OK7193 PA	M	NOTII	FICATIO	State of No ON OF ASI nt to NJAC	BESTOS	ABATE	MEN 0)	T weekly	B.	EG				
Date of Notification (1) 12/20/18			Bob	of Building Falcone	g Owner/o tti Priva	Operato	r (2) ne	P 47 - 1-10p		DEC	2 4	2018	}	A CONTRACTOR OF THE PARTY OF TH
Agencies Notified EPA DEP DDL Amended Amendment Emergency	#_		City, S	Address State, Zip C		NJ 08	742		<i>k.</i>	SPESTO LIC	OS CO	NTAI IC	<i>h</i>	5
DOH justification) DCA Cancellation		ig	Name Bob	of Contact					Te	lephone N	Number			
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	CILITY INF	ORMATI	ION	T	F P - 199	743					
Bob Falconetti Private Home	gacc	(0)					Т	e of Facility						
Street Address							X	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth	er than K & comme	-12) rcial bu	ildings	, hom	ies,
City (5) Point Pleasant Boro NJ 08742		13						are Feet 00+	# 0	f Floors	1.0	Bldg.	Age	
County (6) Ocean				Code (7) USE ONLY	0		Cur	rent Use (Pr	rior if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.		Name Perr		lnc.	ontractor	(9)				
Street Address						Street PO I								
City, State, Zip Code						City, S	tate,	Zip Code	004					
Project Manager for Monitoring Firm	-		Telepho	one No.		Teleph		rlin NJ 08 No.	091	License	No.			
Start Date (10)	Schedu	led Con	npletion	Date (11)				-9800 SHA Monitor		00727				
1/3/19	1/10/1	19				Sam		TIA WOULD						
Occupancy Status During Abatement (Checilotecal Facility Closed/Vacated During Entire F			nent.			Street	Addre	ess						
Abatement Performed Outside of Norm Other – Describe: Home owner will be home	al Facilit	y Hours	5		_	City, St	tate, Z	Zip Code						
Scope of Work (Check All That Apply)	20.00													-
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf	_	Renova Demolit				×	Mi Gi	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure					
80 BOSK 95	100	Locati							7,5	- 11011 1 110		Abate	ement	t
Location of Asbestos-Containing Material (ACM)	Use	Normall ed Solel aintenar	ly by	Asbest	Des tos Conta	cription		I (ACM)	A	mount	-	T	ре	П
TO BE ABATED In Facility (13)	160000	stodial S (12)			thermal s	systems ing, VA7	insul 「, or	ation,	(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
f	Yes	No	N/A		100000 F.								ite	O .
family Room Area			X		Floor	Tile O	nly		65	0 SF	х			
						nec sweet					+		-	
Marra of David Aller														
Name of Registered Waste Hauler United Roll Off		Ha	JDEP W auler ID 2459		Cubic Y of Wast 3			Name of G.R.O.	3700	red Landfi	11			
City, State Elm NJ					Disposa 1/10/1			City, State		19067				-
Completed by Anthony T Perna	Title Pres	ident				nature	2	and the same of th	- Company	D	ate 2/20/	18		

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UC 7194	PAI			CATION	OF ASBE to NJAC 8	STOS	ABATE				GE		7	ſ,	700
Date of Notification (1) 12/20/18					Building C a Fitzam						***************************************				1
Agencies Notified	Type Notification			Street A						D	EC 2	4 201	8		1
EPA DEP	Initial Amended			City, Sta	te, Zip Coo	de					Carrier to annual trapping and a	What was a second		1	
⊠ DOL	Amendment #			5000	gat Light		3006			F.SEE	STOS C LICENS	IONTE SINC	71.0		ř
☑ DOH □ DCA	justification) Cancellation	cidaling	100	Name of Virgini	Contact					Tele	ephone N	umber	4 (4)		
□ box	Caricellation			-	LITY INFO	RMATI	ON			-	San Grand Marie Control				
Name of Facility Where Virginia Fitzamons		Place (3)					_	of Facility (School (K-1	200 ·					
Street Address									Subchapter Other (i.e. petc.)	8 (Othe			dings,	home	ıs,
City (5) Barnegat Light NJ	08006								e Feet	# of	Floors	11 000	ldg. A	ge	
County (6)				County (Code (7)	1000			nt Use (Pri		ng demol				
Ocean Name of Monitoring Firm	Hirad by Building O	unor (8)		ASCM	JSE ONLY)		Name	Gara of Abat	age tement Cor	ntractor	(9)				
N/A	Trilled by building O	wher (o)		AGGIV	1140.		111/19/20/2017	naco li		macion	(0)				
Street Address							1	Addres	_						
City, State, Zip Code							City, S	state, Zi	p Code	204					
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none No	in NJ 080 o.	191	License	No.			
0. 15 . (10)	1,	S-1	10	-1-4: 1	D-t- (44)			753-9			00727	·			
Start Date (10) 12/31/18	1	scheduie	1/5/	ipieuon i 19	Date (11)		Sam		IA Monitor						
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)				Street	Addres	S						
X Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire Pened Outside of Norma	eriod of A	Abatem Hours	ent		_	City, S	state, Zi	p Code						
Scope of Work (Check A	All That Apply)					-									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	,		Renova Demoliti				<u> </u>	Mir Glo	Containm i-Enclosure vebag Pro n-Exempte	e cedure				-	
		Is	Locati	on				1101	r-Exemple	u () air	a Non-i n	abieric	Abate	ement	i
Locatio		1	Normall d Sole	ly			scription					-	T	/pe	
Asbestos-Containing TO BE AB In Fac (13)	BATED	Ma	intenar todial S (12)	nce/		therma surfa	taining N I system icing, VA miscellar	s insula AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	Cidina	165	140	X	<u> </u>	Evte	erior Si	dina		80	00 SF	×	-		
Exterior	Sidilig			^		LXIC	1101 01	unig			00 01	A	-		
Name of Registered Wa	ste Hauler		12.33	JDEP Wauler ID		Cubic of Wa	Yards ste		Name of	37.53	ered Land	ifill			
United Roll Off			2	2459		3 Diana	aal D-t		G.R.O						
City, State Elm NJ						Dispo	sal Date 7/19		City, Star Morris		A 1906	7			
Completed by		Title				1	Signatur	e				Date	140		
Anthony T Perna		Pres	ident				0					12/20	10		

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

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150	A	0	121
C3/	1	X	X 1-
710	-1	O	0, -

Date of Notification (1)	×6:	Т	Name of	Building ()wner/O	perator (2)		111	HE	7 E		W	E,
12/19/18							300 UE VA	RD 1	SSOCI	75	i L	ر د	
Agencies Notified Type Notification			Street A					The state of the s	5 1 2				5
□ EPA □ Initial				120	GR	A QUA	,UE	114	ul ut	:C 2	4	2018	20
DEP Amended Amendment #			0.000000	te, Zip Cod			- 07		- Anna				
☐ Emergency (ir		-	E	Contact	M 00	10. K	J. 07	631	ASSES	TOS	COA	THO	1 2
DOH justification DCA Cancellation					- 1		_		ephone Num			Ġ.	e. w 111 111 111 111
L BCA L Calcenation				LITY INF		IMOWI	c2	40	11 - 041	31	31		
Name of Facility Where Abatement is Taking Pla	ace (3)		PACI	DIT I INT	OKWIA		pe of Facility (4	1)					
63-67 KENNEDY BONEVAN	ed As	Soci	HES	LLC			School (K-1)	2):					
Street Address		90		u H			Subchapter 8	(Other					
120 GRAND AU	2					14	Other (i.e. pr	rivate &	commercial	buildin	gs, ho	mes, e	tc.)
City (5)				* , *			are Feet	# of	Floors	1000	ldg. A		
ENGLEWOOD	2012-12						28000	1	4		18 Y	ENR	స్త్రి
County (6)				Code (7) · USE ONLY)	S20=12-0010	GH 16 (A)	rrent Use (Prior						
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCN		0.4-0-		Buo G			218			
ox moning I am flact by Building Ow	(0)		ASCI	1110.			emoval, I						
Street Address						Street Addre		uc.					-
To the report of control design.			19				outh Rive	r Stre	et				
City, State, Zip Code					-	City, State,	Zip Code						
	4 65					Hacl	kensack, N	lew Jo	ersey 07	601			
Project Manager for Monitoring Firm		1	Telephor	ne No.		Telephone N	No.		License No				
						201-33	29-7444		0038	8			
	Scheduled	Comp	letion Da	ate (11)			HA Monitor	. 1	p.				
1/2/19	1/	10/	17				Environn	nental					
Occupancy Status During Abatement (Check On	y One) '	•				Street Addre							
☐ Facility Closed/Vacated During Entire Perion ☐ Abatement Performed Outside of Normal F							uyler Stre	et					
Other – Describe: 130 Ax ~ 0	5:00 (PM				City, State,	zip Code 1 Hackens:	ack N	JI 07606				
Scope of Work (Check All That Apply)						Journ	1 Tuescono	uoit, 1	15 07000	6 		-	_
□ ≥3 sf or ≥3 lf	D D	enovati	00			гv г	Cull Containme	and a state N	Janatina Des				
≥160 sf or ≥260 lf		emoliti					Full Containme Mini-Enclosure		negative Pre	ssure			
							Glovebag Proce		Nam Priable	December			
20	Τ					i	Non-Exempted	() and .	Non-Friable	Tioced	77.35- 17	ement	
Location of	10000	Location ormall										ре	
Asbestos-Containing Material (ACM)		Solely		Asbes		scription of aining Materia	al (ACM)	А	mount				
TO BE ABATED In Facility	1 2.67	intenan odial S		(i.e. ther		ems insulation	, surfacing,	53.25	pecify	Rei	R	inca	Enc
(13)		(12)				VAT, or miscellaneous)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		ate	е.
BASEMENT			7	-1150414		Casa . 4/2	المحتملا		2504			×	
BASEMENT			1	THEKMA	SYS	TOPY INSU	INCOM S		40SF	-	÷	7	
B4 361 610 (THELM	د چی	ethci ng	INSUME	N 2	4031			~	
	-												
Name of Registered Waste Hauler		N	IDEP W	aste	Cubic	Yards	Name of F	Registere	d Landfill				
Best Removal, Inc.		H	auler ID	No.	of Was	ste	3.61			. т			
			17109	2		3075			trerprise	S, L	LC		
City, State					,/	sal Date	City, State		0.11	1100	0		
Hackensack, NJ 07601 Completed by	Tiel-	-			' /	1/19	Wayı	nesbu	rg, OH		8		
J. Maiorano	Title Estin	nato			S	ignature) ,	0	Da		19	118	
	Latin	iiaiUl				1) (oisan			10	'	1 0	

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

OL# 3490

Data of Notice - 11 - 741	ili and			1			0		E	11 1	17	77
Date of Notification (1)	11 , 4	0		1000000		g Owner/Operator ((2)		P ₃	il .	\' / - • • • • •	Ea.
	11 / 1			E.I.	auPont	de Nemours		1 2 1				
100-500-500-500-500-500-500-500-500-500-	Type Notification	1			t Address			DEC	2 /	1 20	118	
☐ EPA 図 DOLWD	☑ Initial ☑ Amended			250	Cheese	quake Road				yes :	100	1
⊠ DHSS	Amendment	#2-12/1	9/18	City, S	State, Zip (Code		· ·	er many entry	Part of the same		-
	☐ Emergency (i			Par	rlin, NJ 0	8859		A.SEEST	08.0	ONT	80).	
(NJAC 5:23-8)	justification)			Name	of Contac	t		Telephone Num	per	430	12-12-14-	9619
	☐ Cancellation			Nic	hol Rein	hold		732-613-240	0			
				FA	CILITY IN	FORMATION			0.00			
Name of Facility Where At	patement is Takir	ng Place	(3)				Type of Facility ((4)				
DuPont Parlin Facili	ty - Bldg. 1880)					School (K-12					
Street Address							Subchapter 8	(Other than K-12)	22.00		
250 Cheesequake Re	oad						homes, etc.)	ivate and commer	cial bu	iilding	js,	
City (5)							Square Feet	# of Floors	TRI	dg. A	ne	
Parlin							- 1	01 1 10010		ug. / (ge	
County (6)				Cour	ntv Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)		_	
Middlesex						,		or in boning dominate	nou)			
Name of Monitoring Firm H	lired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			401-73-7		
Cardno ATC	, ,				name ;		VIRONMENTAL	INC				
Street Address						Street Address	THOMILE THE	-, 1110.				
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code			-0.11			City, State, Zip Co						-
Burlington, NJ 08016	3					BRISTOL, PA						
Project Manager for Monito		-	Tele	phone	No.	Telephone No.	. 10001	License No.			-	
John Lutz			-	9-386		215-788-6040		00509				
Start Date (10)	Sche	duled C				Name of OSHA N		00000				
1/_14/	The state of the s	1_/			monetal frances		VIRONMENTAL	INC				
Occupancy Status During						Street Address		.,				
☐ Facility Closed/Vacated				ment		1123 BEAVE	OCTREET					
☐ Abatement Performed (cribe	City, State, Zip Co		-				
Time of Abatement: 7:0						BRISTOL, PA						
Scope of Work (Check all t	hat apply)	G				DIGIOL, FA	19007					
		22-27				☐ Full Cont	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		⊠ Re □ De				☐ Mini-Enc						
24 - 100 01 01 - 200 11		Пре	HOILE	м		☐ Glovebag	g Procedure mpted (*) and Nor	n-Friable Procedu	'e			
		Is	Locat	ion		W 100512322222	, , ,		1	atem	ant T	Vne
Location o		100000000000000000000000000000000000000	Norma			Description of	f			-		T -
Asbestos-Containing M TO BE ABAT			d Sole intena			stos Containing Ma		Amount	(em	Repair	nca	ncl
IN Facility		0.000	todial	Staff?	(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	Remova	1 ≝.	sde	Enclosure
(13)			(12)	T		other miscellane		0. 0. 1. /	-		Encapsulate	ē
		Yes	No	N/A								
Exterior Roof					Transite	Э		360 SF				
			П						П			П
		1	_	-					1	1]	1
		14								Ш	Ш	
Name of Registered Waste			1000	JDEP \		Cubic Yards of	Name of Regist	tered Landfill		_		-
SERVICE TRANSPO	RT GROUP, IN	C.		20990		Waste 4 Cu Yd	Fairless La	ndfill				
City, State						Disposal Date	City, State					
Yardley, PA						12/28/18	Fairless Hil	lls, PA				
Completed By (Print or Typ	oe) Tit	le				Signature		, Da	te	,		
Gino Pizzigoni		Estima	tor			Hi-		1:0 1	121	191	18	
ASB-41				- 6.5		Marie 1)	I mootel	7	/	1	0	

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

Date of Notification (1)					ne or build	ing Owner/Operator	(2)	915 145	DEC	21	209	_
12/11	_ / _ 1	18		E	.l. duPon	t de Nemours				4	201	8
Agencies Notified Type	Notification	n	- 1977 - 177		et Address			-	12			
□ EPA □ Init				1				1			2.	*
☑ DOLWD ☑ Am	nended				State, Zip	equake Road	_		LIC:	rou. Name	91/1. 11	
	nendment :								20010			
DCA Error	nergency (i	includir	ng	_	arlin, NJ			50				
	tification)				ne of Conta			Telephone N	lumber			-
	ricenation				chol Rei			732-613-	2400			
Name of Facility Where Abateme	ent is Takir	na Plac	0 (3)	F/	ACILITY	NFORMATION	1=					
DuPont Parlin Facility - Bl			e (3)				Type of Facility					
Street Address	.ag. 1000						School (K-12	!)	40)			
250 Cheesequake Road							Other (i.e., pr	rivate and com	12) mercial	huildir	nae	
City (5)			_				nomes, etc.)			Dullull	igo,	
Parlin							Square Feet	# of Floors	T	Bldg.	Age	_
County (6)									- 1			
Middlesex				Cou	inty Code ((7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)		-
	. D. " "	_										
Name of Monitoring Firm Hired by Cardno ATC	Building	Owner	(8)	ASCN	No.		ent Contractor (9)				7	-
Street Address						BRISTOL EN	VIRONMENTAL	-, INC.				
						Street Address						-
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					_
Burlington, NJ 08016						BRISTOL, PA	19007					
	rm		Tele	phone	No.	Telephone No.		License No.				
)									-
John Lutz					6-8800	215-788-6040)	00509				
John Lutz Start Date (10)	Sched		omple	tion Da	ate (11)	215-788-6040 Name of OSHA M		1				
John Lutz Start Date (10) 12 /21 /18	Scheo	12 /	omplei 28	tion Da	ate (11)	Name of OSHA N	fonitor	00509				
John Lutz Start Date (10) 12 / 21 / 18 Occupancy Status During Abatem	Sched	12 /	omplet 28	tion Da	ate (11)	Name of OSHA N BRISTOL EN		00509				
Start Date (10) 12 / 21 / 18 Decupancy Status During Abatem Facility Closed/Vacated During	Sched	12 / k only o	omplet 28 one)	tion Da	ate (11) 18	Name of OSHA M BRISTOL EN	fonitor VIRONMENTAL	00509				
Start Date (10) 12 / 21 / 18 Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	Scheol Scheol Entire Per of Normal	12 / k only or riod of /	omplet 28 one) Abaten	tion Da	18 scribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE	Nonitor VIRONMENTAL R STREET	00509				
Start Date (10) 12 / 21 / 18 Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM-3	Scheo ent (Check Entire Pe of Normal 3:30PM/	12 / k only or riod of /	omplet 28 one) Abaten	tion Da	18 scribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co	fonitor VIRONMENTAL R STREET	00509				
Start Date (10) 12 / 21 / 18 Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	Scheo ent (Check Entire Pe of Normal 3:30PM/	12 / k only or riod of /	omplet 28 one) Abaten	tion Da	18 scribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE	fonitor VIRONMENTAL R STREET	00509				
Start Date (10) 12 / 21 / 18 Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM-3	Sched ent (Check Entire Pe of Normal 3:30PM/	k only coriod of A	28 one) Abaten / Hours	ment s - Des	18 scribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	fonitor VIRONMENTAL R STREET ode 19007 ainment with Nega	00509 , INC.				
Start Date (10) 12 / 21 / 18 Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM-3	Sched ent (Check Entire Pe of Normal 3:30PM/	k only control of A	omplei 28 one) Abaten Hours M	ment s - DesAM	18 scribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTAL R STREET ode 19007 ainment with Negalosure	00509 , INC.				
Start Date (10) 12 / 21 / 18 Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM-3 cope of Work (Check all that app	Sched ent (Check Entire Pe of Normal 3:30PM/	k only coriod of A	omplei 28 one) Abaten Hours M	ment s - DesAM	18 scribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	Nonitor VIRONMENTAL R STREET ode 19007 ainment with Negalosure Procedure	, INC.	dura.			
Start Date (10) 12 / 21 / 18 Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM-3 cope of Work (Check all that app	Sched ent (Check Entire Pe of Normal 3:30PM/	k only ceriod of A I Facility Pi	omplei 28 one) Abaten / Hours // Hours // Hours // Location	ment s - DesAM	18 scribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTAL R STREET ode 19007 ainment with Negalosure	, INC.				
John Lutz Start Date (10) 12 / 21 / 18 Decupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM-3 cope of Work (Check all that app 3 sf or \$\geq 3\$ if \$\geq 160\$ sf or \$\geq 260\$ lf	Scheo ent (Check Entire Pe of Normal 30PM/	12 / kk only ceriod of A l Facility Pl Seriod Seri	omplei 28 one) Abaten / Hours /- movation molition Locatio	ment s - DesAM	ate (11) 18 scribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enco Glovebag Non-Exer	Nonitor VIRONMENTAL R STREET ode 19007 ainment with Negalosure procedure mpted (*) and Non-	, INC.	A	batem	ent T	
John Lutz Start Date (10) 12 / 21 / 18 Decupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM-3 cope of Work (Check all that app ≥3 sf or ≥3 if ≥160 sf or ≥260 if Lecation of Asbestos-Containing Material (Scheo ent (Check Entire Pe of Normal 30PM/	tk only ceriod of All Facility Pi Rei Der	omplei 28 one) Abaten Hours M- novation Locatio	ment s - DesAM	ate (11) 18 scribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer	Nonitor VIRONMENTAL R STREET ode 19007 ainment with Negalosure procedure mpted (*) and Non-	, INC.	A	-		Ť
John Lutz Start Date (10) 12 / 21 / 18 Decupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM-3 cope of Work (Check all that app 3 sf or 3 lf 5 160 sf or 260 lf	Scheo ent (Check Entire Pe of Normal 30PM/	k only ceriod of A Facility Rei	omplei 28 one) Abaten / Hours /- movation molition Locatio	ment s - DesAM	ate (11) 18 scribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in	Nonitor VIRONMENTAL R STREET ode 19007 ainment with Negalosure procedure mpted (*) and Non- ferrial (ACM) insulation,	outive Pressure -Friable Proced Amount (Specify	A	-		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Chr#3482

Date of Notification (1)				I N	ame of Build	Ting Owner/Onorote	= (2)		2733	- I waste	12 10	
12 /11	/	18				ding Owner/Operato	1 (2)				1	1
Agencies Notified Type N	lotificati	on		St	reet Addres	ė						
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Ø DOLWD 4725 ☐ Ame					ty, State, Zi			1 1 11	DLU	4	4 201	lö
	endmen		-		Parlin, NJ			1				102
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☐ Can		•			Nichol Re			Teleph	one Num	nber	Spy.:	104 10
						INFORMATION		732-	613-240	00		
Name of Facility Where Abatemen	nt is Tak	ing Pla	ace (3)	•	7.012111	IN OKMATION	Type of Facilit	fr. (A)				
DuPont Parlin Facility - Bld	ig. 201	8					School (K-					
Street Address							→ Subchapte	r 8 (Other ti	han K-12	2)		
250 Cheesequake Road							Uther (i.e.,	private and	comme	rcial l	building	S,
City (5)							homes, etc	3.)		98		
Parlin							Square reet	# of Fl	oors	E	Bldg. Ag	ge
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Hee /F	2-1- 151 1	7			
Middlesex						, ,, OOL ONLI)	Current Use (F	rior it being	demolis	shed)		
Name of Monitoring Firm Hired by I	Building	Owne	er (8)	ASC	M No.	Name of Abatem	ent Control of	0)				
Cardno ATC			\-/		110.						2-0.0	1011
Street Address						Street Address	VIRONMENTA	AL, INC.				
3 Terri Lane							D OTSER					
City, State, Zip Code						1123 BEAVE						
Burlington, NJ 08016						City, State, Zip C						
Project Manager for Monitoring Firm	n		Tole	m h = =	- M-	BRISTOL, PA	19007					
John Lutz			100000000000000000000000000000000000000	phone		Telephone No.		License	e No.			
Start Date (10)	Soho	dulad			6-8800	215-788-6040		0050	19			
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Date of Notification (1) 12/19/2018			Name	of Building Owns	r/Operator (2) lucation	<u> </u>		J 6.5	eo di		
Agencies Notified Type Notification		***************************************		Address liey Road				_		<i>T</i>	1
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City (5) Montclair					Square Feet 30,000		# of Floors	E	160. A		
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Street Address 300 Grand Aye					Street Address 606 McBride A	/B	*			- 1	
City, State, Zip Code Englewood, NJ 07631					City, State, Zip (Woodland Par	ode New J	Bracy				
Project Manager for Manitoring Firm Anthony Valentine		\Box	Telepho 201-56	na No 9-6078	Telephone No. 973-225-8400		License No	ı.		Valenda	
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Date of Notification (1)	<u>~</u>		Name o PSE&	f Building G	Owner/C	Operator	(2)	A TOTAL OF THE PARTY OF THE PAR	DEC 24	2018	1		
Agencies Notified Type Notification		1	Street A	ddress	/ ROAI	D					,		
EPA Initial Amended Amendment #			City, Sta	ate, Zip Co	ode		7000		LICENSIA	MTS. IO	7.3.1		1
Emergency (in justification)			Name o	f Contact					Telephone Num	ber		1	<u> </u>
DCA Cancellation			A L	EX ILITY INFO		017			732-2	15	ت -	70	24
Name of Facility Where Abatement is Taking	Place (3)			101		Type of F	acility (4)					
Street Address								ool (K-12)	(Other than K-12	١			
17-53 NEVIN	2	R	0		***			er (i.e. priv	rate & commercia		lings,	home	98,
City (5) FAIR LAWN							Square F		# of Floors	В	ldg. A	-	€S.
County (6) BERGEN				Code (7) USE ONLY,)		Current (if being demolish	ed)	200 00 00		
Name of Monitoring Firm Hired by Building O	wner (8))	ASGN					ent Contra	actor (9)			OK	_
ENVIRONMENTAL TACTICS Street Address	-01		004	5			UE SYS	STEMS	OF AMERICA	INC			
64 BROAD STREET						396 V	NHITEH	IEAD AV	Έ.				
City, State, Zip Code MATAWAN, NJ 07747							tate, Zip C TH RIVE	ode ER, NJ 0	8882				
Project Manager for Monitoring Firm TOM GEIGER			Telepho	ne No. 90-2217			one No.	n	License No).			
14/2019		ed Com		Date (11)		Name	of OSHA	Vionitor	OF AMERICA	INC			
Occupancy Status During Abatement (Check				, , ,	,	(F) (F) (F) (F) (F)	Address	IEAD AV					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Mechanical M	I Facility	v Hours		n lu		City, St	ate, Zip C	ode			-		
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TO BE ABATED In Facility (13)		intenan todial S (12)			thermal surfac		insulation Γ, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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11				Floo	o R	PAN	0615		54 SF	×			
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City, State ELIZABETH, NJ					Dispos	al Date	Ci	ty, State	/ILLE, PA				
Completed by CAROL RAIMO	Title OFFI	CE M	GR.			ignature	1	el Xa	Dat	12	/18	//	8

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CK # 9353

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

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Date of Notification (1)	12/10/18	2		Name o	of Building kG	Owner	/Operator	(2)	A Company	Transfer of A	DEC 2	/ 20	112	rate or the state of the state	The state of the s
Agencies Notified MEPA	Type Notification				Address HADLE	Y ROA	AD			Advice Company	<u> </u>	7.	110	3 6=	-200
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× DOH □ DCA	justification) Cancellation	ncluding	9		of Contact	1999	2011			Tel	ephone Nu	mber		370	24
N (5 W)				FAC	ILITY INF	ORMA	TION				00				
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Street Address	1 1000 N 1000 1000		0							er 8 (Oth	er than K-1 & commerc		Idinas	hom	201
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ENVIRONMENTA	L TACTICS	·)	004					atement Co SYSTEM		(9) AMERIC	A INC	2			
Street Address 64 BROAD STREE	ΕT						Street 396 V		ss EHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07	747								ip Code NVER, N	J 0888	32				
Project Manager for Mo TOM GEIGER	onitoring Firm			Telepho	one No. 90-2217		Teleph 732-	none N	ю.		License N	lo.			
Start Date (10)	4/2019	Schedu	led Cor		Date (11)	-	Name	of OSI	HA Monitor		AMERIC	A INIC			
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Start Date (10)		Sched	luled C	Ompletic	on Date (11)	201-3	33-8855		License I 01174	No.			
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Other - Describe: Scope of Work (Check All T		ar r acil	пу пос	11.2		City, Sta Jersey	ite, Zip Code / City, NJ 0	7304					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	reat Oppiy)	×	Renov			×	Full Contains Mini-Enclosu Glovebag Pr	ment with					
Location of			ls Loca Norma			<u> </u>	Non-Exempt	ed (*) and	Non-Friab	le Pro	11000 100	re emen	it
Asbestos-Containing Ma TO BE ABATE In Facility	terial (ACM)	M	ed Sol	ely by	De: Asbestos Cont (i.e. thermal	scription of aining Mat	erial (ACM)		nount			уре	
(13)			(12)		surfac	cing, VAT, niscellaneo	or		ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Kitchen - 1st F	loor	Yes	No	N/A						9		late	le l

TO BE ABATED In Facility (13)	Ma	aintena stodial ((12)	nce/	Asbestos Containing Mate (i.e. thermal systems in surfacing, VAT, other miscellaneo	sulation, or	Amount (Specify SF or LF)	Remov	Repair	Encapsula	Enclo
	Yes	No	N/A		00)		oval	air	sulate	sure
Kitchen - 1st Floor		X		Duct Insulatio	n	5000.00			(D	
Throughout - 1sr Floor		X				5000 SF	X			1
				VAT/ Mastic		15500 SF	X			
	-									
Name of Registered Waste Hauler										
Green Environmental Services, LLC	;	Ha	JDEP Waste auler ID No. 134889		Name of I	Registered Landfill Landfill				
Jersey City, NJ				Disposal Date 1-1942019	City, State Morrisvi					
Completed by		1 1 1	1.000	iic, i A						

Office Manager

Signature

Liliana Serrano

Date 12-19-2018 State of NJ
Notification of Asbestos Abatement
(Pursuant to NIAC 8:60 and 13:130)

D&S Proj. #: 18-236a					tos Abatement 60 and 12:120)		f The age	Company of the Party of the Par	Mona-			
CK7	418	AID			, , , , , , , , , , , , , , , , , , , ,					1	7	13
Date of Notification (1)	11		wner/Operator (None-man	
Agencies Notified Type Notific		E BRAVITA Address	S GROUP, IN	1C.				DEC	2 /	20	18	
EPA Initial							1				-	1
DEP Amended Amendment:		Bloomfield State, Zip Code					t.	SEST	Sin	tale where LA street	G 11	į
DOL Emergence							- y 20	- All	1434	ve.	- 7-79	
DOH (including	Name	LDWELL, N	41 0/006	-			Talanha	- N - 1				T NAST
□ DCA justification □ Cancellation	1)	nce Hoffman					Telepho	ne Numb	er			
		FA	CILITY INFORM	MATIC	DN							
Name of facility where abatement	is taking place (3)				TT	Type of Facility	(4)		_		
Commercial Building (old ba	ank)						School	ol (K - 12	!)			
Street Address				_		- 1		napter 8 (
307 Bloom 5-14 A							Other Bldgs.	(Private/0 /Homes,	Comm etc.	ercial		
307 Bloomfield Avenue City (5)	L County (6	\		_		_	Square Feet	# of Floo		E	Bldg. A	Age .
Oily (0)	County (6)			ounty Code (7) tate use only)							
CALDWELL	essex			(0	ate use only)		Current Use (P	rior if bei	ng der	molish	ned)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abaten	nent Co	ontractor (9)					
Street Address					D & S REST	ORAT	TION, INC.			1		
ouder Address					Street Address	6 (020						
City, State, Zip Code				_	20 Californi City, State, Zip C	_			9/150		1-14-3	
					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
Project Manager for Monitoring Firm	n	Phone Num	ber	-	Paterson, N. Telephone Numb		13	License	Num	her		
					973-345-80				1169			
Start Date (10)	Sched. Con	pletion Date (1	1)	_	Name of OSHA							
12/21/18	12/28/18				D & S Resto	ration	, Inc.					
Occupancy Status During Abateme	nt (Check only or	ie)		-	20 California	Avon						
Facility closed/vacated during Abatement performed outside Describe:	entire period of a of normal facility	abatement. hours-			City, State, Zip Co		ue					
Other-Describe: NORMAL F	IOURS			-	Paterson, NJ	0750	3					
Scope of Work (check all that apply	y)						Containment w	/negative	nrace	eura.		_
\boxtimes >3 sf or >3 lf	Renovation						i-enclosure	megative	piess	,uic		
≥160 sf or ≥260 lf	Demolition						vebag procedur					
Location of	Is location norm		у			NOI	n-Exempted (*)	and Non-	R	Proc	edure E	
asbestos-containing material (acm) to be	by maintenance staff(12)	e/custodial	Description	on of a	sbestos-containing	3	Amount		e m	e	n	E n
abated in facility (13)	Yes N	o N/A	material (ACM)			(Specify S	For	0	a	a	С
first floor (12) bink)		- (77)							v e	i r	р	-
first floor (12' high) first floor (inside chase)			PIPE INSU				105 l ft					
2ND FLOOR (12' high)			PIPE INSU				48 l ft		X			므
			PIPE INSUI	LAII	UN	des para de la constante de la	91ft		X	ᆜ		븯
									님		片	牌
Registered Waste Hauler	NJDEP Hat	uler ID# C	ubic Yards of W	Vaste	Name of Register	red Lar	ndfill			Ш	Ш	Ш
D & S RESTORATION, INC.	13506		yds.		TULLYTOW			COVER	Y	to constant		
PATERSON, NJ 07503		Disposal D 12/24/1			City, State				1			
Completed by (Print or Type)	Title	12/24/1	Signature	_	TULLYTOW	N, PA						
BOGDAN JOLDZIC	PRESIDENT		2.3					Date 12/19/2	2019			
ASB-41 *	Do not use this for	orm for asbesto	os licensure exe	mpte	d activities.			12/17/2	2010			

State of NJ Notification of Asbestos Abatement D&S Proj. #: 18-276 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1 2 / 1 8 / 1 8 jackie kemp Agencies Notified Type Notification Street Address ASBESTOS CONTROL A EPA Initial LICENSING Amended DEP City, State, Zip Code Amendment #: DOL Emergency union, nj 07083 DOH (including Name of Contact Telephone Number justification) DCA jackie kemp Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) jackie kemp Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) union union Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/19/18 12/31/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf □ Renovation Mini-enclosure \boxtimes Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E е asbestos-containing e n Description of asbestos-containing Amount staff(12) m p material (acm) to be C (Specify SF or material (ACM) C 0 abated in facility (13) a a LF) Yes No N/A ٧ p 0 BASEMENT BOILER/bath ROOM PIPE INSULATION 57 1 ft X bottom of stairs PIPE INSULATION 31ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 12/20/18 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 12/18/2018 Do not use this form for asbestos licensure exempted activities. ASB-41

PAID

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

CHECK #-2983

Date of Notification (1) 12/19/2018		111 (3)	Name of Reside	Building C ntial	wner/	Operator	(2)		11					\	
Agencies Notified Type Notification			Street Ad	NOTE OF THE PARTY					11/1				-2.05		- 1
□		- 1	Montcla Name of	e, Zip Coo air, NJ, (Contact in Hodgs	7042	2			Tele	ephone I	DEC Numbe		The second	Detail of	
Garicellation				ITY INFO		ION	v					-		- 1-1-	
Name of Facility Where Abatement is Taking Residential Street Address	Place (3)							of Facility (4 School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Otherivate &	& comme					S,
City (5) Montclair							Squar 6500	e Feet	# of	Floors		Blo 11	ig. Ag 0	е	
County (6) Essex			County C STATE U	ode (7) SE ONLY)				nt Use (Prid dential	or if bei	ng demo	olished)				
Name of Monitoring Firm Hired by Building C TBD	wner (8)		ASCM	No.				ement Con acting, LL		(9)					
Street Address						1 77777	Addres	s y Road,	Suite	K					
City, State, Zip Code						City, S	tate, Zi	p Code ew Jerse							
Project Manager for Monitoring Firm			Telephon	e No.		(973)	none No 928-	5040		License 00874					
20 4 2 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Scheduled 12/30/20		pletion D	Date (11)		300000000000000000000000000000000000000		IA Monitor acting, LL	_C						
Occupancy Status During Abatement (Check	Only One)				300000000000000000000000000000000000000	Addres		Cuita	V					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility F	atem	ent		_	City, S	tate, Zi	y Road, p Code ew Jerse	2000	20.0200					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				I ×	Min Glo	Containmoni-Enclosure vebag Produces n-Exempted	e cedure						
	ls I	ocatio	on										Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	rmall Solel tenar	y y by ice/		os Cor therma surf	escription ntaining M al system acing, VA miscellar	Material s insula AT, or		(5	mount Specify F or LF)		Removal	Tyr	e Encapsulate	Enclosure
Throughout		X		ACM	Plast	er Walls	s & Ce	eilings	15	000 SF	: :	x			
Former Servants House		X		ACM	Blac	k Roofi	ng Ma	terial	5	00 SF		x			
Exterior - Siding		Х		А	СМТ	ransite	Pane	ls	3,5	500 SF		х			
Name of Registered Waste Hauler Service Transport Group, Inc. City, State New Castle, Delaware		Н	JDEP W auler ID 0990		of W 95	osal Date		Name of Minerva City, State Wayne	a Ente	erprises		0			
Completed by Predrag Sarcev	Title Vice F	resi	dent		_	Signatur	e	- Control	Jourg	, 5/110	Date 12/1	9/2	018		
Trodiag Careev	V106 1	1001	- CONTE			1-				en		-, -			

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Date of Notification (1) 12/17/2018	1 0				of Building C d Freed	Owner/0	Operator	(2)	-	EC 2 4	201	8		1
Agencies Notified	Type Notification		_	Street	Address			1.5	100				1	_ 1
× EPA	× Initial								-	المان المنظمة المنظمة والمنظمة المنظمة المنظ	ryarre	7.1		
X DEP	Amended			City, S	tate, Zip Coo	de			Aoid	ESTOS O		the day		
x DOL	Amendment			Monte	clair, NJ 0	7043		1,64	1000	April Nation Co. 10 to	page 1 to 1 to 1 to 1	-2-1-1	10-1	
X DOH	Emergency justification)		9	Name	of Contact				ΙΤε	lephone Nu	mher			
DCA	Cancellation			David	Freed					-				
Name of Facility 144				FAC	ILITY INFO	RMATI	ION			v - yo	**			
Name of Facility Where All House	batement is Takin	g Place	(3)					Type of Facilit	y (4)					
Street Address								School (H						
Street Address									ter 8 (Oth	ner than K-1 & commerc	2)	latin ma	. te e	
0:1-75								Other (i.e etc.)	. private	& commerc	iai bui	iaings	, nom	ies,
City (5) Montclair								Square Feet		of Floors	1	Bldg.	Age	
								N/A	N/			N/A		
County (6) Essex				County	Code (7) USE ONLY)			Current Use (F	Prior if be	ing demolis	hed)			
Name of Monitoring Firm F	lired by D. 'L'	2		1				House						
N/A	aired by Building (Jwner (8)	ASC	M No.			of Abatement C Abatement,		r (9)				
Street Address								Address Osengren Av	enue					
City, State, Zip Code							City, St	ate, Zip Code						
Project Manager for Monito								va, NJ 0751	2					
Project Manager for Monito	oring Firm			Telepho	one No.		100	one No. -345-8685		License N 01311	lo.			
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)		Name o	of OSHA Monito	or					
12/27/2018		12/28/	2018				D&S	Abatement,	Inc.					
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street A	Address						
Facility Closed/Vacate	ed During Entire F	eriod of	Abaten	nent			11 Rc	sengren Av	enue					
Abatement Performed Other – Describe: Oct	Outside of Norm	al Facilit	y Hours	S			City, Sta	ate, Zip Code						
			-			-	Totow	/a, NJ 07512	2					
Scope of Work (Check All	That Apply)											120		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Full Contains Mini-Enclosu		Negative F	ressu	re		
							×	Glovebag Pr	ocedure					
		Ι.						Non-Exempt	ed (^) an	d Non-Friat	le Pro			
Location o	£		Locati Vormal										ement /pe	D)
Asbestos-Containing M		Use	d Sole	ly by	Ashestos		cription o	of aterial (ACM)		mount				
TO BE ABAT In Facility	ED		intenar todial S		(i.e. th	ermal s	systems	insulation,	1000	Specify	Z.	77	Enc	m
(13)			(12)			surfac	ing, VAT	, or	SF	or LF)	Remova	Repair	aps	Enclosure
# 20		Yes	No	NI/A	Ĭ	Julioi III	iiociiai ic	.003)			Va.	=	Encapsulate	ure
Danaman		res	Bry Osto	N/A									(D	
Basemen	IT.		X			Pipe	Insulati	on	12	20 LF	Х			
Name of Registered Waste	Hauler		100	JDEP W		Cubic Y		Name o	f Registe	red Landfill	_			
D&S Abatement, Inc.				auler ID 0996	0.000	of Wast BD	te	Waste	Manag	gement of	PA			
City, State Totowa, NJ						Disposa	al Date	City, Sta	ite ville, P	Δ				
Completed by						gnature	WIOTIIS	vine, F/		-				
Ned Joksmovic		Title Proje	ct Ma	nager		SI	griatule	TA	^	Da 12	te /17/2	018		
				٠,				(101)		12	11112	.010		

CK1955 PAID		NOTIF (F	ICATIO	N OF ASE t to NJAC	ESTOS	ABATE	MEN (0)	т			C			W	
Date of Notification (1) 12/17/2018				of Building Proke Bu		Operato	r (2)		A CONTRACTOR OF THE PARTY OF TH	G	DEC	; 2	4 2	018	the training of
Agencies Notified Type Notification X EPA Initial				Address Center A	Avenue)					mile ige i del del du		e-Street was the	***=\$-	1
X DEP Amended X DOL Amendment		_		ate, Zip C .ee, NJ (1	# 100 m	a service of	100,000	SINC	F 4 1 14 4	, Öl
▼ DOH justification) DCA Cancellation	including			of Contact y Ferrar	0		74 12 - 54 - 54		Tel	ephone	e Nun	nber			
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility (4	1)						
Building Street Address								School (K-12	2)						
2077 Center Aveneu							×	Subchapter Other (i.e. pr	8 (Oth	er than & comn	K-12 nercia) al build	dings,	home	es,
City (5) Fort Lee							Squ N/A	etc.) are Feet	# of N/A	f Floors	5	11 88	ldg. A	\ge	
County (6) Hudson			County (STATE	Code (7) USE ONLY)		Cur	rent Use (Prio	r if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASC	M No.				atement Cont tement, Inc		(9)					
Street Address						Street 11 R		ess ngren Aven	IIE.						
City, State, Zip Code						City, S	State,	Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3	none l	No.		Licen 0131).			
Start Date (10) 12/28/2018	Schedule		npletion	Date (11)		Name	of OS	SHA Monitor tement, Inc	 `	0.0.					
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addre	ess							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: occupied	eriod of A al Facility	Abatem Hours	nent			City, S	tate,	gren Aven Zip Code	ue						
Scope of Work (Check All That Apply)						Toto	wa, I	NJ 07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	permany	Renova Remolit		10		×	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure					9	
	P. Thistop	Locati	230.100										272	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intenar odial S (12)	ly by nce/	Asbest (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	lateria s insu T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Apartman & Stairs	Yes	No	N/A		D:									te	Ф
Apartman & Stairs	X			Pipe	Insula	tion		40	0 LF		Х				
Name of Registered Waste Hauler		10000	JDEP W		Cubic of Was			Name of R	egister	red Lar	ndfill				
D&S Abatement, Inc.			996		TBD		SELECTION .	Waste M	lanag	emer	nt of	PA			
City, State Totowa, NJ					Dispos TBD	al Date		City, State Morrisvill	le, PA	A					
Completed by Ned Joksmovic	nager		Si	ignature	1	M	The Control of the Co		Date 12/		018				

CK45acq Pain

DEC 2 4 2018

Fed	eral Notification	of Asbe	stos Ab	atement (P	ursu	ant to NJAC 8:60-7 and 12:1	20-7)	Î		
Date of Notification	10.00 TO 10.00 TO 10.00		Nan	ne of Buildir	ng Ov	vner/Operator				
1 2	1 8	1 8	MAG	CY'S CORP	ORA	TE SERVICES (FEDERATED	D)	ASBE	STOS CC	WITSE:
Agencies Notified	Tr / 11 00		1		1/2-12				LICENSI	NG
X USEPA	Type of Notific	ation		et Address		Total Control of the				
X DEP	Initial	At	7 W	EST SEVE	NTH	STREET				
X DCA/DOL	X Amende			01-1-71						
X DOH	Cancell			State, Zip						
5011	Cancell	ation	CIN	CINNATI, O	HIO	45202				
			Nam	e of Contac	ct		Telephone Nur	nber		
			Pole	h Canalla			1.			
		William Co.	FACI	h Copolla LITY INFOR	DRAAT	TION	973-265-9763			
Name of Facility When	e Abatement is T	aking Pla	CE	LITTINFOR	AWIA					
		aning i la	CC			Type of Facility () School (K-12)				
MACY'S WOODBRIDG	SE CENTER MAI	LL				() Sub-Chapter 8 (Other	. H K 40)			
Street Address					\dashv	(X) Other (I.e. private &	tnan K-12)			
						buildings, homes, etc.	Commercial			
ROUTE 1					SF	of Bldg.	# Floor		Man of D	lal m
City	County		County	Code	7	1 MILLION +SF	# 1 1001	3	Age of B 50+	
			State us	se Only	Cu	rrent Use (prior if being demo	olished)		1 301	
WOODBRIDGE	UNION			ec savet						
Name of Monitoring Fir	m Hired by Buildi	ing Owner	r	ASCM No	. Na	ime of Abatment Contractor				
DENINONI ACCOMAT	-0									
PENNONI ASSOCIATE Street Address	:8				AC	M CONSULTING CORP.				
Street Address					Str	reet Address				
24 COMMERCE ST - S	LUTE 200									
City, State, Zip Code	OTTE 300					50 STANLEY TERRACE				
Oity, Otate, Zip Code	88				Cit	y, State, Zip Code				
NEWARK, NJ 07102										
Project Manager for Mo	nitoring Firm	T.	elephone	. Ma		ION, NJ 07083				
and the second second	intolling i lilli	1,6	elebrione	e No.	I el	ephone Number	License Number			
TO BE DETERMINED		TO BE	DETER	MINED	long	3-687-1008				
Scheduled Start Date	Schedule	d Comple				me of OSHA Monitor	0057	5		
			Alon Du	.0	ING	THE OF OSTIA WOULD				
1 8	2019 2	27	2018		FM	SL ANALYTICAL				
Month Day	Year Month	Day	Year		Stre	eet Address				
Occupancy Status Durir	ig Abatement (Cl	neck Only	One)		7					
Facility Closed/Va	cated During Ent	ire Period	of Abat	ement	307	WEST 38TH STREET				
X Abatement Outsid	e Normal Facility	Hours			City	, State, Zip Code				
X Describe: 9:30PN	1 TO 6:30AM									
Other - Describe:					NE	W YORK, NY 10118				
Scope of Work (Checl O	inly One)									
Demolition	my One)			Abatement						
>3sf or >3lf				X		Containment with Negative P	ressure			
≤ 160sf or ≥ 260lf				Х		i-Enclosure				
Renovation				^		vebag Procedure				
		110	Location	n Normally	NOI	-Friable Procedure Describtion of	A	1		
ocation of ACM Facility		li li	Ised by	Custodial St	taff	ACM to be	Amount to be	Abate	ement Type	
		1	Yes	NO NO	_	Removed	Removed	Dam	Dor IT	Ic
NORTHWEST STAIRWI	ELL				T	Sprayon Fireproofing	(Specify SF/LF) 4000SF	X X	Rep. Enc.	Encl.
						PIPE ELBOWS		-		-
					1	I II L LLBOVVS	6 LF	Х		
					1					-
					-			-		
					-					
lame of Registered Was	ste Hauler		INIDE	Waste ID I	No	Cubic Yds waste	Name of D	1	1611	
RI-STATE TRANSFER	ASSOC., INC.			SW1896	140.		Name of Register			
City, State				al Date	CONT. THE	City, State of Registered Lar	MINERVA ENTE	KPKISE	es, INC	
BRONX, NY			TBD			WAYNESBURG, OHIO	/			
Completed By (Print or T	ype)		Title			Signature	1		Dáte	
NITA SMOLAR			GENER	RAL MANAC	GER	1 / Sil. TA	Khain A A	11	1040	2010

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(KOD)-		нот	IFICATION	State of	New Jers SBESTOS	ey SARAT	EMEN	urr		1. 7 Samuel 1749	Ta F		71.5	
CROVIO DIA	ATTO		(Pursuai	nt to NJA	AC 8:60 ar	nd 12:1	20)	41					100	11
Date of Notification (1) 12/19/18	and the second				ng Owner anahawki		or (2)	- 17 TH - 3		, n	F0 ') 1	2016	2
Agencies Notified Type Notifica	ition		Street	Address			_		+41	1 1	EC 4		2018	5
☐ EPA ☐ Initial			79 S.	. Main St	treet, Unit	t 7			1	į				
DEP Amende				itate, Zip						1.5	53.77.77	1 3 1	1 : X	, -
X DOL Amenda	nent# ncy (includir		Barn	egat, NJ	08005				11		il	uş.		
DOH justifica	tion)	19	Name	of Contac	C1				Te	ephone t			_	
DCA Cancell	ation		1.	Eric Plac						732-89	9-749	9		
Name of Facility Where Abatement is T	akina Dlaga	(2)	FAC	CILITY IN	FORMAT	ION								
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Street Address		(10,000)	1 1 1 Min at 1 1 1					School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er Ihan K & comme	-12) rcial bu	ilding	s. hor	nes,
Surf City (Long Beacl	n Townsh	nip)						are Feet 540	# 0	Floors	The state of the s	Bidg. 74	Age	
County (6) Ocean				Code (7)				rent Use (Pr	ior if bei	ng demoi	ished)			
			(STATE	USE ONL	·n —			Home						
Name of Monitoring Firm Hired by Build	ing Owner (8)	ASC	M No.		Name	of Ab	atement Co	ntractor	(9)				
Common Addition							Br	ick Industri	es, Inc.					
Street Address						Street	Addr	065		-				
City, State, Zip Code									Box 915					
City, State, 21p Code			*			City, S	State.	Zip Code						
Project Manager for Monitoring Firm		<u>ī</u>	Talanta	· · · · · · · · · · · · · · · · · · ·				NJ 08723						
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Occupancy Status During Abatement (C	heck Only C	ne)				Street	Adde	nee						
Facility Closed/Vacated During Enti			nant		1	V	74001	2021						
Abatement Performed Outside of N Other – Describe.	ormal Facilit	ty Hour	3		i	City, S	tate.	Zip Code						
Scope of Work (Check All That Apply)														
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≥160 sf or ≥260 lf		Demol:	ition) ion				Mi	il Containme ni-Enclosure ovebag Proc on-Exempted	edure				re.	
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Brick Industries, Inc.			21602			3		Gro	ws No	rth Lan	dfill			
City, State Brick, NJ					Disposa 1/21/			City, State		sville, I	οΔ			
Completed by	Title				Sig	mature			IVIOITI	-				
Eric Plackis	Pro	sident		1 3		\leq		-	1	ic 2/19/1	8			

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

Date of Notification (1) Name of Building Owner/Operator (2) 12/19/18 SHALANDA SOLIMAN Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code EAST ORANGE, NJ DEP Amended DOL Amendment #_ ASSESTOS CONTR Emergency (including Name of Contact Telephone Number SING DOH justification) MIKE LAKIC DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) TWO FAMILY School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age EAST ORANGE, NJ +50 2 County (6) County Code (7) Current Use (Prior if being demolished) **ESSEX** (STATE USE ONLY) TWO FAMILY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) DINAGO CORP. Street Address Street Address 339-LAFAYETTE STREET City, State, Zip Code City, State, Zip Code NEWARK, NJ 07105 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-491-0877 01240 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12-28-18 12-31-18 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BASEMENT X PIPE INSULATION 80LF X Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste NEWARK CARTING INC. ISES BETHLEHEM LANDFILL 04509 City, State Disposal Date City, State PO BOX 5670, NEWARK, 07105 2335-Applebutter Road, Bethelehm, PA Completed by Signature Date Carlos Gomes 12-19-18 President

PAID

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

NC# 166

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DOH Emergency justification Cancellation				of Contact ael Ziegl	er					elepho 732-3		mber		-13 a 64	
Name of Facility Where Abatement is Tak	ing Place (2)		FAC	CILITY INF	ORM	ATION					O + 1				
Kinkishairo International LLC.	ing Place (3)						Тур	e of Facility School (K-	200						
Street Address 145-Baekland Ave.								Subchapte Other (i.e. etc.)	r 8 (O	ther thate & cor	an K-1 nmerc	2) ial bui	ldings	, hon	nes,
City (5) Piscataway, NJ 08854							Squ	are Feet	#	of Floo	ors		3ldg +50	Age	
County (6) Midllesex			County (STATE	Code (7))		Cur	rent Use (Pr arehouse	ior if b	eing de	emolis	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name	of Ab	oatement Co OCORP.	ntracto	or (9)			25 CS 72 C		
Street Address							t Addr	ess AYETTE S	STRE	EET					
City, State, Zip Code						City, S	State, NARI	Zip Code K, NJ 071	05						
Project Manager for Monitoring Firm		Telepho	one No.		Telep 973		No. -0877			ense N 240	0.				
Start Date (10) 1-4-19								SHA Monitor							
Occupancy Status During Abatement (Che	ck Only One)					Street	Addre	988				-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: during work hours	Period of Aba nal Facility H	ateme ours	ent					Zip Code							
Scope of Work (Check All That Apply)					-20										
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City, State PO BOX 5670, NEWARK, 07105					Dispo	osal Date		City, State 2335-Ap		utter	Road	l,Bet	helel	nm,	PA
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Project Manager for	Monitoring F	2003302E		phone			er	Telephor					License	Num	ber			
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City, State Bristol, PA								Disposal Da	ate	City,	West Indiana and a second							
Completed By (Print	or Type)			Tit	tle			Signature		7. 6111		, 1	/ - ,	I	ate			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification	A 170-170			Name	of Building	Owner / Ope	rator (2)	- 114	Go	5年11日	100
Aganaias Neiss	12/11/18			Trent	on Board	of Education	on	N.			
Agencies Notified EPA	Type Notifi	cation		Street	Address			- 1	i n	FO 7 / 2015	
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□ DEP	Initia	500		City, S	tate & Zip C	ode			-		
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□ DOH □	│ ∐ Eme	ergency		Name o	of Contact				P. 37/20	STOS CONTAC	1.
☐ DCA	☐ Can	cellation			wayne Mo	slev				Telephone N	
										609-656-49	00
Name of Facility Wh	nere Abatem	ent is Taking	Place	(3)	ILITY INF	ORMATION					
Grace Dunn Migg	de School		1 1400	(0)		Type of F	acility (4)				
Street Address							01 (K-12)	NON FRIABI	_E		
101 Dayton Stree	t					I Subc	hapter 8 (Other than K	-12)		
	•					U Other	(i.e. priva	ate & comme	rcial build	lings, homes, e	tc.)
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roject Manager for N	Monitoring F	irm	Teler	phone Nu	ımber	Telephone	Number		T		
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cheduled Start Date	(10)	Scheduled Co	moletic	n Date /	(11)				00509		
12/11/18			12/17	7/40	,11)	Name of O	SHA Mon	itor			
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APPROVED BY: TOM Voorhees, NJ DOL

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

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Date of Notification (1) 12/11/18	Nan	ne of Building	Owner / Oper	ator (2)	D.F	-0 9 / 001	0	
Agencies Notified Type Notification	1 re	nton Board	of Educatio	n	Ut	EC 2 4 201	0	7.11
EPA Type Notification		et Address	C44			0.		1
☐ DEP ☐ Initial		O Prospect State & Zip			, L	ALLE CONTR	7. 3	
☑ DOL ☐ Amended		nton, NJ 08			Production	LICENSING	5287	
		ne of Contact	038			and the second of the	110.00	
□ DOH □ Emergency □ DCA □ Cancellation	1 22.7.23.137	Dwayne Mo	ala.			Telephone I		er
						609-656-49	900	
Name of Facility Where Abatement is Ta	king Place (3)	ACILITY INF	ORMATION					-07-100
Grace Dunn Middle School	mig riade (d)		Type of Fa	ol (K-12) NON F	DIADIC			
Street Address				apter 8 (Other				
401 Dayton Street			Other	(i.e. private & c	ommercial buildi	nas hamas	-4-1	
	*		Square Fee	et # of F	loors	Bldg. Age	etc.)	
City (5) County	(6) County	Code (7)	6000		3			
Trenton Merce	r	15 53		e (Prior if being	demolished)	60-		_
			School	- (* 209	demonstred)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCM No.	Name of Al	patement Contr	actor (9)			
Environmental Connection Street Address			Bristol En	vironmental	Inc.			
120 North Warren Street			Street Addr	ess				_
City, State & Zip Code			1123 Beav					
Trenton, NJ 08010			City, State	& Zip Code				
Project Manager for Monitoring Firm	Telephone	Alumbar	Bristol, PA	A 19007				
Steve Mania	609-392-		Telephone (215)788-6		License I	Number		
Scheduled Start Date (10) Schedule	d Completion Da			SHA Monitor	00509			
12/11/18	12/13/18	(C (11)		vironmental	Ino			
Occupancy Status During Abatement (Che	eck only one)		Street Addre		iii.			
☐ Facility Closed/Vacated During Er	tire Period of Ab	atement	1123 Beav					
Abatement Performed Outside of	Normal Hours -	7am to 3pm	City, State 8					-
Describe: 3:00PM - 12:30AM			Bristol, PA					
Facility Occupied During Abateme	nt							
Scope of Work (Check all that apply)				755				
☐ ≥3 sf or ≥3 lf	⊠ p			☐ Full Co	ntainment with N	legative Pres	sure	
≥160 sf ≥260 lf		ovation			nclosure			
2 1.00 31 2200 II	∐ Den	nolition			Bag Procedures			
Location of	Is Locati	on T	D	Non-E	empted and Nor	n-Friable Prod	edure	.
Asbestos-Containing	Normally L		Description Asbestos-Cor		Amount	Abateme	nt Typ	ре
Material (ACM)	Solely b		Material (A		(Specify SF or LF)			
TO BE ABATED	Maintenand		(i.e., thermal	systems	SF OI LF)	2 7	Enc	m
in Facility (13)	Custodial S	100 to 10	sulation, surfa	cing, VAT		Removal	aps	cls
(13)	Yes No	N/A	or other miscel	laneous)		val air	Encapsulate	Enclsoure
Rooms A-37, A-43, A-45		N/A					6	
100.110 /1 01 / / 1-10, // 1-10		H -	Nail Cre	te	400 SF			
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lame of Registered Waste Hauler		EP Waste C	ubia Varda	Name of D				
			f Waste	Name of Reg	istered Landfill			
ristol Environmental Inc	187	150 400 NO. 10 10 10 10 10 10 10 10 10 10 10 10 10	Cu yd	Fairless La	ndfill			
ity, State			isposal Date	City, State				_
ristol, PA			BD	Fairless Hill	ls, PA			
ompleted By (Print or Type)	Title		ignature			Date	-1121-2	-
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T 10000	Mar	nager	MA	Mynige	mo /ym	1 101 11110		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 12 19 18 Hydroscience, Inc. Agencies Notified Type Notification Street Address **⊠** EPA P O Box 4978 **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DOH Toms River, NJ 08754 ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Gary Yedman 609-661-8205 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Brick 700 sf 1 65 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Guardian Contracting, Inc. Street Address Street Address 1889 Rte. 9, Unit 61 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Nicholas Fernicola 732-349-9932 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 02 / 19 01 / 03 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A attic \boxtimes vermiculite 352 sf X basement \boxtimes duct insulation 26 If П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 01/03/19 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola **Project Manager**

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 19 12 18 Seacoast Home Builders Agencies Notified Type Notification Street Address **⊠** EPA 521 Gold Street **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Toms River, NJ 08753 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Joe Horner 732-773-4424 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ship Bottom 850 sf 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 31 / 18 01 / 02 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 If ☐ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Encapsulate Enclosure Asbestos-Containing Material (ACM) Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior-one side X asbestos siding 350 sf X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 City, State Disposal Date City, State Toms River, New Jersey 01/02/19 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola **Project Manager** 12 18

State of New Jersey

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Date of Notification (1) 12/19/18	Total High		Name of	f Building	Owner/	Operator	(2)	A Company of the Comp	And the second	DEC	, 2	4	2018		
Agencies Notified EPA DEP DOL Mendment Emergency (justification) Type Notification Initial Amended Amendment Emergency (justification)			West (ddress ate, Zip Co Caldwel f Contact					100.00	SES L	IÇEN	ISIN		11. Č	
DCA Cancellation			FACI	LITY INF	ORMAT	ION			1						
Name of Facility Where Abatement is Taking Street Address City (5)	g Place (3)					X G	of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri etc.)) 3 (Othe ivate 8				dings,		es,
West Caldwell							Oquai	C I CCI	# 01	1 10015			iug. A	ge	
County (6) Essex			County (Code (7) JSE ONLY)		Curre	nt Use (Prior	if bei	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	1 No.				ement Contr PROFES							
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City, State, Zip Code							tate, Zi	p Code DD, NJ 08	701		and the same of				
Project Manager for Monitoring Firm			Telephor	ne No.			one No 668-90			Licens 1200	e No.				
Start Date (10) 12/30/18	Schedule 01/02/1		mpletion [Date (11)		100000000000000000000000000000000000000		A Monitor PROFES	SIO	NALS					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F	153		nent			1 10 10 10 10 10 10 10 10 10 10 10 10 10	Addres	s OOVE CO	URT						
Abatement Performed Outside of Norm Other – Describe:							tate, Zip	Code	701		-2/4/15				
Scope of Work (Check All That Apply)	2012/00/10														
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Sole ntena odial ((12)	ely by nce/		tos Con thermal surfa	scription taining M I systems cing, VA miscellan	laterial s insulat T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		DIDE !!		71011							(e	
INTERIOR				1	PIPE II	NSULA	TION		3	0LF	-	ζ			
Name of Registered Waste Hauler NEWARK CARTING		H	IJDEP Wilauler ID I 4509		Cubic of Wa	Yards ste		Name of Re	egiste	red Lan	dfill				
City, State NEWARK, NJ					Dispo: 01/02	sal Date 2/19		City, State BETHLE	HEM	I PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER			S	Signature	1				Date		8	PC PC II	

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Date of Notification (1) 12/18/18			Name of Silver	of Buildin rline Co	g Owner/ nstructi	Operato	r (2)	Office of the state of the stat	A Commence of the Commence of	DEC	2 4	21	110	The state of the s	
Agencies Notified Type Notification	1		Street	Address				111	A TOP	DLO	7		210	1	-d
EPA DEP DOL Amended Amendmer Emergency			City, St	tate, Zip (Code				1	DEST.	OS OC CENS			100	\$ 0.00 miles
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Name of Facility Where Abatement is Takin	og Diese (2)	FAC	ILITY IN	FORMAT	ION								-	
Street Address City (5)	ig Flace (3)					_ _ x	e of Facility School (K- Subchapte Other (i.e. etc.)	12) er 8 (Otl	her than & comn	K-12) nercial	build	dings,	hom	es,
Lakewood							Squ	are Feet	# 0	of Floors	3	В	ldg. A	ge	
County (6) Ocean			County (STATE	Code (7) USE ONL	Y)		Curi	rent Use (Pr me	ior if be	ing dem	nolished	i)			
Name of Monitoring Firm Hired by Building	Owner (8))	ASC	M No.				atement Co			3				
Street Address						Street 6 WH		ess DOVE C	OURT						
City, State, Zip Code								Zip Code OD, NJ (8701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6				Licens					
Start Date (10) 12/30/18	01/06/	19	mpletion	Date (11)				HA Monitor D PROFE		NALS					
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Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hour	S			City, St	ate, z	Zip Code							
Scope of Work (Check All That Apply)								00,1100	0/01						
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Location of	N	Locati	ly		Des	scription							Abater Typ	nent	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenai odial S (12)	nce/	by Asbestos Containing Material (AC				ation,				Remova	Repair	Encapsulate	Enclosure
EVER IA	Yes	No	N/A									_		ate	e,
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Name of Registered Waste Hauler		N.	IDED W	nate	0.11										
NEWARK CARTING		H	JDEP Wa auler ID 1 1509		of Was			Name of I	Registe	red Lan	dfill				
City, State NEWARK, NJ					Disposa 01/06/			City, State		I PA					
Completed by JOSEPH PERLSTEIN	Title OWNI	ER			Si	gnature			- 0.186-710		Date 12/18	3/18	3		

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ULBBE	y P	All					AC 8:60 and 5:1			<u>15 13</u>	13	1.53	The street
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)	850	2 1	2016)	
	18 /	18			Jo	ni Waller	r .	1	ij lij DEC	2 4	2018)	
Agencies Notified	Type Notifi	ication			Stree	et Address		<u></u>	C.				1
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□ DOH □ DCA	Amenda Emerge		oludin	_	W	llingbord	, NJ 08046						
(NJAC 5:23-8)	justifica		Ciudin	g		e of Conta	23		Telephone Nu	mher		-	
	☐ Cancell	ation			Jo	ni Waller	**************************************		- I I I I I I I I I I I I I I I I I I I	THEOT			
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Name of Facility Where A	Abatement is	Taking	Place	e (3)			THE STATE OF THE S	Type of Facility	/ (4)				
Residence								School (K-1					
Street Address								☐ Subchapter ☑ Other (i.e.,	8 (Other than K- private and comm	12) nercial b	uildin	gs,	
City (5)								homes, etc	# of Floors		ldg. A		
Lawrence Townshi	р							1.600	3		80 80	ge	
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Mercer						,	· No · · · · c ook one · /	Residence		ilisiieu)			
Name of Monitoring Firm	Hired by Bu	ilding C	wner	(8)	ASCN	l No.	Name of Abatem						
Management & Env				1901 (81)			1	onmental, LLC	*				
Street Address							Street Address	ommonital, EEC				VC.1761	
PO Box 341							623 Cutler Av	venue					
City, State, Zip Code							City, State, Zip Co						
Chesterfield, NJ 08	515						Maple Shade						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.	,,,,,	License No.				
Bill Weisgarber					. X	3-4070	856-755-0099)	00842				
Start Date (10)		Sched	uled C	omple	etion Da	ate (11)	Name of OSHA N	**************************************	000.2				
12 /31 /	18	_ 0	1_ /	_ 0	2_/	19	EMSL Analyt	ical, Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	d During Ent	tire Per	iod of	Abate	ment		200 Route 13	0 North					
Abatement Performed	Outside of N	Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
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≥3 sf or ≥3 If			⊠ Re	enovat	ion		☐ Full Cont ☐ Mini-Enc	tainment with Ne	gative Pressure				
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City, State					15939	9	1 Disposal Date						
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Completed By (Print or Ty	pe)	Title					Signature			ate			
Christina Lynch	Security 1.5	1 (2)	e Pr	eside	nt of (Operation	A /	A		12 AC	T Ad		

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Name of Facility Where Aba	toment is Tak	king Pi	lace (3)	PACILITY	INFORMATION					-	_	_
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III Environmental, inc.	A AN EDITORN	Owne	at (종)	AS	M No.	Name of Abatem	ont Can	71 (for (6)	Hen racility				
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1263 N. Church Street						Street Address				-	-		
ity, State, Zip Code			_			523 Cutter A	venue						
Moorostown, NJ 08057						City. State, Zip C			-	and the last of th	-	-	_
roject Manager for Monitoring	Fim		19	elephor	na Na	Maple Shade	, NJ OS	5 10					
Mike Stocku				856-8	65-8900	Telephone No. 856-765-0099		The second second	Liconse No.		_	-	_
tart Date (10)	Sched	dylad i	Comp	letion i	Date (11)	Name of OSHA M			00842				
12 / 20 / 18	1 1	12	1 .	24 1	18	EMSL Analyti	igniter				-	-	-
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Time of Abatement:	MP	W_	T MO	ura - De A	AM	City, State, Zip Co.	de	Company	-				
ope of Work (Check all that a	pply)					Cinnaminson,	NJ 086	7 -			4021		
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Asbestos-Containing Materia		MADI	ntent	Ince/ Staff?	Asbes (i.e.	tos Containing Mate mermal systems in	rial (ACI	41	Amount		Repair		-
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IN Facility (13)		Yas	No	NA	lanerary .					1	1	179	
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Date of Notification (1) 12/19/18					Building (owler P		all the second and the second			DE	; 24	20	18	N. S. Managarania		
	Type Notification Initial Amended			Street A	ddress te, Zip Co	de	6				OS CC		Win.	and the second		
⊠ DOL	Amendment #_ Emergency (in				ottom N		80		\$1.55\$ C.							
DOH DCA	justification) Cancellation	olddilig		Name of John	Contact			9		Tele	eph <u>on</u> e N	Numl	oer			
	4				LITY INFO	RMAT	ION			-	-	Q-10-	- Selice			
Name of Facility Where Al John Fowler Private		Place (3)					Ту	pe of Facility	(4)						
Street Address	riome							H	School (K- Subchapte		er than K	(-12)				
								×					build	ings,	home	es,
City (5)			100					Sc	quare Feet	# of	Floors		В	dg. A	ge	
Ship Bottom NJ 080	08							1	000+	2				5+		
County (6) Ocean					Code (7) USE ONLY)	-			urrent Use (Prouse & gar		ng demo	lishe	ed)			
Name of Monitoring Firm I N/A	Hired by Building Ov	vner (8)		ASCN	No.				Abatement Co	ntractor	(9)				120	
Street Address							Street									
									k 329				())			
City, State, Zip Code									e, Zip Code erlin NJ 08	091						
Project Manager for Monit	oring Firm			Telepho	ne No.		Teleph 856-		e No. 3-9800		License					
Start Date (10)			ed Com	pletion l	Date (11)		1		OSHA Monitor							
12/28/18 Occupancy Status During		1/4/19 Only On	10)				Sam	876	tress							
Facility Closed/Vacat	ted During Entire Pe	riod of A	Abatem				Oucci	. Muc	21033							
Abatement Performe Other – Describe:	d Outside of Norma	I Facility	Hours			_	City, S	State	e, Zip Code							
Scope of Work (Check All	That Apply)						_	_								
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		Is	Locati	on				_	TTOTI EXOTIPIE	74,7411	4 1101111	I		Abate	ement	
Location		1	Normal d Sole	ly			scription						-	Ту	ре	
Asbestos-Containing II TO BE ABA In Facilit (13)	TED	Ma	intenar todial S (12)	nce/		therma surfa		S in		(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
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Exterior Si	ding			х		Exte	erior Si	din	g	20	00 SF		Х			
				-												
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Lan	dfill				
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City, State Elm NJ						Dispo	sal Date	9	City, Sta Morris		A 1906	67				
Completed by		Title				C. GROSSIA	Sigfiature	e	1			Dat	е			
Anthony T Perna		Pres	ident					£	d manufacture in a Cale and deline in the last in the			12	/19/	18		

18890			OHO.		
P	ri	nt	F	0	m

Date of Notification (1)		NO	TIFICAT (Pursua	ION OF A	New Jers ASBESTO AC 8:60 a	SARAT	EMENT 20)			E		17		
12/19/18			Nam	e of Build	ling Owne	r/Operato	or (2)		Ber	2			111	111
Agencies Notified Type Notification	'n		_		llo Priva	ate Hor	ne		Utl	; 2 2	20			2//
7,7	ш		Stree	et Address	S								1	1
EPA Initial Amended			City	Ctoto 7:	0-1			I AS	DEST	08 0	TATTO	A-7	-1	ž
X DOL Amendme	nt #			State, Zip	larbor N	10000	7			ENS	NO	in the Ca		Ė
DOH Emergenc	y (includ	ing		e of Conta		3 0000	1					eli-vi-vi-		1
☐ DCA ☐ Cancellation			Joe		201				Telep	hone I	Vumhe	r		
News of E. W. Lin			FA	CILITY	NFORMA	TION			-	- p p				
Name of Facility Where Abatement is Tak Joe Abridello Private Home	ing Place	e (3)			Ortain	HOIN	Type o	f Facility (4)						
Street Address							_	chool (K-12)						
ou det Address							Su	ubchapter 8	(Other	than K	-12)			
City (5)							⊠ of etc	ther (i.e. pri	vate & c	omme	rcial bi	uilding	s, ho	mes,
Little Egg Harbor NJ 08087							Square	-/-	# of F	oors		Bldg	Δαο	
County (6)							1000-	F	1			35+	200	
Ocean			Count	y Code (7 E USE ON	")		Current	Use (Prior	if being	demol	shed)			-
Name of Monitoring Firm Hired by Building	0	(0)					House	9						
N/A	Owner ((8)	ASC	CM No.				ment Contra	actor (9)		-			
Street Address						Perr	naco Inc).						
						7 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	Address							
City, State, Zip Code	7.600						30x 329							
							tate, Zip		60		10			
Project Manager for Monitoring Firm			Teleph	one No.				NJ 0809	1					
			reiehii	one No.			one No.	20	100	cense	No.			
Start Date (10)	Schedu	uled Co	moletion	Date (11	1		753-980		0	0727				
12/28/18	1/4/19	9	mpicaon	Date (11	,	Same	of OSHA	Monitor						
Occupancy Status During Abatement (Chec	k Only C	ne)					Address							
Facility Closed/Vacated During Entire I	Pariod of	A boto	mont			Oli eet /	nuuress							
Abatement Performed Outside of Norm Other – Describe:	nal Facili	ty Hour	S			City St	ate, Zip C	`ode						
						o,, o.	ato, zip c	oue						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf		Renova	ation			П	Eull Ca			102				
≥160 sf or ≥260 If	\times	Demoli	tion			口	IVIIIII-E	ontainment on closure		gative	Pressu	ire		
						×	Gloveb	ag Procedu	ire					
	1	s Locat	ion			ESI	NON-EX	kempted (*)	and No	n-Frial	le Pro			
Location of		Normal	ly										ement pe	t
Asbestos-Containing Material (ACM) TO BE ABATED	Use	ed Sole aintena	ly by	Asbes	stos Conta	cription o	terial (AC	CMC	Amou	n.t		· ,	P-0	
In Facility	Cus	todial S	Staff?	(i.e.	. thermal s	systems i	insulation	,	(Speci		R	-	E	匝
(13)		(12)			other mi	ing, VAT iscellane	or ous)	1	SF or L	.F)	Remova	Repair	aps	nclos
	Yes	No	N/A			.cooliano	ousj				val	air.	Encapsulate	Enclosure
Exterior Siding	100	140	5,597.55.0										e	
Exterior olding			X		Exteri	or Sidii	ng		1200 5	SF	x			
Name of Registered Waste Hauler		l N.	JDEP Wa	aste	Cubic Y	ordo	1							
United Roll Off		Ha	auler ID I		of Waste		1	me of Regis		andfill	-			
City, State		22	2459		3		G	R.O.W.S						
Elm NJ					Disposa	Date	Cit	y, State						
Completed by					1/9/18		1	orrisville I	PA 19	067				
Anthony T Perna	Title				Sign	nature				Dat	9			_
analony i reilla	Presi	dent			1	X		Christian materials before I the anticologic deposits.	Market At Street, St.	- 639.02	/19/1	8		

PAID

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



	<u></u>			1.10	THE OF BUILD	ding Owner/Operator	(2)	5 0	4 1	1 11	1 1	.,
	7 / _	18	9	1	r. Wellto	wer			j (E.			i.
⊠ EPA	pe Notifica Initial	tion		Str	eet Addres	s	1	nc	C 2 4	201	<u> </u>	A COLUMN TO A COLU
☑ DOLWD □	Amended	- t .tt		Cit	, State, Zip	o Code		II III DE	L - 4	LUI	0	100
	Amendme Emergenc		—		Vest Orar		•	j				
(NJAC 5:23-8)	justification	n)	ing	-	ne of Conta			A SMES	TOS C	ONTE		
	Cancellation	on		1	sega			Telephone	Number	ING.	p	40
				F	ACILITY	INFORMATION						
Name of Facility Where Abate	ement is Ta	king Pla	ace (3)				Type of Facilit	v (4)			-	_
Office Building							School (K-	12)				
Street Address			7				☐ Subchapte	r 8 (Other than	K-12)			
20 Summit St							homes, etc	private and cor	mmercial	buildi	ngs,	
City (5)							Square Feet	# of Floors		Dida	A ===	_
West Orange							74,401SqF	201	•	Bldg.	Age	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (F		maliahad			_
US; Essex CO.							1) 555 /11	nor il bellig de	monsned)		
Name of Monitoring Firm Hire	d by Buildin	ig Owne	er (8)	ASC	M No.	Name of Abateme	ent Contractor (9	3)				_
Chronit A 11							h Environmen		LC			
Street Address						Street Address					_	_
0.1. 0.1. 7. 0.1						958 Jackson	Rd					
City, State, Zip Code						City, State, Zip Co	ode					_
Deal and the second						Mays Landing	g, NJ 08330					
Project Manager for Monitoring	g Firm		Te	lephon	No.	Telephone No.		License No)			_
N-+ D-+ (10)						609-561-1901		01158				
Start Date (10) 12 /16 /18	<u> </u>	01	/ _3	letion D 30 /	ate (11) 19	Name of OSHA M Graham-Tech						
Occupancy Status During Abat	tement (Che	eck only	one)				Liviloninien	uai Services,	LLC.			_
	rina Entire F	Period o	f Abat	ement		Street Address		al Services,	LLC.			
	ring Entire F	Period o	f Abat	iro Do	scribe	Street Address 958 Jackson I	Rd	ual Services,	LLC.			
	ring Entire Fide of Norm 1:30PM/_	Period o	f Abat	iro Do	scribe	Street Address 958 Jackson I City, State, Zip Co	Rd de	iai Services,	LLC.			
	ring Entire Fide of Norm 1:30PM/_	Period o	f Abat	iro Do	scribe	958 Jackson I City, State, Zip Co Mays Landing	Rd ^{de} J, NJ 08330					_
	ring Entire Fide of Norm 1:30PM/_	Period on all Facil	f Abat	urs - De AM	scribe	Street Address 958 Jackson I City, State, Zip Coo Mays Landing Full Conta Mini-Enclo Glovebag	Rd de g, NJ 08330 ainment with Negosure Procedure	gative Pressure				
	ring Entire Fide of Norm 1:30PM/_	Period on all Faciling PM	f Abatity Houl-	ars - De _AM tion ion	scribe	Street Address 958 Jackson I City, State, Zip Coo Mays Landing Full Conta Mini-Enclo Glovebag	Rd de g, NJ 08330 sinment with Negosure	gative Pressure	edure			
X Facility Closed/Vacated Dur Abatement Performed Outs Time of Abatement: <u>7AM-1</u> Scope of Work (Check all that a	ring Entire I ide of Norm 1:30PM/_ apply)	Period o nal Facil PN	f Abatity Hould- enovalemolities S Local	tion ally		Street Address 958 Jackson I City, State, Zip Coo Mays Landing Full Conta Mini-Enclo Glovebag Non-Exem	Rd de g, NJ 08330 ainment with Negosure Procedure npted (*) and No	gative Pressure	edure	batem	ent T	
☐ Facility Closed/Vacated Duts ☐ Abatement Performed Outs ☐ Time of Abatement: 7AM-1 ☐ Cope of Work (Check all that a ☐ 3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Materia	ring Entire I ide of Norm 1:30PM/_ apply)	Period o	f Abatity Hould- enovalemolities S Local	ars - DeAM tion ition ally ely by	Asbe	Street Address 958 Jackson I City, State, Zip Cod Mays Landing Full Conta Mini-Enclo Glovebag Non-Exen Description of stos Containing Mate	Rd de I, NJ 08330 ainment with Negosure Procedure npted (*) and No	gative Pressure	edure A	_		Ť
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Facility Closed/Vacated Dur Abatement Performed Outs Time of Abatement: <u>7</u> AM- <u>1</u> Cope of Work (Check all that a ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Materi <u>TO BE ABATED</u>	ring Entire I ide of Norm 1:30PM/_ apply)	Period of pal Facil PN R D Us Mc Cus	f Abate ity Hou ity Hou i- enova emoliti s Loca Norma ed Sol aintena stodial (12)	tion ally ely by ance/	Asbe	Street Address 958 Jackson I City, State, Zip Cod Mays Landing Full Conta Mini-Enclo Glovebag Non-Exen Description of stos Containing Mate	Rd de J, NJ 08330 ainment with Negosure Procedure npted (*) and No erial (ACM) isulation, or	gative Pressure n-Friable Proce Amount	edure	_		Ť
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page 2

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Street Address 4 Broad Stre	n.b				443 8	443 Schoolhouse I toad								
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Metawan, NJ 07747						Monroe Township N. 08831 Telephone Number License Number								
Froject Manager for Monitoring Firm Tslephone Number 732-299-2217						732-606-9062 00714								
Tom Gelger Scheduled Start	Name	Name of OSHA Mont of												
12/1		Global Abatement Services, LLC												
Occupancy Stat	Street	Street Address 443 Sphoolhouse to:id												
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Dec 2018 03:36PM NJ	Asbestos Co	ntrol	609	9.633.0	664		р	age 1		Control Control		Marriago es	Acres 4 acres 4			
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86-41 67-08-0 01							U.	22			8	5				

19 Dec 2018 03:36PM NJ Asbestos Control 609.633.0664

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-01 (Rursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 2 / 1 7 / 1 18 terry mackay ARRESTOS CONTAC Agencies Notified Type Notification Street Address EPA | Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency montclair, nj 07042 DOH (including Name of Contact Telephone Number justification) □ DCA terry mackay Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) terry mackay Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) montclair essex Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 01/09/19 01/21/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Renovation Mini-enclosure ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial Ε asbestos-containing e е n Description of asbestos-containing Amount staff(12) n material (acm) to be m p C (Specify SF or material (ACM) C abated in facility (13) 0 a a Yes LF) No N/A basement PIPE INSULATION 55 I ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd City, State Disposal Date PATERSON, NJ 07503 01/20/19 TULLYTOWN, PA Completed by (Print or Type) Signature **BOGDAN JOLDZIC** PRESIDENT 12/17/2018

NOCK	** **:			FICATIO	State of I ON OF AS nt to NJA	BESTOS	ABATE		Special section (JE	G	Ē [T.		
Dale of Notification (1) 11-29-18								Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification				Address Hadley	, P.d	1111)EC_	4 4	201	0			
EPA DEP	initial Amended	ON H	OLD		State, Zip			PARENTOS CONTACTOR							
DOL	Amendmen				h Plainf			LIÇENSING.							
DOH DCA	Emergency justification) Cancellation	ig	Name Andr		Telephone Number 862-233-5650										
Name of Facility Where	Abatamant is Takin	α Olege	(2)	FAC	CILITY IN	FORMAT	ION	Toma of Case	1116. (1)						
Van Winkle Substa		ig Place	(3)					Type of Fac						•	
Street Address	School (K-						er 8 (Other than K-12)								
206 Van Winkle St						11 22	. private & commercial buildings, homes,								
City (5) East Rutherford								1	of Floors	Bldg. Age N/A					
County (6) Bergen		County Code (7) Current Use (Pi (STATE USE ONLY) Control Hou					rior if being demolished) se								
Name of Monitoring Firm	ASC N/A	M No.			e of Abatement Contractor (9) S Environmental Services, Inc.										
Street Address N/A	Street Address 17 Old Dock Rd						- N								
City, State, Zip Code N/A			City, State, Zip Code Yaphank, NY 11980												
Project Manager for Mor	100000000000000000000000000000000000000	one No.	-	Teleph	one No.		License	No.		-					
N/A	N/A	N/A 631-924-8111 ppletion Date (11) Name of OSHA Monitor					01136								
Start Date (10) 12-18-18 ON F	mpletion	Date (11		al Services, Inc.											
Occupancy Status During			17.75.75.75	Address d Dock Rd											
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hours Other – Describe: Electrical circuit cabinet					nent					0					
Scope of Work (Check A							тарп	ank, NT 11	900						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ation tion			×	Mini-Enclos Glovebag F	sure Procedure	th Negative e nd Non-Fria			re					
	ion	T							Abatement						
Location of Norma Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Norma Used Sole Maintena Custodial (12)							scription (*	-	T	/pe		
								aterial (ACM) insulation,		Amount (Specify	20		Enc	l m	
						surfac	ing, VAT	, or	S	F or LF)	Removal	Repair	Encapsulate	Enclosure	
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Control House					roof caulk					5 LF	X	\vdash			
Control Ho	Control House				plaster roof					11 SF	Х				
Name of Registered Wash			100000	JDEP Wauler ID		Cubic Y	(100)	ds Name of Registered Landfill							
Veolia ES Technical	Solution			306313		TBD	le	Fairless landfill							
City, State Flanders, NJ			al Date		City, State Morrisville PA 19067										

Completed by Raymond Tutiven

Title

Supervisor

Date

11-29-18

Signature

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Date of Notification (1) 12/19/2018				Name of Build DOW Cher			r (2)	2 1 6 2 2 4 3 1 3 4	1	DEC	7	-201	8	
	e Notification			Street Addres 65 Baekela	50h	nue		· · · · · · · · · · · · · · · · · · ·	- la	KSEEST(S CC	NTF MG	Ž.,č	3
EPA X DEP DOL	Initial Amended Amendment #_			City, State, Zip Middlesex,		46				Sant *-	- 1			
☑ DOH ☐ DCA ☐ ☐	Emergency (inc justification) Cancellation	luding	ľ	Name of Co Ke	ntact n Borroni					lephone Nu 7-249-0071	mber			
				FACILITY I	NFORMA	TION								
Name of Facility Where Abate DOW Chemical Bound Street Address 65 Baekeland Avenue							Typ	e of Facility (4 School (K-12 Subchapter of Other (i.e. pr	2) 8 (Oth			dings	, hom	es,
City (5)								etc.) are Feet	185.55	f Floors	E	Bldg. A	∖ge	
Middlesex				0 1 0 1			780		1			35+		
County (6) Middlesex				County Code ((STATE USE OF				rent Use (Prio emical Plar		ing aemoiis	nea)			
Name of Monitoring Firm Hire One Source Safety & H		ner (8)		ASCM No.				atement Cont ourg Indust			ompa	iny		
Street Address 140 S Village Ave, Suite	e 130					Street 2217		ess Ilman Drive						
City, State, Zip Code Exton, PA 19341								Zip Code m, PA 1801	15					
Project Manager for Monitorin	g Firm		- 1	Telephone No. 610-524-55		Telepi 610-		No. 1800		License N 00721	10.			
Start Date (10) 01/07/2019	F1 - 523-23	cheduled 1/18/1		npletion Date (11)	Name Bran		SHA Monitor ourg						
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Facility Closed/Vacated I	During Entire Per	iod of Al	batem	nent		2217	Spi	Ilman Drive						
Abatement Performed Or Other – Describe: <u>DEMC</u>								Zip Code m PA 1801	5					
Scope of Work (Check All Tha	it Apply)								(D-10V)					
≥3 sf or ≥3 lf y. ≥160 sf or ≥260 lf		Re % De	enova emolit				XXXX	Full Containm Pressure Min Glovebag Procedur	i-Encl		е			
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Asbestos-Containing Mate TO BE ABATED In Facility (13)		Ma	intena	Staff?	Asbesto (ACM) insulation	os Contain (i.e. therm on, surfaci er miscella	ing M al sys ng, V	stems AT, or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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B 202				Х		indow C	aulk) SF	X			
Name of Registered Waste Ha Brandenburg Industrial S			Н	JDEP Waste auler ID No. 1838		ic Yards /aste		Name of R GROWS N		ered Landfil				

21838

City, State

Bethlehem, PA

160

Disposal Date

1/9/19-1/30/19

City, State Morrisville, PA

Completed by	Title	Signature/	Date
Stephen Carne	Environmental Manager	1	12/19/2018

ASB-41 (R-06-08)

 $\ensuremath{^{\star}}$ Do not use this form for asbestos licensure exempted activities.



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

NOUL		(Pursuar	nt to NJA	C 8:60	and 12:120)	IENI					Û.,	Ll.	U i
Date of Notification (1) 12/19/18			Name PSE	of Buildin G Fossil	g Own	er/Operator (, Sewaren	2) Gene	rating	Station	- 1	DEC	2 4	20	18
Agencies Notified Type Notification			Street	Address Cliff Roa					*	Naccon .				
EPA Initial Amended			10000000	tate, Zip C						4 /8/8/	EUT (
DOL Amendment Emergency				aren, NJ		77					Inf to		H (1.52	
DOH justification)		g		of Contac					Telephor					
				Muldow		ATION			732-75	0-19	958			
Name of Facility Where Abatement is Takin Sewaren Generating Station	g Place	(3)	.,,,	JILITI IIII	Ortivi		Type of I	acility ((4)	***				
Street Address							Sch	ool (K-1	12)					
751 Cliff Road							Oth etc.	er (i.e. p)	8 (Other tha private & com	n K-1 Imerc	2) ial bu	ildings	, hon	nes,
Sewaren							Square F 300,30		# of Floor	rs		Bldg. 69 ye		
County (6) Middlesex				Code (7) USE ONL	y)	E	Current (Electric	Jse (Pri Gene	or if being de erating Stat	molis tion	hed)			
Name of Monitoring Firm Hired by Building (Owner (8	3)	ASC	M No.		Name of Absolu		ent Cor	ntractor (9)					
Street Address						Street Ad PO Bo								
City, State, Zip Code						City, Stat								
Project Manager for Monitoring Firm			Telepho	one No.		Telephor 973-41		7	Licer 002	nse N	0.			
Start Date (10) 1/1/19	Schedu 12/31/		mpletion	Date (11)		Name of MECS	No reservores of				-			
Occupancy Status During Abatement (Check	Only O	ne)				Street Ad	Idress						11000	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Plant manned 24 hou	al Facilit	v Hours	8	tement are	289	5 Linwo	e, Zip C			7 West			93-97-0 7	
Scope of Work (Check All That Apply)				and the date		Hamilto	on, NJ	08690)					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	- Descriptions	Renova Demolit				X X	Mini-En Gloveb	closure ag Proc						
	Is	Locati	ion					J. I. J.	() and Horr	Hab	T 10	Abate	ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Ashaa	D	escription of					_	Ty	rpe	
TO BE ABATED In Facility (13)	Cus	intenar todial S (12)	Staff?	(i.e.	therm surf	ntaining Mate al systems in facing, VAT, o miscellaneo	sulation or	IVI)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
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						188		+						
Name of Registered Waste Hauler		100000	JDEP W auler ID		Cubi of W	c Yards aste			egistered La					
Waste Management of New Jersey			7273		TBD		Tu	llytow	n Resourc	e Re	COVE	ery		
City, State Elizabeth, NJ 07114-2436				Dispo TBD	osal Date		, State Ilytow	n, PA 1900)7					
Completed by rene Muldowney	Title EH&S	S Mar	nager			Signature	la	bre	. 4	Dat 12	e '19/1	8		

CK1815 PAI	D		FICATIO	State of Ne ON OF ASE nt to NJAC	ESTO	ABATE		T		E		Comment of the Commen	<u> </u>		
Date of Notification (1) 12/17/18				of Building		/Operato	r (2)	- Additional Control	100	De		4	201		The Control of the Co
Agencies Notified Type Notification			1	Address				1	11 111	UE	C 2	4_	201	}	His
X EPA DEP Amended X DOL Initial Amended Amendment Emergency				State, Zip Co wa, NJ 0				<u> </u>	- Contraction		TOS LICEN				N. Carlo
DOH justification)		y		of Contact					Te	lenhone	Numb	er			
DCA Cancellation				hew Pero						_	_	_			
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	CILITY INFO	ORMAT	TION	Typ	e of Facility	(4)						
Commercial/Residential	•	(-)					l D	11 15 7							
Street Address 323 Union Blvd.							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Otl	ner than & comm	K-12) nercial	build	lings,	hom	ies,
City (5) Totowa							Squ 330	are Feet	2	of Floors	i	1200	ldg. <i>A</i>		
County (6) Passaic				Code (7)				ent Use (Pr			olished	d)			
Name of Monitoring Firm Hired by Building (Owner (8	3)	ASC	M No.		Name		atement Co				_			
Project Manager				15 30 3 0 C 18 TWO				s Abatem		(0)					
Street Address						Street 280		ess idland Av	e.						
City, State, Zip Code								Zip Code rook, NJ	07663						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 201-	none N	lo.		Licens					
Start Date (10) 12/19/18	Schedu 12/26		npletion	Date (11)				HA Monitor		0100	5				
Occupancy Status During Abatement (Check						Street	Addre	SS				_		_	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8 A.M. to 4 P.M	eriod of al Facilit	Abaten y Hours	nent			City, S	tate, Z	ip Code							
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≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	Il Containmeni-Enclosure ovebag Produces n-Exempted	e cedure	Š					
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2nd FI Kitchen		Х				VAT			100,74	3 SF	X				
	Office								20	5 SF	X				
1st Fl Kitchen	•								48	6 SF	×				
Panel/Stain Glass Room		,				laster			72	7 SF	x				
Name of Registered Waste Hauler		197.00	JDEP Wauler ID	1836336	Cubic of Was			Name of F	Registe	red Land	dfill				
Newark Carting		1 5 2 2	1509	100000000	20 yd			Grand (Centra	l Sanit	ary L	and	dfill		
City, State Newark, NJ					Dispos TBD	al Date		City, State Pen Arg		\					
Completed by Richard Cristofol	Title Presi	dent			Si	gnature	4		2		Date 12/17	7/18	3		

State of NJ Notification of Asbestos Abatement D&S Proj. #: 18-275 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 12 1/1 14 1/11 18 1 chris denaro Agencies Notified Type Notification Street Address ☐ EPA Initial STOS CONTEST. LICENSING Amended DEP Amendment #: City, State, Zip Code DOL. Emergency BELLEVILLE, NJ 07109 (including DOH. Name of Contact Telephone Number justification) DCA Cancellation chris denaro **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) chris denaro Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) BELLEVILLE Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 12/17/18 12/28/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure ≥ 3 sf or >3 If Renovation Mini-enclosure X Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing e n Description of asbestos-containing Amount staff(12) material (acm) to be n m p material (ACM) C (Specify SF or abated in facility (13) C 0 a а Yes No LF) N/A V p basement PIPE INSULATION 70 1 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 vd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 12/18/18 TULLYTOWN, PA

ASB-41

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

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

Signature

Date

12/14/2018

State of NJ Notification of Asbestos Abatement D&S Proj. #: 18-274 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) DEC 24 1 2 / 1 4 / 1 8 itta daniels Agencies Notified Type Notification Street Address EPA Initial ASSESTOS CONTA Amended DEP City, State, Zip Code Amendment #: DOL M Emergency newark, nj 07112 (including DOH. Name of Contact Telephone Number justification) DCA itta daniels Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) itta daniels Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes. etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) newark Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/18/18 12/28/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing е е n Amount Description of asbestos-containing staff(12) n m material (acm) to be p С (Specify SF or material (ACM) abated in facility (13) 0 a a LF) Yes No N/A L p basement PIPE INSULATION 70 l ft M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 12/19/18 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT

12/14/18

State of NJ

Notification of Asbestos Abatement D&S Proj. #: 18-272 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 12 1/1 14 1/11 18 1 farooq abdullah Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency jersey city, nj 07307 (including DOH. Name of Contact Telephone Number justification) ☐ DCA Cancellation farooq abdullah **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) farooq abdullah Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) jersey city hudson Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 12/17/18 12/31/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \boxtimes >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing E е Description of asbestos-containing n Amount staff(12) material (acm) to be n m p C material (ACM) (Specify SF or abated in facility (13) 0 C a а Yes No LF) N/A V p basement PIPE INSULATION 160 L FT X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 12/18/18 TULLYTOWN, PA Completed by (Print or Type) Title Signature

Do not use this form for asbestos licensure exempted activities.

BOGDAN JOLDZIC

ASB-41

Date

12/14/2018

OV /INILIO	D) A TT	State of	New Jersey			Check #	1644	3
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Date of Notification (1)		Name of Buil	Lding Owner/Operato	or (2)		12 1	100	- 11
12/18/2018		Angela					1	
Agencies Notified Type Not	ification	Street Addre	ess		III DEC	242	nio	
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[]DEP Not	ification	City, State,	Zip Code	1				
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[]DCA . []EMER	GENCY	Angela		Telepho	one Number			
[]Cano	ellation	5		_				
NATIONAL CONTRACTOR OF THE CON		FACII	ITY INFORMATION					-
Name of Facility Where Abatem	ent is Ta	king Place (3)		Type of Faci.	lity (4)	-7-7-8		-
Angela Wolf				[]School	(K-12)			
Street Address				[]Subchar	oter 8 (Othe	er than I	(-12)	
		•		[X]Other	(i.e., priva ouildings, h	ate & cor	mer-	
(Square Feet	# of Floo			_
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West Orange	esse	×	(STATE USE ONLY)	Current Use ((Prior if be	ing demo	lishe	d)
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Name of Monitoring Firm hired Owner (8) N/A	by Build:	ing ASCM No.		ment Contracto				
Street Address			Street Addres		, 1110.			
				stopher St				
City, State, Zip Code					•			
			City, State,	r, NJ 070	42			
Project Manager for Monitoring	Firm T	elephone Number			42			
2	100	I/A	Telephone Num		L	icense N		
Scheduled Start Date (10)	ched. Com	pletion Date (1					3 2 2 174	
12-27-18	12-28-	18	N/A					
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[X] Facility Closed/Vacated	d During E	Intire Period	Street Address	S				
of Abatement []Abatement Performed Out	reide of N	formal Harilit.						
Hours - Describe: «OffHo	ours Descr	ipt»	City, State, 2	Zip Code				
[]other - Describe: «Other		y Descript»						
Scope of Work (Check all that	apply)							
[X] >3 sf or >3 lf		[X]Renovation		Containment wit Enclosure	th Negative	Pressure	9	
[]>160 sf or >260 lf		[]Demolition		pag Procedure				
		Is	[]Non-F	riable Procedur	re			
Location of		Location Normally	Description	n of		Abate	ment	Type
Asbestos-Containing Material (ACM)		Used	Asbestos-Cont	aining	Amount	REI	NT	N
TO BE ABATED		Solely By Main-	Material (A (i.e., thermal		(Specify SF or	M	A	L
In Facility		tenance/ Custodial	insulation, surfa	cing, VAT,	LF)	V	S	O S
(13)	Yes	taff (12) No N/A	or other miscel	laneous)		A F	111	U R
Basement	100		ping		120LF	X	+ •	E
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Name of Registered Waste Hauler	: N	JDEP Waste	Cubic Yards	Name of Regis	tored I	1		
AZTECH MANAGEMENT,	INC H	auler ID No.	of Waste 1.5	Tri - St		T-T-T		
City, State		.7040	Dienogal Data					
Montclair, NJ 07042			Disposal Date 12-31-18	City, State	V 1047	Л		
18 3 2 10 m W/Ac			31 10	Bronx, N	1, 104/	4		
~	litle		Signature		7/	Date		
Constantine Vivian	Preside	ent	1/ /0	ustarla	1//. [12/18/2	018	
			1	1	1100			

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Date of Notification (1) 12/20/2018				of Building te Hous					-	DE	C 2	4 2	018	A Company
Agencies Notified Type Notification IN EPA Initial IN DEP IN DOL Amended Amendment			City, St	Address tate, Zip C		7063				45055	er i sensortante	00A1	TO()	
DOH Emergency (justification) DCA Cancellation	includin	g	Name o	of Contact ley Orr					Tel	ephone N	Numbe			
Name of Facility Where Abatement is Taking	Disease	(2)	FAC	ILITY INF	ORMAT	ION								
Private Residence	Place	(3)					-	of Facility School (K-	2005					
Street Address							×	Subchapte Other (i.e. etc.)	r 8 (Oth			iilding	s, hom	ies,
City (5) Newark								re Feet	# of 2	f Floors		Bldg.	Age	
County (6) Essex				Code (7) USE ONL)			ent Use (Pr idence	ior if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building C N/A	wner (8	3)	ASCI	M No.		9,7000) 6,700		atement Co struction I		(9)				
Street Address						1 2 2 2 2 2 2 2 2	Addre eathe	ss r Stockin	g Path	1				
City, State, Zip Code							ip Code ark, NJ 0	7035						
Project Manager for Monitoring Firm		Telepho	one No.		Teleph 862-2	none N 264-9			License 01306	No.				
	Schedu 01/11/		npletion	Date (11)				HA Monitor						
Occupancy Status During Abatement (Check	· · · · · · · · · · · · · · · · · · ·					Street					V			
Facility Closed/Vacated During Entire Pond Abatement Performed Outside of Normal Other – Describe:	eriod of al Facilit	Abatem y Hours	nent			City, S	tate, Z	r Stockin ip Code						
Scope of Work (Check All That Apply)					_	Linco	oln Pa	ark, NJ 0	7035					
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Bucomone			1116	illiai S	ystemi	IIISUI	ation	40	5 LF	X		X		
Name of Registered Waste Hauler		5000	JDEP W		Cubic `	20.000		Name of	Register	ed Landf	ill			Н
Nari Construction LLC		H	auler ID	No.	of Was 2 CY	ite		G.R.O.\	N.S					
City, State Lincoln Park, NJ				Dispos TBD	al Date		City, State Morrisv							
Completed by Igor Jezdimirovic	Title P. Ma	anage	r		Si	gnature		3			ate 2/20/	2018	3	

State of New Jersey

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Date of Notification (1) 12/18/2018			Name	of Building te Hous	g Owner/	Operato	r (2) Nivit								
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Emergency justification)	g	Name o	of Contact	t				Te	lephone	1000	55-1		V	- Ya
DCA Cancellatio	n		000000-0000	dev Dixi		ION			1 1	<i>-</i>					
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City (5) Parsippany							Squ 285	are Feet	# 0	f Floors			Bldg.	Age	
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Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI	M No.		Name	of Ab	atement Co	ontractor	(9)					
Street Address						Street	Addre							3	
City, State, Zip Code								er Stocki	ng Path	1				-11 - 120-	
								ark, NJ 0	7035						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 862-2				Licens 0130).			
Start Date (10) 01/09/2019	Schedul 01/10/	ed Cor 2019	mpletion	Date (11))			HA Monito struction,							
Occupancy Status During Abatement (Chec	k Only O	ne)				Street			LLO						-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of a	Abaten	nent					er Stockir	ng Path	i .					
Other – Describe:					_			ark, NJ 0	7035						
Scope of Work (Check All That Apply)			2			F	,								
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055	Yes	No	N/A											ite	Ф
Office Area		X			VAT				5 SF		X		Х		
Basement		X			VAT			58	0 SF		X		Х		
	+														
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic \	/ards		Name of	Register	ed Land	4611				_
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City, State Lincoln Park	Park							City, Stat		6					
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gor sezdimilovic	P.Ma	nager									12/	18/2	018		

State of New Jersey

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Date of Notification (1) 12/12/2018			Name	of Buildin	g Owner	Operato	r (2)			U_		W	12	
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DCA Cancellation	1			STUBE					201-	400 -	4782			
Name of Facility Where Abatement is Takir	g Place	(3)	FAC	CILITY IN	FORMAT	ION	Type of Facili	tv (4)						
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Street Address							Subchar	ter 8 (Other t	han K-	-12)			
City (E)							Other (i. etc.)	e. priva	ate & co	ommei	rcial bu	ilding	s, hon	nes,
City (5) CHATHAM, NJ. 07928							Square Feet		# of Fl	oors		Bldg.	Age	
County (6)		1	County	Code (7)	- 20		3,076	D.1	2			98		
MORRIS			(STATE	USE ONL	Y)		Current Use (YES		demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			of Abatement (A			
Street Address							Address	INVIR	ONIVI	ENI	AL LL	C.		
						1126	51 ST.							
City, State, Zip Code							tate, Zip Code		070					
Project Manager for Monitoring Firm			Telepho	one No			TH BERGE	N NJ.			A.I			_
							776 0642		1 6 6 6	cense 1300	NO.			
Start Date (10) 12/14/2018				Date (11))		of OSHA Monit							
Occupancy Status During Abatement (Chec	12/15						IRO PROBE	INC						W-17/200
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Abatement Performed Outside of Norm	al Facilit	y Hours	nent S				tate, Zip Code							
Other – Describe:							UCHEN NJ,							
Scope of Work (Check All That Apply)														**
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Contain	ment v	vith Ne	gative	Pressu	ire		
		Jonion	1011				Mini-Enclose Glovebag Pr	ocedu	re					
	Τ.		rom			×	Non-Exempt	ed (*)	and No	n-Fria	ble Pro			
Location of		S Locati Normal				0.202 * 00 #* 000000							ement pe	t
Asbestos-Containing Material (ACM)		ed Sole		Asbes	tos Cont	scription aining Ma	or aterial (ACM)		Amou	ınt			_	
TO BE ABATED In Facility	4-320	todial S		(i.e.	thermal surface	systems ing, VAT	insulation,		(Spec SF or I		Rer	Re	nca	Enc
(13)		(12)				iscellane			31 UI I	-1)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				-				_		ate	ē
BASEMENT		X			FLO	OR TIL	E	1	500 S	F.	Х			
Name of Registered Waste Hauler														
ROVIC A RUBBISH REMOVAL CO.		1 83.3	JDEP W auler ID	100	Cubic \ of Was		Name o							
		48	32727F	PAE	30 C/	350	Grand	Cen	tral S	anitar	У	-		
City, State 1963 Pen Argyl Rd.					Disposa	al Date	City, Sta		D.4					
Completed by	Title				TBD	gnature	Pen A	rgyl, I	PA 18					
CARLOS ESQUIVEL		ETY N	IANAG	BER		VE/V	refer	fo	0	4	ate 2/12/2	018		
						1	/ -		1	1 "				

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

n	FA	0	A	00	4/5
13	EC	4	4	20	18

2000	and the displacements			10					5.	HILL U	LU 2	4 4	J10	- 11
Date of Notification (1)	18 /	18				of Building		er/Operator (2	2)	· I		earnels on	å.	20,000
					Auc	tale buil	ueis	18		. Assi	stosu	edni	'AC	
Agencies Notified	Type Notifica	tion				Address				10 10 10 10 10 10 10 10 10 10 10 10 10 1	LIVEN	PHAS	D-1	
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended					Mantoloki		Road						
☑ DOLWD	Amendme				A STATE OF	state, Zip C								
□ DCA	☐ Emergend				Brid	ck, NJ 087	723							
(NJAC 5:23-8)	justificatio				Name	of Contact	ric co			Telephone Nu	mber			
1	☐ Cancellati	on			Ray	Peters				908-675-10	031			
					FAC	CILITY IN	FOR	MATION						
Name of Facility Where	Abatement is T	aking	Place	(3)					Type of Facility	(4)				
Residence									☐ School (K-12					
Street Address									☐ Subchapter 8					
									Other (i.e., property) homes, etc.)		nercial bi	ııldıng	s,	
City (5)									Square Feet	# of Floors	B	dg. A	ne e	
Spring Lake									2500 sf	2	1	80 80	90	
County (6)					Cour	the Code (7)	/CTA	TE USE ONLY)				00		
Monmouth					Cour	ity Code (1)	(SIA)	IE USE UNLT)	Current Use (Pr	or it being demo	nisnea)			
	11. 11. 5. 11.			(a) T	10011				Residence					
Name of Monitoring Firm	n Hired by Build	ing Ov	wner (8)	ASCM	No.			ent Contractor (9)					
							G	uardian Coi	ntracting, Inc.					
Street Address							Stre	et Address						
							18	889 Route 9	, Unit 61					
City, State, Zip Code							City	, State, Zip Co	ode					
							T	oms River, I	New Jersey 08	755				
Project Manager for Mor	nitoring Firm			Tele	ephone	No.	Tele	phone No.		License No.				
							7:	32-349-9932		00624				
Start Date (10)	S	chedu	ıled C	omple	etion Da	te (11)	Nan	ne of OSHA M	lonitor					
01 / _02_ /	_19_	01	1_/	0	3_/	19	E	M.S.L. Anal	lytical					
Occupancy Status Durin	g Abatement (C	heck	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacat					ment		587-	056 Stelton						
☐ Abatement Performe						cribe		, State, Zip Co	ndo					
Time of Abatement:								H	New Jersey 08	054				
Scope of Work (Check a	II that annly						Г	iscalaway, i	vew Jersey 00	004				_
Scope of Work (Check a	ш шасарріу)							☐ Full Cont	ainment with Neg	ative Pressure				
$\square \ge 3$ sf or ≥ 3 lf			☐ Re					☐ Mini-Enc	losure	,				
≥160 sf or ≥260 lf			⊠ De	moliti	on				g Procedure	n Frieble Brees	dues			
			I.a	1	tion.	1		⊠ Non-Exe	mpted (*) and No	n-Friable Proce				
Location	s of			Loca				December			-	atem	1	T
Asbestos-Containing)	Use	d Sol	ely by	Asbes	stos (Description of Containing Ma		Amount	Removal	Repair	E	Enclosure
TO BE AB	ATED	´			ance/	(i.e.	., the	rmal systems	insulation,	(Specify	l du	pair	cap	clos
IN Faci	lity		Cus	(12)	Staff?			urfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		1	Yes	No	N/A	1	Otr	ner miscellane	ous)				te	
exterior-house		-		×		asbesto	e ei	dina		2500 sf				
		-												片
exterior-garage		-				asbesto	S SI	aing		650 sf				닏
														Ш
Name of Registered Wa	ste Hauler				NJDEP		100000	ic Yards of	Name of Regis	stered Landfill		•	-	
Guardian Contract	ing, Inc.				Hauler I		Was	ste	T.R.R.F.					
City, State					2022)	4 Dist	osal Date	City, State					
Toms River, New J	lersev							1/03/19		Pennsylvani	a			
ADMINISTRAÇÃO DE SEL PROPRIO DE SERVICIO DE SELECTOR D		7							- unytown	- Cimisyivaili		-		
Completed By (Print or		Title			5720230-00			Signature		/	Date	1	-	0
Nicholas Fernicola	1	Pr	ojeci	war	nager			12	118	1/	ব্			

D&S Proj. #: 18-273		PA	Notifi (Pursi	State ication of As uant to NJA	besto	IJ os Abatement 0 and 12:120)	B.J.OR	TOENSING TOS CONT	S B88,	······································	a a com
CK	74	10				<u> </u>		Area or or other bearing or o	CONTRACT OF STREET		A. Agr
Date of Notification (1) 1 12 / 1 17 / 1 18 Agencies Notified Type Notification	ation	kenneth	carter	ner/Operator (2	2)		81	07 7 3	30	1	
□ EPA □ Initial □ Amended	ation	Street Addr	ess) E []) a		The second
DOL Amendment		City, State,	-	110							
DOH (including justification	. It	Name of Co	ge, nj 070 Intact	119			Telephoi	ne Number			
DCA Cancellation		kenneth	carter				1 30-4-4				
			FAC	CILITY INFORM	IOITAN	N					
Name of facility where abatement	is taking p	place (3)					Type of Facility	(4) ol (K - 12)			
kenneth carter								napter 8 (Othe	r than	K-12)	
Street Address							Other	(Private/Com/Homes, etc.			
							Square Feet	# of Floors	E	Bldg. A	ge
City (5)	Co	unty (6)				unty Code (7) ate use only)					
e. orange		sex			(0	,	Current Use (P	rior it being a	emolisi	nea)	
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abatement (
Street Address					_	D & S RESTORA Street Address	ATION, INC.				
						20 California Av	e.				
City, State, Zip Code						City, State, Zip Code					
Project Manager for Monitoring Firm	n	I Ph	none Numb	ner .	_	Paterson, NJ 075	503	License Nu	mbor		
, , , , , , , , , , , , , , , , , , , ,		1	ione reame)C1		973-345-8020		0116			
Start Date (10)	Sche	ed. Completion	on Date (1	1)	_	Name of OSHA Monit					
12-17-18		28-18				D & S Restoration	on, Inc.				
Occupancy Status During Abateme						20 California Ave	enue				
Facility closed/vacated during Abatement performed outside						City, State, Zip Code					
Describe:NORMAL I	HOURS				-	Paterson, NJ 075	503				
Scope of Work (check all that appl	y)			4.		F	ull Containment w	//negative pre	ssure		
≥ 3 sf or >3 lf	Renovati						Mini-enclosure Blovebag procedu	re			
≥160 sf or ≥260 lf	Demolitic	on normally	upod s-1-1	J			Non-Exempted (*)	and Non-friat		_	
Location of asbestos-containing	by main	tenance/cust		1	on of a	sbestos-containing	Amount	Re	e	E n	E n
material (acm) to be abated in facility (13)	staff(12) Yes	No	T N/A	material (ACM)	obcoloo containing	(Specify S LF)	0	p	c a	C
L	103	INO	N/A	l nine nieri				v e	i	р	
basement		₩ ×		PIPE INSU		ION	20 l ft 45 sq ft			뷰	H
				l coner mount	aci () II		TJ 34 II		╫	#	ዙ
					WHITE EIGHT						
Registered Waste Hauler	INUE			his Varda of V	Masta						
D & S RESTORATION, INC.		EP Hauler II 506		ubic Yards of V yd	vaste	Name of Registered I TULLYTOWN, F		COVERY			
City, State PATERSON, NJ 07503			Disposal D			City, State					
Completed by (Print or Type)	Title		12/10/1	Signature		TULLYTOWN,	rA	Date			
BOGDAN JOLDZIC	PRESID	DENT						12/17/20	18		

CV 35101	PAI	D	NOT		ATIO	V OF AS	lew Jersey BESTOS ABA [*] AC 8:60 and 5:1		EG		1 2	\// ∩10	
Date of Notification (1)	0				Name	e of Buildin	g Owner/Operator	(2)	DEC	, 4	· 4	V10	
12/	18 /	18	<u> </u>			k H Home		` ,	1_2	51	1.8	~	
Agencies Notified	Type Notifi	cation			Stree	t Address						-	
⊠ EPA					10000000		ter Street			L.E.	Snik	9	
⊠ DOLWD	☐ Amende				City,	State, Zip (Code						
□ DCA	Amendr				C- MANAGE		, NJ 08753						
(NJAC 5:23-8)	☐ Emerge justifica		iciuaing	3	_	e of Contac		-	Telephone Numb	per			
100 000	☐ Cancella	ation			Bil	l Hoerma	nn		8 2-349-338				
					FA	CILITY IN	NFORMATION			_			
Name of Facility Where	Abatement is	Taking	Place	(3)			0111111111111	Type of Facility	(4)				
Residence								School (K-12	5050				
Street Address								☐ Subchapter 8	(Other than K-12) rivate and commer	cial bu	uilding	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	ae	
Seaside Park								700	1	- 1	65	_	
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)	1020		
Ocean								Residence					
Name of Monitoring Firm	Hired by Bui	ilding (Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address			100			
0:1 0:1 7: 0							1889 Route 9						
City, State, Zip Code							City, State, Zip Co						
Design to Manager Co. 14	, , <u>-</u>			1-				New Jersey 08	755				
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Telephone No.		License No.				
Start Date (10)		Cahad			tion De	1- /44\	732-349-9932	-00	00624				
12 /31 /	18	_ 0	1/	0	2/	19 19	Name of OSHA M E.M.S.L. Ana						
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	ed During Ent	tire Per	riod of	Abate	ment		1056 Stelton						
Abatement Performed Time of Abatement:	Outside of N		Facility /I/			scribe AM	City, State, Zip Co	ode					
				_' '''		Aivi	Piscataway, I	New Jersey 088	354				
Scope of Work (Check al ≥3 sf or ≥3 if ≥160 sf or ≥260 if	I that apply)		□ Re 図 De				☐ Mini-Enc ☐ Gloveba	g Procedure	ative Pressure	е			
	2		2000	Loca						Ab	atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facili	Material (ACI	M)	Use Ma	intena	ely by		Description o stos Containing Ma a, thermal systems surfacing, VAT	terial (ACM) insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A		other miscellane	ous)	or or Er y	-		ulate	ē
exterior						asbesto	os siding		700 sf				
											П	П	П
			П	П									F
			_] [-								닏
Name of Registered Was	te Hauler			Ц.	IJDEP I	Monto	Cubia V	I No.				Ш	
Guardian Contracti					lauler II		Cubic Yards of Waste	Name of Regist	ered Landfill				
City, State					20223		3	T.R.R.F.					
Oity, Glate							Disposal Date	City, State					

ASB-41 JAN 13

Toms River, New Jersey

Title

Project Manager

Completed By (Print or Type)

Nicholas Fernicola

01/02/19

Signature

Tullytown, Pennsylvania

CK 18387	PAI	D	(Pt	CATION	ate of Nev I OF ASBI to NJAC	ESTOS 8:60 an	ABATE d 12:120	0)	(1/2	ek	l	5 3	38	7		
Date of Notification (1)		Name of Building Owner/Operator (2)															
12/17/18	Latoya Horvath													100			
Agencies Notified Ty	Street Address												İ				
EPA X	-	0:1	. 7: 0						11	San No.	-0	1 64	net elle				
DEP DOL		ate, Zip Co							EC	2	7 21	118					
X DOL Amendment # Emergency (including					Wharton, NJ 07885												
Ď DOH	justification)		1	Name of Contact Latoya Horvath ON										CAU	ani	1	
DCA	Cancellation											LK	- N.15	SING	Fich	o Çi	
Name of Facility Where Abat	tement is Taking I	Place (3	1)	FACI	LITY INFO	DRMAT	ION	Т	vpe of Facility (4)	ALTERNATION OF MAKE		- P(r .44+1"- (+1	erope		
home	torriorit to Taking I	1000 (0	7						_								
Street Address				School (K-12)													
Giroce / Iddiress				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildin									ings,	nome	s,		
City (E)		Hereing the					~	_	detc.)	1 44 - 4	·		T DI	-l - A			
City (5) Wharton									quare Feet	uare Feet # of Floors Bldg. Agr							
				Carratur							P - 1						
County (6) Morris					Code (7) USE ONLY)				urrent Use (Pri	or if bei	ng aemo	lisne	1)				
Name of Monitoring Firm Hire	ad by Building Ow	(per (8)		ASCN	A No.	// (//	Mama	— home									
Ivanie of Monitoring Firm Film	ed by building Ov	viiei (o)		AGUN	1110.		100000000000000000000000000000000000000	ame of Abatement Contractor (9) BS Environmental Services, LLC									
Street Address							Street			i oei v	1003, L	LO					
Street Address										Roy	183						
City, State, Zip Code						T				PO Box 483							
City, State, Zip Code									City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Menitori	na Eirm								elephone No. License No.								
Project Manager for Monitoring Firm				relebilo		UP965000759		64-2276	703								
Start Date (10)	10	chodul	od Com	plation	Data (11)						703						
12/27/18	ed Con	pletion	Date (11)		Name of OSHA Monitor												
July September 19		1/3/19	101				Street	۸۵	Idroop				_				
Occupancy Status During Abatement (Check Only One)							Street	Au	luress								
Facility Closed/Vacated During Entire Period of Abat Abatement Performed Outside of Normal Facility Ho							City	Stat	a Zin Cada								
Other – Describe:	outside of Normal	1 active	Tiours				City, S	olai	e, Zip Code								
Scope of Work (Check All Th	nat Apply)	00-10-00-08									171-17					-	
	іат Арріу)	E27					-										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renova Demoliti				-	4	Full Containme Mini-Enclosure		Negativ	e Pre	ssur	е					
A = 100 31 01 = 200 11	/emond	Glovebag Procedure															
									Non-Exempted			riable	Proc	edure)		
Is Loc				on									Abatement Type				
			Normall d Solel			De	Description of							1 9)e		
Aspesios-Containing Material (ACM)			intenar				Containing Material (ACM)			Amount (Specify SF or LF)			_		Ē	Е	
I I I BE ABATED			todial S	taff?	(i.e.	tnerma surfa	rmal systems insulation, urfacing, VAT, or						Remova	Repair	Encapsulate	Enclosure	
(13)			(12)		other miscella						,		SVOI	pair	Sula	nsc	
		Yes	No	N/A					W.				=		ate	е.	
basement				X		pipe	insula	atio	n	8	0 LF		×				
				(8.00)		1 1			v=6:		7603 V.S.						
												-					
												-		-			
Name of Pagistared Marts 1	daulor		l NI	IDED IA	/nete	Cuki	Verd-		Ners	Don!-1	roell	4611					
Name of Registered Waste Hauler				[10] [10] [10] [10] [10] [10] [10] [10]			Cubic Yards of Waste		te l								
Freehold Cartage			10 000	15939 TB					Wester	Western Berks Landfill							
City, State				Disposal D				sal Date City, State									
Freehold NJ						TBD			Birdsbo		А						
Completed by						е	1	- 1		Date							
A. Scott Higgins Presiden					nt				12/17/18								

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

PAID		NOTIF	FICATIO Pursuan	N OF ASBEST t to NJAC 8:60	OS ABATE and 12:12	EMENT (onl	18	3	86)				
Date of Notification (1) 12/17/18			of Building Own	· @	GELWEI										
						Joe Barbieri									
EPA X Initial Amended Amendmer Emergency	t #		City, St Unior	ate, Zip Code n, NJ 07083	3	A Commence of the Commence of	DEC	2 1	1 20	118	Heritage and the second				
DOH justification Cancellatio)		Name of	ONE	ani.	-1									
Name of Facility Miles About 11 Total			FAC	ILITY INFORM	IATION		· · · · · · · · · · · · · · · · · · ·	ens se se se	in., N	٦.	- Mary research	·			
Name of Facility Where Abatement is Taki home	ng Place	(3)				Type of Facility	1,534,5								
Street Address City (5)						Other (i.e. etc.)	er 8 (Other the private & cor	mmercia	l buil			ies,			
Union						Square Feet 2200	# of Floo	ors	Bldg. Age 71						
County (6) Union				Code (7) USE ONLY)		Current Use (Pr	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		of Abatement Co Environment	Contractor (9) Ital Services, LLC								
Street Address						Address									
City, State, Zip Code			City, S	O Box 483											
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph	Blenwood, NJ 07418 elephone No. License No. 73-764-2276 703										
Start Date (10) 12/27/18	led Cor	npletion	Date (11)		e of OSHA Monitor										
Occupancy Status During Abatement (Chec		Street Address													
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abaten	nent			tate, Zip Code									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 lf	processes.	Renova Demolit			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e				
I market and	Locati Normal		100					Abatement Type							
TO BE ABATED			ly by nce/ Staff?	Asbestos C (i.e. therr su	Description ontaining M mal systems rfacing, VA' er miscellan	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
basement	Yes	No	N/A								Ф				
basement			Х	pı	pe insulat	tion	150 LF		X						
Name of Registered Waste Hauler	IJDEP Waste Cubic Yards lauler ID No. of Waste			Training of Traglotorou Editatiii											
Freehold Cartage	100	5939	TB		Western Berks Landfill										
City, State Freehold NJ				Dis TB	posal Date D	City, Stat Birdsbo									
Completed by A. Scott Higgins	Title Pres	ident			Signature		Date 12/17/18								

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

	PAID	NO	(Pursua	ON OF AS	SBESTO AC 8:60 a	S ABATE nd 12:12	MENT 0)		1	100	A	15	20) O-		
Date of Notification (1)	Name	Name of Building Owner/Operator (2)									5	15				
12/19/18			Woodcliff Builders LL				(-/		7 1			100		W		
Agencies Notified Type	Notification			t Address					100	431	and the second	100,000,000	or produce to			
EPA X	Initial		1/	Vyander	T Manage		BE	. 1	4 0							
DEP DOL	Amended Amendment #_			State, Zip					1.13	DE(, 4	+ 2	118			
N DOH	Emergency (incluing justification)	ding		odcliff La		07677			_ :	Competition (Competition)						
		of Contact	Tele	Telephone Number of CONTRACT 201-661-4411ICENSING												
	Cancellation			CILITY IN					20	1-661-	4411	ÇENS	INC	. *		
Name of Facility Where Abaten	nent is Taking Plac	ce (3)	T A	CILITIN	FURMA	IION	Туре	of Facility (4)							
Street Address								School (K-1	2)							
								Subchapter	8 (Othe	r than k	(-12)	71-17	o Torresco			
City (5)							X	Other (i.e. p etc.)			ercial bi	uilding	s, hor	nes,		
Englewood								re Feet	# of 2	Floors		Bldg.	Age			
County (6)			Count	County Code (7) Current Use								68				
Bergen				USE ONL			Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired	by Building Owner	(8)	ASC	CM No.		Name	of Aba	tement Con	tractor (9)						
Street Address						ABS	Envi	ronmental	Servi	ces, L	LC					
Sileet Address						Street										
City, State, Zip Code								Drive, PO	Box 4	83						
Oity, State, Zip Code								ip Code						-		
Project Manager for Monitoring Firm				•••		Glenwood, NJ 07418										
roject manager for Monitoring Firm								ephone No. License No.								
Start Date (10)	malation	Data (44)			73-764-2276 703											
Start Date (10) Scheduled Co. 12/28/18 1/7/19				Date (11	,	Name o	me of OSHA Monitor									
Occupancy Status During Abate	ment (Check Only	One)				Street A	ddrag									
	ring Entire Period	of Abate	ment			Olicery	100165	3								
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour Other – Describe:						City, State, Zip Code										
Scope of Work (Check All That A	Apply)															
≥3 sf or ≥3 lf × ≥160 sf or >260 lf	Renov				×	Full	Containmer	nt with N	logativo	Dropp	150					
× ≥160 sf or ≥260 lf		Demol	ition					-Enclosure								
								vebag Proce -Exempted		don Eric	ble Dr					
	1	Is Loca	tion					xompted) and i	Zaria Mari Masi			Abatement			
Location of Norma					Des	scription of						Туре				
Asbestos-Containing Material (ACM) TO BE ABATED Used S Maint			ely by ance/	Asbes	bestos Containing Ma			aterial (ACM)		Amount			m			
In Facility	C	ustodial	Staff?	(i.e.	thermal	systems i ing, VAT,	insulation,			(Specify SF or LF)		Į,	inca	Enc		
(13)		(12)			other m	iscellane	ous)		SF 0	LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								<u>ai</u>	-	late	лге		
kitchen			X		fl	oor tile			150	C.F.		-				
			1		110	- III			150	5 F	X					
		-														
Name of Registered Waste Haule																
					Yards Name of Re			gistered Landfill								
Tonys Cleanup & Hauling	7787	.10.	of Was	le	Chrin Brothers Sanitary Landfill											
City, State					Disposa	al Date		City, State					_			
Bridgewater NJ					TBD			Easton, F	PA							
Completed by	Title				Sig	gnature	1			D	ate					
A. Scott Higgins President					1					12/19/18						
						-6	11	_		'		٠. ٧				