m Ch		NOT		TION		BES'	ersey TOS ABAT 60 and 5:16		DE	E			
Date of Notification (1)				Name	of Building	g Own	ner/Operator (2	2)	TI. EE	В - 9	201	7	
1 /31	/17			Ger	neral Gro	owth I	Properties			D E	20	1	высельн
Agencies Notified Type No	otification			Street	Address								
				110	N. Whad	cker [	Drive	1	ASBES			ROL	&
☑ DOLWD ☑ Ame		_		City, S	State, Zip C	Code	***************************************			LICENS	ING		
	ndment #	579 57973		Chi	cago, IL	6060	6						
	ergency (in fication)	iciuaing	3	Name	of Contac	t			Telephone N	lumber			
	cellation			Kel	ly Webb								
				FAG	CILITY IN	IFOR	MATION		1				
Name of Facility Where Abatemen	nt is Taking	g Place	(3)					Type of Facility	(4)				
Woodbridge Center Mall								School (K-12					
Street Address								☐ Subchapter ☐ Other (i.e., p			wildin	10	
250 Woodbridge Center Dr	rive							homes, etc.)		interciari	Juliali	35,	
City (5)	20 (3) (3)							Square Feet	# of Floors	E	Bldg. A	ge	
Woodbridge								1,633,000	2		45		
County (6)				Cour	ty Code (7	)(STAT	TE USE ONLY)	Current Use (Pr	ior if being den	nolished)			
Middlesex								Commercia					
Name of Monitoring Firm Hired by	Building (	Owner (	(8)	ASCM	No.	Nam	ne of Abateme	nt Contractor (9)	)				
Criterion Laboratories, Inc.	. — 100 - 201 1 0 - 1111 <del>0</del> 100 0					SI	hade Enviro	nmental, LLC					
Street Address						Stre	et Address						
3370 Progress Drive, Suite	J					62	23 Cutler Av	enue					
City, State, Zip Code		2 1 1 1 1				City,	State, Zip Co	de					
Bensalem, PA 19020							aple Shade,						
Project Manager for Monitoring Fir	m		Tele	phone	No.		phone No.		License No	).			
Michael Panepresso			21	5-244	-1300	85	6-755-0099		00842				
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Nam	ne of OSHA M	onitor					
1/19/17		2 /	6	_ / -				oratories, Inc.	01				
Occupancy Status During Abateme							et Address						
Facility Closed/Vacated During					zan.			s Drive, Suite	J				
Abatement Performed Outside Time of Abatement:AM-							, State, Zip Co						
		111 10.0	<u> </u>	.00/ 110	M. 	Be	ensalem, PA	19020					
Scope of Work (Check all that appl	ly)						□ Eull Cont	ainment with Neg	antivo Proceurs				
≥3 sf or ≥3 lf		⊠ Re	novati	on			Mini-Encl		gative Flessure	2.0			
≥160 sf or ≥260 If		☐ De	molitic	n				Procedure	F D	o ar see			
		1-	11				⊠ Non-Exer	npted (*) and No	n-Friable Proc	-			
Location of		0.000	Locat Iorma		U		Description of				batem		
Asbestos-Containing Material (	ACM)		d Sole		Asbe		Containing Mat		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED			intena todial S		(i.e		mal systems i		(Specify	Nov	ar	aps	losu
IN Facility (13)		000	(12)	Juli .			urfacing, VAT, er miscellaned		SF or LF)	<u> </u>		ulat	Ге
(10)		Yes	No	N/A		0011	01 11110001101100	,43)				e	
Tenant Space 2675			$\boxtimes$		Yellow	Glue	a/w White F	loor Tile	800 SF	×			
Tenant Space 2675			$\boxtimes$		Black T	ar a/v	w Fiberglas	s Fittings	6 LF				
Tenant Space 2600					Tar a/w	Fibe	rglass Pipe	Fittings	8 LF				
Tenant Space 2610					Tar a/w	Fibe	rglass Pipe	Fittings	8 LF	×			
Name of Registered Waste Hauler			13,500	JDEP V	7000	CWP.	ic Yards of	Name of Regis	stered Landfill				
Freehold Cartage			100000	auler IE 02265		Was		Cumberlar	nd County La	andfill			
City, State				02200			osal Date	City, State					
Freehold, NJ						100000000000000000000000000000000000000	6/2017	Newburg,	PA				
Completed By (Print or Type)	Title						Signature			Date			
Christina Lynch	111.00		eside	nt of (	Operation	ns	Mr. L			20 00 00 00 00 00 00 00 00 00 00 00 00 0	17		
			2000	umanen 5		1.55	1 // 1/ 1/ //	DXI /		1/11/	1 1		1

oval		Γ	Γ	Γ	
Removal		×	×	×	×
Amount (Specify SF or LF)		3 each	330 SF	5 each	52 LF
Description of Asbestos Containing Material (ACM)		Hard Fittings a/w Fiberglass Pipe Insul	Black Mastic a/w 12x12 White Floor Tile	Hard Fittings a/w Fiberglass Pipe Insul	Tar a/w Fiberglass Pipe Insul for Roof Drains
is Location Normally Used Solely by Maintenance/Custodial Staff?	N/A				
Is Location Normally Used Solely by Maintenance/Custodial Staff?	No	×	×	×	×
Is Location by Mainten	Yes				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility		Tenant Space 2610	Tenant Space 2640	Dave and Buster's Hallway behind 2600 & 2640	Dave and Buster's Hallway behind 2600 & 2640



CK # 0541

Date of Notification (1)			Name of B	uilding Owner	Operato	r (2)						
2/2/17			Abdul H		•		1	つに	C	FI	\//	F
Agencies Notified Type Notification			Street Add	ress				办	0	<u> </u>	- (V)	
EPA Initial DEP Amended			City, State,	Zin Codo								
DOL Amendmen			Paterson						FEB	- 6	2017	7
Emergency justification)		-	Name of Co				I Te	lephone I	Viimhei		SIM?	
DCA Cancellation							1		ESTO		NTR	OL 8
			FACILIT	Y INFORMAT	ION				LIC	ENSI	VG.	
Name of Facility Where Abatement is Takir	ng Place (3)					Type of Facility	(4)					
Residential House Street Address						School (K-						
Street Address						Subchapte Other (i.e.	er 8 (Oth private	er than K & comme	(-12) ercial bu	ildinas	hom	es
City (5)						etc.) Square Feet		f Floors			2	
Paterson						2500	2	FIOOIS		Bldg.	Age	
County (6)			County Cod	ie (7)		Current Use (Pr		ina demo	lished)	001		
Passiac		0	STATE USE	ONLY)		Residential			,			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No	0.	Name	of Abatement Co	ntractor	(9)				
n/a					Harr	mony Contrac	ting Ind	С				
Street Address						Address						
n/a					360	Palisade Ave						
City, State, Zip Code						tate, Zip Code						
Project Manager for Monitoring Firm		Т	elephone N	Vn.		ield, NJ 0702	0	License	Ma			
n/a		100	n/a	10.	1 25000000	160.6026		01255				
Start Date (10) 2/13/17	Scheduled	Comp	oletion Date	e (11)		of OSHA Monitor						
Occupancy Status During Abatement (Chec	2/25/17					nony Contract	ing Ind					
						Address Palisade Ave						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Aba al Facility H	ateme lours	ent		100000000000000000000000000000000000000	tate, Zip Code	11-05-01-5					
Other – Describe:						ield, NJ 07026	3					
Scope of Work (Check All That Apply)					0.0	,						
≥3 sf or ≥3 If		novatio	on		×	Full Containm	ent with	Negative	Press	ure		
2160 sf or ≥260 lf	X Den	nolitio	n		H	Mini-Enclosur Glovebag Pro	е					
	-					Non-Exempte		d Non-Fri	able Pr	ocedur	e	
	Is Lo	cation	n							Abat	ement	, 3
Location of	Nor Used S	mally	hy		scription				-	Ty	/ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Mainte	enand	e/ /	Asbestos Con (i.e. thermal		aterial (ACM)		mount	-		m m	ш
In Facility	Custod	lial Sta 12)	aff?	surfa	cing, VA	Γ, or		pecify or LF)	Remova	Repair	cap	nclc
(13)		,		other r	niscellan	eous)			oval	air	Encapsulate	Enclosure
	Yes 1	No	N/A								te	
2nd Floor Bedroom			X	Wa	II Plast	er	60	0 SF	×			
Name of Devision of War 11												
Name of Registered Waste Hauler			DEP Waste uler ID No.	Cubic of Was		Name of			fill			
Harmony Contracting Inc		80.83	3137	TBD	i i	GROW	/S Lan	dfill				
City, State Garfield, NJ					Disposal Date City, State							
Completed by Title					TBD Morrisville, PA Signature Date							
Kristina Caporino Title Secretary				Kristine Capieno 2/2/17								
Tristina Caponilo Secretary				0.00	- www	of Callera		1 '	-1 [ ]			

01 2017 04:44PM NJ	Asbestos	Control	609.633.0	664	page 1					
8 & Q proj. #: 2017-1	4	(3	reotifica (Pursuant	State of NJ ation of Asbastos to NJAC 8:60-7 ***Emergency	and 12:120-7)	<b>CAGIL</b>		C.E		10
Date of Notification (1)		I Name of F	Librina Duna	r/Operator (2)	-			. 1		
10 12 1/10 11 /1117				ilis Reg. Board o	f Education		ASBE	STOS	CON	T
Agencies Nothed Type Not	Manion :	Street Add		HIS MAS. DODING O	Edwarton			LIGH	1011	d
T FPA							1	1.1		-
OEP DE Inti	tal		awpo Aven	u ç		WAIVER	AUDR	(NULL	T	+
R DOL AM	endment		, Zip Code nd, NJ 0743	36	504.0	MALACL	MITT	5.3 8 1.1	·	Ţ
		Name of C				Telephone	Number	-	_	
DOH   Car	cellation					•				
D DCA		Peter	Keaney						\	
			FAÇIL	ITY INFORMATION						
Name of facility where abatem	ont is taking	place (3)				Type of Facility (4	) (1)			
						Interited.	(K - 12)	- 44 - 14	450	
Indian Hills High School	I (IVOIN-SI	10 o)					pter 6 (Othe Frivate/Com		12)	
Street Address			19		1		iomes, etc.	ii ida Giari		
97 Yawpo Avanue				- 14			of Floors		dg. Age	)
City (6)	C	ounty (6)		100,000,000	ty Code (7)	10000 2		50+		
Oskland	1 .	Bergen		(Sta	e use only)	Current Use (Pri High School	or is being a	emoliene	(0)	
Name of Maniforing Firm Hires		-	7	ASCM No.	Name of Abstement		100		-	
RK Occupational & Er	viro amen	tal Analys	is Inc.	0090	B & G Restora			4:		
	TVII OTITI DI	14171114170	10, 11.0.		Street Address	HOIL, MICA	lor			
Street Address 401 St. James Avenu					105 Ryarson I	Road				
City, State, Zip Code					City, State, Zip Code				7	
Phillipsburg, NJ 0886	5				Lincoln Park,	NJ 07035		- contact	Made under	etented
Project Manager for Monitoring	Firm	- 1	Phone Number	2	(973)696-688	30'	Licensii Nu 0037			
Jonathan Gilbert			908-454-63	Total Control of the	Name of OSHA Mor		0001			
Scheduled Start Date (10)	80	hed. Comple	elion Date (11	7	B & G Restora			33	13.1	
02/02/2017	0	2/02/201	7		Streat Address	A STATE OF THE STA				
Occupancy Status During Abat	ement (Chac	k only one)			105 Ryerson F	Road	-1			
Facility closed/vacated di	uring entire p	period of abi	stement.		City, State, Zip Code				2).	
Abatement performed ou Describe: 4:00 p.m	12.30 a.m.	ne) teonity n	ours-		Lincoln Park, I	N I 07025				
Other-Describe:					LINCOIN PAIK,	47 01 000			- 2-	
Scape of Work (check all that	DOMESTIC CO.		CELST (				Giovebag		170	
Demolition	Renov				uli Containment w/ns finj-enciosure		Non-friat			
□ >3 af or >3 if	and the same of th	or ≥260 If	li need and a		AL DE HOIOSULE	<del></del>	1 / / / / /	R	E	364
Location of asbestos containing	by ma	intenance/c	ly used solely sustadial		sbestos-containing	Amount		7 G	n	E
material to be	शक्ति (1	(2)		meterial (ACM)	escatos-portionin-18	(Specify \$	For	P P	a	0
abated in facility (13)	Yes	Na	N/A				- 1	i	P	-
300 Wing Hall			×	pipe insulation		9 If		3 0		
										Ц
Registered Waste Hauter B & G Restoration, Inc.	N	JDEP Haule 19563	or IDS C	UDIC Yards of Waste	Name of Registere	d Landfill 1 Resource & Re	covery C	enter		
City, Brate			Disposei D	ate	City, State		TO STATE OF THE PARTY OF THE PA			
Lincoln Park, NJ			02/3/	17	Tullytown	, PA	- markitime - market		·	-
Completed by (Print or Type)	Title	nêmm (FT ex -	0.1504	Signature	Gredena Suna		Date 02/01/2	017		
Gordana Luna		etary/Trea	PUICI		Gordon Zamo 02/01/2017					1000

#### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2017-14 B & G proj. #: Check # 8232 \*\*\*Emergency\*\*\* Date of Notification (1) Name of Building Owner/Operator (2) 10 12 1/10 11 1/11 17 Ramapo Indian Hills Reg. Board of Education Type Notification Agencies Notified Street Address 2017 ☐ EPA 131 Yawpo Avenue Initial DEP City, State, Zip Code ASBESTOS CONTROL Amendment X DOL Oakland, NJ 07436 Telephone Number X DOH Name of Contact Cancellation ☐ DCA Peter Keaney FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Indian Hills High School (NON-Sub 8) Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 97 Yawpo Avenue Bldg. Age # of Floors Square Feet 50+ 10000 County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Bergen Oakland High School Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. RK Occupational & Environmental Analysis, Inc. 0090 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 401 St. James Avenue City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Phillipsburg, NJ 08865 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 908-454-6316 Jonathan Gilbert Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/02/2017 02/02/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: 4:00 p.m.-12:30 a.m. Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ★ Glovebag procedure Full Containment w/negative pressure Demolition **X** Renovation Non-friable procedure Mini-enclosure >3 sf or >3 lf >160 sf or >260 lf Is location normally used solely Ε e Location of n by maintenance/custodial Amount Description of asbestos-containing n asbestos-containing m p C staff(12) (Specify SF or C material (ACM) material to be a a abated in facility (13) Yes Νo N/A e X 9 If pipe fittings 300 Wing Hall Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc Disposal Date

02/3/17

Secretary/Treasurer

Signature

Tullytown, PA

02/01/2017

Cordana Luna

City, State

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2017-14 B & G proj. #: Check # 8232 \*\*\*Emergency\*\*\* Date of Notification (1) Name of Building Owner/Operator (2) 10 12 1/10 11 1/11 17 Ramapo Indian Hills Reg. Board of Education Agencies Notified Type Notification Street Address EPA 131 Yawpo Avenue X Initial DEP City, State, Zip Code ASBESTOS CONTROL & Amendment X DOL Oakland, NJ 07436 LICENSING Telephone Number X DOH Name of Contact Cancellation □ DCA Peter Keaney **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Indian Hills High School (NON-Sub 8) Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 97 Yawpo Avenue Bldg. Age # of Floors Square Feet 10000 50+ County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Oakland Bergen High School Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. RK Occupational & Environmental Analysis, Inc. 0090 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 401 St. James Avenue City, State, Zip Code City, State, Zip Code Phillipsburg, NJ 08865 Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 908-454-6316 Jonathan Gilbert Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. 02/02/2017 02/02/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: 4:00 p.m.-12:30 a.m. Describe: \_ Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure ★ Glovebag procedure Renovation Mini-enclosure Non-friable procedure >3 sf or >3 lf >160 sf or ≥260 lf Is location normally used solely E Location of e e п by maintenance/custodial Amount asbestos-containing Description of asbestos-containing n m p C staff(12) (Specify SF or C material to be material (ACM) a a abated in facility (13) V No N/A P X 9 If 300 Wing Hall pipe insulation Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Tullytown Resource & Recovery Center B & G Restoration, Inc. 19563 Disposal Date City, State City, State Tullytown, PA 02/3/17 Lincoln Park, NJ Signature Completed by (Print or Type) Title Gordana Luna 02/01/2017 Secretary/Treasurer Gordana Luna

												Pr	int F
CK12L	Ha		ICATION	tate of New Je N OF ASBEST to NJAC 8:60	OS ABATE		7			C E		$\mathbb{V}$	
Date of Notification (1) 2/1/17	(			f Building Own e Finance	er/Operator	r (2)			FE	В -	6	2017	
Agencies Notified Type Notification  EPA Initial			Street A	Address Ox 617					ASBES				S JC
X DEP Amended X DOL Amendment				ate, Zip Code vorth, NJ 07	033					LICE	ASIN	IG_	
□ Emergency     justification)     □ DCA     □ Cancellation				f Contact Sampson				Tele	ephone Nu	umber			
				ILITY INFORM	ATION			1.					
Name of Facility Where Abatement is Takir Private dwelling	ng Place (	3)				Туре	of Facility (4) School (K-12						
Street Address						×	Subchapter 8 Other (i.e. prietc.)	(Othe			ldings	, hom	es,
City (5) Plainfield						Squa n/a	are Feet	# of n/a	Floors		Bldg. / n/a	Age	
County (6) Union		8		Code (7) USE ONLY)			ent Use (Prior ate Dwellir		ng demolis	shed)			
Name of Monitoring Firm Hired by Building Standard Environmental	Owner (8	)	ASC	M No.			atement Contr ntracting Ll		(9)				
Street Address 2108 Fulton Street Suite 2A						Addre Box 7							
City, State, Zip Code Brooklyn, NY11233							Zip Code d Park,NJ 0	7424					
Project Manager for Monitoring Firm Kayode Adefsoye			Telepho 347-24	ne No. 41-7673	650000000000000000000000000000000000000	hone N 692-6			License N 01266	No.			
Start Date (10) 2/11/2017	Schedul 2/28/2		npletion	Date (11)	100000000		HA Monitor ntracting LL	.C					-30-00
Occupancy Status During Abatement (Chec	k Only O	ne)			Street	Addre	ess						
Facility Closed/Vacated During Entire     Abatement Performed Outside of Norn     Other – Describe:	Period of an al Facility	Abatem / Hours	nent		City, S		34 Zip Code d Park, NJ (	0742	4				
Scope of Work (Check All That Apply)					1100	didire	a . a						
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit			×		III Containmen ni-Enclosure ovebag Proce on-Exempted (	dure				e	
Location of		Locati Vormal	ly		Description	of						ement	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/	Asbestos C (i.e. therr su		//ateria s insula T, or	ation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
det Elean Kitalian	Yes	No	N/A	5.								ate	ei.
1st Floor Kitchen			X		pe Insula				OLF	X			
Basement			Х		pe Insula			6	OLF	х			
Crawlspace			Х	Pi	pe Insula	ition		1	OLF	Х			
Name of Registered Waste Hauler		IN	JDEP W	aste Cul	bic Yards		Name of Re	enister	ed Landfil	1			
max Contracting LLC		Н	auler ID 6184		Vaste		Fairless I	CONTROL OF	_e curiuiii				
City, State Voodland Park, NJ		'			posal Date 8/2017	1	City, State Fairless I	Hills,	PA				
Completed by Fome Maslarkov	Title Proje	ct Ma	nager		Signature /	1	//	9	45330	ate /1/17			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 1/19/17 Verizon Agencies Notified Type Notification Street Address M EPA ASBESTOS CONTROL & 524 Main Street DEP Initial HOENSING City, State & Zip Code X X DOL Amended R#1-2/1/17 Fort Lee New Jersey X DOH Emergency Name of Contact Telephone Number DCA Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Leonia Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 524 Main Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 40000 Fort Lee Current Use (Prior if being demolished) Bergen Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Inc. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 Enterprise Avenue 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia Pa 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mark Jenkins 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM - 1:30 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Removal Enclosure (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A AC ROOM Vat/Mastic 250 SF AC ROOM Pipe Fittings 50 EA X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste

20990

Title

PROJ. MGR.

3

TBD

Signature

Disposal Date

MINERVA LANDFILL

WAYNESBURG, OH 44688

Date

1/19/17

City, State

City, State

SERVICE TRANSPORT GROUP, INC.

NEW CASTLE, DE 19720

Completed By (Print or Type)

Patrick T. DeCaro

D.	E	C	E		$\mathbb{V}$	1
		FEB	-	60	2017	

Date of Notification (1)	Manage (D. W.)	0 10		rtb	- 0	20	1/
1/19/17	Verizon	Owner / Operator (2)	or Orpozones				
Agencies Notified Type Notification	Street Address		- ASE	ESTO	S Cr	TMC	ROL 8
	524 Main Stree	t	1	LIC	ENS	ING	
☐ DEP ☐ Initial	City, State & Zip	Code					
DOL3603 Amended	Fort Lee New J						
□ DOH35%0 □ Emergency	Name of Contact			Telep	ohon	e Nu	mber
☐ DCA ☐ Cancellation	Alex Baylor						
	FACILITY INF	ORMATION					
Name of Facility Where Abatement is Taking	Place (3)	Type of Facility (4)					
Leonia Central Office		School (K-12)					
Street Address		Subchapter 8 (Other th	an K-12)				
324 Main Street		Other (i.e. private & cor	nmercial build	lings, h	omes	, etc	)
12. (5)	To	Square Feet # of Flo	ors	Bldg.	Age		
County (6)	County Code (7)	40000	4				
ort Lee Bergen		Current Use (Prior if being d	emolished)				
ame of Monitoring Firm Hired by Building Ow	(O) A O O M A I	Communications					
SA Environmental Inc.	ner (8) ASCM No.						
treet Address		BRISTOL ENVIRONMEN Street Address	TALING				
436 Enterprise Avenue		1123 BEAVER STREET					
ity, State & Zip Code		City, State & Zip Code				_	
hiladelphia Pa 19153		BRISTOL, PA 19007					
oject Manager for Monitoring Firm	Telephone Number	Telephone Number	License	Numbe	r		
ark Jenkins	215-365-5810	215-788-6040		005	09		
cheduled Start Date (10) Scheduled Cor 2/2/17 Scheduled Cor	mpletion Date (11)	Name of OSHA Monitor					
ccupancy Status During Abatement (Check or	nly one)	BRISTOL ENVIRONMENT Street Address	IAL INC				
Facility Closed/Vacated During Entire P	Period of Abatement	1123 BEAVER STREET					
Abatement Performed Outside of Norma		City, State & Zip Code					
Describe: 5:00 PM - 1:30 AM		BRISTOL, PA 19007					
Facility Occupied During Abatement							
ope of Work (Check all that apply)		985 - See					-
7 >2 = 6 = > 2   6	₩ P	Full Conta	ainment with N	legative	Pre	ssur	9
≥3 sf or ≥3 lf ≥160 sf ≥260 lf	Renovation	Mini-Enclo					
Z 2100 SI 2200 II	Demolition		Procedures	022 193			
Location of	Is Location	Description of	pted and Non				
Asbestos-Containing		Asbestos-Containing	Amount (Specify	Aba	atem	ent T	ype
Material (ACM)	Solely by	Material (ACM)	SF or LF)		1	ш	_
		i.e., thermal systems	14156 State 1451.	Rer	R	nca	Enc
in Facility (13)		ulation, surfacing, VAT other miscellaneous)		Remova	Repair	Encapsulate	Enclosure
	Yes No N/A	outer miscenarieous)		<u>a</u>		ate	re
ROOM		Vat/Mastic	250 SF				
		Pipe Fittings	50 EA		H	H	님
		· ipo i ittiigo	JU LA	181	H	H	H
				12	H	H	Η
				TH	H	H	H
				TH	Ħ	H	Ħ
ne of Registered Waste Hauler	NJDEP Waste Cu	3.0.0	red Landfill				_
NICE TRANSPORT GROUP, INC.		Waste					
State		MINERVA LAN	DFILL				
V CASTLE, DE 19720	TB	posal Date   City, State	011 44000				
pleted By (Print or Type)				-			
ick T. DeCaro		nature	1	Date	9		
B 17		atrick T. DeCaro	1 gre	1/19/17	1		
17003			. 0				

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

m.	E	C			$\mathbb{V}$	E	In.
M		FEB	_	6	2017		

			(1	ursua	ent to NJA	C 8:60 and 12:12	20)	II LI FE	B -	- 6	201	1
Date of Notification (1)	47			Na	ame of Build	ing Owner/Operato		THEPUSES	-			
	1 8					PAGANI	o en	BODLO		CC	11111	301
Agencies Notified	Type Notifica	tion		St	reet Addres	S		101	LICE	NSI	NG	
	M Initial			-				PL.				
□ DEP	Amended	- 44		Cit	y, State, Zip	Code						_
₩ DOL	Amendme Emergence		ding			OCHAN	CITY	NTW	08	27	1	
Ø DOH □ DCA	justificatio	n)	an ig	Na	me of Conta	act		Telephone Nun			.0	
						RUSS						_
Name of Facility Where Ab	atement is Ta	kina Dk	200 (2)		ACILITY IN	FORMATION	I Time of Facili	EL. //				
	SIDEMO		ice (3)				Type of Facil	1985-1985-1980				
Street Address								er 8 (Other than K-1	2)			
Oli ect Address							Other (i.e. homes, e	, private & commerci	ial bu	ilding	S,	
City (5)			5.2				Square Feet	# of Floors	E	Bldg.	Age	
	AN C		9	1.0			1000				) +	_
County (6) CAPE	MAY				SE ONLY)	7) (STATE		Prior if being demoli	ished)			
Name of Monitoring Firm Hi (8)	red by Buildin	g Owne	r	ASC	M No.	Name of Abatem						
	<u>+</u>					KLEMO	OINC					_
Street Address						Street Address	. SPRIX	E AUE				
City, State, Zip Code						City, State, Zip C			-10			
						MAPCE	SHAPE	M.J OS	805	2		
Project Manager for Monitor	ring Firm		Te	ephon	e No.	Telephone No.	0 01/22	License No.	111	1		
Start Date (10)	1.0-1	- 4. 1 - 4		ation D	ate (11)	856-77		_ 004	40			_
2-10-17		2-1			ate (11)	Name of OSHA N	N/A					
Occupancy Status During A	batement (Ch	eck onl	y one)			Street Address						
Facility Closed/Vacated D	1,500						**					_
☐ Abatement Performed Ou ☐ Other - Describe:	itside of Norm	al Facil	ity Hou	ITS		City, State, Zip Co	ode	4				
Scope of Work (Check all the	at apply)											_
						Full Cont	tainment with N	egative Pressure				
≥3 sf or ≥3 lf			enovat			Mini-Encl	losure Procedure					
≥160 sf or ≥260 lf		M	emolitic	X I				lon-Friable Procedu	re			
		1	Locatio							bate	ment	
			ormally			D				Typ	е	
Location of Asbestos-Containing Mater	ial (ACM)		d Solel ntenan		Achaet	Description of os Containing Mate	rial (ACM)	Amount				
TO BE ABATED	BI (ACIVI)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ustodia	CO. C. C. C.		hermal systems in		(Specify	277	5000	Encapsulate	П
IN Facility		:	Staff?		(	surfacing, VAT, o		SF or LF)	Removal	Repair	ap	CICIC
(13)			(12)			other miscellaneou	s)	(	VOI	pair	Sul	Enclosure
		Yes	No	N/A					a		ale	re
SIDING				X	T	RAWSITE	5	1750 SE	X			
				/-	1				/		$\neg$	
Name of Registered Waste Ha	auler			JDEP V		Cubic Yards	Name of Regi	istered Landfill				
KLUMCO IN	IC,		_   1	790		of Waste	C.M.	C. M.U	. V	1		_
City, State MAPLE SHAP	INE N	Т				Disposal Date-	City, State	DBINE				
MAPLE SHALL Completed By	DE N	1)				Signature ().	4	Date				_
MICHAEL KLEMM		SUP				Mill	Dh	- 2-	1-	17		

## State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

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M		FFR	- 0		2017		
hed less	,	LU		) (	2017		

OFI 19			(P	ursuan	t to NJAC	8:60 and 12:12	0)	FE	В -	- 6	201	7
Date of Notification (1) 1/28/17					ne of Buildi	ng Owner/Operato	r (2)					
	Type Notification							ASBES	-	-		30L
	The Processing States	)11		Stre	et Address	3			LICE	NSI	VG	
DEP	Initial Amended			City	State, Zip	Code					_	_
⊠ DOL	Amendment					NJ 08007						
□ DOH   L	Emergency justification		ng	_	ne of Cor			Telephone Nun	phor		_	
☐ DCA	Cancellation	,		100000000000000000000000000000000000000	e Yost	itact		1 Telephone Nun	ibei			
				FA	CILITY IN	FORMATION					-	
Name of Facility Where Ab Residence	atement is Tak	ing Plac	e (3)				Type of Facilit					
Street Address							Subchapte	r 8 (Other than K-1	2)			
								private 8 commerc	ial bui	Idings	6,	
City (s)							Square Feet	# of Floors	TE	Bldg.	Age	
Barrington, NJ 08007							1700 SF	3		0 yr		
County (6)				Cor	unty Code	(7) (STATE	Current Use (F	Prior if being demoli			_	
Camden				US	E ONLY)		Vacant					
Name of Monitoring Firm H (8)	irea by Building	Owner		ASCN	l No.	AEi2, LLC	nent Contractor (	9)				
Street Address						Street Address		We to				_
						361 E. Flemin	g Pike					
City, State, Zip Code						City, State, Zip	Code					
Project Manager for Mon	itoria a Cirm		T ==			Hammonton,	NJ 08037					
Project Manager for Mon	illoring Firm		Te	lephone	No.	Telephone No. 609-481-212	2	License No. 00689				
Start Date (10)	Sche	eduled C	ompl	etion Da	ate (11)	Name of OSHA N						
2/5/17	2/11		0.001		100 No. 100	AEi2, LLC						
Occupancy Status During A	batement (Che	ck only	one)			Street Address						
□ Facility Closed/Vacated	During Entire I	Period o	f Aba	tement		361 E. Flemi	ng Pike					
Abatement Performed O	utside of Norma	al Facilit	у Ноц	ırs		City, State, Zip C	ode				_	
Other - Describe:						Hammonton,	NJ 08037					
Scope of Work (Check all the	at apply)					Full Cor	ntainment with N	legative Pressure				
≥3 sf or ≥3 lf		⊠ Re	nova moliti	tion		Mini-End						
≥160 sf or ≥260 lf		De	moliti	on		Gloveba	g Procedure					
		l le l	ocati	on	Ι	△ Non-Ex	empted (*) and N	on-Friable Procedu				
		No	rmall	у					'	Abate Typ		
Location of Asbestos-Containing Mate	rial (ACM)	Used	Sole		Anhani	Description of					E	E
TO BE ABATED			stodi		(i.e.,	os Containing Mate thermal systems in	eriai (ACM) Isulation.	Amount (Specify	R	R	n	n
IN Facility		1	taff?			surfacing, VAT,	or	SF or LF)	m	e P	a p	1 0
(13)		<u> </u>	(12)			other miscellaneo	us)		v a	a i	s u	s u
		Yes	No	N/A					1	r	l a	e e
Attic		1	1,0	X	Transite	Panels		800 SF	X		t	
									1		-	
											-	
Name of Registered Waste I	Hauler		1	IJDEP V	Vaste	Cubic Yards	Name of Regis	stered Landfill				_
AEi2, LLC			10000	lauler ID	No.	of Waste	TBD					
City, State			- 12	1376		2 Disposal Date	City, State					-
Hammonton, NJ						TBD	TBD	1				
Completed By	Title					Signature	7	Date				
Wm. Minnick	Pr	ogram	Mg	r.		1/11/1	mul	1/28/17				
SB 41						1/4///	11100					=

Date of Notification (1	<del>15</del>
Agencies Notified	Type Notification
X EPA X DEP X DOL	Initial Amended Amendment Emergency

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1 1 1 1 1	140			o NJAC 8						1				
Date of Notification (1) 2/1/17				Building (			(2)		land l	J FE	B -	6 2	017	
Agencies Notified Type Notification			Street Ad		Nurt.					ASBES	TOS	CON	TRC	L &
EPA X Initial Amended				niper Co e, Zip Co					-		IČE1	NISI	G	
X DOL Amendment #_				set, NJ (										
Emergency (incl justification)  DCA  Cancellation	luding		Name of Corneli	Contact us Crav	vford				Tele	phone Nur	nber			
			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Private dwelling	lace (3)						_	of Facility (4						
Street Address								School (K-1) Subchapter	8 (Othe	r than K-1	2)			
								Other (i.e. p etc.)	rivate 8	commerci	al build	lings,	home	s,
City (5) Kendal Park							Squa n/a	re Feet	# of n/a	Floors		ldg. A /a	ge	
County (6) Middlesex			County C STATE U	ode (7) SE ONLY)				ent Use (Prio ate Dwelli		ng demolisl	ned)			
Name of Monitoring Firm Hired by Building Own Standard Environmental	ner (8)		ASCM	No.				itement Con ntracting L		(9)				
Street Address 2108 Fulton Street Suite 2A							Addre Box 7							
City, State, Zip Code Brooklyn, NY11233								ip Code Park,NJ	07424	ŀ				
Project Manager for Monitoring Firm Kayode Adefsoye		100	Telephon	ne No. 1-7673			hone N 692-6			License N 01266	0.			
	heduled 28/20		pletion D	Date (11)				HA Monitor ntracting L	LC					
Occupancy Status During Abatement (Check C	nly One	9)					Addre							
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal	iod of Al	batem	ent				Box 7							
Other – Describe:	Facility	Hours			_	200000000000000000000000000000000000000		ip Code I Park, NJ	0742	4				
Scope of Work (Check All That Apply)						Г	7							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	and the same of th	enovat emoliti				Ė	Mi	II Containme ni-Enclosure	9	Negative I	ressu	re		
CONTRACTOR OF CO	_					>	GI No	ovebag Prod in-Exempted	cedure d (*) and	d Non-Frial	le Pro	cedur	е	
	ls l	Locatio	on									Abate		
Location of		ormall Solel		Ashaal		scription		I (ACM)	^	mount		1,		
Asbestos-Containing Material (ACM)  TO BE ABATED	Mair	ntenan	ice/		thermal	system	s insul		(8	specify	Re	D.	Enca	Enc
In Facility (13)	Odok	(12)				cing, VA niscella			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								=		ate	G.
Exterior Siding			х	TRA	usite	siding			31	00SF	х			
						7 - 22,				es contraction and				
Name of Registered Waste Hauler			JDEP W auler ID		Cubic of Wa	Yards ste		1000 000		red Landfil				
Amax Contracting LLC			3184		10			Fairless						
City, State Woodland Park, NJ					Dispo: 2/28/:	sal Date 2017	e //_/	City, Stat Fairless		, PA				
Completed by Tome Maslarkov	Title Projec	ct Ma	nager		8	Signatur	ell	,	1	0.036	ate /1/17			

Print Form

									_		
CK # - 7829	Ν		CATION	ate of New Jersey I OF ASBESTOS A to NJAC 8:60 and			DEG	E		Pri	nt Fo
Date of Notification (1)			Name of	f Building Owner/Op G	perator	(2)	III FEB	- 6	20	17	
Agencies Notified Type Notification	1	4	Street A	ddress	= 1	POCK ,	AVE LIC	SC	TNC	ROL	. &
DEP Amended Amendmer			City, Sta	te, Zip Code ST HAR		06.00	J. 079	36			
□ DOH     □ DCA     □ Emergency justification Cancellation	)	ì	Vame of	f Contact	CZ	YNSK;	Telephone Num	ber	¥ (±		
Name of Facility Where Abatement is Tak	ng Place (3	)	1 701	Litt in Oldmanie		Type of Facility	(4)				
Street Address  1045 SECAUC	us k	004	10			School (K-' Subchapter Other (i.e. ) etc.)	12) r 8 (Other than K-12) private & commercia	) I builc	lings,	home	ès,
City (5)	,					Square Feet	# of Floors	1	ldg. A		
JERSEY GIT	₹	1	County (	Code (7)		300 Current Use (Pri	or if being demolishe		Pa-	63	5
HUDSON				USE ONLY)	_		3 STATION				
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)		ASCN 0045			of Abatement Co UE SYSTEM	ntractor (9) S OF AMERICA				
Street Address 64 BROAD STREET						Address VHITEHEAD .	AVE.				
City, State, Zip Code MATAWAN, NJ 07747					A	tate, Zip Code TH RIVER, N	J 08882				
Project Manager for Monitoring Firm TOM GEIGER		0.00	Telepho 732-29	ne No. 90-2217	2.5	one No. 132-8350	License No	).			
Start Date (10), 2//7	Schedule	d Com	pletion	Date (11)		of OSHA Monitor QUE SYSTEM	S OF AMERICA				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	25	(6)	ent			Address VHITEHEAD	AVE.				
Abatement Performed Outside of No. Other – Describe:	mal Facility	Hours	-1	only		tate, Zip Code TH RIVER, N	J 08882				
Scope of Work (Check All That Apply)				/		•					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Mini-Enclosur Glovebag Pro	cedure				
	Τ.					Non-Exempte	d (*) and Non-Friable	T	Abate		
Location of	N	Location lormall	у	Des	cription	of			Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solel intenan	ice/	Asbestos Conta			Amount (Specify	R	7.	Enc	g
In Facility (13)	Cust	odial S (12)	тап?		ing, VA	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
V.7/	Yes	No	N/A			*	-	ם	-	ale	re
CONTROL HOUSE		×		TRANSITE !	Floor	PANELS	1205F	X			
Ros F		X		ROOFING			273 SF	X			

×

NJDEP Waste Hauler ID No.

1125

OFFICE MANAGER

Cubic Yards of Waste

Appr 20

Disposal Date

131

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

Name of Registered Landfill

**GROWS NORTH** 

MORRISVILLE, PA

City, State

2735FX

2000 LF

Completed by

ELIZABETH, NJ

CAROL RÁIMO

City, State

OUTS! DE DUCT BANK Name of Registered Waste Hauler

WASTE MANAGEMENT

									-		
CKH	7795		Sta	te of New Jersey	,		MEG			Prin	t Fo
		NOTIF (F	Ursuant to	OF ASBESTOS A D NJAC 8:60 and	ABATEN 1 12:120	MENT )			<u> </u>		
Date of Notification	_ /		Name of PSE&G	Building Owner/O	perator	(2)	UL FEB	- 6	20	17	
Agencies Notified	Type Notification		Street Ad	dress EAGL	E	COCK 1	TVE SBESTO	)S C	ONT	ROL	. &
EPA DEP	Initial Amended Amendment	<u>4</u>		e, Zip Code			T 079	26	ING		
× DOL × DOH DCA	Emergency (i justification)		Name of	Contact		ER, N YNSKI	Telephone Num	ber			~
				ITY INFORMATI		1	-		1		
Name of Facility V	Where Abatement is Taking	Place (3)				Type of Facility (4					
Street Address	SECAUCU		10			Subchapter	8 (Other than K-12) rivate & commercia	) I build	ings, l	home	s,
City (5)	SECHUCU	2 NO	AD			Square Feet	# of Floors	2000	dg. Ag		_
JERS	EX CITY		County C	ode (7)		3 0 5 Current Use (Prid	or if being demolishe		Pa	65	>
County (6)	LDSON			SE ONLY)		Suf	STATION				
	ng Firm Hired by Building (	Owner (8)	ASCM 0045			of Abatement Cor QUE SYSTEMS	tractor (9) S OF AMERICA				
Street Address 64 BROAD ST	TREET					Address WHITEHEAD	AVE.				
City, State, Zip Co MATAWAN, N						State, Zip Code JTH RIVER, NJ	08882				
Project Manager f	for Monitoring Firm		Telephor 732-29	ne No. 0-2217		hone No. 432-8350	License No 01111	0.			
Start Date (10)	117	Scheduled Co	ompletion [	Date (11)		of OSHA Monitor QUE SYSTEM	S OF AMERICA				
Occupancy Status	s During Abatement (Chec		, , ,			Address WHITEHEAD	AVE.				
Abatement F	ed/Vacated During Entire Reformed Outside of Norm cribe:	nal Facility Hou	Irs 🚅	only		State, Zip Code JTH RIVER, N	J 08882				
Scope of Work (C	Check All That Apply)	_/ /									
≥3 sf or ≥3 lf ≥160 sf or ≥2		Reno Demo	vation plition			Mini-Enclosur				e	
		Is Loc	ation						Abate		Í
Asbestos-Cor TO	Location of Intaining Material (ACM) BE ABATED In Facility (13)	Norm Used So Mainter Custodia (12	olely by nance/ al Staff?	Asbestos Cor (i.e. therma surfa	escription ntaining al system acing, V miscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsula	Enclosure

	1	Locati Normali								ре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbe (i.e	Description of stos Containing Materi e. thermal systems insu surfacing, VAT, or other miscellaneous	ılation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							е	
CONTROL House		×		TRAN	SITE Floor P.	ANEIS	1205F	×			
Roo F		×			FING MATE		273 SF	X			
Roo F		×		The state of the s	OF FLASHIA	1	2735F	×			
Name of Registered Waste Hauler WASTE MANAGEMENT	H	JDEP V lauler ID 125		Cubic Yards of Waste	4 0000000000000000000000000000000000000	Registered Landfill					
City. State	-			Disposal Date	City, Sta	te					

OFFICE MANAGER

73) Signature MORRISVILLE, PA

City, State ELIZABETH, NJ

Completed by CAROL RAIMO

L	Date of Notif	fication 1/30	0/17	Name of	Building Ow	ner / Operator (2)		) E (	SEI	W	EI
Agend	ciesNotified	Type of No	tification	Street Ac		LC c/o Borden D	airy Co.	4			
	EPA		ergency Notificati			ressway, Suite	100	11			
	DEP	1	al Notification		te & Zip Code	a cooway, oute	+00	FE	B - 6	2017	
Х	DOL	Ame	ended Notification		TX 75231		į.	4		100000	Seem
X	DOH	Can	cellation	Name of				L ADDEO	TA SIS		
	DCA			Frank N				ASBEST	Lefebrio	We Wa	mbět
					LITY INFO	RMATION	-	Maria Maria Maria			
Name	of Facility V	Vhere Abate	ement is Taking P	lace (3)	1	Type of Facility (4)					
<u> </u>		Former F	armland Dairy	Site		School (K-12)					
Street	Address					Subchapter 8 (	Other than K-	12)			
		520	Main Avenue			X Other (i.e., priva	ate & commer	cial buildir	ngs, hom	ies, etc	C.
01: /=			***************************************			Square Feet	# of Floors		Bldg. Age	е	
City (5			County (6)	County Cod	e (7)	50,000	2			*00	
	Walling	ton	Bergen		Ī	Current Use (Prior if	f being demolis	shed)			
						Dairy Production		Control (Control (Con			
Name	of Monitorin	g Firm Hired	d by Building Owr	ner (8) A	SCM No.	Name of Abatement	Contractor (9	)			
	onmental	Tactics		N		Global Abatemen					
	Address				5	Street Address					
	oad Street					143 Schoolhouse					
Vily, Si Matau	tate & Zip C	oae 716				City, State & Zip Coo					
		or Monitoring	Eirm IT	alaska sa		Monroe Townshi	p, NJ 08831				
Tom C	Seiger	or mornioning		elephone Nur 32-290-221		elephone Number 32-605-9062		License N			
	uled Start Da	ate (10)	Scheduled Comp			Jame of OSHA Mon			00714	1	
	2/13/17			2/20/17		Blobal Abatemen		110			
Occupa	ancy Status	During Abat	tement (Check or	nly one)	S	Street Address	t Services, i	LLC			
X F	acility Close	ed/Vacated I	During Entire Per	iod of Abatem		43 Schoolhouse	Road				
Α	batement P	erformed Or	utside of Normal	Facility Hours	-	City, State & Zip Coo					
D	escribe:				1000	Monroe Township					
0	ther - Desc	ribe:					,				
Scope of	of Work (Ch	eck all that	apply)								
	emolition		Renovation	1		Full Conta	ainment with N	Jegative F	ressure		
X La	arge Project	t				Mini-Encl		3-4			
		3 SF or ≥ 3				Glovebag	Procedure				
X Q	uantity is ≥	160 SF or ≥	260 LF ACM				lon-friable				
		cation of		Is Location		Description of	Ar	mount	Abate	ment 7	Type
		os-Containir	ng N	Normally Used	As As	bestos-Containing		pecify	(Specif	y: Rem	noval,
		erial (ACM) BE ABATED	N.	Solely by laintenance or		Material (ACM)		re Feet or	R	lepair,	
		Facility		ustodial Staff	V	e., thermal systems ation, surfacing, VA	Line	ar Feet)	Encap		
		(13)	"	(12)		ther miscellaneous)			End	closure	<del>)</del> )
				5		, in the second results	4				
	Build	ing 7 Roof	f	N/A		Roof flashing	65	0 SF	Re	mova	ıl
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Name of Facility Where Abatement is Taking P Residential House	lace (3)					Type of Facility (4						
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Street Address						Address Palisade Ave						
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Other – Describe:	1 admity 1100					eld, NJ 07026						
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Name of Registered Waste Hauler		NJDEP V Hauler ID		Cubic Yard of Waste	ds	Name of F	Registere	d Landfill		-		
Harmony Contracting Inc		033137		TBD		GROW	S Land	fill				
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Kristina Caporino	Secreta	ry		Kin	str	(Cepurus		2/	2/17			

(Pursuant to NJAC 8:60 and 12:120) Check # 11501 Date of Notification (1) Name of Building Owner / Operator (2) February 1, 2017 AtlantiCare Regional Medical Center - Mainland Division Agencies Notified Type Notification Street Address EPA 65 West Jimmie Leeds Road DEP MDOL Initial City, State & Zip Code Amended Pomona, NJ 08240 **MDOH** Amendment # OS CONTROL Felephone Number DCA Cancellation Name of Contact FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) AtlantiCare Regional Medical Center - Mainland Division School (K-12) Street Address Subchapter 8 (Other than K-12) 65 West Jimmie Leeds Road X Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 42 Years Pomona, NJ Current Use (Prior if being demolished) Hospital County (6) County Code (7) Atlantic USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting, Inc. Synatech, Inc. Street Address Street Address 1600 Route 22 East, Ste 107 829 Radio Road City, State & Zip Code City, State & Zip Code Union, NJ 07083 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Stephen Cherepany 908-688-7800 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor February 13, 2017 March 13, 2017 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ] ≥3 sf or ≥ 50 lf Renovation Mini-Enclosure >160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems (13)insulation, surfacing, VAT Encapsulate Enclosure Remova Repair or other miscellaneous) N/A Yes No First Floor X Floor Tile and Mastic 1,600 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 12 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ 08087 March 14, 2017 Morrisville, PA

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February 1, 2017

Signature

Completed By

Diane Aloia

Title

**Executive Administrator** 

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Mahwah NJ 07430							West Caldwe	ell, NJ 07006					
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No.				
Tom Egan				- 170		8-7790	(973) 808-161	16	00411				
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Scope of Work (Check all	that apply)				1000000								
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City, State							Disposal Date	City, State					
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Nick Petrovski		VP	0				///	1//	/ /	1	21	1	7



Date of Notification (1)				-	Na	me of Buildi	na (	Owner/Operator (	(2)							
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Date of Notification (1)  02 /	03 /	17			1,710,000	e of Buildir	ng Ow	ner/Operator	(2)	III F	EB - 1	6 20	)17	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified	Type Notific				Stran	t Address								1
⊠ EPA	☐ Initial	ation				00 Orang		enue		ASBES	STOS	ON	TRO	L &
□ DOLWD	☐ Amende	200 mm				State, Zip					LICEN	SINC		
☐ DHSS	Amendm	_				anford, N								
DCA (NJAC 5:23-8)	☐ Emerger justificat		luding	3		of Contac	-	010		Telephone N	umber			
(143/10/3.23-0)	☐ Cancella					an Kings	236	,		relephone ivi	unber			
										.!				
Name of Facility Where A	hatement is	Taking	Diago	(2)	FA	CILITYII	NFOR	RMATION	T 1124	(4)				
Verizon	spaternerit is	raking	Flace	: (3)					Type of Facility	30.70				
Street Address									☐ School (K-12 ☐ Subchapter 8		-12)			
									Other (i.e., p	rivate and comm		uilding	js,	
1100 Orange Avenu									homes, etc.)					
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Cranford							-		10,000	3		50		
County (6)					Cour	nty Code (	(7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Union														
Name of Monitoring Firm		77.		(8)	ASCM	No.	100000000		ent Contractor (9)					
ESIS Health, Safety	and Enviro	onmer	ıtal				J	VN Restora	tion Inc					
Street Address								eet Address						
10 Exchange Place	, 13 <sup>th</sup> Floor						4	7 Foster Ro	ad					
City, State, Zip Code							City	, State, Zip C	ode					
Jersey City, NJ 073							S	taten Island	NY 10309					
Project Manager for Moni	toring Firm			2.51	phone		Tel	ephone No.		License No.	93			
Brian Kingsbury					01-356		7	18-605-6256	5	00774				
Start Date (10)						ite (11) 17	100000	me of OSHA N estor Tech	Monitor					
Occupancy Status During	Abatement (	Check	only c	one)			Stre	eet Address						
☐ Facility Closed/Vacate					ment		1	0 59 Jackso	n Avenue					
Abatement Performed							-	, State, Zip Co						
Time of Abatement: _	AM	PM	<u>/4:00</u>	PM- <u>1</u>	2:30AN	Л		IC NY 11101						
Scope of Work (Check all	that apply)		-85											
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		]	⊠ Re □ De	novat moliti				☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No		dure			
				Loca								atem	ent T	vpe
Location		.		Norma	lly ely by			Description of				_		1
Asbestos-Containing I TO BE ABA		<sup>(1)</sup>		intena				Containing Ma rmal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cust		Staff?	(	s., the	urfacing, VAT	, or	SF or LF)	oval	=-	psu	Sur
(13)		+	Yes	(12) No	N/A	1	oth	ner miscellane	ous)				late	Ф
Basement A/C Equip	nent Room				IN/A	Floor T	Tile a	nd Mastic		2030 SF				
			П									Ħ		
					-								Ш	Ш
			Ш											
Name of Registered Wast	e Hauler				JDEP \		Cub	ic Yards of	Name of Regis	tered Landfill			-	
Newark Carting				H	NJ-56		Was	0	G.R.O.W.S					
City, State Hackettstown, NJ								oosal Date 4/15/17	City, State  Morrisyille	ÐΆ				
Completed By (Print or Ty	pe)	Title						Signature	1//		Date			
Ralph Barnhardt		Pr	oject	t Mar	ager			/////	hhhr	رفس	DZ-	53	- j	7

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK 201	217		NOT			101		BE	Jersey STOS ABAT 8:60 and 5:1			EC			$\mathbb{V}$		
Date of Notification (1)  02 /	03 /	17	,		N		of Buildin		wner/Operator (	(2)		E FE	В -	6	2017		U
Agencies Notified  EPA  DOLWD	Type Notific					tree	t Address	nue				ASBES I	TOS			OL 8	ž.
☐ DHSS	Amendm	nent #		- g		Nev	State, Zip ( w York, N	۱Y.									
(NJAC 5:23-8)	justificat  Cancella				N		of Contac ce Ebel	ct			1	elephone	Numb	er			
						FA	CILITY IN	JFC	RMATION			-		-			
Name of Facility Where A	batement is	Taking	g Place	e (3)			OILIT III		NUMATION .	Type of Facili	tv (4)				_	-	
Lord & Taylor				3//5						School (K-							
Street Address										Subchapte							
Rt 17 & East Ridge	wood Aven	ue								Other (i.e., homes, et		ate and cor	nmer	ial bu	ilding	JS,	
City (5)										Square Feet		# of Floors	3		dg. A	ge	
Paramus, NJ 07652										100,000		2			35+		
County (6) Bergen					(	Cour	nty Code (7	7)(S7	TATE USE ONLY)	Current Use (	Prior	if being de	molish	ned)			
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	AS	CM	No.	N:	ame of Abateme	ent Contractor (	9)						
DPV Consultants In	c.								JVN Restorat	and the control of the state of	*/						
Street Address								_	treet Address						-		
19 West 36th Street	9 <sup>th</sup> Floor								47 Foster Ro	ad							
City, State, Zip Code								Ci	ity, State, Zip Co	ode							
New York, NY 10018	3								Staten Island	NY 10309							
Project Manager for Monit	toring Firm			Те	lepho	one	No.	Te	elephone No.		T	License N	0.				
Michael Mc Mahon				7	718-	701	-2757	1	718-605-6256			00774					
Start Date (10)02 /13 /							te (11) 17	0.000	ame of OSHA M Testor Tech	lonitor							
Occupancy Status During	Abatement (							_	reet Address			THE HEARTS					
☐ Facility Closed/Vacate					emer	nt		7.55	10 59 Jackso	n Avenue							
Abatement Performed Time of Abatement:	Outside of N	ormal	Facilit	у Но	urs -	Des	cribe	Ci	ty, State, Zip Co	ode							
Scope of Work (Check all	that apply)								LIC NT TITOT				3031				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	11.37		⊠ Re	enova emolit					☐ Mini-Encl		3						
			Is	Loca	ation		T		☐ Non-Exc	ripted ( ) and r	1-110	nable Floo	Jeuure		ateme	ont To	vno.
Location of Asbestos-Containing N TO BE ABAT IN Facility	Material (ACM ΓΕD	1)	Use Ma	Norm ed So iinten todia	ilely b ance I Stat	e/		., th	Description of Containing Mat ermal systems i surfacing, VAT,	terial (ACM) nsulation,		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
(13)			Yes	(12 No		N/A		0	ther miscellaned	ous)						late	O.
1 <sup>st</sup> Floor			$\boxtimes$				Spray -	on	Fire Proofing	J		80 SF		$\boxtimes$			
					Г												
					T	7								П	П	П	П
Name of Registered Waste	e Hauler				NJD	EP V	Vaste	Cu	ibic Yards of	Name of Reg	ister	ed Landfill		_		_	_
Newark Carting					Haule NJ	er ID J-56	CC101111111111111111111111111111111111	1	aste 10	G.R.O.W.							
City, State Hackettstown, NJ								()	sposal Date 02/17/17	City, State Morrisvill	e.PA	4	-				
Completed By (Print or Typ	oe)	Title							Signature	1	1		Date	3	-15315		
Ralph Barnhardt		1000000	rojec	t Ma	nag	er			hill	1. Alm		>		2-	03	-1"	7

Completed by Vanco Petkov		Proje	ect N	Manage	r s	1	53	3/12	1,4		UZ/U I	201		
City, State Pine Brook, NJ		Title			Т	BD Signa	iture	Tullyto	own,	_	Date 02/01	1204	7	
Name of Registered United Safety LL				NJDEP V Hauler ID 003682	0 No. 0	Cubic Yard of Waste BD Disposal D		Grows City, St	s Land	dfill				
								Name	of Regio	stered Land	fill			
														-
Bas	ement													
		Yes	No	10,000		Duct Insi	ulation			80 SF	X			
Asbestos-Contair <u>TO BE</u> In F	ation of ning Material (ACM) ABATED acility 13)	Used Mai Cust	d Solintena todial (12)	ely by ance/ Staff?	S	Containing rmal syste surfacing, ' her miscel	Materia ms insul VAT, or	ation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
			Loca			Descripti	on of					Abate Ty		
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260		X Re	enova emoli	ation tion			× Mir	ni-Enclosure	e cedure	n Negative I	ole Pro	cedure	9	
Classed V	acated During Entire Pormed Outside of Norma	eriod of Ab	baten	nent S		City,	State, Zi	Ave #F2 p Code k, NJ, 070	058					
02-11-2017 Occupancy Status Du	ring Abatement (Check						t Addres							
Start Date (10)		Scheduled		npletion D	ate (11)	Name	of OSH	A Monitor ety LLC						
Project Manager for M	onitoring Firm	-		Telephone	e No.	Telep	hone No -276-00			License No 01317	ο.			
City, State, Zip Code						City, 5	State, Zip		58					
N/A Street Address						Street	Address							
	m Hired by Building Ov	vner (8)		ASCM N	No.	Name	of Abate	ement Contract	ractor (	9)				
County (6)	0 01 000			County Co			Current	Use (Prior	if bein	g demolishe	ed)			
City (5) North Plainfield, N	1.07060						Square N/A		N/A		N/A	g. Age ∖		
Private Dwelling Street Address							F C.	bchapter 8 her (i.e. pri	(Other vate &	than K-12) commercial				
Name of Facility Where	Abatement is Taking P	Place (3)			10			Facility (4) hool (K-12)						
DCA	Cancellation		_ R	enee Sa	Y INFORMAT	ION								
DOL DOL	Emergency (inclustification)	luding	Na	ame of Co	ntact				Telep	hone Numb	er			
EPA DEP DOL	Initial Amended Amendment #_		Ci	ty, State, 2 orth Pla	Zip Code iinfield, NJ,	07060				BESTOS LICEI	\$3	HOL	. & 	
gencies Notified	Type Notification												1	-
2/01/2017				enee Sa						FED -	6 20	117	-	7
ate of Notification (1)					ilding Owner/C	Operator (2	2)		31				711	-
		NOTI (	FICA Purs	TION OF uant to N	ASBESTOS A IJAC 8:60 and	ABATEMI d 12:120)	=N1		JE	CE				1

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

CHECK # 418

#### State of New Jersey

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

			(Pur	suant to N.J.A.C.	8:60-7 and 12:120-7)		) E f		Π 7	VIG	
Date of Notification (1) 01/30/17					Name of Buildin	ng Owner/O				W 15	
Agencies Notified		Notification	Туре		Street Address		III EE	D -	6 21	017	
⊠ EPA □ DCA ⊠ DOL		<ul><li>☑ Initial no</li><li>☐ Amended</li><li>☐ Emergen</li><li>☐ Cancelle</li></ul>	d cy notific	1 1000 10	City, State, .Zip Code Dumont NJ						
⊠ DEP ⊠DOH		LI Caricelle	u 	81	Name of Contact: Jerry Coriolan		Telephone	3 INULII	SING		ä
Name of Facility Where A	hotomont in "	Fakina Blaca	(2)	FACILITY INF	ORMATION Type of Facility (4)						
Private House	Datement is	Taking Place	<u> </u>		☐ School (K-12) ☐ Subchapter 8 (other	er than K-12)		n ay			
Street Address					☑ Other (i.e. private of Sf 1900 sf Floors Current Use (prior if be	2 .Age;45		ies, et	С,		
City (5) Dumont NJ	County (6) Bergen			v Code (7) Use Only)	Constitution (print)						
Name of Monitoring Firm N/A	Hired by Bldd	g. Owner (8)	ASCM	No.	Name of Contractor (9 BL Contracting ,Inc	)					
Street Address					Street Address 5 Marguerite Lane						
City, State, Zip Cod					City State, Zip Code Towaco 07082						
Projec Manager for Moni	toring Firm	Telephone	Number		<u>Telephone Number</u> 973-901-0153		License N 01265	lumbei			
Scheduled Start Date (10 02/09//17	)	Scheduled 02/13/17	Complet	ion Date (11)	Name of OSHA Monit BL Contracting Inc.	or					
Occupancy Status During  Facility Closed/Vacat  Abatement Performed	ted During En	tire Period of	Abatem		Street Address 5 Marguerite Lane						
Describe  Other - Describe:					City, State, Zip Code Towaco, NJ 07082						
Comment of Mark / Charles	II that annly										
Source of Work (Check a  □ ≥ 3 sf or ≥ 3  ⊠ ≥ 160 sf or	3 If			⊠ Renovation □ Demolition	□ G	Non Exampted a Mini-Enclosure love bag Procedu	ıre				
					100.000	Full Containme			ement		
Location of Asbestos- Containing Material (ACN Facility (13)	Л) in Use	ocation Norm ed Solely by nt/Custodial S	Determination	Material (ACM) (	sbestos Containing i.e. thermal systems cing, VAT, or other	Amount (Speci	ly SF OI		ve Rep	air Enca	р
First Floor	YE		NA 🗵	Plaster		1200 SF		X		-	
Name of Reg. Waste Haule		NJDEP Wast	e Hauler	ID#	Cubic Yards of Waste		Name of Re	gistere	d Land	fill .	
Waste Management of Per	nnsylvania	0036784			8		T.R.R.F	Lo	C		
						Disposal Date 02/12/17			State /town,		
Completed by (Print or T	ype)	Title	-		Signature		Date				
Nedo Vasilic		President			Nedo Vas	alic	01/30/20	17			

e Notificati nitial Amended Amendmen Emergency ustification			F	me of Build Roberto M		(2)	FE C. T.	B -	86	017	
nitial Amended Amendmen Emergency Ustification			Str	eet Address			1				
mended mendmen mergency ustification				00171001000	3		ASBES	TOS			71 3
mendmen mergency ustification							L	ICEN	SIN	G	/L (
mergency ustification	t#		Cit	y, State, Zip	Code						
ustification	(includ	ing	V	Vrightstov	wn, PA 18940						
	)	J	Nai	me of Conta	act		Telephone Nu	mher			
ancellation	1		F	Roberto M	arini		, siephone (4)	inder			
			F	ACILITY I	NFORMATION				_		
nent is Tak	ing Pla	ce (3)				Type of Facility				-	
						School (K-1	2)				
						Other (i.e., )	8 (Other than K- private and comm	12) nercial	buildi	ngs,	
									Rida	٨٥٥	
						1200 sf	1			Age	
			Co	unty Code (	(7)(STATE USE ONLY)	Current Use (P		lichad			
							nor it being defile	iisneu,	17.		
by Building	Owne	r (8)	ASCI	M No.	Name of Abatem						
					Street Address	3,					
					1889 Route 9	), Unit 61					
					Toms River,	New Jersey 08	755				
Firm		Tel	ephone	e No.	Telephone No.						
					732-349-9932	!	00624				
					Name of OSHA M	lonitor				C-III	
_			4_ /	17	E.M.S.L. Ana	lytical					
ment (Che	ck only	one)			Street Address						
g Entire P	eriod of	Abate	ment		1056 Stelton						
e of Norma	al Facili	ty Hou	rs - De	scribe	City, State, Zip Co	de					
	101/	PIVI	_	_AM	Piscataway, N	lew Jersey 088	354				
ply)											-
	□ Re	enovat emoliti	ion on		☐ Mini-Encl	osure Procedure		. DOWN			
						7 ( ) 4 ( )	Triable Procedu		atom	ont T	
(ACM)	Use	norma ed Sole	ily elv bv		Description of						T
(* (0.11)	Ma	intena	nce/	(i.e.	stos Containing Mat	erial (ACM)	Amount	(em	(ep	nca	Enclosure
	Cus		Staff?		surfacing, VAT,	or		ova	ai.	sde	nso
	Yes	1	N/A		other miscellaneo	us)		-		ılate	ē
		$\boxtimes$		asbesto	s sidina		1200 -5	F2		_	
	$\Box$	П	П				1200 ST	N N	Ш	Ш	Ш
	Ш										
							ered Landfill	900			_
					3	T.R.R.F.					
					Disposal Date	City, State				7/11/ES	
Title					02/15/17	Tullytown, F	ennsylvania				
F	Firm  Sche  ment (Cher  gentire Pr  le of Norma  MF  pply)	Scheduled of 02 ment (Check only ng Entire Period of le of Normal Facilit MPM/	Scheduled Comple	Firm Telephone    Scheduled Completion D	by Building Owner (8) ASCM No.    Scheduled Completion Date (11)	by Building Owner (8) ASCM No. Name of Abatem Guardian Co Street Address 1889 Route Street Address 1889 Route Street Address 189 Route Street Address 192 / 14 / 17 E.M.S.L. Anales In E.M.S.L.	County Code (7)(STATE USE ONLY)   Current Use (Property Code (Total Code (To	County Code (7)(STATE USE ONLY)	County Code (7)(STATE USE ONLY)	Scheduled Completion Date (11)   Street Address   Stree	Square Feet   # of Floors   Bidg. Age   1200 sf   1   65

				S	tate of Ne	w Jers	еу	I-	7 6 6 6	7 N C	\// [F	- P	-
Check#2707	N	1011					S ABATE and 5:16)					4	
Date of Notification (1)				Name	of Building	Owner/	Operator (2)	)				- 3	
	WI - 200-200 - 100				n Fenner			7 (2000) 10 (2000) 10 (2000)	H FEB -	- 6 2	017		ال
Agencies Notified Type Notif	fication			Street	Address							丁	_
☐ EPA ☐ Initial ☐ Amend	1								ASBESTOS			&	
	ment#		Ī	City, 5	State, Zip C	ode			LIGE	NSING	<del>*</del>		
□ DCA □ Emerge		udina		Teane	ck, NJ 07	666							
(NJAC 5:23-8) justifica	ation)	5	1	Name	of Contact	t			Telephone Nur	nber			
Cancel	lation			Austir	Fenner								
				FA	CILITY IN	FORMA	TION						
Name of Facility Where Abatement is	s Taking F	Place	(3)					Type of Facility	(4)		-	-	-
Private house								School (K-1	2)				
Street Address									8 (Other than K-1		11 12		
								homes, etc.	orivate and comme	ercial bu	naings.		
City (5)								Square Feet	# of Floors	Ble	dg. Age	е	_
Teaneck, NJ 07666													
County (6)				Coun	ty Code (7) (	STATE U	SE ONLY)	Current Use (P	rior if being demol	ished)			
Bergen													
Name of Monitoring Firm Hired by Bu	uilding Ov	vner (	8)	ASCM	No.	Name o	of Abatemer	nt Contractor (9	)				
						Gr Tec	h LLC						
Street Address						Street /	Address						
						576 Va	illey Rd #2	283					
City, State, Zip Code						City, St	tate, Zip Co	de					
							, NJ 07470	)					
Project Manager for Monitoring Firm			Tele	phone	No.	Telepho	one No.		License No.				26.57
8	T = : : :					973-63	A STATE OF THE STA		01127				
Start Date (10)	Schedu 02					The second second	of OSHA Mo	onitor nsultants,Inc					
Occupancy Status During Abatemen	t (Check	only c	ne)				Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Facility Closed/Vacated During E						20-21	Wagaraw I	Road, Bldg .#	35E				
Abatement Performed Outside of Time of Abatement:AM	Normal F	acility	/ Hour	s - Des			tate, Zip Co						
Time of Abatement.	E 141)	·			AIVI	Fair La	wn, NJ 07	410					
Scope of Work (Check all that apply)						H			nation with negati	ve press	sure		
>3 sf or >3 If > 160 sf or >260 If	Ī	X Re	novati	on		Н	Mini-Enclo		egative Pressure				
☐ ≥ 160 sf or ≥260 lf	Ĩ		molitic			×	Glovebag	Procedure	Tent with Negativ	ve Press	ure		
		I o	Least				Non-Exen	npted (*) and N	on-Friable Proced		1		
Location of	1		Locat Vorma			De	and intimation of			Ab	ateme	nt Ty	/pe
Asbestos-Containing Material (AC	CM)		d Sole		Asbes		escription of taining Mate		Amount	Re	Repair	Enc	En
TO BE ABATED IN Facility			intena todial s		(i.e		al systems in		(Specify	Removal	pair	aps	Enclosure
(13)			(12)				acing, VAT, miscellaneo		SIF or LF)	/a		Encapsulate	re
		Yes	No	N/A								0	
Basement				$\boxtimes$	Pipe inst	lation			9 LF	$\boxtimes$	П	П	П
		П	П		- Apr Milot	and to the			) Li				
										ᆜ			ᆜ
		<u> </u>									Ш	Ш	Ш
		Ц	Щ		<u> </u>								
Name of Registered Waste Hauler			NJE	EP Wasti	e Hauler ID No.	Cubic Ya	ards of Waste	Name of Reg	istered Landfill				
Gr Tech LLC			_   0	003378	35	TB		T.R.R.F. Inc					
City, State						Dispos		City, State					
Wayne, NJ 07470	1					TB		Tullytown, I	PA				
Completed By (Print or Type)	Title					Si	gnature /	1 1		Date			
N.Jevtic	Owne	er					//e	who wend	ad 0	2/01/17	7		
ASB-41							U					-	

### MO: 24051294382

D. (1) (2)							3.4.0	granders granders	1 5	10	15		II = I	<u> </u>	*
Date of Notification (1) 09/10/15				of Building Constru			(2)			<u>(b)</u>	L-	Ш	£/ I.	-!	
Agencies Notified Type Notified	ation			Address ward St	reet					FER	- (	9 2	017		
	ded dment # ency (including			ate, Zip C ton, NJ (				***	ASB	ESTO	)S (	ON	FRO	3	A 44 44 5 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1
■ DOH justifica     ■ DCA     ■ Cance	ation)		Name o	of Contact					Tel	ephone	è Nun	nber	;	w	
			FAC	ILITY INF	ORMATI	ON							-		
Name of Facility Where Abatement is Y&N Construction LLC	Taking Place (3	3)					Тур	e of Facility ( School (K-1							
Street Address 37 Howard Street							×	Subchapter Other (i.e. p etc.)	8 (Oth private	er than & comn	K-12 nercia	!) al buil	dings	hom	es,
City (5) Irvington							Squ	are Feet	# 0	f Floors	3	E	Bldg. A	\ge	
County (6) Bergen County				Code (7) USE ONLY	)		Curr	ent Use (Pri	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Bui	ding Owner (8)		ASC	M No.		A Committee of the		atement Cor ement	ntractor	(9)					
Street Address						Street 1009		ess h Street S	uite A	4					
City, State, Zip Code								Zip Code rgen, NJ 0	7047						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 201-		No. 6305		Licen 0122		).				
Start Date (10) 09/21/15	Schedule 10/01/		npletion	Date (11)				HA Monitor	ILTIN	G LLC	;				
Occupancy Status During Abatement (	Check Only Or	ne)				Street	Addre	ess							
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of A Normal Facility	Abatem Hours	ent					UTE EAS	T SUI	TE 10	)7				
Other – Describe:					-	UNIC	N NC	J 07083							
Scope of Work (Check All That Apply)											Sta				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	M Gl	ull Containme ini-Enclosure ovebag Procon-Exempted	edure					0	
	le	Locati	on					JII EXCITIPIO	( ) ( ) ( )	2 11011 1	11001	110		ement	
Location of	1	Normall	y		Des	scription	of						Ту	ре	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar todial S (12)	nce/ staff?	Asbes (i.e.	tos Conta thermal surfac	aining M	lateria insul T, or		(S	mount specify or LF)	ě.	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						(7000)	ACCOUNTY OF					
Basement						TSI			8	0 LF		x			
					1100										
Name of Davidson (1977)		1													
Name of Registered Waste Hauler SAN TON SERVICES		H	JDEP W auler ID 2430		Oubic of Was			Name of I				MM	ISIO	N	
City, State KENILWORTH, NJ			HILLEY AND STORY		Dispos	al Date		City, State			II-02-5				
Completed by Bryan Parra	Title Proje	ct Ma	nager		Si	gnature	71X	n Pan	B		Date 09/	e '10/1	5		

CHECK# 1678

Date of Notification (1) 01/20/2017			Name of	of Building	Owner/ AGEN	Operato	r (2) COMPA	NY IN	C	) E	C	E		W	
Agencies Notified Type Notification				Address ANDREW	/S STI	REET	SUITE	500	A CONTRACTOR OF THE PARTY OF TH				-	2017	
DEP Amended Amendment			City, St ROC	tate, Zip Co HESTER	de NEW	/ YORI	K 1462	0	The state of the s			) -	6	2017	to be a figure of the second
DOH justification Cancellatio	· -			of Contact ER FLAU	М				Te	lenhan	e Nur	nber		TAC G	)L &
N. ZE W.			FAC	ILITY INFO	RMAT	ION									
Name of Facility Where Abatement is Takin COMMERCIAL SPACE-VACANT	ng Place (3) PATHMA	RK					_	Facility							
Street Address 949 CHURCH ROAD							St	ibchapte her (i.e.	er 8 (Oth	er than & comr	K-12 mercia	el bui	dings	, hom	ies,
City (5) CHERRY HILL							Square 48,00	Feet	# c	f Floors	S		3ldg. / 50+	Age	
County (6) CAMDEN				Code (7) USE ONLY)			Current VACA	Use (P	rior if be	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Building ACER ASSOC.	Owner (8)		ASC	M No.		Name ASS	of Abate SURED	ment Co	ontractor	(9) ENTA	L SE	RVI	CES	INC	·
Street Address 1012 INDUSTRIAL DRIVE							Address CLEMS	RUN							
City, State, Zip Code WEST BERLIN NJ 08091						City, S	State, Zip LICA H	Code	1 0806	2					
Project Manager for Monitoring Firm MATT DEPALMA		T	Telepho 856-8	ne No.		Teleph	none No.			Licen 0114		).			
Start Date (10) 02/01/2017	Scheduled 02/28/2	d Con	npletion	Date (11)			of OSHA			011-					
Occupancy Status During Abatement (Chec	k Only One	e)					Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of Al	oatem	ent			200	RT. 130		TH						
Other – Describe:	- Control	Tourc			_		tate, Zip NAMINS		J 080	77					
Scope of Work (Check All That Apply)							_							-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of	nova moliti				7	Mini-E Glove	ontainm Inclosur bag Pro Exempte	e cedure					•	
	Is L	ocati	on			_	110112	xemple	u ( ) ain	1 14011-1	Habit	FIO		ement	
Location of	No Used	rmall Solel		27 50 10		scription							Ту	pe I	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Main Custo	tenar dial S (12)	ice/	(i.e. ti	hermal surfac	aining M systems cing, VA niscellan	laterial (A s insulatio T, or eous)	CM) n,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
GROUND FLOOR	Yes	No	N/A											le e	
SECOND FLOOR HALLWAY			X			MAST				115 SI	F	X			
			X			LOOR			3.00	0 SF		X			
SECOND LOOK OTILITY AREA	ECOND FLOOR UTILITY AREA								5	OSF		X			
Name of Registered Waste Hauler	N.	JDEP W	aste	Cubic \	Yards	l N	lame of	Registe	red I an	dfill					
DAVID GEPPERT	<u> </u>	\$272.0	auler ID I	No.	of Was 60			WEST				NDF	ILL		
City, State PHILADELPHIA PA						al Date /2017		ity, Stat		, PA					
Completed by RON SWANSON	Title GENE	RAL	MANA	AGER	Si	gnature	Kuxel	bu	XU196	n	Date 01/		2017		

#### CHECK# 1674

Date of Notification (1) 01/20/2017		N:	ame of E LAUN	Building Owner	/Operator MENT C	(2) OMPA	NY INC.	500	)_E	C E	2			
Agencies Notified Type Notification			treet Add 100 AN	dress IDREWS S	TREET	SUITE	500			rn -		200	117	200 March 1997
EPA Initial Amended Amendment #_		C	ity, State ROCHI	e, Zip Code ESTER NE\	N YORK	1462	0			ED		43	711	1
DOH DCA Emergency (inc justification)  Cancellation	luding	100000	ame of 0	Contact R FLAUM				Tele	nbone N	imber	C	ONT NG		_ &
			FACIL	ITY INFORMA	TION									
Name of Facility Where Abatement is Taking P COMMERCIAL SPACE-VACANT PA Street Address	rlace (3) THMAR	K				☐ s	f Facility (4) chool (K-12 ubchapter 8	) 3 (Othe	r than K-	-12)				
949 CHURCH ROAD						et et	ther (i.e. pri		Floors			g. Ag		5,
City (5) CHERRY HILL						Square 48,00	00	1			50			
County (6) CAMDEN			ounty C	ode (7) SE ONLY)		VAC	it Use (Prior ANT	r if bein	ig demol	ished)				
Name of Monitoring Firm Hired by Building Ow ACER ASSOC.	ner (8)		ASCM	No.	Name ASS	of Abate SURED	ement Cont ENVIRC	ractor (	(9) NTAL (	SERV	IC	ES I	NC.	
Street Address 1012 INDUSTRIAL DRIVE						Address	s IS RUN							
City, State, Zip Code WEST BERLIN NJ 08091					City, S	State, Zip LLICA	Code HILL NJ (	08062	2					
Project Manager for Monitoring Firm MATT DEPALMA			elephon	e No. 19-1202		hone No -304-4			License 01145					
Start Date (10)	cheduled	Comp			Name EM:		A Monitor							
Occupancy Status During Abatement (Check C						Addres	s 30 NORT	ш						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Ab Facility F	ateme lours	ent		City,	State, Zij			77					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	turness .	novati molitic				Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					4	
						Nor	1-LXempled	( ) a	4 14011 1 1	lable i			ment	
		ocatio rmall										Ту	oe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	Solely tenan dial S (12)	y by ce/ taff?	Asbestos C (i.e. there	Description containing mal system urfacing, Vier miscella	Material ns insula AT, or	(ACM)	(5	mount Specify or LF)	Nellioval	Domonia	Repair	Encapsulate	Enclosure
GROUND FLOOR	Yes	No	N/A X		MAST	C		43.	415 SF	X				
SECOND FLOOR HALLWAY			X	NF	1 FLOO			115-500	50 SF	X				
			X		1 FLOO				0 SF	X			7	
SECOND FLOOR UTILITY AREA			^	IVI	11200	111111				-				
Name of Registered Waste Hauler DAVID GEPPERT		1 2 2 2 2	JDEP W auler ID	No. of 60			Name of WESTI	ERN I			DF	ILL		
City, State PHILADELPHIA PA				Dis	sposal Dat 3/01/201	7	BIRDS	BOR	O, PA					
Completed by RON SWANSON	Title GENE	ERAL	MAN	AGER	Signatu	te Kux	ella	XWO	on	Date 01/2	0/2	2017	•	

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursu	ant to	NJAC 8:	60-7 an	d 12:120-7)	101						
Date of Notification	(1)					er/Operator	(2)		7 @	123	П	77.77	F
1/31/2017			Bor	aie D	evelo	pment			E C	E	<u>U</u>	$\mathbb{W}_{\underline{}}$	E
Agencies Notified	Type Notifica	ation		Addres		. " .		HUVI					
[X]EPA	[X]Initial		120	Alba	iny S	treet #8	00				_	201	7
[ ]DEP	Notific	ation			Zip Cod		es resue	ШШ	FEB	_	0	2011	i
	[ ]Amended		New	Brun	swic	k, NJ 08	901						
[X]DOT	Notific	ation		f Conta				one NumberAS	REST	OS	CO	VTR	OL 8
[X]DOH	[X] EMERGENC	Y			Borai	<u> </u>		I As	DEO.	JEN	ISI	IG_	
[ ]DCA	[ ]Cancella	tion	Dila		0202	_	-						
	[]Cancerra	LIOI		FACILI	TY INFO	RMATION							
Name of Facility Who	are Abatement	is Taki	ng Plac				Type of Fac	ility (4)					
36-54 Rector	Street Ur	ban I	Renew	al, I	LLC		[ ]Schoo	1 (K-12)					
20-24 Keccor	20200						[ ] Subch	apter 8 (Othe	er tha	n K-	-12)		
Street Address							[X]Other	(i.e., private, homes, etc.	ate &	COMI	nerc	lai	
36-52 Rector	Street						Square Feet			Bldg	. A	Te.	
		10	(6)		County	Code (7)	Square reet	# OI 110		9		, -	
City (5)		County			-	USE ONLY)	Current IIse	(Prior if b	eing d	emo	Lish	ed)	
Newark		Essex					Cullent ose	(11101 11		1000000		110000	
			1.00		la.To	mo of Abate	ment Contrac	tor (9)					
Name of Monitoring	Firm hired by	Buildir	ng ASC	M No.			ANAGEMEN						
Owner (8) BioTerra Envi	.ronmental	L						•					
Solutions Street Address					st	reet Addres	s						
P.O. Box 1224	ι					86 Chris	stopher S	St.					
					Ci	ty, State,	Zip Code						
City, State, Zip Co							r, NJ 07	7042					
Union, NJ, C			7 - 1	- Mumb o		elephone Num			Licens	se N	umbe	er	
Project Manager for				e Numbe 494 3		(973) 744			003	371			
Rick Eustaqu		1.				ame of OSHA							
Scheduled Start Dat		ed. Com					anagement	t Inc.					
0	2017 0		15	2017 Year	A	ztech Me	magemen	c, 2					
Occupancy Status Du	ring Abatemen	onth t (Chec	Day k only	one)	St	reet Addres	s						
[X]Facility Cl	osed/Vacated I	During E	Intire	Period	8	6 Christ	topher St	treet					
of Abateme: [ ]Abatement P	nt orformed Outsi	ide of N	Normal :	Facility	v C	ity, State,	Zip Code						No.
Hours - Des	cribe: «OffHou	rs Desci	cipt»				r, NJ, 0'	7042					
[ ]other - Des	cribe: «Other (	Occupand	y Desc	ript»	1								
Scope of Work (Chec	k all that ap	ply)				f 1m-11	Containment	with Negativ	ve Pre	ssui	e		
. 1.2 -5 -	- >2 15		[ ]Ren	ovation			-Enclosure	WILLIAM INGGREEN		Z (A SANTA II			
[ ]≥3 sf o: [X]>160 sf	or >260 lf			olition		[ ]Glove	e-bag Proced	ure					
	_					[X]Non-	Friable Proc	edure	1	Abat	eme	nt T	ype
Locatio	on of		Is Locati			Descripti	on of			p		E N	E
Asbestos-Co			Normal Used		1	Asbestos-Co		Amoun (Speci	1	RE	RE	C	C
Material	(ACM)	By	Solel Mainter	y nance/	(1	Materiale., therma		SF or	3 A	M	PA	A P	L O
TO BE A		_	Custod: Staff (	ial	insu	lation, sur	facing, VAT,	LF)		V A	I	SU	S
(13		Yes		N/A	or	other misc	ellaneous)			L	R	L	R
				77 7	D 1	ition de	phris	4,000	CV Z	Z			
Removal of buil	ding as	1		X I	Dewor	Ition de	EDITZ	2,000	-	-			
asbestos				-									
			_										
			ļ	<u> </u>	Cubi	c Yards	Name of B	Registered La	ndfill				
Name of Registered			NJDEP NJDEP N	ID No.	100000000000000000000000000000000000000	aste 4,000		va Enter			INC	3	
Weigle Truc	king		17634				-		-				
I. I. I					Disp	osal Date	City, Sta	ite /					
City, State						3/16/201	NO.	sburg, 0	hio	44	688	3	
Linden, PA								11/					
Completed By (Prin	t or Type) T	itle				Signatur		-1/		te	201	7	
Constantine		resid	dent			1 01	MINTER STATE	. Illian	1,	/31/	201	,	
						11 /6	WULLIAMI IN.	HI HIVIDE					



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1/27/2016 Residence Agencies Notified Type Notification Street Address **EPA** Initial × DEP Amended City, State, Zip Code × DOL ASBESTOS CONTROL & Amendment # Paterson NJ 07522 Emergency (including LICENSING Name of Contact DOH justification) Telephone Number DCA Edis Then Cancellation 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 & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Paterson, NJ 07522 3000 3 100 +County (6) County Code (7) Current Use (Prior if being demolished) Hudson (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Seine Lighthouse Solutions Brinks Tank Services Street Address Street Address PO Box 354 1256 Liberty Avenue City, State, Zip Code City, State, Zip Code South Orange, NJ 07079 Hillside, NJ 07205 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Sarah Calandra 201-349-2666 844-462-7465 01316 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/13/2017 2/16/2017 A. Seine Lighthouse Solutions Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement PO Box 354 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: South Orange, NJ 07079 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 Is Location Abatement Normally Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e. thermal systems insulation, Encapsulate (Specify Custodial Staff? Removal In Facility Repair surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X pipe 100lf Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Newark Carting of Waste Waste Management Landfill 04509 City, State Disposal Date City, State East Orange, NJ Penn Argyle, PA Completed by Signature Date Alison Lamers Office Manager 1-27-2017

State of New Jersey



### State of New Jersey - Notification of Asbestos Abatement

			(Pursua	int to N.J.A.C.	6:00-/ and 12:120-/)		m E	(6		W E	
Date of Notification (1)					Name of Building Owner/O	perator (2)	UIT				
February 1, 2017					Medexpress		<u> </u>				
Agencies Notified		Notification Initial Noti			Street Address 370 Southpointe Dr.	Suite 1		FEB	- 6 2	2017	
X EPA		Amended			City, State, Zip Code						
DCA		Postponed			Canonsburg, PA 1	5317	V CE	ESTO	S CON	TROI	8.
x DOL		Emergen	by Own	ding	Name of Contact		Telep	hone Na	mber	3	
X DEP				lullig	Mr. Ryan Rodeheaver	<u>L</u>			7 194		
x DOH		justific		_	Mi. Ttyan Ttoab		1				
		□ Cance	lled By	Owner	ODIMITION						
				FACILITY INF	Type of Facility (4)						
Name of Facility Where Abate	ement is Ta	king Place (3)		3							
Former Burger King					School (K-12)	V 12\					
Street Address					Subchapter 8 (other than	N-12)	huildings	homes	etc.)		
228 Mountain Avenu	A				Other (i.e. private & c	commercial	ora: 1 E	olda A	aa: 50	vears	8
220 Wouldani Avenu					Sq. Feet: Unknown	# 01 F10	015. 1 [	olug. A	<u> 16.</u> 00	ycars	
City (5) Hackettstown	County (6 Warrer		County ( (State U	se Only)	Current Use (prior if being	demolishe	d):				
	11 014-	0(0)	ACCMA	lo	Name of Contractor (9)						
Name of Monitoring Firm Hire	a by Blag.	Owner (8)	ASCM N	NO.							
<b>Environmental For</b>	ensics,	LLC			GREENWOOD ABAT	EMENT	CONSU	LTAN	TS, INC		
Street Address					Street Address						
3 Clementon Way											
3 Clementon way					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Lawrenceville, NJ 08	8648				Butler, NJ 07405		11:	se Numb	205		
Project Manager for Monitoring		Telephone N			Telephone Number		Licens	se Numi	<u>jer</u>		
Lance Berens		609.495	.4069		973-492-0477		0084	10			
			I - 1'	Data (111)	Name of OSHA Monitor		000				
Scheduled Start Date (10)		Scheduled (		THE THE PARTY OF T	Name of OSHA World						
February 13, 2017		February	20, 20	17	EMSL inc.						
Occupancy Status During A	hatement	(Check only o	ne)		Street Address						
Facility Closed/Vacat	ed During	Entire Period	of Abaten	nent	Secretaria series de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela co						
Abatement Performe	d Outside	of Normal Fac	ility Hours	3 -	1056 Stelton Road						
xDescribe - Vacar	t Retail	Space			City, State, Zip Code						
Other - Describe: So	chedule	d to be der	nolishe	d	Discotoway NJ 089	25/					
Other – Describe. Ot	Silvadio	a 10 20 ao.		27	Piscataway, NJ 088	554					
Source of Work (Check all th	at apply)					Full Conta	inment v	vith Nea	ative Pre	ssure	
	5			December		Mini-En					
≥ 3 sf or ≥ 3				Renovation			g Proced	lure			
□≥ 160 sf or ≥	260			x Demolition	1	x Non-Ex	empted (	(*) and N	lon-Friab	le Proce	edure
Location of Asbestos-Contain	ning   Ic I	ocation Norma	lly Head	Description of As	bestos Containing Material		ount	Abate	ment Typ	e	
Material (ACM) in Facility (13	1000 to 1000 House 1000 to 100	lely by Maint./C		(ACM) (i.e. therr	nal systems insulation, surfaci	ng, (Sp	ecify SF	Pemos	ve Repair	Encan I	Enclose
Waterial (NOW) in Facility (19		aff? (12)		VAT, or other mis		or L	F)	Keino	re repair	Liloup	
	YE	ES NO	NA				00 - 5	छा		_	
Roof			X	Roofing Me	mbrane Flash/Patchir	ng   3,5	00 sf	X			
							1.1	0.050-	istered La	ndfill	
Name of Reg. Waste Hauler		NJDEP Wa		r ID#	Cubic Yards of Waste:				Landfill	mulli	
See Hauler Below # 1 8	2	See Belo	W		40		G.R	.O.W.			
Hauler #1) Greenwood	d Abaten	nent Consul	tants, In	c Butler, NJ	07405	Disposal			City, Sta	<u>ite</u> , Box 68	
NJ DEP # 1	2561 NY	DEP#				Februa	iry 28,		Bridgep		
Hauler # 2- Newark Car						2017			304-842		
					Cignoturo		Date				
Completed by (Print or Type	9)	Title	ים כיובי	<b>~</b> T	Signature				1, 201	7	
Marin Graure		SENIOR		J 1	Marin Grau	re			.,	597	
		MANAGE	K								

GAC # 2017-593- Cancelled by Owner

10:24051457214

	NOTI	FICA Purs	TION OF	of New Je ASBEST NJAC 8:60	OS AB	ATEMI 2:120)	ENT		) <u>_</u> [	GE		E	To the same of the	1
Date of Notification (1)			me of Bu	ilding Owr chter	ner/Ope	rator (2	2)	Pinks,		EER -	6 201	7		
Agencies Notified Type Notification	1	Str	reet Addr	ess					Base :			LI AND IN T		
× EPA		В	ty, State, ayonne							ESTOS C LICEN phone Num	SING	ROL	&	=
DOH justification Cancellation	1)	Na		Y INFOR!	MATION	N .								
Name of Facility Where Abatement is Tak	ing Place (3)		FACILII	TINFOR	VIA I I OI		Тур	e of Facility (4	)					
Brian Auchter Street Address						-		School (K-12 Subchapter Other (i.e. pr	8 (Othe	er than K-12	) I buildin	as, ho	omes,	
							Squ	etc.) are Feet		Floors		g. Age		-
City (5) Bayonne, NJ							0	rent Use (Pric	r if hair	ng demolish	ed)			-
County (6) Burlington		C (S	ounty Co	E ONLY)		_								_
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM N	No.		Pro A	Aba	patement Con tement	tractor	(9)				
Street Address							87	th Street S	uite A	4				
City, State, Zip Code						Nort	h B	, Zip Code ergen, NJ (	7047					
Project Manager for Monitoring Firm		T	elephone	e No.		2.4.0	293	8-6305		License N 01223	0.			
Start Date (10) 02/10/17	Scheduled 04/10/17		pletion D	ate (11)		Name HILN	of C NAN	SHA Monitor	JLTIN	G LLC				
Occupancy Status During Abatement (C						Street 1600	Add	lress OUTE EAS	T SUI	ITE 107				
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of Ab Iormal Facility H	lours	ent		_			, Zip Code NJ 07083						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	The second second	nova molit					-	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	3			e	
						L	의_	Non-Exemple	T a	na real rais		Abate	ment	ä
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	No Used Mair Custo	tena	lly ely by nce/	Asbesto (i.e. t	os Cont	syster cing, V	Matens in AT,	erial (ACM) sulation, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			TCI				20 LF	x			
Exterior						TSI				20 2.				
CD - 1-1		11	NJDEP W	Vaste		Yards	3			stered Land			100	
Name of Registered Waste Hauler NEWARK CARTING			Hauler ID 04509		of Wa					ANAGEM	ENT G	RO'	WS N	٧.
City, State HILLSIDE, NJ						osal Da		City, S MOR	RISVI	LLE PA	Data			
Completed by	Title	at N	/lanage		-	Signat			>	1	Date 01/31/	17		

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

			NOTI			Jersey STOS AF	BATEM	CAIT	y week					
Date of Notification (1)			(		MONG O	.00 and 1	12:120)			E	G		$\mathbb{W}$	F
1-30-2017				Name	of Building O	wner/Ope	erator (2	1	l bred				U	
Agencies Notified Type Not	ification				ICISKOVIIZ		10101 (2	,						-
EPA X 1-30				Street	Address				14 4	1	EB -	- 6	2017	
DEP Ame	nded		1	City Ct										
_ Ame	ndment #			Dema	ate, Zip Code rest, NJ 07	7007			1	ASBES	TOS	CON	JTR(	1
DOA Justifi	rgency (in cation)	ncluding	-	Name o	f Contact	027					LICE	VSIN	G_	
	ellation			Liat He	erskovitz					Teleph	one No	umber		_
Name of Facility Where Abatement is Residential	S Takino F	Place (2)			LITY INFORM	MATION								
Street Address		1206 (3)	,				Тур	e of Faci	lity (4)					
Officer Address								School						
City (5)						1000		Subcha	oter 8 (	Other th	an K-1	21		
Demarest, NJ							×	Other (i. etc.)	e. priva	te & cor	nmerci	al buil	ldings	ho
County (6)							Squ	are Feet		of Floo				
Bergen			C	ounty Co	ode (7)		157		12	2		7	Bldg. A	ge
Name of Monitoring Firm Hired by Build	J: -		(5	STATE US	E ONLY)		Curr	ent Use (	Prior if b	eing de	molish	ed)		_
	aing Own	er (8)		ASCM N	10.	Nam	- 1							
Street Address						Gre	en En	atement C vironme	ontract	or (9)				
City State 70						ollee	Addres Addres	SS		ervice	s, LL(	C		
City, State, Zip Code						235	Virgin	ia Aven	ue			18.0		
Project Manager for Monitoring Firm						City, S	State, Zi	p Code						
, Monitoring Firm			Tele	ephone I	Vn.	Jers	ey City	1, NJ 07	304					
Start Date (10)			1			Teleph 201	hone No 333-88	).		Licen	se No			
1-31-2017	Sche	duled C 1-2017	omple	tion Date	(11)			A Monitor		0117	4			
Occupant	1 1-37	1-/1117			002 200	1 MOUTH	THE CASE			-				
Occupancy Status During Abatement (Ch	neck O-1	2017				Same	e as al	A Monitor						
GUIIIV   10cod \	neck Only	One)				Same	e as at	ove						
GUIIIV   10cod \	neck Only	One)				Same	e as at	ove						
Abatement Performed Outside of No Other – Describe:	neck Only	One)				Same Street	e as at	oove						
Abatement Performed Outside of No Other – Describe:  Scope of Work (Check All That Apply)	neck Only	One)				Same Street	e as at Address	oove						
Abatement Performed Outside of No Other – Describe:	neck Only	of Abate of Hou ility Hou Renov	ement rs			Same Street	e as at Address ate, Zip	Code						
Abatement Performed Outside of No Other – Describe:  Goope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	neck Only	One) of Abate	ement rs			Same Street	e as at Address ate, Zip Full C	Code	ent with	Negative	e Prace	Sure		
Abatement Performed Outside of No Other – Describe: 	neck Only	of Abate of Hou ility Hou Renov	ement rs			Street /	e as at Address ate, Zip Full C Mini-E Glove	Code  Ontainme	ent with					
Abatement Performed Outside of No Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	re Period ormal Fac	of Abate of Abate illity Hou  Renov. Demoli	ement rs ation ition			Street /	e as at Address ate, Zip Full C Mini-E Glove	Code  Ontainme	ent with				Ire	
Abatement Performed Outside of Not Other – Describe:    Cope of Work (Check All That Apply)	neck Only re Period primal Fac	of Abate of Abate illity Hou Renovi Demoli	ement rs ation tion			Street /	e as ab Address ate, Zip Full C Mini-E Glovel Non-E	Code  ontainme	ent with			ocedu	ıre temen	t
Abatement Performed Outside of Not Other – Describe:    Cope of Work (Check All That Apply)	re Period ormal Fac	of Abate of Abate illity Hou Renov. Demoli Is Locati Normal sed Sole aintenar	ation tion	Asi	estos Contai	Street / Street /	e as ab Address ate, Zip Full C Mini-E Glovel Non-E	Code  Ontainme Enclosure bag Proce xempted	ent with a edure (*) and	Non-Fri		ocedu		t
Abatement Performed Outside of Notice Other – Describe:  cope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM)	re Period ormal Fac	of Abate of Abate illity Hou Renovi Demoli Is Locati Normal sed Sole aintenar stodial S	ation tion	Asi	estos Contai i.e. thermal s	Street / Street /	e as ab Address ate, Zip Full C Mini-E Glovel Non-E	Code  Ontainme Enclosure bag Proce xempted	ent with a edure (*) and	Non-Fria	able Pr	Abai T	temen ype	Γ
Abatement Performed Outside of Notice Other – Describe:    Coope of Work (Check All That Apply)	useck Only The Period Drimal Fac	Renoving Demolistration of Abate Renoving Demolistration of Abate Renoving Demolistration of Abate Renoving Demolistration of Abate Renoving Personal Section of Abate Renoving Personal Section of Abate Renoving Personal Renoving	ation tion	Asi	estos Contai i.e. thermal s surfacir	Street / Street / City, Sta	Full C Mini-E Glovei Non-E	Code  Ontainme Enclosure bag Proce xempted	ent with a edure (*) and	Non-Fria	able Pr	Abai T	temen ype	<u> </u>
Abatement Performed Outside of Notice Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	re Period ormal Fac	of Abate of Abate illity Hou Renovi Demoli Is Locati Normal sed Sole aintenar stodial S	ation tion	Asi (	estos Contai i.e. thermal s	Street / Street / City, Sta	Full C Mini-E Glovei Non-E	Code  Ontainme Enclosure bag Proce xempted	ent with i	Non-Fria		ocedu	temen ype	<u> </u>
Abatement Performed Outside of Notice Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement	useck Only The Period Drimal Fac	Renoving Demoliation (12)	ation ion ly ly by nce/	Asi (	pestos Contai i.e. thermal s surfacir other mis	Same Street / City, Sta	Full C Mini-E Glovei Non-E	Code  Ontainme Enclosure bag Proce xempted	ent with a edure (*) and Ama (Spe SF o	Non-Fria pount ecify r LF)	able Pr	Abai T	temen	Enclosure
Abatement Performed Outside of Notice Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	useck Only The Period Drimal Fac	Renoving Demoliation (12)	ation ion ly ly by nce/	Asi (	pestos Contai i.e. thermal si surfacir other mis	Same Street A Street	Full C Mini-E Glovei Non-E	Code  Ontainme Enclosure bag Proce xempted	ent with i	Non-Fria pount ecify r LF)	able Pr	Abai T	temen ype	<u> </u>
Abatement Performed Outside of Notice Other – Describe:    Coope of Work (Check All That Apply)	useck Only The Period Drimal Fac	Renova Demoli	ation ion ly ly by nce/	Asi (	pestos Contai i.e. thermal s surfacir other mis	Same Street A Street	Full C Mini-E Glovei Non-E	Code  Ontainme Enclosure bag Proce xempted	ent with a edure (*) and Ama (Spe SF o	Non-Frie	able Removal	Abai T	temen ype	Γ
Coope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If   Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement  Basement	useck Only The Period Drimal Fac	Renova Demoli	ation ion ly ly by nce/	Asi (	pestos Contai i.e. thermal si surfacir other mis	Same Street A Street	Full C Mini-E Glovei Non-E	Code  Ontainme Enclosure bag Proce xempted	ent with ledure (*) and Ame (Spe SF of 60S	Non-Frie	able Pr Removal	Abai T	temen ype	<u> </u>
Abatement Performed Outside of Not Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement  Basement  Basement	useck Only The Period Drimal Fac	Renov. Demoli  Is Locati Normal sed Sole aintenar stodial S (12) No X	ation ion ly ly by nce/ itaff?	Asi (	pestos Contai i.e. thermal sy surfacir other mis Tank ir	Street / Street / City, Sta	Full C Mini-E Glovei Non-E	Code  Ontainme Enclosure bag Proce xempted	ent with ledure (*) and Ame (Spe SF of 60S	Non-Frie	able Pr Removal	Abai T	temen ype	Γ
Abatement Performed Outside of Notice Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement  Basement  Basement  Basement  Basement  En Environmental Services	useck Only The Period Drimal Fac	Renova Demoli	ation ion ly ly by nce/ itaff?	Asi (	estos Contai i.e. thermal sy surfacir other mis  Tank ir  Pipe in	Street / Street / City, Sta	Full C Mini-E Glovel Non-E	Code  Ontainme Enclosure bag Proce exempted	ent with itedure (*) and Ama (Spe SF of 60 S	Non-Fria	Removal x	Abai T	temen ype	Γ
Abatement Performed Outside of Notice Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement  Basement  Basement  Basement  Basement  En Environmental Services  State	useck Only The Period Drimal Fac	Renova Demoli	ation ion ly ly by nce/ itaff?	Asi (	pestos Contai i.e. thermal sy surfacir other mis Tank ir	Street / Street / City, Sta	e as ab Address ate, Zip Full C Mini-E Glovel Non-E rerial (AC assulation or us)	Code  Ontainmee  Inclosure  bag Proce  xempted  CM)	ent with reduce (*) and (Spe SF of 60 S	Non-Fria	Removal X X	Abai T	temen ype	Γ
Abatement Performed Outside of Not Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If   Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement  Basement  Basement  Be of Registered Waste Hauler en Environmental Services  State By City, NJ	useck Only The Period Drimal Fac	Renova Demoli	ation ion ly ly by nce/ itaff?	Asi (	cubic Yar of Waste 2	Same Street / Street / City, Sta	Full C Mini-E Glovei Non-E rerial (AC nsulation out us)  Nan Gr.	Code  Ontainme Enclosure bag Proce xempted  CM)  ne of Reg O.W.S. N	ent with reduce (*) and (Spe SF of 60 S	Non-Fria	Removal X X	Abai T	temen ype	<u> </u>
Abatement Performed Outside of Notice Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement  Basement  Basement  Basement  Basement  En Environmental Services  State	useck Only The Period Drimal Fac	Renova Demoli	ation ion ly ly by nce/ itaff?	Asi (	cubic Yarr  Cubic Yarr  Cubic Yarr  Of Waste	Same Street / City, Sta  Cription of ining Mate ystems in g, VAT, of scellaneous sulation sulation sulation ds	Full C Mini-E Glovel Non-E Rerial (AC nsulation out us)  Nan Gr. City,	Code  Ontainmee  Inclosure  bag Proce  xempted  CM)	Amo (Spe SF of 60 S	Non-Fria	Removal X X	Abai T	temen ype	<u> </u>

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Date of Notification (1)					(D )); 0				11					
1-31-2017					of Building Owner Olivares	er/Operato	r (2)		A A STATE OF	FEB	- 6	2017	7	
Agencies Notified	Type Notification	1	-	Street A	Address				-				-	
EPA DEP	➤ Initial Amended				ate, Zip Code				AS	BESTO	S CO		OL 8	
× DOL	Amendmen	t #			y NJ 07032			8		LIUI	C1//O11	V()		
NOH	<ul><li>Emergency justification)</li></ul>				f Contact		-		Tol	ephone N	umbor	404		
⊠ DOH □ DCA	Cancellation				Oilivares				161	ephone is				
				FAC	ILITY INFORMA	ATION								
Name of Facility Where A Residential	Abatement is Takir	ng Place (3	3)				Туре	of Facility (4	8					
Street Address							H	School (K-12 Subchapter 8	2) B (Oth	er than K-	12)			
							×	Other (i.e. pr	ivate 8	& commer	cial bui	ldings	, hom	ies,
City (5) Kearny NJ 07032							Squa	etc.) are Feet	# of 2	Floors		Bldg. /	Age	
County (6)				County	Codo (7)							36+		
Hudson				(STATE	Code (7) USE ONLY)		Curre	ent Use (Prio	r if bei	ng demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	Λ No.			atement Cont						
0						Gree	en En	vironmenta	al Se	rvices, L	.LC			
Street Address							Addre Virgir	ss nia Avenue						
City, State, Zip Code	7		1-21270					ip Code						
								ty, NJ 0730	)4					
Project Manager for Moni	toring Firm		Telepho	ne No.		none N 333-8			License 01174	No.				
Start Date (10) 2-1-2017				mpletion l	Date (11)			HA Monitor			-			
		2-1-20						above						
Occupancy Status During						Street	Addre	SS						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire ed Outside of Norm	Period of A nal Facility	Abater Hour	ment s		City, S	State, Z	ip Code	ESSECTION STATES			<u> </u>		
Scope of Work (Check All	That Apply)								-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli			×	Mir	Il Containmer ni-Enclosure ovebag Proce	dure					
		1-	1 1				1 140	II-Exempled	( ) and	I NOII-FIIA	DIE PIO	200.00	ement	-
Location	of		Locat Norma		_	)i-ti	- f						pe	
Asbestos-Containing I	Material (ACM)	Use	d Sole intena	ely by	Asbestos Co	Description ontaining N		I (ACM)	Ar	mount			m	
TO BE ABA In Facilit		90000		Staff?	(i.e. therm	al systems facing, VA	s insula			pecify	Re	20	Encapsulate	Enclosure
(13)	,		(12)			r miscellar			SF	or LF)	Remova	Repair	psu	losu
		Yes	No	N/A							a	_	late	Ire
Baseme	nt		Χ			VAT			60	0 SF	X			
Baseme	nt		Χ		Pip	e insula	tion		4	LF	X			
Name of Registered Wast	e Hauler			JDEP W	noto Cub	in Varda		N		11 15				
Green Environmental			F	lauler ID 034889	No. of W	ic Yards /aste		Name of Re G.r.o.qw.						
City, State						osal Date		City, State						
Jersey City, NJ						2017		Morrisvill	e, PA	4				
Completed by		Title		<del> </del>		Signature			- 10		ate			
Liliana Serrano		Office	Mar	nager		Life	Cel	Wer	w	3 1	-31-20	017		

Date of Notification (1) 1/30/2017		Name of Judi La	Building C ganga	wner/O	perator	(2)					~ ^	247	A CONTRACTOR OF THE PERSON OF					
Agencies Notified Type Notification		5	Street Ad	dress						j FE	В -	0 2	Jli	-				
EPA Initial Amended Amendment Emergency		_   F	Roselle	e, Zip Coo Park, N	ASBESTOS CONTROL & LICENSING													
DOH justification)		100	Name of Contact Judi Laganga							1 . S. Opinion .								
DCA Cancellation				ITY INFO	RMATI	ON					1000							
Name of Facility Where Abatement is Takin	g Place (3)							of Facility (										
Residential								School (K-1 Subchapter	8 (Othe	er than K-1	12)							
Street Address							×	Other (i.e. p	rivate 8	& commerc	cial buil	dings	home	es,				
City (5)							Squa	re Feet	135 (13,000)	Floors		Ildg. /						
Roselle Park							2000	40 SF 2 Built 193										
County (6) Union		(	County Code (7) Current (STATE USE ONLY) Reside						lse (Prior if being demolished) ntial									
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.					Contractor (9) ting Corp.									
Street Address						100000000000000000000000000000000000000	Addre: Villow											
City, State, Zip Code								ip Code I Park, NJ	0742	24								
Project Manager for Monitoring Firm			Telephon	ne No.			hone N 333-9			License No. 01232								
Start Date (10) 2/8/2017	Scheduled 2/10/201		pletion D	Date (11)		Name of OSHA Monitor Envirovision Consultants, Inc.												
Occupancy Status During Abatement (Chec						Street Address 20-21 Wagaraw Rd., Bldg. 35-E												
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of Ab	atem	ent				State, Zip Code											
Other – Describe:	narr domey r				_	Fair	Lawn	, NJ 074	10									
Scope of Work (Check All That Apply)						P	-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Resourced	novat moliti				2	× Mi	II Containm ni-Enclosure ovebag Pro-	e cedure									
							No	n-Exempte	d (*) an	d Non-Fria	able Pro		re emen					
		ocatio											ype					
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Main Custoo	tenar	ely by Asbestos Con ance/ (i.e. therma			escription of ntaining Material (ACM) il systems insulation, acing, VAT, or			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure				
In Facility (13)		(12)	N/A			miscella				oval	air	ulate	sure					
Basement	Yes	No	N/A X	Pipe Insulation					3	35 LF	Х							
Dasement																		
									101			-	-	_				
Name of Registered Waste Hauler			JDEP W			Yards				ered Land								
Unicorn Contracting Corp.		1000	lauler ID 035844		of Wa	iste		1		esource	Reco	/ery	acili	ty				
City, State Woodland Park, New Jersey					TBD	sal Date	_	City, Sta Tullyto										
Completed by Dimo Golcev	Title Gener	al M	lanage	r	1	Signatu	re //	15	1		Date 1/30/2	017						
					2	* Do r	not use	this form fo	asbes	stos licens	ure exe	mpted	activ	ities.				

	FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)							E (	2 [		$\mathbb{V}$							
Date of Notification (1)					Name of Building Owner/Operator (2) Elmwood Terrace Inc													
Agencies Notified	Type Notification	1		Street Address 155 Riverside Drive City, State, Zip Code New York NY 10024							F	<u> </u>	6	201.	ĺ			
X EPA X DEP X DOL	Initial Amended Amendmen	t #									ASBESTOS CONTROL 8							
Ĭ DOH	Emergency justification	(including	1	Name of Contact							LICENSING Telephone Number							
▼ DCA		Tarzik																
Name of Facility Where A	batement is Takir	ng Place (	3)	FAC	CILITY INFO	ORMAT	ION	Тур	oe of Facility	(4)								
Street Address 1-35 14th Avenue					School (K-12) Subchapter 8 (Other than Other (i.e. private & commetc.)								<-12) ercial buildings, homes,					
City (5) Elmwood Park NJ				Square Feet 1000							Floors	Bldg. Age 56						
County (6)									1000 3 56  Current Use (Prior if being demolished) Residential									
Name of Monitoring Firm Divine Environmenta		Owner (8)		ASCI	M No.					Contractor (9) ntracting Corporation								
Street Address 358 Broadway							Street	Addı										
City, State, Zip Code Newark NJ 07104							City, S	tate,	Zip Code NJ 07107	- 1	17							
Project Manager for Monitoring Firm Chinyelu Oraegbunam					Telephone No. 2014839788				Telephone No. License No. 9733722177 01238									
Start Date (10) Scheduled Col 02/13/2017 02/28/2017					mpletion Date (11)				Name of OSHA Monitor JLC Environmental Inc									
Occupancy Status During	ne)				Street	_												
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour Other – Describe: the boiler room will be out of bound to					ent ahatemer	nă.	City, S	tate,	25th Stree Zip Code									
Scope of Work (Check All			20170 10	o an oxoc	pr abatemer	<u></u>	New	Yor	k NY 1000	)7								
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ition ion	. an containment with regative recodule								P								
		Is	Locati	ion										Abatement				
Location of Norma Asbestos-Containing Material (ACM)					Ashesto		escription of			۸۳۰	,		Туре					
TO BE ABATED Mainten In Facility Custodial					(i.e. th	nermal surfac	ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A								=		ate	9			
Boiler Room x					boiler/ breaching insulation				lation	211	SQFT	x						
Boiler Room x					pipe lagging material				120	LNF	х							
Name of Pagistered Waste	Haulor		LNI	IDED W	(2242	0. 1:- 1	/I-											
Newark Carting Inc					JDEP Waste Cubic Yards lauler ID No. of Waste 506													
City, State newark NJ 07102						Disposa	al Date		City, State			. 1100-111						
Completed by Emeka Okeke		Title presid	ent			Sig	gnature	G	Kele	ta Ta	1000000	ate 1/30/2017						

						and 12:120-7	1									
Date of Notification	on (1)		Name	of Buil	lding C	wner/Operator			EC	, [		$-\mathbb{W}$	-6			
1/31/2017		Í	Ch	ris D	rew)											
Agencies Notified	Type Notific	ation	Stree	et Addre	ess				<u> </u>			001	-,			
[ ]EPA	[X]Initial							IU U	+ E	В -	- 6	201	/			
[ ]DEP	Notific	ation	City	, State,	Zip C	ode			-							
[X]DOL	[ ]Amended		Mo	ntcla	ir,N	J,07042			ASBES	TOS	S CC	NTI	ROL			
[X]DOH	Notific	ation	Name	of Cont	act		Teleph	one Numbe		JCE	NS	NG				
[ ]DCA	[ ]EMERGENO	Y Y		ris D			erebi	one numbe	_							
	[ ]Cancella	tion														
					LITY IN	FORMATION										
Name of Facility Wh Chris Drew	ere Abatement	is Taki	ng Pl	ace (3)			Type of Fac	ility (4)								
CHILIS DIEW							[ ]School	16 - [1의 시지나 [10 25] [2]								
Street Address						*		(i.e., p					1			
							building	s, homes,	etc.)	a CC	Jume.	LCIA	Τ.			
City (5)		la .					Square Feet	# of	Floors	Bl	dg.	Age				
Montclair		County Essex				ty Code (7) TE USE ONLY)	2400	2	2		9	4				
		mosex			(02	II ool ondi,	Current Use (Prior if being demol:						.)			
Name of Monitoring	Firm hired by	Buildin	σ  ΔS	CM No.	-1-15	Name of Abate	mont Contract	(0)								
Owner (8) N/A			9 1.0	CII IIO.	I	T, Inc										
Street Address						Street Addres		- /	•							
				86 Christopher St.												
City, State, Zip Co	de					City, State, Zip Code										
							r, NJ 07	042								
Project Manager for	Monitoring Fi	rm Te	Lephor	ne Numbe	-	Telephone Num			Fina		371					
N/A						(973)744-8800 License Number										
Scheduled Start Dat	e (10) Sche	d. Comp	letion	n Date (	(11)	Name of OSHA	CC 9075 9075 PERMANEN									
02 09 2	2017 02		.0	2017	11	N/A										
Month Day S Occupancy Status Du	Year Mo	nth I	Day	Year												
[X] Facility Clo	sed/Vacated D	uring En	tire	one) Period	1	Street Addres	S				E 10 45					
of Abatemer [ ] Abatement Pe		de of No	rema 1	Essilit.												
Hours - Desc	cribe: «OffHour	s Descri	et»		y	City, State,	Zip Code									
[ ]other - Desc			Desc	ript»												
Scope of Work (Chec	k all that app	ly)						*******								
[X]≥3 sf or		[:	X]Ren	ovation			Containment v Enclosure	rith Negat	ive Pre	essu	re					
[ ]≥160 sf	or ≥260 lf	1	] Demo	olition		[X]Glove	-bag Procedur									
			Is			[ ]Non-F	riable Proced	lure		Zha	tomo	n+ n	lype			
Location Asbestos-Con			Location Normally			Description				2000	ceme	E	E			
Material	(ACM)		Used Solel	У		Asbestos-Con Material (		Amor		R	R	C	C			
TO BE AF		Ct	aintenance/ ustodial			i.e., thermal	. systems	SF	_	M O	P A	A P	L			
(13)	TTCY	Yes	aff (	12) N/A		lation, surface		LF	)	VĀ	I	S	S			
Basement					100 - 100 -				L	K	L	R				
				X	Pipe	Insulat	ion	90	LF :	X						
Name of Registered W	doct - H- 1															
AZTECH MANAG		C Ha	DEP W	aste ID No.	10.00	c Yards aste 1.2	Name of Reg									
City, State		J. 1	7040				Minerva	a Ente	rpris	e	INC	2				
Montclair, NJ	07042					osal Date	City, State		0000							
					02	/13/2017	Waynesh	purg,	Dhio	44	688					
Completed By (Print						Signature	1 2 1	-//	<b>D</b> -	+						
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