lincoln Park, NJ Completed by (Print or Type) Title		08/2017	Tullytown, P.	A		22	



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

CIC 4376

u u u u												
Date of Notification (1)		]	Name of	Building Owner				JE (	S		$\mathbb{V}$	
Agencies Notified Type Notification		5	Street A	ddress			-	2				
□ EPA Initial								]			001-	,
□ DEP □ Amended		(		ite, Zip Code		-	L	T D		5	2017	
DOL Amendment #		_		EANEC	L.N	5.0766	6	Ì				
DOH Emergency (in justification)	iciuaing	1	Name of	Contact	22 0.00		Tele	phone Num	ber	201	NTRO	21 8
□ DCA □ Cancellation				MR. W	IESE	(			b			
			FACI	LITY INFORM	ATION		Dominion	Weiners Switzenson	ans co-control	M SOUTH	rak anasan man	WILLIAM STORY
Name of Facility Where Abatement is Taking Pl						Type of Facility (	4)					
MR. WIES	EC					☐ School (K-1		4 V 12\				
Street Address				2		Subchapter Other (i.e. p			buildin	gs, ho	mes, e	etc.)
City (5)						Square Feet		Floors	B	l lg. A	sge 5°	.
		1	2	7-1-77		ZOOO Current Use (Prio		Z damolishas		. )	2	2
County (6) BENCEN				Code (7) USE ONLY)				en ce	ij			
Name of Monitoring Firm Hired by Building Ov	mar (8)		ASCN	4 No	Name	of Abatement Cont						$\overline{}$
Name of Monitoring Pain Times by Building Ov	iici (o)		ASCI	A NO.	Ivaille	of Abatement Cond	actor (2)	6.				1
Street Address						t <u>Removal</u> Address	In	2	-		-	
Sueet Address						South Ri	*** 6 ***	Channe				1
City, State, Zip Code						tate, Zip Code	rver	Stree	2 L			
City, Saito, Zip Code							NT T (	7601				
Project Manager for Monitoring Firm		17	elephor	ne No		kensack, one No.	NJ (	License No	).		-	
110ject Halager for Fromoving 11111			cicpiloi	10 140.				55,546				
Start Date (10)	Scheduled	i Comple	etion Da	ate (11)		- 3 2 9 - 7 4 4 4 of OSHA Monitor		0038	8			
12/19/17		2/2						. 7				
Occupancy Status During Abatement (Check On		-/-			Street	<u>ga Enviro</u> Address	nmer	irai				_
☐ Facility Closed/Vacated During Entire Peri	od of A bat	ement			2.80	Huyler S	tree	· †				- 1
Abatement Performed Outside of Normal F	acility Hou	urs $\rho_{\sim}$				tate, Zip Code	CICC	, ,		0.20		
Other - Describe: 7300M 58	2:00	> %			Sout	h Hacken	sack	N.T	076	1)6		
Scope of Work (Check All That Apply)	7			- H	10000	ou modicin	Daci	110	070			$\neg$
≥3 sf or ≥3 lf	R	enovatio	on			_ Full Containme	ent with N	Vegative Pre	ssure			
☐ ≥160 sf or ≥260 lf		emolitic				Mini-Enclosure						
					4	Glovebag Proce Non-Exempted		Non-Friable	Proced	or u		
	Τ.	¥ 0.00140	-				. /		T		ement	
1	100	Locatio Vormally			<b>D</b>					Ty	ре	
Location of Asbestos-Containing Material (ACM)	Use	d Solely	by	Asbestos C	Description ontaining M	of aterial (ACM)	A	mount				
TO BE ABATED	100000000000000000000000000000000000000	intenand todial St			ystems insul	lation, surfacing,	100000	pecify	Rei	R	inca	Enc
In Facility (13)		(12)		oth	VAT, or er miscellan		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			,			1 2		ate	ге
BASEMENT	163	140	IVA	THERMAL	ALC.LIA	ריפא		ALF	×	-		
BASEMENT	+							SSF	×			$\vdash$
DIVELLEDI				THERMAL	SURTAC	1106	4	721	1			-
	,						-					
				200.000-000-00-00-00-00-00-00-00-00-00-00								
Name of Registered Waste Hauler		19 20000	DEP Wa		oic Yards Waste	Name of I	Registere	d Landfill				
Best Removal Inc			1710		30	YS Mine	rva	Enter	nri	C A C	T	TC
City, State					posal Date	City, State	e e	THECT	PII		,	1114
Hackensack, N.J. 07601					12/20,	Mayn.	eshii	ro n	H 4	462	8	
Completed by	Title				Signature	A		Da Da		نند.		
J. Maiorano	Est	imat	tor			Monoro,	رحس		12	8	17	
	-				A	1						
ASB-41 (R-06-08)					U +	Do not use this for	m for ast	estos licens	ure exe	n pted	activi	ties.

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Date of Notification (1)		1 /	of Building Owner/C		(2)	L DEC 1	5 20	17	L	ᆀ
Agencies Notified Type Notification		Street	Address ,	TH						Topic State of the
Agencies Notified  Type Notification  Type Notification  Type Notification  Initial  Amended  Amendment #  Emergency (incl.)	ıdina	City, S	itate, Zip Code	h, A	vewse-	ASBESTOS ( LICEN  LICEN  LICEN  LICEN  LICEN	SING	ROL	8.	
DOH justification	J	Name	of Contact							
DCA Cancellation		FA	CILITY INFORMAT	ION	15 15 11 1	4)				-
Name of Facility Where Abatement is Taking Pl	ace (3)				Type of Facility ( School (K-1) Subshapter		buildir	gs, ho	mes,	estanden en e
Olioti Addition					etc.) Square Feet	# of Floors		j. Age		
City (5)					1700			OX		_
County_(Ø)			ty Code (7) re use only		- A-	or if being demolished	5U)			
Mon Mouth  Name of Monitoring Firm Hired by Building Ow	ner (8)	AS	CM No.	Name	of Abatement Cor	ntractor (9)		-		
Name of Monitoring Fifth Filed by Building On		a republican		A		c+.57 (	11-	2		-
Street Address				Stree	t Address TMonth	se ad			- 11	
City, State, Zip Code				City,	State, Zip Code	1 10	77	1		-
		! Teler	phone No.	Telep	OH NO.	License No	).			$\neg$
Project Manager for Monitoring Firm		10.00		173	294175	7 000	) +	1	9	_
Start Date (10)	cheduled C	ompleti	on Date (11)		e of OSHA Monitor					- In
Occupancy Status During Abatement (Check (	Only One)	<u>~     -</u>		Stree	et Address					Life and part of the
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	Pacifity Life	UID		City,	State, Zip Code					100
Scope of Work (Check Ali That Apply)	0000000				П <u>- «о</u>	t with Magativa E	rassur	2		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reni Dem	ovation olition			Mini-Enclosu	nent with Negative F re ocedure ed (*) and Non-Friab			)	and the state of t
	te l n	cation			and description of the second	The state of the s		Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Nor Used S Maint Custod	mally Solely by enance/ ial Staff 12)	Asbestos C (i.e. therr su other	nał syste rfacing, '	g Material (ACM) ems insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No N	J/A		01, 3	(8D1E	V			
Cravi Space	1		X Pipl	12501	0412	0001	-			
Name of Registered Waste Hauler	10.00			ibic Yard	ls Name	of Registered Landf		1	1	]
And Tasalation ().	TIC	Haul 12	286	Waste /	Fa		id+.	11		
City, State	77-1			Sppsal D	ate City, S	tate orrsoite,	2	<u>n</u>	-	
Completed by	Title	1		Signa	1 1 1 1		até 17	9	17	
Bree MGJCC	1200	tury	1 Treasurer	1-1	JUY-		14		1	

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010.001	F			enuq)	uant to	NJAC 8:60 and 5	16)	See test			5	
Date of Notification (1)		_							THE PROPERTY	-	PERSONAL PROPERTY.	-
12 /11	1	17		11	N I Dan	illding Owner/Operato	r (2)	ASBES	TOS	CON	HE C	1.8
	Votification			4	Ma Deb I	of Military & Vater	ans Affairs/B	smark Constr	CUO	42IIA	G <b>75</b> .7	A BA
□ EPA		on.		1 -	HEAT MOOLE	743					_	_
Ø DOLVVD □ Am					1010 Egg	gerts Crossing Ro	ad	28 c	_		/	
⊠ DHSS Am	endment	#		CI	ty, State, 2	ZIp Code					<u> </u>	-1
□ DCA □ Em	argency	(inclu	ding		Lawrenc	eville, New Jersey	D648	1	. 1			
(NLIAC 5:23-8) Just	tification)	-	•	Na	me of Cor	ntact						
☐ Can	celletion	l.			Peter Yo	ussef/Bismark Co	net Corn	Telephone N	I LIN De	r		
			15-		FACILID	INFORMATION	то.: Оогр.					
Name of Facility Where Abatemen	nt is Tak	ing P	ace (3	)	71012711	MATORIVIATION	7=			- 1	1	127
leaneck Armory Guard			201			•	Type of Facil	ty (4)				_
Street Address							School (K.	12) If 8 (Other than K				
1.4799/Tearick Road							I S CHIEF (I.E.	Drivata and ham	-12]	والدروا ا		
Dity (6)				_			11011169' 6	c.)	ارنب 1 we 1 ا	i Dung	310; 15.	
Teanack, New Jersey 0766	6						Square Feet	# of Floors		.Bldg	A 76	750
County (6)		_	_	100	war to be a			1		81	у Б.	
Bergen				100	anuth Code	(7) (STATE USE ONLY)		rior if being dem	olishe	d)		1.2
Vame of Monitoring Firm Hired by	Building	Own	nr /P1	100	1471		Private Co	mmercial Rull	dina	~/		+ +
The Whittman Companies	Danamig	CWIII	1 (0)		M No.	Name of Abatem	ent Confractor (	9)	-11.19			· · ·
Street Address			_	N/	A	Lilich Corpor	ration	•				- me yen
7 Pleasant Hill Drive						Street Address			-			
City, State, Zip Code		_				606 McBride						
Cranbury, New Jersey 0851	2					City, State, Zip Co						~
Foject Manager for Monitoring Firm						Woodland Pa	rk, New Jers	ev 07424			1.0	771
Kevin Lovely	n			lephon		Telephone No.		License No.				
Start Date (10)	14.			732-38	0-5858	973-225-8400		01104	144	20	er.	
12 / 12 / 17	Sche	duled	Comp	etion D	ate (11)	Name of OSHA M	onitor	91104				
		12_	/ _1	3 /	_17	IRIS Environn		1.0	92	٠,		3 3.
Occupancy Status During Abatemer	nt (Checi	k only	one)			Street Address					<u>. 1</u>	
Facility Closed/Vacated During E	Intire Par	riod o	Abet	ement		2333 Route 22	Woot					-
Abatement Performed Outside of Time of Abatement: ZAM-3:30P	Normal	Fadi	ty Hou	ira - Da	scribe	City, State, Zip Coo						1.
		_PM-		AM		Union, NJ 070						
	1					milon, 143 070	03					
	•					☐ Full Conta	inment with Ne	pativa Pressure				11 74
cope of Work (Check all that apply) 3.23 afor 23 if		M R	BANUS									
cope of Work (Check all that apply)		⊠ R	anovat iiloms	ion On						(41) 245		120 -
cope of Work (Check all that apply)  ≥3 of or ≥3 if ≥160 of or ≥260 if		D 0	emoliti	on		☑ Glovebac	eura Procedura					-
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cope of Work (Check all that apply)  ≥3 of or ≥3 if ≥160 of or ≥260 if  Location of Asbestos-Containing Material (AC  TO BE ABATED		Ust Ma	Loca Norma ed Soli	on tion lly sly by	Aspe	Glovebag  Non-Exam  Description of	eure Procedure pted (*) and No		A	_	ien: ]	7
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Location of  Asbestos-Containing Malerial (AC  TO BE ASSISTED  Location of Asbestos-Containing Malerial (AC  TO BE ASSISTED		Ust Ma Cus	Loca Norma ed Soli lintena todial (12)	tion lly sly by nce/ Staff?	Asbe (i.e	Glovebag  Non-Exam  Description of	eure Procedure pted (*) and No rial (ACM) sulation,	n-Friable Procedu	_	balen Repay		7
Location of  Asbestos-Containing Malerial (AC  TO BE ABATED  IN Facility  (13)	CM)	Ust Ma Cus	Loca Norma ed Soli Intena todial (12)	tion lly sly by nce/ Staff?	(1, e	Description of stee Containing Mate surfacing, VAT. cother miscellaneous	eure Procedure Procedure pted (*) and No rial (ACM) sulation, if	n-Friable Procedu Amount (Specify	A	_		7
Location of  Location of  Aspestos-Containing Material (AC  IN Facility  (13)  Alarine Wall	CM)	Ust Ma Cus	Loca Norma ed Soli lintena todial (12)	tion lly sly by nce/ Staff?	(1, e	Description of stee Containing Mate surfacing, VAT. cother miscellaneous	eure Procedure Procedure pted (*) and No rial (ACM) sulation, if	Amount (Specify SF or LF)	< Removal	_	Emanual	7
Location of  Location of  Aspestos-Containing Material (AC  IN Facility  (13)  Alarine Wall	CM)	Ust Ma Cus	Loca Norma ed Soli Intena todial (12)	tion lly sly by nce/ Staff?	(1, e	Description of setos Containing Mate surfacing, VAT a surfacing, VAT a	eure Procedure Procedure pted (*) and No rial (ACM) sulation, if	n-Friable Procedu Amount (Specify	A	_		7
Location of  Location of  Aspestos-Containing Material (AC  IN Facility  (13)  Alarine Wall	CM)	Ust Ma Cus	Loca Norma ed Soli Intena todial (12) No	tion Illy Bly by nce/ Staff?	(1, e	Description of stee Containing Mate surfacing, VAT. cother miscellaneous	eure Procedure Procedure pted (*) and No rial (ACM) sulation, if	Amount (Specify SF or LF)	< Removal	_	Emanual	g. Enclosure
cope of Work (Check all that apply)    ≥3 of o: ≥3 if   ≥160 of or ≥260 if    Location of     Asbestos-Containing Malerial (AC     TO BE ABATED     IN Facility (13)   hind Latrine Wall	CM)	Use Ma Cus Yes	A Local Normal Solution (12)	tion lly sly by nce/ Staff? N/A	(1, e	Description of stee Containing Mate surfacing, VAT. cother miscellaneous	eure Procedure Procedure pted (*) and No rial (ACM) sulation, if	Amount (Specify SF or LF)	< Removal	_		7
cope of Work (Check all that apply)    ≥3 of o: ≥3 if   ≥160 of or ≥260 if    Location of     Asbestos-Containing Malerial (AC     TO BE ABATED     IN Facility (13)    hind Latrine Wall	CM)	Use Ma Cus	A Local Normal Solitation (12)  No Solitation (12)  No Solitation (12)	tion lly sly by nce/ Staff? N/A	Pipe in:	Description of setos Containing Mate s., thermal systems in surfacing, VAT. c other miscellaneous surfacing (wrap & C	eure Procedure Procedure pted (*) and No rial (ACM) sulation, if	Amount (Specify SF or LF)	< Removal ☒ □ □	_		7
cope of Work (Check all that apply)  23 of or ≥3 if  ≥180 of or ≥260 if  Location of  Asbestos-Contelning Material (AC  TO BE ABATED  IN Facility  (13)  All Latrine Wall  The of Registered Waste Hauler	CM)	Use Ma Cus Yes	Loca Norma ed Solitintena todial (12) No	tion Illy sly by nce/ Staff? N/A	Pipe ins	Description of Pates Containing Mates Containing Mates the mai systems in surfacing, VAT. cother miscellaneous surfacing (wrap & Coubic Yards of	eure Procedure Procedure pted (*) and No rial (ACM) sulation, ir is)	Amount (Specify SF or LF)	< Removal	_		7
cope of Work (Check all that apply)  ≥3 of or ≥3 if  ≥160 of or ≥260 if  Location of Asbestos-Containing Material (AC  TO BE ABATED  IN Facility  (13)  And Latrine Wall  The of Registered Waste Hauler  Illich Corporation	CM)	Use Ma Cus Yes	Local Normal Solid International (12)  No Solid International (12)  No Solid International (12)  No Solid International Internat	tion Illy sly by noe/ Staff? N/A	Pipe ins	Description of Patrick Containing Mate St., the mail systems in surfacing, VAT. cother miscellaneous surfacing (wrap & Cubic Yards of Waste	Procedure procedure pted (*) and No rial (ACM) sulation, ir is)  Out)	Amount (Specify SF or LF)	< Removal ☒ □ □	_		7
Cope of Work (Check all that apply)  23 of or ≥3 if  ≥160 of or ≥260 if  Location of Aspestos-Containing Material (AC  TO BE ABATED  IN Facility  (13)  All Latrine Wall  me of Registered Waste Hauler  illich Corporation  State	CM)	Use Ma Cus Yes	Local Normal Solid International (12)  No Solid International (12)  No Solid International (12)  No Solid International Internat	tion Illy sly by nce/ Staff? N/A	Pipe ins	Description of States Containing Mates of thermal systems Instruction (Wrap & Country Cubic Yards of Waste 2	Procedure Proced	Amount (Specify SF or LF)	< Removal ☒ □ □	_		Enchaure
Cope of Work (Check all that apply)  23 of or ≥3 if ≥160 of or ≥260 if  Location of Abbestos-Containing Malerial (ACTO BE ABATED IN Facility (13)  All Latrine Wall  The of Registered Waste Hauler Illich Corporation In State  Voodland Park, New Jersey	CM)	Use Ma Cus Yes	Local Normal Solid International (12)  No Solid International (12)  No Solid International (12)  No Solid International Internat	tion Illy sly by noe/ Staff? N/A	Pipe ins	Description of States Containing Mate Sufficing, VAT. of other miscellaneous Bulletion (wrap & Cubic Yards of Waste 2  Disposal Date (Capic Date)	Name of Registre G.R.O.W.S.	Amount (Specify SF or LF)  8-8 LF	< Removal ☒ □ □	_		7
Cope of Work (Check all that apply)  ≥3 of or ≥3 if ≥160 of or ≥260 if  Location of Abbestos-Containing Malerial (ACTO BE ABATED IN Facility (13)  whind Latrine Wall  The of Registered Waste Hauler Illich Corporation (, State Voodland Park, New Jersey Teleted By (Print or Type)	CM)	Use Ma Cus Yes	Local Normal Solid International (12)  No Solid International (12)  No Solid International (12)  No Solid International Internat	tion Illy sly by noe/ Staff? N/A	Pipe ins	Description of Pates Containing Mates Containing Mates of Waste 2 Disposal Date 12/13/2017	Name of Registre G.R.O.W.S.	Amount (Specify SF or LF)	< Removal ☒ □ □	_		Enchaure
Cope of Work (Check all that apply)  ≥3 of or ≥3 if ≥160 of or ≥260 if  Location of Abbestos-Containing Malerial (ACTO BE ABATED IN Facility (13)  whind Latrine Wall  The of Registered Waste Hauler Chilch Corporation (, State)	CM)	Use Ma Cus Yes	Loca Norma ed Sola (12) No Sola (12) No Sola (13) No Sola (14) No Sola (15) No Sola (15) No Sola (15) No Sola (15)	tion Illy sly by noe/ Staff? N/A	Pipe ins	Description of States Containing Mate Sufficing, VAT. of other miscellaneous Bulletion (wrap & Cubic Yards of Waste 2  Disposal Date (Capic Date)	Name of Registre G.R.O.W.S.	Amount (Specify SF or LF)  8-8 LF	< Removal   □ □ □ □	_		Enchaure

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

Date of Notification (1) 12/11/2017	)				f Building C Romanick	Owner/Operator	(2) CI	heck # 50	93				
Agencies Notified	Type Notification			Street A	ddress				JE	CE		$\mathbb{V}$	
EPA  DEP  DOL	<ul><li>☑ Initial</li><li>☐ Amended</li><li>Amendmen</li></ul>	V. 100	(	City, Sta	ate, Zip Coo on Lakes,	de New Jersey (	)7442			750 1	-	1047	
⊠ DOH □ DCA	Emergency Justification Cancellation	)			f Contact Romanick			The	essone N	Imker	-) (	2017	
				FACI	LITY INFO	RMATION	T =		ASB	ESTOS LICEI			L &
Name of Facility Wher Private Residence	re Abatement is Takii	ng Place (3)					Type of Faci			LICE	N DIIV	<u> </u>	in the same
Street Address							☐ School (K☐ Subchapt ☑ Other (i.e	er 8 (Other			, nom	es, et	c.)
Dity (5) Compton Lakes, Ne	ew Jersey 07442						Square Feet 2500	# 0	f Floors 2	В	lt g. A 55		
County (6) Passaic					Code (7) USE ONLY)	<u> </u>	Current Use Priv	(Prior if be ate Resid	ing demol ence	ished)			
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCN	Л No.		of Abatement Corporation	Contractor	(9)			Howell Land	
Street Address							t Address McBride Ave						
City, State, Zip Code							State, Zip Code dland Park, N		у				
Project Manager for M	Nonitoring Firm		1	Telepho	ne No		hone No. 225-8400		License 01104	No.			
Start Date (10) 01/03/2018		Scheduled		pletion /2018	Date (11)		e of OSHA Mor nvironmental		ries, LLC	;			- 1
Occupancy Status Du  Facility Closed/N	ring Abatement (Che			nent			t Address Route 22 W	est					
	rmed Outside of Nor					City, S Unic	State, Zip Code on, NJ 07083	9					
Scope of Work (Check ☑ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	k All That Apply)		ovation			] ]	Full Contain Mini-Enclor Glove bag Non-Exem	sure Procedure					
,		3000000	ocati									ement pe	1
Asbestos-Contain TO BE A	tion of ing Material (ACM) <u>ABATED</u> acility (3)	Used Mair Custo	itenar	ly by nce/		Descriptio tos Containing thermal system surfacing, Va other miscella	Material (ACM) ns insulation, AT, or	(5	Amount Specify F or LF)	Removal	Repair	Encapsulate	11000000
asement		Yes	No	N/A X	Boiler Ja	acket		80 SF	:	X		(D	
				-	-								
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	Vaste Hauler		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP V		Cubic Yards of Waste	Nam	e of Regist	ered Land	Ifill		- order	
Name of Registered V Lilich Corporation City, State			Н			of Waste 4 Disposal Date	G.R. e City,	O.W.S Lan	dfill	Ifill			
Name of Registered V		Title	Н	auler ID		of Waste	G.R. e City, Morr	O.W.S Lan	dfill	Ifill Date			

# PAID

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



Date of Notification	(1)			Name	e of B	uilding	Owner / Operat	or (2)					_			
	12/11/2017			CONTRACT DE			/lethodist Chu	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		B				$\mathbb{V}$		7
Agencies Notified	Type Notific	ation		Stree	t Add	ress		21011					1	<u></u>	=-	Н
				1895	Pen	ningto	n Road			15					il	
☐ DEP						& Zip (				11 11	DEC	15	-	017	-	4
⊠ DOL	Ame					J 0861	8			пп	ULU	1 0	-	011	-	
⊠ DOH		rgency		Name	of Co	ontact						Tele	ph	ne N	lumb	er
□ DCA	☐ Cano	cellation		Ron	Ettin	ger			ſ	A	S^-			******		_
				FΔ	CILIT	VINE	ORMATION	WWW.		Description with an overlands	L.T	UENS	IN	ì	mar comment	-
Name of Facility Wh	nere Abateme	ent is Taking P	lace (	3)	OIL!	1 1141	Type of Faci	lity (A)								
Trinity United Me			(	-,			School									
Street Address	·						Subcha		Other th	nan K-12	2)					
1895 Pennington	Road						Other (i.					inas. h	or	ies e	etc.)	
							Square Feet		# of Flo			Bldg.	_	_		
City (5)		County (6)	Co	unty (	Code	(7)	10000			2		Diag.		50+		
Ewing		Mercer				( )	Current Use		f heina	demolis	ned)		-	301		
							Journal Coo	(1 1101 11	being	acmons	100)					
Name of Monitoring	Firm Hired b	v Building Own	ner (8)		ASC	CM No.	Name of Aba	temeni	Contra	ector (0)			_			-
Briggs Associate		,	(0)		000		Alpha Envi									
Street Address					1		Street Addre		,,,,,,	01 71000	-		_			
3 Crosswicks St							PO Box 829									
City, State & Zip Cod					MUDEL IN		City, State &		de					-		
Bordentown, NJ							Trenton, N.									
Project Manager for	Monitoring F	īrm		hone		per	Telephone N	umber		L	icense	Numb	er			
Mike Hoodak				298 5			609-847-29					01	12:	2		
Scheduled Start Dat	2007-0-00-0	Scheduled Cor	npletic	on Dat	e (11)	)	Name of OSI		nitor						AL III SO	
12/21/201		12/24/2017					EMSL Anal	ytical								
Occupancy Status D	uring Abater	nent (Check or	nly one	9)			Street Addres									
		During Entire P					107 Haddoi									
Describe:	епогтеа Ог	itside of Norma	al Hou	urs –	7am to	o 3pm	City, State &									
	niad Dunian	A In					Westmont,	NJ 08	108							
Facility Occu																2040004
Scope of Work (Che	ck all that ap	piy)							F 0 -					_		
≥3 sf or ≥3 lf				Don	ovatio	n				ntainme	nt with i	Negat	ive	Pres	sure	
☐ ≥160 sf ≥260			H		ovation			long-spill		closure						
_ =:00 0: =200				Dell	iontioi	1		-		Bag Proc						
									Non-Ex	empted	and No		-			
	cation of s-Containing			ocati			Description				nount	1	4ba	teme	ent Ty	/pe
	rial (ACM)	,		nally L			Asbestos-Con Material (A)				pecify				_	
	E ABATED		Maint				(i.e., thermal s			55	or LF)		Z.	771	nc	E
	Facility		Custo	dial S	taff?	ii	nsulation, surfac						Removal	Repair	aps	cls
	(13)			(12)			or other miscella						Val	air	Encapsulate	Enclsoure
			Yes	No	N/A										ē	(b)
Boiler Room			X				Pipe Insula	tion		200lf			<b>I</b>	$\Box$	Пİ	П
							1. 1943 A - 100 Control of the 200 Control of the 2			ar C O I I		-	_			-1
Name of Registered	Waste Haule	r					Cubic Yards	Name	of Reg	istered L	andfill					
					ıler ID		of Waste									1
ALPHA ENVIRONI	VIENTAL			000	3333	30	2	Grow	s Land	dfill						
City, State							Disposal Date	City, S	State							
Trenton, NJ								B.E		D.A						
	or Tune'			77.4			various	MOLLI	sville,	PA						
Completed By (Print o	or rype)			Title	58	4.	Signature					Dat				
vou ixionarusuli				1571	ject		Rod Richardson					12	/1	1/20	117	
				ivid	nage	i										

## mack

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

	C	E		<u>\</u> 7	E	M.
M	DEC	1	5	2017		

	11	1	1			Pursua	nt to NJAC 8:60 an	a 12:	120)	Ш	I D	EC 15 20	1	IL	2	
	Notification	(1)			Name o	f Building	Owner/Operator (2)			1						
12/08	8/17				Mart	in Lucc	cibello			-			- Contraction			-
Agenci	es Notified	Type Not	ification		Street A	ddress				Т	ASBE	STOS CONT	रा	. &		1
X	EPA		Initial		73-8	7 Clay S	St					LICENSING	-	-	systems	
	DEP	X	Amended		City, Sta	ate, Zip Co	de									
X	DOL		Amendment # 1		New	ark, NJ	07104									
			Emergency (including		Name o	f Contact	An or the same region			Telepi	hone Number	,				
X	DOH		justification)		Mart	in Lucc	ibello					-				
	DCA		Cancelation		PARTICION CO.											
						FA	CILITY INFORMAT	ION								
Name o	of Facility Whe	ere Abater	ment is Taking Place (3)					Type	of Facility (4)							
Legge	e Industrie	es :							School (K-12	2)						
Street A	Address							10	Subchapter		ner than K-	12)				
73-87	Clay St							×	25	700		rcial buildings, h	2000	r ote	Ň	
									Other (i.e. p	iivate	& COMMI	rciai bullulligs, II	Jine	s, etc	. /	
City (5)								Squar	e Feet	# of FI	oors	Bldg. Age				
Newa	irk							9,35	60+	2		1932				
County	(6)					County (	Code (7)	Curre	nt Use (Prior if bei	ng den	nolished)					
Essex						(STATE I	USE ONLY)	Com	nmercial							
		Firm Hired	d by Building Owner (8)				ASCM No.	Name	of Abatamant Co		- (0)					
							ASCIVI NO.	DO	of Abatement Co			*				
								_	orn Contract	ing C	orp.					
Street A	Address								Address							
								32 V	Villow Way							
City, Sta	ate, Zip Code							City, S	State, Zip Code							
								Woo	odland Park, N	VJ 07	7424					
Project	Manager fo N	Aonitoring	Firm			Telepho	ne No.	Telepi	hone No.			License No.				
								973-	333-9176			01331				
Start Da	ite (10)				Schedul	ed Comple	etion Date (11)	Name	of OSHA Monitor	0						
12/04					12/18			- CANADAN CONTR	rovision Cons		nts Inc					
100 mm 100 mm	18,700,000	ring Abate	ement (Check Only One)		122, 20	,			Address	arcar	100, 1110.		_			
$\times$			cated During Entire Perio	ما ما همام						ם בי	וא- זר ר					
						L		1000	1 Wagaraw R	ш., в	lug. 35-E		_			
			med Outside of Normal	racility	Hours				tate, Zip Code							
×			7AM-4:30 PM					Fair	Lawn, NJ 074	110						
Scope o	f Work (Check	K All I hat A	Apply)													
	≥3 sf or ≥3	3 If				Renova	ation		Full Containr	nent	with Negat	ive Pressure				
X	≥160 sf or	≥260 lf			$\times$	Demoli	ition		Mini-Enclosu	ire						
									Glovebag Pro	ocedu	ire					
								X	Non-Exempt	ed (*)	and Non-I	Friable Procedur	9			
	11-11-11-11				ls Locatio	n						1		Ab	atem	ent
		Locati	on of		Normally			Desc	cription of				-		Туре	
	Asbestos		ng Material (ACM)	1322	sed Solely		Asbesto	s Conta	ining Material (AC	CM)		Amount				
		TO BE A	C-1011 Care	1	laintenan stodial St	105	(i.e. th		systems insulation	٦,		(Specity			g	
		In Fac		"	(12)				ing, VAT, or niscellaneous)			SF or LF)		D	cap	Encl
		1,20	1	Yes	No	N/A		other in	iiscellalleous)					Repair	ncapsulate	Enclosure
		Ro	of	163	X	IN/A	Plac	l Doc	ofing Mataria	ř.		035055	-		10	e e
-3000000110			01				Diac	-	ofing Materia	1		9350 SF	+	X	+	
		Roof			X			ROOT	Flashing			1,550 SF	+	X	+	
Name o	f Registered V	Vaste Haul	er		NJDEP W	/aste Haul	ler ID No.	Cubic \	Yards of Waste			Name of Reguster	d Lar	dfill		
Unico	rn Contrac	cting Co	rp.		00358	44		120			/	Fairless Hills L	and	fill		
City, Sta	te							Dispos	al Date	_	/	City, State				
	lland Park,	New I	ersev					TBD		11	/ 0	Morrisville, P	i.			
Complet	V MANY			Title					Signature			) /		ate		
	Golcev				al Man	ager			1//		///		- 1	2/08	/17	
DIIIIO.	COICEV			Scher	uriviali	ugel			11/	/	////		11	2/00	111	



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

was task to		(	Pursuan	t to NJAC	8:60 ar	nd 12:120	0)		CK7	4 C	25	6	39	9
Date of Notification (1) 12/11/17				of Building thy & Kris			(2)			7 0			П.	
Agencies Notified Type Notification	1			Address						3 6	- [		$-\mathbb{W}$	-6
EPA Initial														
DEP Amended  X DOL Amendmer	nt#			tate, Zip Co ne, NJ 07						DEC	, .	1 [	201	7
- Emergency	(includin	g		of Contact	470				Telephone				LUI	4
DOH justification Cancellation				Kristine T	ubito								1770	O 1 0
None of Casilla Milana Alain			FAC	CILITY INFO	ORMAT	ION			<u> T</u>	<u>Ľ</u>	ICE	NSI	NG NG	OL 8
Name of Facility Where Abatement is Taki Residential	ng Place	(3)					Туре	of Facility (4			AMELONY	egus An		Virginia (*
Street Address								School (K-12	2) 3 (Other than	V 10\				
							×	Other (i.e. pr	ivate & comr	nercial	buil	din js	, hom	es,
City (5)								etc.) re Feet	# of Floors	3	TE	Bldc. /	Δne	
Wayne							3,000		2			0 -	,gc	
County (6) Passaic				Code (7) USE ONLY)	)		Curre	nt Use (Prior	r if being den	nolishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.		Name	of Abat	ement Cont	ractor (9)		-		-	
									nvironmer	ntal C	ons	ulir	ig, Ir	IC.
Street Address						Street 1141	Addres	E						1.00
City, State, Zip Code		Parameter 1						p Code I 07470						
Project Manager for Monitoring Firm		T	Telepho	one No		Teleph			Licen	se No.				
						3.5	528-92		0040					
Start Date (10) 12/26/17	Schedu 01/20/		mpletion	Date (11)	T-Eco-Surface			A Monitor	Itanta Ina					
Occupancy Status During Abatement (Che						Street			Itants, Inc.					
Facility Closed/Vacated During Entire			ment						d, Bldg. #3	35E				
Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hour	S		_	City, St	ate, Zip							
Scope of Work (Check All That Apply)						T CIII L	_cavii,	140 07410	,					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Mini Glov	-Enclosure /ebag Proce	at with Negati dure (*) and Non-F				۵	
	15	s Locat	ion						) 4114 110111	TIGDIC			ement	
Location of		Norma ed Sole				scription				-		y	pe I	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintena stodial ( (12)	nce/	Asbesto (i.e. t	thermal surfac	aining Ma systems cing, VAT niscelland	insulat Γ, or	(ACM) ion,	Amount (Specify SF or LF)		Remova	Kepair	Encapsulate	Enclosure
No. of	Yes	No	N/A		JUIGI II	oociiai it	Jousj				val	=	ulate	ure
Exterior			Х		Trans	site Sid	ling		1,200 SF	: X				
	-													
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic '	Yarde		Name of Da	egistered Lan	dfii				
J.R. Contracting & Environmental C	onsul.,	Inc H	lauler ID 7819	No.	of Was				entral Lanc					
City, State Vayne, New Jersey					Dispos	al Date		City, State Pen Argy	l, Pennsylv	vania				
Completed by lerry Bijelonic	Title Proje	ct Ma	nager		Si	ignature		1/31		Date 12/1	1/1	 7		

Jerry Bijelonic

CK 1500	19	P	Grand Stands	STATE OF					E G Dec	<u>; 医</u> c 15	201	7
Date of Notification (1)	12/1	1/17			Name of Buil	ding Owne	r/Operator (2)				-	
	12/1	1/17			East Ruth	erford BC	DE F		CDEC	TOCO	AITO/	21.0
Agencies Notified		Notification	Туре		Street Addre	SS		A		TOS CO		)L&
X EPA		Initial			100 Uhlan	d St	i.e.				· industrial	
DEP		Amend	ed #		City, State, Z							
X DOL			ency (inclu	- dina	East Ruthe		1.07072					
▼ DOH		justifica		9			3 07073					
X DCA		Cancel	lation		Mr. Mark K	G 50 (5.5)		Tel N	Jumber			
Name of Facility and the				FACILITY II	NFORMATION					_		
Name of Facility Where Aba			3)		Type of Facil	ity (4)						
Alfred S. Faust Eleme	ntary Sci	nool			School	(K-12)						
Street Address												
100 Uhland St							er than K-12)					
City (5)	County (6)			Code (7)			& commercial	buildings	3,			
East Rutherford E	Bergen		(State U	lse Only)	homes,	etc.)						
Name of Monitoring Firm Hir	ed by Bldg	. Owner (8)	ASCM N	Vo.	Name of Cont	ractor (9)						
Enviro Vision Consulta	ants Inc.		00079		MTM Metro	-	ation					
Street Address			_		Street Addres		1011					
20-10 Maple Ave Bldg	35E				135-137 Mg	-	10					
City, State, Zip Code					-		ve					
Fair Lawn NJ 07410					City State, Zip							
		7			Paterson, N							
Project Manager for Monitori	ng Firm	Telephone	-		Telephone Nu			Licens	se Numl	ber		
Mr. Willie Morales		973.636.9			973-742-50	030		0080	9			
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH							
12/22/17		12/31/17			MTM Metro	Corpora	ation					
Occupancy Status During Ab	atement (C	heck only one	9)		Street Address	S	17.2. 1				-	
<u></u>					135-137 M	cBride A	venue					
Facility Closed/Vacated					City, State, Zip	Code					8 11	53
Abatement Performed C	Outside of N	Normal Facility	Hours									
Other-Describe:					Paterson, N	J 07501						
Source of Work (Check all that	at apply)											
> 3 sf or > 3 lf	X	Renovation		[ Full	Containment wit	h Negative	Proceuro	X Mi	ni-Enclo	neura		
> 160 sf or > 260 lf		Demolition										
	L	Demonition		☐ Nor	n-Exempted(*) &	Non-Friable	e Procedure	X Glo	vebag	Procedur	12	
Location of Asbestos- Containing Material (ACM) in Facility (13)		ition Normally by Maint./Cus (12)		Description of thermal system surfacing, VAT	ns insulation,	Amount	(Specify SF or	·LF)	Abate	ement Typ	ē	
	YES	NO	N/A	miscell.)	◆ 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man ( 00 man (				Rem.	Rep.	Encap	Enclose
Crawl Space First Floor and Second Floor	×	×		Pipes,Elbows,Joints		1,100 LF				X	X	
oiler Room , Maintenance	X	^		Elows & Joints Pipe Insulation		230 LF 80 LF				X	X	
		NUDESTA								1	_X	-
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards of	Waste		Name	of Reg.	Landfill		
MTM Metro Corporation		26552						Tullytow	n,PA			
City, State							Disp. Date			City, Stat	(	
Paterson, NJ 07501							12/31/17		T	ullytown,	Pς	10114053-2-2
Completed by (Print or Type)		Title			Signature		L	Date				
like Damevski	F	Rusiness Adm	injetrator		Mike Dan	nevski		40/44/4				



# State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

DECEIVED

Date of Notification (1) 12/12/17	ck-	4 1	2767	4		Name of Building Owner			D	EC 1	5 2	17	U
Agencies Notified	Oil		Notification	-		Elmwood Park Board Street Address	of Edu	cation					
		-				60 E 53rd St			ACDE	STOS	CONT	201.0	
⊠ EPA		773	☐ Initial No		n	City, State, Zip Code			ASOL	LICEN		AUL &	
□ DCA			Amende	and the same	200 W26 W3W 507 88	Elmwood Park, NJ	0740		Carrier Day	LIOLI	IOIIVC	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	
⊠ DOL ⊠ DEP		1 12		ncy noti	fication (including	Name of Contact			Tolo	, p. 1-			
⊠DOH			ustification  Cancelle			Vincent Benenati							
I KIDON		'	→ Caricelle	ed									
					FACILITY IN	FORMATION							
Elmwood Park High Sch	nool				771012111111	Type of Facility (4)							
						⊠ School (K-12)							
Charat Address						☐ Subchapter 8 (other	r than K	(-12)					
Street Address 375 River Drive						Other (i.e. private & cor			ings., t	nomes, e	tc.)		
3/5 River Drive						Sq. Feet: NA # of	Floors:	2	Bldg.	Age:	1961		
City (5)	County (	6)		Count	ty Code (7)	Current Use (prior if bein	na dom	alichad	۸.				
Elmwood Park		Berge	n		Use Only)	Current Ose (prior il peli	ng dem	onsnea	).				
Ziiii vood 1 dik													
Name of Monitoring Firm	Hired by B	ldg. C	Owner (8)	ASCN	1 No.	Name of Contractor (9)							
Charak Addasas						Panoramic Window & I	Door Sy	ystems	, Inc.				
Street Address						Street Address							
						712 Sergeantsville Roa	ad						
City, State, Zip Code						City State, ZipCode							
						Stockton, NJ 08559							
Project Manager for Monit	toring Firm	I	elephone	Number		Telephone Number			Licer	nse Num	ber		
						P (732)926-0900			012		001		
										7.7			
Scheduled Start Date (10)	)			Complet	ion Date (11)	Name of OSHA Monitor			1				
12/15/17		17	2/30/17			IAQ GURU LLC							
Occupancy Status During	Abatemen	t (Che	eck only o	ne)		Street Address							
☐ Facility Closed/Vacated	During Er	ntire P	Period of A	batemer	nt	87 Main Street							
Abatement Performed Ou	utside of No	ormal	Facility Ho	ours -									
Describe						City, State, Zip Code							
⊠Other – Describe: M-F 1	15.00 -23.0	nn				1	5						
Sat 0700-15:00	10.00 -20.0	00				Lincoln Park, NJ 07035							
Source of Work (Check all	that apply	)											
≥ 3 sf or ≥ 3 lf					⊠ Renovation	□ Mini	: Faalaa						
₩ ≥ 160 sf c		1f			☐ Demoli		i-Enclos						
_ :55 6: 5					L Demon		Non-Fri	ebag P					
Location of Asbestos-	Is	Locat	tion Norma	ally	Description of As	sbestos Containing Materia							
Containing Material (ACM)			olely by	illy	(ACM) (i.e. therr	nal systems insulation,		Amour (Specif		Abater	nent	<u>/pe</u>	
Facility (13)			Custodial S	staff?	surfacing, VAT, o			or LF)		Remov	e Ru	oair En	can
Control water of the Control	(1:					,		J. L. )		Enclos		Jan Lii	Сар
	Y	ES	NO	NA		museum services and the							
Exterior Windows in courtyard				X	Perimeter caulk			670 LF		XX			
Courtyaru		10-200											
						AND AND AND AND AND AND AND AND AND AND							
Name of Reg. Waste Haule	er '	N.	JDEP Was	te Haule	er ID#	Cubic Yards of Waste			Name	L e of Regi	sterer	Landfill	
			036057			>2				Landfil		Landini	
Panoramic Window & Dr	Sys Inc												
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Date of Notification (1)				Name of	f Building	Owner/0	Operator	(2)		-		U	-6	15	201	1
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Street Address							-	H	School (K-12) Subchapter 8		ner than	1 K-12)	È			
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City (5)								Sau	etc.) are Feet	<b>  # (</b>	of Floor	S	В	ldg. A	ae	
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Synertech Inc.	i i liled by building	Owner (6)		ASCIN	I NO.		Pern		atement Contr	acto	(8)					
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228 Moore St.							POE									
City, State, Zip Code							City, S	tate,	Zip Code	- 77.0					1110-2-1-1	_
Philadelphia PA 19							Wes	t Be	rlin NJ 0809	91		2000-0-000			200	
Project Manager for Mor Drew McMahon	itoring Firm			Telepho	ne No. 55 <b>-2</b> 305		Teleph		No. -9800		Licer 007	nse No				
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Other – Describe:							J.,, c									
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City, State						Dispo	sal Date		City, State							
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Anthony T Perna		Pres	ident					2				12	/11/	17		

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ity (5)								Squa	are Feet	券 of	Floors	[1	Bldg. A	\ge	
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ounty (6)				County (	Code (7)			Curr	ent Use (Prid	r if bei	ng demol	ished)		3.1	
Cumberland				(STATE U	USE ONLY)			Но	use						
lame of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.	P	Vame	of Ab	atement Con	tractor	(9)				
Synertech Inc.							Perr	naco	Inc.						
treet Address						5	Street	Addre	ess						
228 Moore St.							PO	Box 3	329						
ity, State, Zip Code							150.00		Zip Code						
Philadelphia PA 19	148					3	Wes	st Bei	rlin NJ 080	91					
roject Manager for Mon	itoring Firm			Telepho				none N			License				
Drew McMahon				215-7	55-2305		856-	-753-	9800		00727				
tart Date (10)				pletion l	Date (11)				HA Monitor						
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ccupancy Status During	g Abatement (Ched	ck Only On	e)			5	Street	Addre	ess		٠		ľ.	2	
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	State, 2	Zip Code		<u></u>				
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TO BE ABA	ATED		ntenar odial S		(i.e.	thermal sy			lation,		pecify	Rer	20	Encapsulate	Enclosure
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ame of Registered Was	ste Hauler		1000000	JDEP W auler ID		Cubic Ya of Waste			Name of	20.					
Inited Containers				2459	.10.	8			Cumbe	rland	County	Land	fill		
ity, State						Disposal	Date	1	City, State	9					-
Im NJ						1/19/18			Millville		8096				
ompleted by		Title				Sign	nature	9.				Date			
nthony T Perna		Presi	ident				( .		and Produce Service (Service)			12/11	/17		

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Date of Notification (1)			Name o	of Building C	Owner/Opera	ator (2)				Ū	- C	5	2017
12/11/17					ounty Imp	rover	ment Author	rity					
Agencies Notified Type Notification	1		Street A	raaress th High S	Street					ASBE			
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DOL Amendmen		— L		le NJ 083	332								
DOH justification	)			of Contact Nardone				Tel	anhono	Mumho			
BOA Caricellatio				ILITY INFO	water and the second second second								
Name of Facility Where Abatement is Taki	ng Place (	3)				Ту	pe of Facility	4)					
Demo Residential Rear garage Street Address					F	_ F	School (K-1 Subchapter		or thon	V 12)			
219 N 6th Street											uilding	s, hom	ies,
City (5) Vineland NJ 08360						1000	uare Feet 000+	# of	Floors		Bldg.	Age	
County (6) Cumberland				Code (7) USE ONLY)	( <u>, , , , , , , , , , , , , , , , , , , </u>	Cı	ırrent Use (Pri	or if bei	ng dem	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC			1	louse Abatement Co	ntractor	(9)				
Synertech Inc.					1		o Inc.						
Street Address 228 Moore St.						eet Add						-	
City, State, Zip Code						O Box	, Zip Code						
Philadelphia PA 19148					1000		erlin NJ 080	091					
Project Manager for Monitoring Firm Drew McMahon			Telepho	ne No.		ephone	No. 3-9800		Licens				
Start Date (10)	Schedul	ed Con		Date (11)			SHA Monitor		0072				
12/29/17	1/19/1				S	ame							
Occupancy Status During Abatement (Che					Str	eet Add	Iress		٠				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:					City	, State	, Zip Code						
Scope of Work (Check All That Apply)	~		-			-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Comments.	Renova Demolit	1700717074				Full Containmonth of Mini-Enclosure Glovebag Processor Non-Exempted	e cedure	5			iro.	
	Is	Locati	on			Named		, Jane	INVITE	Table I	Aba	emen	t
Location of	9 0.000	Normal d Sole	3		Descript		7-47-1000000000			-	_	ype	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena	nce/		os Containin thermal syste				nount pecify	7	1	Enc	l m
In Facility (13)	Cus	todial S (12)	otair?		surfacing, other misce	VAT, o	r	SF	or LF)	Kemova	Repair	Encapsulate	Enclosure
V-9/	Yes	No	N/A				,			2		late	lre
Attic / Rear heater room			X		Duct Ins	ulatio	ı	40	0 SF	x	+	+	
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Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic Yard	s	Name of	Reaiste	red Lan	dfill	L		
United Containers		H	auler ID	23.50 m - 1774 0 1 1 1	of Waste	<del>-</del> /W	Cumbe	1876			fill		
City, State					Disposal Da	ate	City, State	9					
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Anthony T Perna	10.000000	ident			Signat	ure				Date 12/11	/17		

1.KID93	P	A	(Py	State ATION C remain to	NJAC 8:	60 and	112:120	)			EC			$\mathbb{V}$		
Date of Notification (1) 11-29-17				Name of B Hamilton			perator	(2)		III L	l DE	CT	כ (	201	/	件
Agencies Notified	Type Notification		1	Street Add	dress					-	ASBES	STOS (	CN	ITR	OL 8	3
EPA DEP DOL	Initial Amended Amendment Emergency (		-	City, State Short Hi	ills, NJ (		1				-base Ni	LICEN	SIZ	G	in the section of	
DOH DCA	justification)  Cancellation		- 1	Name of C Hamilto	n Peters					1 7-1-						
Name of Facility Where	Abatement is Takin	n Place (3)		FACILI	TY INFO	RMATI	ON	Туре	of Facility (4	+)						$\neg$
Private Home	, ibatomorti io raimi	9 - 1222 (2)							School (K-12	2)						
Street Address									Subchapter Other (i.e. pretc.)	8 (Otherivate 8	commerc	cial build	-01			,
City (5) Short Hills								Squa	re Feet	# of	Floors	B	ldg.	Age	)	
County (6) Essex				County Co			_	Curre	ent Use (Prio	r if bei	ng demolis	shed)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				tement Con tracting L		(9)		-			
N/A Street Address								Addre							D-MAN	$\neg$
								7th S	t. Ip Code							_
City, State, Zip Code							Unio	n City	/ NJ 0708	7						
Project Manager for Mo	nitoring Firm			Telephon	e No.		100	hone N 216-9			License 01206	No.				
Start Date (10) 12-11-17		Scheduled 12-14-1		npletion D	ate (11)				HA Monitor stracting L	LC						
Occupancy Status Durin	ng Abatement (Che	ck Only One	e)					Addre 7th S								
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Non 7:00 Am - 5:00 Pm	Period of A mal Facility	baten Hour	nent s			City, S	State, Z	zip Code y NJ 0708	37						
Scope of Work (Check							Oline		,							$\neg$
23 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli					- Mi	ull Containmoini-Enclosure lovebag Procon-Exempted	e cedure				lure		
		Is	Locat	tion									Ab	ater Typ	nent e	
Locatic Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED cility	Use Mai	ntena	ely by ince/ Staff?		os Cor therma surfa	escription ntaining al systen acing, V miscella	Materia ns insu AT, or		(	Amount Specify F or LF)	Removal	Ixeban	T	Encapsulate	Enclosure
		Yes	No	N/A							-0.1.F		+-	1		
Baser	nent		Х			Pipe	e Insul				70 LF	X	+-	-		
Baser			X				VAT				20 SF	X	+-	+		
1st Floor /	Kitchen		X			L	inoleu	ım		1	50 SF	X	+	+		
in the stand W	esta Haular		-1	NJDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Land	ifill	1_	1		
Name of Registered With Delfa Contracting L				Hauler ID 3524	No.	of W	aste B		Tullyto	wn Re	esource		ver	y Fa	acilit	ty
City, State Union City, NJ							osal Dat -15-17		City, Sta Tullyto		Α					
Completed by Jaime Delgado		Title Proj.	Mar	nager.		T	Signatu	re //	Al			Date 11-29	-17			

Print Form

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Date of Notification (1)		Name	e of Building Ow	ner/Operato	or (2)		DEC	1	5 0	017
12/11/17			iam Douma			14 4	DEC	ا ر	J 2	017
Agencies Notified Type Notificat	ion	Stree	t Address							
						AS	BEST	ros (	CON	TROL
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DOH justification Cancellar	on)	Name Bill	of Contact			Telephone I	Numbe	er		
Nome of Facility IAP		FA	CILITY INFORI	MATION					-	
Name of Facility Where Abatement is Ta	king Place (3	3)			Type of Facil	lity (4)				
William Douma Private Home					☐ School	(K-12)				
Street Address					☐ Subcha	pter 8 (Other than K	-12)			
					Other (i.	.e. private & comme	rcial b	uilding	s, hor	nes,
City (5)					etc.) Square Feet	# of Floors	T	Bldg.	100	
Long Beach Twp NJ 08008					1000+	1.5		35+		
County (6)		Count	y Code (7)			(Prior if being demol	ichad			
Ocean		(STATE	EUSE ONLY) _		House	(or ii being deifiol	isilea)			
Name of Monitoring Firm Hired by Buildir	g Owner (8)	ASC	CM No.	Name	of Abatement	Contractor (0)				
N/A	, ,				naco Inc	Contractor (9)				
Street Address					Address					
				100000000000000000000000000000000000000	Box 329					
City, State, Zip Code										
3					State, Zip Code					
Project Manager for Monitoring Firm		Tolors	one No		t Berlin NJ (					
,ge te Montoring Fill		releph	one No.		none No.	License		12.5		
Start Date (10)	Cohodal	d Carrell II	D 1 (4:1)		753-9800	00727	n Decem			
12/20/17	1	d Completion	Date (11)	100000000	of OSHA Monit	tor				
Occupancy Status During Abatement (Ch	12/27/1			Sam						
		50		Street	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of A rmal Facility	batement Hours		City, S	tate, Zip Code					
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf ≤ ≥160 sf or ≥260 lf		enovation emolition			Mini-Enclos Glovebag P	rocedure				
			T	X	I Non-Exemp	ted (*) and Non-Fria	ble Pr		7.	
I wasting of		ocation ormally							ernen	t
Location of Asbestos-Containing Material (ACM)	Used	Solely by	Asharts o	Description	of	80 00	-	1	ype T	
TO BE ABATED	1	itenance/	(i.e. therr	ontaining Mi nal systems	aterial (ACM)	Amount (Specify	71		En	т
In Facility (13)		(12)	su	rfacing, VAT	Γ, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
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ame of Registered Waste Hauler		NJDEP W	/aste Cut	oic Yards	1	(5				
nited Containers		Hauler ID 22459		Vaste	G.R.C	of Registered Landfill  O.W.S	I			
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lm NJ				27/17	1	sville PA 19067				
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DOH justification)				Nardone	)			,			416 14	unibe	is .			
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Name of Facility Where Abatement is Takir	ng Place (	(3)				T	Туре	of Facility (4)								
Demo Residential						1	$\Box$	School (K-12)								
Street Address								Subchapter 8	(Oth	er th	an K-	12)				
638 East Plum Street								Other (i.e. privetc.)	ate 8	& co	mmer	cial bu	uildin	s, ho	mes,	
City (5)						+		re Feet	# O	f Flo	ors	T	Bldo	. Age		-
Vineland NJ 08360							1000		2				35-			
County (6)				Code (7)		+	Curre	nt Use (Prior	if bei	ng d	emoli	shed)		-		
Cumberland			(STATE	USE ONLY)			Hou			1576						
Name of Monitoring Firm Hired by Building	Owner (8	()	ASCI	VI No.	Nan	ne c	of Aba	tement Contra	actor	(9)						
Synertech Inc.					Pe	rna	aco li	nc.								
Street Address					Stre	et A	Addres	SS				( - ( - to ) -				
228 Moore St.					PC	B	32 xo	29								
City, State, Zip Code					City	St	ate, Zi	p Code								
Philadelphia PA 19148					We	est	Berli	in NJ 0809	1							
Project Manager for Monitoring Firm			Telepho				one No				ense	No.			115-377	
Drew McMahon				55-2305	85	6-7	753-9	800		00	727					
Start Date (10)			npletion	Date (11)	1 2			IA Monitor								_
12/29/17	1/19/1				Sa	me	9		57 1 1 1 1 5							
Occupancy Status During Abatement (Chec	k Only O	ne)			Stre	et A	Addres	S		٠						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:	Period of nal Facilit	Abaten y Hours	nent		City,	Sta	ate, Zi	p Code					-			
Scope of Work (Check All That Apply)																_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Consistent)	Renova Demolit				XX	Min	Containment i-Enclosure vebag Proced i-Exempted (*	lure	0.7				Lire		
	le	s Locati	ion						-			T	VALUE	teme	nt	
Location of		Normal	ly		Description	ח חמ	of						,	Туре	,	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole			os Containing	Ma	aterial			mou				П		,
In Facility		todial S		(i.e. t	hermal system surfacing, V			tion,		peci or L		Remova	Xe.	Encapsulate	Enclosure	
(13)		(12)			other miscell				01	J1 L	. /	nova	Kepair	Inso	uso	
	Yes	No	N/A									120	1	are	6	
APT. 1 Basement rear			×		Pipe Insu	lati	ion		2	BLF	-	×	+	+	+	e Silv
APT. Basement near bilco door			×		Pipe Insu					BLF		×	+	+	+	-
APT. 1 Basement			X		Flue Pac				_	2LF		x	+	+	+	_
APT. 2 Kitchen	+		X	She	et Flooring			are .		0 S	F		+	+	+	
Name of Registered Waste Hauler		IN	JDEP W		Cubic Yards		aye	Name of Reg				X				_
United Containers		Н	auler ID 2459		of Waste			Cumberla	7				fill			
City, State Elm NJ					Disposal Dat	te		City, State	100	200						
Completed by	Title				1/19/18	ric.		Millville N	J Uč	0096						
Anthony T Perna	100000	ident			Signatu	re	P					ate 12/11	14-			
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Date of Notification (1)		DOM: V		of Building							)			
12/11/17								ent Authori	hv	111	1	)EC	15	201
Agencies Notified Type Notifica	tion			Address		,	-		-7		1	20000000		
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DEP Amende DOL Amende				tate, Zip C						-	The second	LIC	ENS	NG
- Emerge	ncy (including			lle NJ 0										
DOH justificat				of Contac Nardor					_ Te	lephone	Numbe	r		
				ILITY IN		TON			_			-		
Name of Facility Where Abatement is T	aking Place (3	3)	.,,,	THE PARTY IN	OKWA	ION	Тур	e of Facility (4	)					
Demo Residential							П	School (K-12	2)					
Street Address								Subchapter 8	(Oth	er than	K-12)			
604 East Plum Street							X	Other (i.e. pretc.)	ivate	& comm	nercial bi	uilding	s, hor	nes,
City (5)		e e la const					Squ	are Feet	# 0	f Floors	T	Bldg	Age	
Vineland NJ 08360								00+	2			35+		
County (6) Cumberland				Code (7) USE ONL	Y)			ent Use (Prior	if be	ng dem	olished)			
Name of Monitoring Firm Hired by Build	ing Owner (8)			M No.				use						455-50
Synertech Inc.	ing Owner (o)		ASCI	W NO.		Pern		atement Contr	ractor	(9)				
Street Address						Street								
228 Moore St.						POE								
City, State, Zip Code								Zip Code						
Philadelphia PA 19148								lin NJ 0809	91					
Project Manager for Monitoring Firm		$\Box$	Telepho	ne No.		Teleph				Licens	e No.			
Drew McMahon			215-7	55-230	5	856-	753-	9800		0072	7			
Start Date (10)	Schedule		npletion	Date (11)	9	Figure 1	200000000000000000000000000000000000000	HA Monitor					-	
12/29/17	1/19/18					Same	е							
Occupancy Status During Abatement (C						Street /	Addre	ss						
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Scope of Work (Check All That Apply)			-											
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Location of	11	ormal			Des	scription of	of.					T	/pe	
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(13)		(12)				niscellane				/	BAOL	Repair	Sult	osui
	Yes	No	N/A								=		ate	6
Exterior Siding			х	(54)	Exte	rior Sidi	ing		400	00 SF	x		-	
Kitchen			х			oor Tile			15	0 SF	x	$\vdash$	-	
						0						-	-	
			$\vdash$								-	-	_	
Name of Registered Waste Hauler		M	JDEP W	acta	Cubic '	Varda		Nome of D	mla^-		ISII			
United Containers		H	auler ID 1 2459		of Was	100000000000000000000000000000000000000		Name of Re Cumberla	73			ill		
City, State						al Date		City, State						
Elm NJ					1/19/			Millville N	J 08	096				
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Anthony T Perna	Presid	lent					6				12/11/	17		

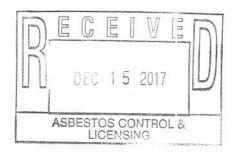
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(NJAC 5:23-8)	justificati					of Contac	ct				Telephone N	lumber					
	Cancella	ition				Stagg											
Name of Equility Where A	h _ t t · · ·	<del>+</del>	D.I.	(0)	FA	CILITY II	VFO	RMA	TION						U		
Name of Facility Where Al	patement is	Taking I	Place	(3)						Type of Facility							
Private house Street Address										Subchapter	8 (Other than K	1 2)					
Street Address										Other (i.e., homes, etc	private and com	mercial I	ouilc i	ngs,			
City (5)										Square Feet			Bldg.	Age			
New Brunswick, NJ 089	901												357.	coali			
County (6)					Cour	ity Code (7)	(STA	TE US	SE ONLY)	Current Use (P	rior if being den	nolished)					
Middlesex Name of Monitoring Firm I	Ulead by Buil	din = 0		0. 1							***						
Name of Monitoring Firm F	nired by Bull	aing Ow	vner (	8)	ASCM	No.				ent Contractor (9	9)						
Street Address							-		ı LLC								
otreet nouress									Address	202							
City, State, Zip Code									lley Rd # ate, Zip Co								
Project Manager for Monitor	oring Firm			Tele	ephone No.   Wayne, NJ					License No.							
							973	-638	3-1777		01127						
Start Date (10)	:	Schedul	ed C	omple	tion Da	ite (11)	Na	me o	f OSHA M	A Monitor							
					_ / .	17	Env	irov	ision Co	nsultants,Inc							
Occupancy Status During					Street Address												
<ul><li>☐ Facility Closed/Vacated</li><li>☐ Abatement Performed (</li></ul>	d During Enti Outside of N	re Perio	od of	Abate	ment		20-2	21 W	Vagaraw	Road, Bldg .#	35E						
Time of Abatement:	AM-	PM/	acility	PM_	s - Des	AM	de al		ate, Zip Co								
Scope of Work (Check all t							Fair		vn, NJ 07								
	(ilat apply)							Н	Full Cont	nation with negative pressure gative Pressure							
>3 sf or >3 If > 160 sf or >260 If		2		novati molitic					Mini-Encl	osure	Tent with Negative Pressure						
23 _ 100 01 01 _ 200 11		L	] ne	HOHEC	11						on-Friable Proce		sure				
				Locat								A	bater	nent 7	Гуре		
Location o Asbestos-Containing M		n		lormai d Sole					scription o					T	1		
TO BE ABAT		' I	Mai	intena	nce/				aining Mat systems ii	erial (ACM)	Amount (Specify	Remova	Nepail	Encapsulate	Enclosure		
IN Facility			Cust	odial 3 (12)	Staff?		S	urfac	cing, VAT,	or	SIF or LF)	ova	=	nsd	Sur		
(13)			V		h1/0	1	oth	ner m	niscellaneo	ous)		-		ate	Φ.		
Basement			Yes	No	N/A	n: ·	, .					F-			-		
DASCHICHL			=	-		Pipe inst	ılatio	on			310 LF		I L				
		L											ŲĘ.				
		[	J														
Name of Registered Waste	Hauler			NJD	EP Waste	Hauler ID No.	Cubi	ic Yar	ds of Waste	Name of Regi	stered Landfill						
Gr Tech LLC				0	03378	35		TBE	)	T.R.R.F. Inc							
City, State							Disp	posal	Date	City, State							
Wayne, NJ 07470								TBD	)	Tullytown, P	Α						
Completed By (Print or Typ	e)	Title						Sig	nature	1		Date					
N.Jevtic		Owne	r							tentic Wen	ad	12/05/1	7				

1/2273		NOTII	FICATIO Pursuan	N OF ASI	BESTOS 8:60 ar	ABATE	MEN 0)	NT			<u> </u>	<u> </u>	V		
Date of Notification (1) 12/4/2017				of Building				CE DEVE	OPM	IENT D	EC	1 5	201	7	
Agencies Notified  Type Notified  EPA  DEP  Amencies	led		Street Address P.O. BOX 420  City, State, Zip Code TRENTON, NJ 08625  ASBESTOS CONT LICENSING											OL &	
				of Contact	Te	Telephone Number									
			E897/7/3/00	ILITY INF	ORMAT	ION					_			_	
Name of Facility Where Abatement is RESIDENCE	Taking Place (	3)					Type of Facility (4)								
Street Address			Su × Oth						School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)						
City (5) PITTSGROVE TOWNSHIP							Sqı	are Feet # of Floors Bldc. Age							
County (6) SALEM			Code (7) USE ONLY	n		Cui	rrent Use (Pri	or if be	ing demolis	shed)					
Name of Monitoring Firm Hired by Buil USA ENVIRONMENTAL MAN			M No.		1		batement Cor ROTHERS			NG					
Street Address 344 WEST STATE STREET						O BROTHERS CONTRACTING Address (REELAND AVENUE									
City, State, Zip Code TRENTON, NJ 08618						3/2025/2025	City, State, Zip Code TOTOWA, NJ 07512								
Project Manager for Monitoring Firm WILLIAM WEISGARBER						Telephone No. 973-956-8700				License No. 00494					
Start Date (10) 12/14/2017	Schedul 12/27/		mpletion	Date (11)			e of OSHA Monitor ME AS (9) ABOVE								
Occupancy Status During Abatement (						Street	Address								
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: VACANT	ntire Period of A Normal Facility	Abaten / Hours						State, Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	1977,707,70					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		Locati					Non-Exempled ( ) and Non-Friable Pro					Abatement			
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Use Ma	Normai d Sole intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)				Amount (Specify SF or LF)		Kepair	e Encapsulate	Enclosure	
	Yes	No	N/A								Removal		ate	re	
SEE ATTACHED		X													
Name of Posistered Wasts Use		12.	IDCE:												
Name of Registered Waste Hauler TWO BROTHERS CONTRACT	ING	H	JDEP W auler ID 8743		of Was	8/3/3/3/7		2000 100 100 100 100 100 100 100 100 100		red Landfill IAGEME		.R.C	.W.S	3.	
City, State OTOWA, NJ					Dispos 12/27	al Date /2017		City, State		E, PA					
Completed by //VECA RAMOS	Title PRO	JECT	COOF	RDINATO		gnature	011		. r	Da	te 2/4/20	17	****		

Print Form

NJDEP Parvin State Park 960 Parvin Mill Road Pittsgrove Township, NJ

Material	Location	Ottv	Method
	104, 104B, 105, 107, H101, 202, 202A.		
Resilient Floor Coverings (9" and 1' Floor Tile)	203, 203A, 204, 204A, 205, 205A,		
Multilayer	H201	1,755 SF	Non-Friable
Gypsum Paper Drywall and Associated Joint	S1, S2, 201, 201A, 202, 202A, 203,		
Compound	203A, 204, 204A, 205, 205A, H201	2,200 SF	Limited Containment
White/Grey Sealant at Exterior Penetrations in			
Siding	Exterior Façade Penetrations	10 SF	Non-Friable



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Date of Notification (1)	04 /	17				ng Owner/Operator ( Pharmaceuticals		THE DE	C 15	201	7				
☐ EPA ☐ DOLWD ☐ DOH ☐ DOH	Type Notifica Initial Amended Amendme	l ent #	-	2 E	t Address Sterbroo State, Zip erry Hill,	ok Lane		ASBES:	TOS CO	NTR NG	OL 8				
☐ DCA (NJAC 5:23-8)	☐ Emergend justification ☐ Cancellate	on)	g	Name	of Conta	ct		Telephone Number							
				FA	CILITY I	NFORMATION									
Name of Facility Where Al West-Ward Pharmac Street Address 2 Esterbrook Lane		aking Plac	e (3)					2) 8 (Other than K private and com		uilding	gs,				
City (5)							Square Feet	# of Floors	E	ldg. A	ge				
Cherry Hill							50,000	2		70					
County (6)  Camden				Cou	nty Code (	(7)(STATE USE ONLY)	Current Use (P		nolished)						
Name of Monitoring Firm H	lired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)							
1Source Health and	Safety, Inc.						nmental, LLC	5)							
Street Address			- 2-10			Street Address	,,	2							
140 South Village Av	enue. Suite	e 130				623 Cutler Av	enue								
	onao, care				- 2:00	City, State, Zip Co									
	vina Cira		TT.	la a b a a a	NI.	Maple Shade	, 145 00052								
Camden  Iame of Monitoring Firm Hired by Building Owner  1Source Health and Safety, Inc.  Itreet Address  140 South Village Avenue, Suite 130  Iity, State, Zip Code  Exton, PA 19341  Irroject Manager for Monitoring Firm  Brian Hovendon  Itart Date (10)  Scheduled 0				elephone 610-524	-5525	Telephone No. 856-755-0099	//= A	License No.							
a contract of the first of the contract of the				letion Da		Name of OSHA M EMSL Analyti									
<ul><li>☐ Facility Closed/Vacated</li><li>☐ Abatement Performed C</li></ul>	During Entire Dutside of No	e Period of rmal Facilit	Abat y Ho	urs - Des	scribe AM	Street Address 200 Route 13 City, State, Zip Co	ode								
Scope of Work (Check all t	hat apply)		_			- Olimaninison	, 110 00011								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	nat apply)	⊠ Re □ De	enova emoli			☐ Mini-Encl	ainment with Ne losure Procedure mpted (*) and No	•							
				ation			PM:		Al	atem	ent T	уре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED  Us				nally blely by nance/ il Staff?		Description of estos Containing Mat e., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A		1	3				(D				
Corridor 1146/Line 407	and 408				Floor T	ile		6,000 SF	$\boxtimes$						
							S C SHOWS								
		П	П	П		7.				П	П	П			
Name of Registered Waste Freehold Cartage	Hauler		- 1	NJDEP \ Hauler II  15939	No.	Cubic Yards of Waste		stered Landfill orth Landfill							
City, State Freehold, NJ			377			Disposal Date 12/30/2017	City, State Morrisville	, PA							
Completed By (Print or Typ Christina Lynch	e)	Title Vice Pr	esic	lent of (	Operatio	ns Signature	00-		Date	1					



Check 2216

Date of Notification (1)		Name	of Bui	ilding (	Owner / Opera	tor (2)		ME	G	E	1	W	<u> </u>		
11/30/2017			Higgi			507 (1888)					- minus				
Agencies Notified Type Notification EPA		Street	t Addre	ess					5.5.0	-			+		
DEP Initial Amended DOH Emergency			State & ar, NJ	Zip C	ode				DEC	_1_	5 2	017	-   L		
☑ DOH ☐ Emergency			of Cor	ntact				ASE	1000	30.0	The state of	7.01.			
☐ DCA ☐ Cancellation			Higgir					100	3E\$T	Hebb	4 TUE!	KELLPI	<b>te</b> r		
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Name of Facility Where Abatement is Tak	ing Place	(3)	ACILITY	YINFO	ORMATION	:::									
Residence	ing i lace	(0)			Type of Fac										
Street Address							Other th	nan K-12)							
					Other (i	i.e. priva	ate & co	mmercial buil	dings	, hor	ries.	etc.)			
City (5)	a)   a				Square Fee	t	# of Flo	oors		g. A					
City (5) County (		ounty C	Code (7	")	2000	Company of the manager of		2			50-	+			
Belmar Monmou	ıtn						f being (	demolished)					32238		
Name of Monitoring Firm Hired by Building	Owner (8	1	ASCN	/ NI=	Residential										
Danding	Owner (o	")	ASCI	VI INO.	Name of Ab Alpha Envir	atemen	Contra	ctor (9)							
Street Address					Street Addre		tal Serv	nces							
					3525 Quake		Rd Su	ite 903 C							
City, State & Zip Code		AND DESCRIPTION			City, State &	Zip Co	de								
Project Manager for Monitoring Firm	[ <del>_</del>	-1			Hamilton, N		9						Scene:		
			Numbe	)r	Telephone N 609-847-295			License	e Nur	nber 012					
Scheduled Start Date (10) Scheduled		on Date	e (11)		Name of OSHA Monitor										
12/9/2017 12/14/201		1	-	-	Briggs Asso										
Occupancy Status During Abatement (Che Facility Closed/Vacated During Ent	CK ONly On ire Deriod	e)	tomont		Street Address 3 Crosswicks St										
Abatement Performed Outside of N	lormal Ho	urs - 7	am to	3nm			40		-						
Describe:	omar mo	aro 1	arr to t	opin	City, State & Zip Code Bordentown, NJ										
Facility Occupied During Abatemer	it				Dordentown, No										
Scope of Work (Check all that apply)													2012-011		
☐ ≥3 sf or ≥3 lf		D					Full Cor	ntainment with	n Neg	ative	Pres	sure			
≥160 sf ≥260 lf		1	ovation olition			closure									
		Denn	Ontion		Glove Bag Procedures										
Location of	le	Locatio	n T		Description	<u> </u>	Non-Exe	empted and N							
Asbestos-Containing		nally U			Description Asbestos-Con	n oī Itainina		Amount	78 0	Aba	atem	ent T	ype		
Material (ACM)	S	olely by	y		Material (A	CM)		(Specify SF or LF				ш			
TO BE ABATED in Facility		tenanc			(i.e., thermal s				<i>'</i>	Remova	Re	Encapsulat	Enclsoure		
(13)	Custo	odial St (12)	taff?		sulation, surfac					vou	Repair	sde	lso		
(.0)	Yes		N/A	0	r other miscell	aneous,	)			/al	=	ula	ure		
Basement				4	Pipe Insula	Afan		102.14		5-3					
Garage			$\Box$		Pipe Insula			103 If 80 If			Ш				
					· ·po modia	11011		00 11							
Name of Registered Waste Hauler		NJD	EP Wa	ste C	ubic Yards	Name	of Regi	stered Landfil	Ī				-		
ALPHA ENVIRONMENTAL			ler ID N 33330	lo. of	Waste		Landfi								
City, State					isposal Date	City, S									
Trenton, NJ				V	arious	Morris	ville, P.	A							
Completed By (Print or Type)		Title		Si	gnature				In	ate			-		
Rod Richardson		Proje			d Richardson				0.000		2017				
		Man	ager												

CKILLOS [	9/	Neglin	FIGATIO	State of N N OF AS at to NJAC	ew Jerse BESTOS C 8:60 ar	ey S ABATE nd 12:12	MEN 0)	IΤ		) [	G		L	U	rice	
Date of Notification (1) 12/06/2017			Name	of Building	g Owner/	Operato (	r (2)		14		DEC		<u> </u>	201		
Agencies Notified Type Notification	T.		17.000000000000000000000000000000000000	Address		-	ASI	BEST				)L &				
X	t #			tate, Zip C Ile, N.J.		LICENSING										
	(including	9	Name o	of Contact Wyche	t	Telephone Number										
				ILITY INF	1											
Name of Facility Where Abatement is Taki Residence	ng Place (	(3)					Тур	e of Facility (	100				-			
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than & comn	K-12) nercial	buil	dings	, hom	ies,	
City (5) Roselle					Squ 1,4	are Feet	# 0	f Floors			Bldg 7	Age				
County (6) Union	TO SERVICE TO SERVE T						Cur	rent Use (Price	or if be	ing dem	olishe	d)	1			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Name of Monitoring Firm Hired by Building Owner (8)							patement Con ank Service		(9)			1			
Street Address PO Box 354	Street Address						Addr									
City, State, Zip Code																
South Orange, NJ 07079  Project Manager for Monitoring Firm		Telephone No. Teleph					NJ 07205		Licens	se No		i .				
Sarah Calandra Start Date (10)	Calcadal	-10	201-34	49-2666		844-4	1-462-7465 01316									
12/21/2017	12/29/	2017	npletion	Date (11)			e of OSHA Monitor eine Lighthouse Solutions									
Occupancy Status During Abatement (Chec			Street Address													
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom Other – Describe:	Period of an all Facility	Abaten Hours	nent PO Box 354 City, State, Zip Code South Orange, NJ 0													
Scope of Work (Check All That Apply)						Coun	101	ange, 140 o	1013							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Fi M G	ull Containme ini-Enclosure lovebag Proce	edure							
	5.5	Locati	7735			- Second	1 140	on-Exempled	( ) and	(*) and Non-Friab			Abatement			
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Ashes	Des	scription	I (ACM)	۸۰	Amount		1 ype					
TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e.	thermal surface	systems cing, VAT niscelland	insu F, or	lation,	(S	pecify or LF)		Remova	Repair	Encapsulate	Enclosure	
Basement	Yes	No	N/A		D:					0.1.				ate	CO .	
Dasement		X			Pi	pewrap	)		10	0 LF	Х	X				
												1	_			
Name of Registered Waste Hauler		N	JDEP W	laste	Cubic '	Yards		Name of R	onieto	red I on	dfill					
Newark Carting		Н	auler ID 1509		of Was			Waste M				dfill				
City, State East Orange, NJ					Dispos	al Date		City, State Penn Arg	nvle i	PA						
Completed by Alison Lamers	Title	Man	ager		Si (	gnature	IN	YOM	,,,,,,		Date	6/2	047			

WPrint Form