W-89	5/10	1													Г,	Duin & 1
Ch 8903	36		NO	ELGATIC	State of No.	ESTOS 3:60 au	ABATE 10 12:12	EME	NT		To manage the place is a second		G			Print
Date of Notification (1) 01/22/2017				Name Unite	of Building	Owner	Operato	r (2) of t) the	Interio	- 11		121		26	1
Agencies Notified X EPA	Type Notificatio	n			Address 5 W. Ala	meda	Parkwa	av				AS	BESTO	OS CO		OL 8
EPA DEP DOL	Initial Amended Amendmen			City, S	tate, Zip C	ode		-		In	IE	G	E	W		m
DOH DCA	Emergency justification Cancellation)	g	Name	of Contact t O'Mara					TK	1	laut	•••			The state of the s
Name of Facility Where	Abatement is Tak	ng Place	(3)	FAC	CILITY INF		ION	Tv	/pe (of Facility	- T	FEB	1 4-	2018		Ш
Sandy Hook Unit o Street Address	of the Gateway	Nationa	l Area	- Build	ding 65] s	School (K Subchapt	- 2)	ner than	K (12)	ITHO) L &	
65 Kearny Road City (5)								X	j c	Other (i.e tc.) e Feet	private	& comn	nercial b	ullding	s, hor	nes.
Highlands County (6)				County	Code (7)			50	0,00	00	2	of Floors		50+	. Age	
Hudson Name of Monitoring Firm	m Hirad by Ruilding	Ourner (9		(STATE	USE ONLY	<i></i>		Re	ecr	nt Use (P eationa	l Cent	er	nolished			
Testor Technology	Environmental	Service	s S	ASC	M No		PAL Street	En	viro	ement Co onment	al Serv	r (9) vices				
10-59 Jackson Ave	enue						11-02	2 Q	lue	ens Pla	za Soi	uth				
Long Island City, N Project Manager for Mor		111111111111111		Telepho	no No			Isla	and	City, I	NY 11					
Sten Evenhouse Start Date (10)	moning i am	Cabad	- 10	718-7	52-2090		Teleph 718-3	349	-09	000		Licens 286	se No. 375		7-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
02/05/2018	Ab-1	07/05/	2018	npietion	Date (11)		Wojci	iech	h K	A Monito owalcz		9				
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of	Ahaten	nent			City, St	Bea tate,	ch Zip	98th St Code		04				
Scope of Work (Check A	Il That Apply)	-					RUCK	awa.	ay i	Park, N	17 116	94				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	Renova Demolit				××××	N	viini- Glov	Containn Enclosus ebag Pro Exempte	e cedure					
			Locati						4011-	LXCIIIDIE	u () an	u ivon-r	nable P	Aba	itemen Type	t
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbest (i.e. l	os Conta thermal surfac	scription of aining Massistems systems thing, VAT aiscellane	ateri insu	ulati	ACM) on,	(8	mount Specify or LF)	Remova	T	ш	Enclosure
Diagon and other	h	Yes	No	N/A									a		late	life
Please see attac																
ame of Registered Was	te Hauler		Ha	JDEP W Buler ID 310		Cubic You Was	te			Name of Minerva						
ity, State nirley, NY 11967						Disposa 02/07/		1		City, Stat Wayne:		OH 4	4688			
ompleted by nn A. Ali		Title Comp	oliance	e Admi	in	Sig	gnature	1	N.	,	- 31	T	Date 01/22/	2018	3	-

p.3

Print Form

N	3396) NB		ATION	OF ASBESTO	SABATE			P	A, 2				
•			*****						9 : ·	<u> </u>		14.7		
Date of Notification (1)	2/5/18			ame of	Building Owner		70.00	oreth		e vitar e de l'erreparent pe, et		*** ***********************************	1	
Agencies Notified	Type Notification		S	street A		^	,			£B	5 2	018		
☐ EPA	Initial		-	ihe Sta	te, Zip Code				,			7	11	-
DEP DOL	Amended Amendment#_		_ `	aly, ola	[AZIAZ	llet	to.	AIT.	EX	775		1		
□ DOH	Emergency (in justification)	duding	N	lame of	Contact	NOO	00	740	Teleph	one Num	ber	V	-1)	
DCA	Cancellation		1	Eric Pl	ackis		_	7-77/100-					-	-
Name of Facility Where	Abetament is Taking I	Plane (3)		FACI	LITY INFORMA	ПОП	Type	of Facility	(4)	\ S	P-	12	1 1	\mathbb{H}
Name of Pacify Whee ?	-Datement is Taking t	iace (o)						School (K-1		طرا	(J)	(m)	production of	
Street Address							1m	Subchapter	8 (Other t	nan K-12)			
								Other (i.e., etc.)	orivate & co	xnmercia	FEE	ings, i	nomes	18
City (5)	100/12/	1					Squa	re Feet	# of Flo	oors	BI	dg. Ag	ge 7	
	MUMUL	10	10	`aumhi (Code (7)		Cum	OL ent Use (Pri	or if being	demélish	edi	04	1, -14 1, -14	-
County (6)	PAN				ISE ONLY)		Julie	DI	INA.			• • • •	7.7	
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCN	No.	Name	of Aba	atement Co						
						Bric	k Indu	istries Inc	> .					
Street Address							t Addre							
27. 24.								Zip Code						-
City, State, Zip Code								w Jersey	08723					
Project Manager for Mon	itoring Firm		T	elephoi	ne No.	Telep	hone N	lo.	1 00	cense No	0.			
						1	2)899-			1196				_
Start Date (10) 7	110	cheduled	Com	pletion (Date (11) 2	Name	e of OS	HA Monitor						
Occupancy Status Durin	a Abatement (Check	Only One)	<u>-/),</u>) į (2	Stree	t Addre	ess					_	\dashv
_/	ated During Entire Pe			ent.										
Facility Closed/Vac Abalement Perform Other – Describe:	ned Outside of Normal	I Facility H	ours			City.	State, 2	Cip Code						
Scope of Work (Check A	Il That Apply)						_							
23 sf or ≥3 lf			novat					ill Containm		egative P	ressur	e		
2160 sf or ≥260 lf		□ Der	molitie	ווט			GI	ovebag Pro	cedure					
							_ No	on-Exempte	a (") and N	ion-Friad	7	Abate		\neg
Location	- of		ocatio mally			Descriptio	n of					Ту	ре	
Asbestos-Containing	Material (ACM)	Used Maint			Asbestos C	ontaining	Materia		Amo		7		m	m
TO BE AB In Faci		Custo	dial S			facing, V	AT, or		(Spe		Removal	Repair	Encapsulate	Enclosure
(13)		ļ ,	(12)		othe	r miscella	aneous)			laval	air	ulai	sure
		Yes	No	N/A			·! 1		-		17.			
					asbes	205	Moi	x He	200	DT	8			
											-			
			1 :-	IDEE:	<u></u>	.!- >/- 1		T 61	Registere	d) == 450	_			
Name of Registered Wa				JDEP V auler ID		oic Yards Vaste 7	>		r Registere VS Inc.	u Landiill				
Brick Industries Inc.			21	1602			> '							
City, State					Dis	posal Dat	te	City, Sta	ite					
Brick, New Jersey Completed by		Title		_		Signatu	ire /	1 21		D ₂	ie 1	-	1 ~	
Eric Plackis		Presid	ent			g.ia.0	4	Alle			4	11	18	
			_									- 1		

	CY W						The Service Selection and American Service	Date of the	Partiess	Pr	int F
CKH JOHJan	Vd	NOTIF (P	ICATIOI ursuani	tate of New Jerse N OF ASBESTOS to NJAC 8:60 ar	ABATE 1d 12:120	9)	DEC	LLI.		W	C.C.D.
Date of Notification (1)			Name o	Building Owner/	Operator	(2)	FEE] [4 2	018	and the state of t
Agencies Notified Type Notification EPA Initial Amended		The second secon	Street A	Address PCKK ate, Zip Code		-	AGEGEA	OM. OM		C OL	
DOL Amendment Emergency (justification) Cancellation	including	Andrew Coresida	Name o	ion + 0,0 of Contact) or y	lic,	New Je	Sey 0 - Telephone Nur)-0 ⁽	+2		- VE
Name of Facility Where Abatement is Takin	a Diego (25	FAC	ility informat	TON	T65 -72 -					
RPM Property Street Address	y Piace ţ						2) 8 (Other than K-12			•	
City (5)					dissilani (reserve)	Square Feet	# of Floors	В	ldg. A	ige	98,
County (6) Mannouth				Code (7) USE ONLY)		Current Use (Pri	or if being demolish	100)) t		
Name of Monitoring Firm Hired by Building (Owner (8))	ASC	VI No.	A	of Abatement Con		ر. د	7		
Street Address City, State, Zip Code					9	Address Monto tate, Zip Code	serd				200120
Project Manager for Monitoring Firm			Telepho	пе Мо.	()	145 NC	CK, NJO	77	Q 7	<u>)</u>	-
Start Date (10)	Schedul		pletion	Date (11)	- Commission of the commission	of OSHA Monitor	7 00	00	29	A	
Occupancy Status Buring Abatement (Checility Closed/Vacated During Entire F Abatement Performed Outside of Normal	eriod of	ne) Abaten	nent			Address tate, Zip Code	*****				
Other – Describe: Am — Scope of Work (Check All That Apply)	9				J., 0						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				Mini-Enclosure Glovebag Proc				6	
Location of		Locati	ly	ne	escription		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T	Abate		t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbestos Con (i.e. therma surfa	itaining M	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
16-0000-4	Yes	No	N/A	D = 2	· · · · · ·		900 LF	X		fo	
throughout	The state of the s			Pipe in	1))14	407	900 CF	χ.	Although		
Name of Registered Waste Hauler ACL INSTICTION (5)	エハ		JDEP W auler ID	No. of Wa	+	Fo	Registered Landfill				
Completed by	l Title			12	Sal Date	City, State	sulle PA				
Pro Q mcG 1 C2		olc.	aITO	01.50- 18	Signature	11	/ Dat	e	3	8	

Emergency - Badly Damaged per building inspector
State of New Jersey

OKH 504 (PAID) NOTH-ICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	7	Name	f Building Owner	Operator	(2)	TIMEG	F		W	81		
2)9118	Y 63-45-45-			Fo	& Catayo	TH	2 49 t,	464	Pro Salarini	er terrener	1.3 (a. (a. 2.)	
Agencies Notified	Type Notification		1	Street A	address	0 10	ILO A		-		2000	
DEP DEP DOL	Initial Amended		ahitpor	City. Str	nte, Zip Code	aye	TIC OV	'ell III FEI	1 1	1 2	018	- 4
DOL	Amendment		_ {	13	DOCH L	o 1	V V 113	11/2				1
₩ DOH	Emergency (justification)	including	1		f Contact	1,3	1 1 0	C Lawrence	- 14 10 1	18/4 ₂	and the second	. Ék
DCA	Cancellation		410	and and	toward			- 1				
		6: 70		FAC	ILITY INFORMAT	ION	T=	1				
Name of Facility Where	Abatement is Taking	Prace (3	10	0.5	200 = 1 /		Type of Facility	80.5 (1.5)				1
Street Address	CYPTIC GO	1+	1.6	PI	PC 17		School (K	- <i>12)</i> er 8 (Other than K-12	21			
410 Bono	1 Stree	7				100		private & commercia		dings,	home	s,
City (5)			250000000000000000000000000000000000000		*******************		Square Feet	# of Floors	8	idg. A	ge	
Abbury Po	KK					500	3000	1 3		50)+	matters to se
County (6)	11				Code (7) USE ONLY)			rior if being demolish	red)			
17)00(7)00	Mirod by Syllding C			ASC	6 20000	1 11	Va(G+C		4			
yame of worldowing rum	ame of Monitoring Firm Hired by Building Owner (8)					Name 1	of Abatement C	outscot (a)	J	7-	1	A) and the
Street Address	treet Address					Street	Address	21041216	U;			
	5 (1960) 1 (1960) 1 (1960) 1 (1960) 1 (1960) 1 (1960) 1 (1960) 1 (1960) 1 (1960) 1 (1960) 1 (1960) 1 (1960) 1					195	Montro	serd				and the same of th
City, State, Zip Code	ity, State, Zip Code					City, S	tate, Zip Code					
6 30						()	17 NOCK	NOUTH	7	7		
Project Manager for Mon	tonng I-irm		1	Telepho	se No.	Teleph	one No.	License N	o. 7.)	G		al trapetion
Start Date (10)		Schedule	d Corr	moletion I	Date (11)	Name	ナナリターナ of OSHA Monito	J - 1	201	1		
2/13/18		2/1	6	118	()	1						
Occupancy Status During	Abatement (Checi	Only On	e)	1		Street	Address					
Facility Closed/Vaca												N Second
Abatement Perform Other – Describe:	ed Outside of Norm		Hours	:		City, S	tate, Zip Code					elidikary.
Scope of Work (Check Al	That Apply)	Y				<u> </u>			-			-
∏ ≥3 sf or ≥3 if		T R	enoval	lion		E	Full Contains	nent with Negative P	raccin	**		and de la de la de
2160 sf or ≥260 lf		E-Transaction .	emoliti			1000	Mini-Enclosu	re	100001	C		and
`		*				V	 Glovebag Pro Non-Exempte 	scedure ed (*) and Non-Friabl	e Pro	cedur	e	in the
		ls!	Locati	on					1	Abate	ement	T
Location	of		ormali i Sole		De	scription	of			Ty	pe	
Asbestos-Containing TO BE ABA		Mai	ntenar	nce/	Asbestos Con (i.e. thermal			Amount (Specify	72		雪	m
In Facili		Custo	odial S (12)	Staff?	surfa	cing, VA	T, or	SF or LF)	Removal	Ropair	scler	Enclosure
(13)		- T		1	omer r	niscellar	eousy		val	#	Encapsulate	sure
		Yes	No	N/A								
3rd FL				W	400	+	Le	チェ	X			
											- August	1
								444			-	ļ
Name of Registered Was	te Hauler			JDEP W auler ID			Name o	Registered Landfill				1
ACRITISSIO	tion Os:	to(distribution of the second	1205	rlo 1	/	1 Ch	ins				
City, State					Dispor	sal Date	7.2	0 1/3				- Completion
Completed by	, N)	Title			17	11/18	1 (cs	to, 01+		1		
Completed by '	. 0	I	1,	ه مال استوجاب	vec s	ignature	/	Dat	1/0	1.0	>	d transfer
Bree Milbor	~	Secre	tery	1, 40	n Kt		211	1 9	~}	11)	,	



(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 02/09/18 Nury Montanari Agencies Notified Type Notification Street Address X **EPA** X Initial City, State, Zip Code DEP Amended X DOL Springfield, NJ 07081 Amendment # Emergency (including Name of Contact X DOH justification) Nury Montanari DCA Cancelation **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 Springfield, NJ 07081 2,546 2 100 County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) Residential Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address Street Address 32 Willow Way City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 Project Manager fo Monitoring Firm Telephone No. Telephone No. License No. 973-333-9176 01331 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/19/18 02/20/18 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Rd., Bldg. 35-E Abatement Performed Outside of Normal Facility Hours City, State, Zip Code X Other - Describe: 08:00 AM - 03:00 PM Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) X ≥3 sf or ≥3 If X Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition X Mini-Enclosure X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specity Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13) other miscellaneous) Repair Yes N/A No Basement X Asbestos containing Pipe 11 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Regustered Landfill Unicorn Contracting Corp. 0035844 Fairless Hills Landfill Disposal Date City, State Woodland Park, New Jersey TBD Morrisville, PA Completed by Signature Date Dimo Golcev General Manager 02/09/18



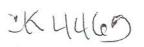
果 石製展集	JF	ı			N OF ASE t to NJAC				^	Dog	. 0	17=	34	6		
Date of Notification (1) 2/9/18					of Building Graham		Operato	r (2)		AL I	E G	E	<u> </u>	W.	L.	
■ EPA 🗵	e Notification Initial			Street A	Address				The second secon		EFF	1 1 4		2018	The state of the last of the state of the st	
DEP DOL	Amended Amendment #_ Emergency (incl	ludina	_ [Elizat	ate, Zip Co beth, NJ	0720	1			State of the state	I Li			51810251	,,	
DOH DCA	justification) Cancellation	iddiiig		Name of Mary	of Contact					l Tel	enhone	Numbe	ér .	i i	14	area and an
Name of Facility Where Abater Home	ment is Taking Pl	lace (3)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)		-	-			
Street Address								H	School (K- Subchapter Other (i.e. petc.)	8 (Oth			uild	lings,	home	es,
City (5) Elizabeth									re Feet	# 01	f Floors		BI 6	dg. A	ge	
County (6) Essex					Code (7) USE ONLY)		Curre	ent Use (Pri ME	or if bei	ng demo	olished))			
Name of Monitoring Firm Hired	by Building Own	ner (8)		ASCN	И No.		10 Company		itement Coi		1.00	I.C.				
Street Address							Street	Addre								
City, State, Zip Code							City, S	state, Z	ip Code I, NJ 074							- 1000
Project Manager for Monitoring	Firm		1	Telepho	ne No.		Teleph	none N 764-2	0.		License	e No.				
Start Date (10) 2/14/18		hedule		pletion	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abat							Street	Addres	SS							
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: basem	tside of Normal F	od of A acility	batem Hours	ent			City, S	tate, Z	ip Code							
Scope of Work (Check All That	WOOD WIND										<u> </u>					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				×	Mir Glo	l Containme ni-Enclosure evebag Prod n-Exempted	e cedure					9	
			_ocatio							,) and		Idolo I		Control of the	ment	
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	ial (ACM)	Used Mair Custo	Solel ntenan odial S (12)	y by ce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial s insula T, or		(S	mount pecify or LF)	Nelliova	Domonia	Repair	Encapsulate	Enclosure
Crawl space		Yes	No	N/A			·								te	
Orawi space				X		pipe	insula	lion		18	80 LF	X	+	-		
Name of Registered Waste Hau	ıler		N.	IDEP W	aste	Cubic	Yards		Name of I	Register	red Land	Hfill				
Freehold Cartage	5 (110 - 5 (100))			uler ID 939	No.	of Was			Grows/							
City, State Freehold NJ						Dispos TBD	sal Date		City, State Morrisv		4					
Completed by A. Scott Higgins	(42)	itle Presic	lent			S	ignature	D	_			Date 2/9/1	8			



Check 17347

D 1 (N) 115 11 141									0,5		10	1	/		
Date of Notification (1) 2/9/18					of Building Paterno		Operato	r (2)			(=10z.a				
Agencies Notified	Type Notification		-	Street A	Address				113	GE	- fi	11/7	E	1 2	
EPA	× Initial									= 9 =	U months	U	5		Printegran
DEP X DOL	Amended Amendment	#		S	ate, Zip Co /ale, NJ		5		October and octobe	FEB 1	1 0	010	And the second	al and a second	Control of the Contro
	× Emergency		-		of Contact				The state of the s			018	i i	1	
DOH DCA	justification) Cancellation			John	or Contact				-	Telephon		ber	Ĭ		
				FAC	ILITY INF	ORMAT	TION		AS	BESTUS (A 25 4 4 1	1:06	- OZ		
Name of Facility Where A	Abatement is Takin	g Place (3)						Туре	of Facility (4			7-2004-0			
Street Address									School (K-12						
Street Address									Subchapter 8 Other (i.e. pri				dinas	, hom	es.
City (5)								<u> </u>	etc.)				- 157		
Riverdale								2200	re Feet	# of Floor	S		31dg. <i>F</i> 35	Age	
County (6)				County	Code (7)				nt Use (Prior	_	nolich		55		
Morris					USE ONLY)		HON		ii beilig dei	HOHSH	eu)			
Name of Monitoring Firm	Hired by Building (ASCN	И No.		Name	of Aba	tement Contr	actor (9)						
							ABS	Envir	ronmental	Services,	LLC				
Street Address	reet Address							Addres							
City, State, Zip Code									83, 4 E Ga	ite Drive					
only, otato, Esp oddo									ip Code , NJ 0741	8					
Project Manager for Mon	itoring Firm			Telepho	ne No.			none No		Licer	se No).			
0								764-2		703					
Start Date (10) 2/19/18		Scheduled 3/5/18	d Con	npletion	Date (11)		Name	of OSF	A Monitor						
Occupancy Status During	Abatement (Chec		.)				Stroot	Addres	20						
Facility Closed/Vaca		37 Y C 653	3.1	ont			Street	Addres	5						
Abatement Perform	ed Outside of Norm	al Facility I	Hours	ieni.			City, S	state, Zi	p Code		-				
						_									
Scope of Work (Check Al	I That Apply)							-							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	nova						Containmen	t with Negat	tive Pr	essu	re		
			HIOH	1011			×	*** C. S.	i-Enclosure vebag Proce	dure					
		1							n-Exempted (Friable	e Pro	cedur	е	
		25.77	ocati	11										ement /pe	t
Location Asbestos-Containing		Used	rmal Sole	ly by	Ashaa		scription		(4.014)	2 0			1)	he	
TO BE ABA	TED	Main Custo			(i.e.	therma	taining M I systems	nateriai s insula	tion,	Amount (Specify		R	_	E	ш
In Facili (13)	ty	- Control (Control (C	uiai 3 (12)	otan :		surfa	cing, VA	T, or		SF or LF		Removal	Repair	aps	Enclosure
(10)		Yes	No	N/A		other	miscellar	ieous)				val	air	Encapsulate	sure
Pagama	nt.	165	INO							- V. W. W. P. P. S. W.				(D	
Baseme	ent.	-	3311	X		pipe	insula	tion		120 LF		Х			
Name of Registered Was	to Hautes		1.51			T =									
Freehold Cartage	te nauier	10000	JDEP W auler ID		of Wa	Yards ste		Name of Re	2000 BA 10						
			15	5939	- and val	TBD			Western	Berks Lar	ndfill				
City, State Freehold NJ						E47,63	sal Date		City, State	D.4					
Completed by		Title				TBD	Now -1		Birdsbord	D, PA	T =				
A. Scott Higgins		Presid	ent			5	Signature	10	h		Date 2/0	e /18			
			(3.050)					0		_	2/5	110			

		. NO			to NJAC 8:			T.	C1C	446	3		general avera	Ţ
D . (1) -: (1)				Ioma of	Building Ow	mar/Onerst	tor (2)		IC P	日	1/3	123		1
Date of Notification (1)	18		ľ	C	HUCK	CC	OPE	ERIN	F 6	tora d			Accept the second	A STATE OF THE PARTY OF THE PAR
Agencies Notified	Type Notification		5	treet Ad	dress			110	i in	B 1 '	20	18		
□ EPA	Initial		-	ity Stat	te, Zip Code				H FE	L) ·	50 (150)		+	-
DEP DOL	☐ Amended Amendment #		_ `		PHA	NIT	- 0	9865		and the second second	مارد. روس آگار این		<u>-</u> -	
E/ 2011	☐ Emergency (inc	luding	-	Name of		. 1 . 2		1	I TE 1 L	NTh	See 14. 15	11100	a/-	
DOH DCA	justification) Cancellation			F	la ce	SOPE	n	1	- -t					
				FACII	ITY INFO		N		L					
Name of Facility Where Al			0-1	,			Ту	pe of Facility (4	.)					
	CHUCK	000	1510	<u>_</u>						K-12)				
Street Address						\$5	Ē	Other (i.e. pr	ivate & com	mercial b	uildin	gs, hor	nes, et	c.)
City (5)	0							uare Feet	# of Flo	ors	BI	dg. A	ge	
	PHA							1475	1	- slick ad	1_	17	50	د
County (6)	CREN			County C STATE L	Code (7) ISE ONLY)		- Cu	rrent Use (Prior	The being der			*		
Name of Monitoring Firm		er (8)		ASCM	1 No.	N	lame of Al	batement Contra	actor (9)					
Street Address						B	est J	Removal	Inc.					-
						4	50 S	outh Ri		tree	t_			
City, State, Zip Code							City, State,	200						
Desiret Manager for Manit	arina Ciam		11	Telephon	a No		acker elephone	nsack,		ense No.	_		_	-
Project Manager for Monit	oring rum			eteption	E 140.		5000 5 0000000			0038				
Start Date (10)	, 15	Scheduled	Compl	etion Da	te (11)_	N	Vame of O	2.9 – 7.4.4.4 SHA Monitor		0030	0			
2/19/			2/	120	118	0:	mega	Enviro	nment	al_				
Occupancy Status During	Abatement (Check Only	One)												
Ahatement Performer	ted During Entire Period Outside of Normal Fa	cility Hou	ement	0			SU HI	yler S	treet					
Other - Describe: _	d Outside of Normal Fa	o'S	ددر	SPA				Hacken	sack,	NJ (076	06		
Scope of Work (Check All	That Apply)													
-23 sf or ≥3 lf			enovati				177.57	Full Containme		ative Pres	sure			
□ ≥160 sf or ≥260 lf			emolitie	on			1	Mini-Enclosure Glovebag Proce	dure					
			9					Non-Exempted	(*) and Non	-Friable I	roced			
		100000	Locatio										ment pe	
Location			formally d Solely		Ashante	Descri os Containi	iption of	ial (ACM)	Amo	ınt				
Asbestos-Containing TO BE AB	ATED	17/50023111	intenan odial St		(i.e. therm	nal systems	s insulation	n, surfacing,	(Spec	ify	Rei	R	Enca	Enc
In Facil (13)		Cust	(12)	aii:			AT, or scellaneous	s)	SF or	LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Curor min	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			2		ate	ге
BASEME	N-X			×	THERMA	11 5.18	TEMC I	ISU LATION	110	F	×			
2/38/10				-	(Tiple)-ch	10 370	10.0 11	30 041 0						
							10		(II	1000				
									populario il disente il d					
Name of Registered Waste	Hauler			IDEP W	10000	Cubic Yar of Waste		1	Registered L	andfill				
Best Removal	Inc			171(OI WASIE	2/20	7 Mine	rva Ei	nteri	ori	ses	. 1	,I,C
City, State	. 1110					Disposal 1	1 0	. City, State	2				-	
Hackensack,	NJ 07601	Total					10/18	Wayn	esbur	Date Date		468	8	
Completed by		Title	:			Sign	nature	مع ونو	A	Da	2/	9)	18	
J. Maiorano		Est	ıma	tor			1	000						



PAID.

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

						-			HEZZ	12 15	122	11	4	77
Date of Notification (1) 2/9/18			N	ame of E	Building Owner	Operator (2)) CE C	ERE			Ecoport e fail	- property		To constant
Agencies Notified Type	Notification		St	reet Ado			0		And the promise of th	FEI	3 1	4 2	018	Mary Park
DEPA DOL DCA	Initial Amended Amendment # Emergency (inclusitification) Cancellation	ding	-	ame of C	e. wayde	NOCT!		. 07	760	ASSES	(05 K	ON	FOL	. &
		7/		FACIL	ITY INFORM	ATION	· ·	P3: (4)						-
Name of Facility Where Abatems MS. Street Address	TANIC€		EN	Ē,			□ Sc	Facility (4) chool (K-12 ubchapter 8) (Other ti	han K-12) commercial b	uilding	s, hon	nes, etc	:.)
City (5)							Square			Floors		dg. Ag	je	+
Morris	NWOT							100	1	2		19	31	_
County (6)	is			ounty C	ode (7) SE ONLY)		Current	Use (Prior	it being	demolished) ろく	5.			
Name of Monitoring Firm Hired	•	r (8)		ASCM	No.	Name	of Abater	ment Contra	ctor (9)					
Street Address							t Rei	moval	Inc					\dashv
Succe Addiess		•							ver	Stree	t			_
City, State, Zip Code	14						State, Zip	Code ack, I	NT C	7601				
Project Manager for Monitoring	Firm	· ·	T	elephon	e No.		none No.	ack,	I	License No				
Project Manager for Montoring	1 11111					201	-329	-7444		0038	88			
Start Date (10) 2 / 20 / 1		cheduled		etion Da	te (11)			Monitor		h = 1				
Occupancy Status During Abater		One)	100	110		Street	Address	nviro	nmer	ITAI		W 10.2%		
☐ Facility Closed/Vacated Do ☐ Abatement Performed Outs ☐ Other – Describe:	uring Entire Period	of Abate		۹		City, S	State, Zip			t, NJ	076	06		-
Scope of Work (Check All That	Apply)					IDOU	CII III	acken	Dack	9 110	010	<u> </u>		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	1137		enovatio emolitio		- 5		Min Glov	i-Enclosure vebag Proce	dure	Negative Pres		ure		
												Abate		
Location of Asbestos-Containing Mate TO BE ABATEI In Facility (13)		Use Ma	Location Iormally d Solely internance odial St (12)	by ce/	(i.e. thermal	Description Containing M systems inst VAT, or ther miscella	Material (A ulation, su r		(S	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
BASSITION		165	140	V	THERMAL S	staus	1 18 8 14	TION		85LF	×			
BASETENT			-		Menute	(¢)(e)(3		,			1			
Name of Registered Waste Haul	er		10000	IDEP W		ubic Yards Waste		Name of I	Register	ed Landfill				
Best Removal I				171(09	isposal Date	1.	City, State	e	Enter	pri H 4			LLC
Hackensack, N.I Completed by	07601	Title				Signatur	£	Wayn	CSUL	D , D	ate 1	~ I	1	
J. Maiorano		Est	ima	tor		1 / 1	1000	www.	3_		2/	4/	8	

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

CK 2815

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

Hoked to Pol

PAID (Pursua

Date of Notification (進 太里里」							- im	EG	EII	W E	10)	a-Tuesanid	
Date of Notification (2-9-2018						Owner / Operato	r (2)		ware in the second			decision.	
Agencies Notified	Type Notific	ation			t Add		ty Hospital	110/2	1				-	
⊠ EPA	, , , , , , , , , , , , , , , , , , , ,	ation					Campus	Annual Control of the	FEB	1 4 20	018	6	The same	
☐ DEP	☐ Initia					& Zip (Find the					1	
□ DOL		nded(increase	d			NJ 08			bgramens Art. W		and the];	Service Servic	
M DOLL	scop	(- C)								4 2 4 4 4 12			1	
□ DOH		rgency				ontact			ter speciment of the contract	- FT	plenhar	Niil a	mbe	er
BCA	☐ Cano	cellation		Jim U	Iricchi	0			*	=				
				F	ACILI	TY INF	ORMATION	x				-		
Name of Facility Who	ere Abateme	nt is Taking Pla	ce (3)				Type of Facil	ity (4)						
Kennedy University I	Hospital-Adm	in Corridor					School (
Street Address							☐ Subchap	oter 8 (Other t	han K-12)					
2201 Chapel Hill Car	npus						Other (i.	e. private & co	mmercial b					
City (5)		County (6)	Ica		2-1-	/ 7 \	Square Feet			Ble	dg. Age			
Cherry Hill, NJ		Camden	100	unty	Jode	(7)	250,00		2			52		
Charry rum, 140		Camuen					Hospital	(Prior if being	demolished	1)				
Name of Monitoring I	Firm Hired by	Building Owne	r (8)		AS	CM No	. Name of Aba	tement Contra	actor (9)					
Criterion Laboratories Street Address	S							nagement Gr	oup, LLC					
3370 Progress Drive, S	nite I						Street Addres							
City, State & Zip Cod								n Ave, Suite 2	.02					
Bensalem, PA, 19020	C						City, State & Trenton, NJ 0							
Project Manager for I	Monitoring Fi	rm	Teler	hone	Numl	per	Telephone No		Lic	ense Nu	mhor	-		
Mr. Mike Panepresso				44-13			609-914-4279			CHSC NU	01185	5		
Scheduled Start Date		Scheduled Com	pletio	n Date	e (11)		Name of OSH	HA Monitor						
2-12-2018 (34 Fi			2-28-					nental Labora	tories, Inc					
Occupancy Status Du	uring Abatem	ent (Check only	one)	Looner ne		·	Street Addres							
☐ Facility Close ☐ Abatement P	ed/Vacated D	uring Entire Per tside of Normal	riod of	Abat	emen	t	2333 Route 2							
Abatement P	enormea Ou	iside of Normai	Hours	S			City, State & 2	Zip Code						
Describe:	Project to be	conducted 2 nd s	shift 4	.00nm	to 12	·30am	Union, NJ 070	202						
☐ Facility Occu			or me	.oopii	10 12	ooam	Official, 143 070	003						
Scope of Work (Chec														
								⊠ Full Co	ontainment	with Neg	ative P	ressui	re	
≥3 sf or ≥3 lf≥160 sf ≥260	ıc				ovatio			☐ Mini-E	nclosure					
≥160 sf ≥260	IT		\boxtimes	Den	nolitio	n			Bag Proced			. 72		
Lo	cation of		Is	Locati	on	T	Description	⊠ Non-E	xempted an	nd Non-F ount		roced		
	os-Containing	1		nally l			Asbestos-Con		127, 23, 23, 23, 23, 23, 23, 23, 23, 23, 23	ecify	Abat	emen	LIY	pe
	erial (ACM)		S	olely b	у		Material (A		SF o				m	Ш
	E ABATED			tenan			(i.e., thermal sy				en	Re	cal	nc
In	Facility (13)		Custo	odial S	Staff?		insulation, surfac				Remova	Repair	nsc	Enclosure
	(13)	-	Yes	(12) No	N/A		or other miscella	aneous)			<u> 20</u>	7	Encapsulate	Гe
Admin Corridor			П	\boxtimes		Fire n	roofing		2,500				-	
Mail room			H	\boxtimes	H	-	tile & mastic		80 SF				井	屵
Amended:Admin Ha	llway		Ħ		Ħ		ittings		34 each				╬	H
					Ī		50		54 cacii			# 1	┽	片
			\Box	П	П								7	
					ī							러남	+	뉘
Name of Registered V	Vaste Hauler			NJI	DEP V	Vaste	Cubic Yards of	Name of Red	gistered Lar	ndfill				_
Doggues M-	-10			500000	uler IE		Waste							
Resource Manageme	nt Group, LL	U		003	35218		TBD	Grows Landf	ill					
City, State Trenton, NJ							Disposal Date	City, State						
Contraction of a contraction of the contraction of	T ,			-			TBD	Morrisville, P	Α			<u> </u>		
Completed By (Print o Mr. Brian J. Haney	or Type)			Title			Signature)				Date			
w. Dian J. Halley				Pre	siden	Į.	4	\sim			2-9-201	8		
							11							

nock

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

D									1566	I W E IN
Date of Notification (1) 12-27-2017	,					Owner / Operator y Hospital	(2)		The state of the s
Agencies Notified	Type Notific	cation		Street			y rioopital		II FEB IA	2018 U
⊠ EPA		2					Campus		,	2010
□ DEP □ DOL	☐ Ame	al ended				& Zip C		#16-16	K C CONTRACTOR OF THE PARTY OF	P. Constitution of the second
⊠ DOH		ergency		Name		NJ 080	JU2		ASSESTOR OF	Telephone Number
☐ DCA		cellation		Jim Ur					The second companies of the companies of	relephone Number
					A CILL	TV INIC	ORMATION			
Name of Facility Whe	ere Abateme	ent is Taking Pla	ace (3)	17	TOILI	1 1 11/11	Type of Facili	ity (4)		
Kennedy University I	Hospital-Adr	nin Corridor					School (I			
Street Address							☐ Subchap	oter 8 (Other th	an K-12)	
2201 Chapel Hill Car	npus								mmercial building	
City (5)		County (6)	Co	unty C	ode ((7)	Square Feet 250,000	# of Fl	oors 2	Bldg. Age
Cherry Hill, NJ		Camden		unity C	,ouc	(,)		Prior if being o		52
							Hospital			
Name of Monitoring F Criterion Laboratories		y Building Own	er (8)		ASC	CM No.		tement Contra		
Street Address	3				1		Street Addres	nagement Gro	up, LLC	
3370 Progress Drive, S	uite J							n Ave, Suite 20	02	
City, State & Zip Cod	е						City, State & 2			
Bensalem, PA, 19020							Trenton, NJ 0			
Project Manager for N	Monitoring F	irm		hone		per	Telephone Nu		License N	Number
Mr. Mike Panepresso	(15)			44-130			609-914-4279			01185
Scheduled Start Date 1-10-2018	- 0.00	Scheduled Cor	npletion 2-28-2		(11)		Name of OSH	IA Monitor nental Laborate	ories Inc	
Occupancy Status Du	uring Abater	nent (Check on	ly one)				Street Addres		ories, iric	
☐ Facility Close	ed/Vacated I	During Entire Pe	eriod of	Abate	ment		2333 Route 2			
	erformed O	utside of Norma	l Hours	5			City, State & 2	Zip Code		
Describe:	Proiect to be	e conducted 2 nd	shift 4	00pm	to 12	:30am	Union, NJ 070	183		
Facility Occu	pied During	Abatement		· · · · · · · · · · · · · · · · · · ·			[01.101.1, 110 070	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Scope of Work (Chec	k all that ap	ply)								9 seed topons
≥3 sf or ≥3 lf				Ren	ovatio	n.			ntainment with N nclosure	legative Pressure
≥160 sf ≥260	If		\boxtimes		olitio				Bag Procedures	
								Non-Ex	empted and Non	-Friable Procedure
	cation of os-Containin	na		ocation			Description Asbestos-Cont		Amount	Abatement Type
	erial (ACM)	9		olely b			Material (AC		(Specify SF or LF)	
	E ABATED			tenanc			(i.e., thermal sy	ystems		Re Re
in	Facility (13)		Custo	odial S (12)	taff?		insulation, surfac or other miscella	ing, VAT		Enclosure Encapsulate Repair Removal
	(10)		Yes	No	N/A	1	or other miscella	aneous)		al relate
Admin Corridor						Fire p	roofing		2,500	
Mail room				\boxtimes		Floor t	ile & mastic		80 SF	
					Ш					
Name of Registered V	Vaste Haule	er		N.IF)FP V	Vaste	Cubic Yards of	Name of Rea	istored Landfill	
873					iler ID		Waste	Ivalle of Neg	istered Landini	
Resource Manageme	nt Group, LI	LC		003	5218		TBD	Grows Landfi	II	
City, State Trenton, NJ							Disposal Date	City, State		
Completed By (Print of	or Type)			T;41-			TBD Signature (Morrisville, P	4	In.
Mr. Brian J. Haney	n Type)			Title	e siden	t	Signature			Date 12-27-2017
						2				
							1			



County (S) Cou	Completed by Anthony Jones	Title Proje	ect Ma	nager			ignature Anti		JUA	9	30	Date 2/9				
County (a) County Code (7)	Elizabeth NJ								2700							
Pursuant to NJAC 880 and 12:120)	Century Waste Services		H	auler ID		of Was	ste		grows i	north I			ess	land	fill	
Curror Use (Prosument to NJACE s60 and 12:120) Curror Use (Prosument Contractor (9) Curror (12) Curror (13) Curror (13) Curror (14) Curror (14) Curror (15) Curror (15	Name of Registered Wasta Hauler		N	IDED W	/asta	Cubic	Vardo		Name of	Dogists	rad l and	4611				
Curror Use (Prosument to NJACE s60 and 12:120) Curror Use (Prosument Contractor (9) Curror (12) Curror (13) Curror (13) Curror (14) Curror (14) Curror (15) Curror (15																
Curror Use (Prosument to NJACE s60 and 12:120) Curror Use (Prosument Contractor (9) Curror (12) Curror (13) Curror (13) Curror (14) Curror (14) Curror (15) Curror (15	pasement pipes		X		ine	imai s	ystem	insula	ation	1(JULF	-	X			
Pursuant to NJAC 8:60 and 12:120	Rasement nines	Yes		N/A	Tho	rmal co	vetam	ineula	ation	1/	101 E		v		co .	
Date of Notification (1) Zie County Code (7) Description Name of Building Owner/Operator (2) Name of Building Owner/Operator (2) Dixon Leasing Streat Address 266 Barrow Street Unit 1 City, State, Zip Code Burden Address 286 Barrow Street Unit 1 City, State, Zip Code Dox Dixon Leasing Streat Address 28 North Pennell Rd. City, State, Zip Code Dox Dixon Leasing Project Manager for Monitoring Firm Carnelo Altamonte Telephone No. Dox Dixon Leasing Project Manager for Monitoring Firm Carnelo Altamonte Telephone No. Dox Dixon Leasing Street Address 28 North Pennell Rd. City, State, Zip Code Philadelphia PA 19136 Project Manager for Monitoring Firm Carnelo Altamonte Telephone No. Dox Dixon Leasing Street Address Street Address 28 North Pennell Rd. City, State, Zip Code Philadelphia PA 19136 Project Manager for Monitoring Firm Carnelo Altamonte Telephone No. 201 864-6683 215 3335117 D1328 Street Address Street Address Street Address Street Address 28 North Pennell Rd. Carnelo Altamonte Telephone No. D1864-6683 D186	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma Cus	Normall ed Solel aintenar todial S (12)	y ly by nce/ staff?		tos Cont thermal surfac	aining N systems cing, VA	of Material s insula T, or	(ACM)	Aı (S	mount Specify			Abate Ty	ement pe	
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Street Address 266 Barrow Street Unit 1 Dipe DeA DeD DeA Dep DeA Description Cancellation Type Notification Street Address 266 Barrow Street Unit 1 Diper DeA Description Cancellation Type Notification Street Address 266 Barrow Street Unit 1 Diper Dead Description Cancellation Type Notification Type Notification Street Address 266 Barrow Street Unit 1 Diper Dead Description Cancellation Type Of Facility (4) School (K-12) Subchapter 8 (Other than K-12) County (6) Hudson Name of Monitoring Firm Hired by Building Owner (8) AET County (6) AET AET Street Address 28 North Pennell Rd. School (K-12) Street Address 28 North Pennell Rd. Street Address 28 North Pennell Rd. Telephone No. 201 864-6683 City, State, Zip Code Philadelphia PA 19136 Project Manager for Monitoring Firm Telephone No. 201 864-6683 215 3335117 Other County Code (7) Street Address 28 North Pennell Rd. Telephone No. 201 864-6683 215 3335117 Other Address 28 North Pennell Rd. Carrent Outside of Normal Facility Hours Other Describe: Street Address 28 North Pennell Rd. Scheduled Completion Date (11) Name of Abatement Performed Outside of Normal Facility Hours Other Describe: Street Address 28 North Pennell Rd. City, State, Zip Code Philadelphia PA 19136 Project Manager for Monitoring Firm Scheduled Completion Date (11) Name of Abatement Performed Outside of Normal Facility Hours Other Describe: Street Address 28 North Pennell Rd. City, State, Zip Code Philadelphia PA 19136	≥3 sf or ≥3 If	-					×	Mir Glo	ni-Enclosure ovebag Prod	e cedure					е	
Date of Notification (1) 2/9/2018 Date of Notification (1) 2/9/2018 Dixon Leasing Street Address DoL Type Notification Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Jersey City Square Feet 4 of Flooring Bildg, Age 165 County (6) Hudson ABCM No. O21 ASCM No. O221 Current Use (Prior if being demolished) Residential ASCM No. O221 Street Address 28 North Pennell Rd. City, State, Zip Code Madia PA 19063 Project Manager for Monitoring Firm Telephone No. 201 864-6683 215 3335117 Curuping Abatement (Check Only One) Street Address	Other – Describe:						City, S	tate, Z	ip Code							
Date of Notification (1) 2/9/2018 Dixon Leasing Dixon Lea	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -									d						
Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Agencies Notified Type Notification Street Address DOL Emergency (including justification) DCA DDCA DDCA Emergency (including justification) DCA DCA Amendment # Amendment # Angela Harris FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Dixon Leasing Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 ASSUTCS CONTOL & 10 10 10 10 10 10 10 10 10 10 10 10 10				pletion	Date (11)			of OSI	HA Monitor							
Date of Notification (1) Z/9/2018							100000000000000000000000000000000000000									
Date of Notification (1) 2/9/2018	Media PA 19063						Phila	adelph	nia PA 19	136	5					
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Agencies Notified Type Notification Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 Name of Facility Where Abatement is Taking Place (3) Dixon Leasing Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Jersey City County (6) Hudson Name of Monitoring Firm Hired by Building Owner (8) AET Amended							17/1/200		F.T.	reet						
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Street Address 266 Barrow Street Unit 1 Emergency (including justification) Cancellation Type of Facility Where Abatement is Taking Place (3) Dixon Leasing Type of Facility (4) Street Address 266 Barrow St Unit1 FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Jersey City County (6) Hudson Type of Facility (7) County Code (7) (STATE USE ONLY) Residential	AET	Owner (8)				CPR	ENV	IRONME			ICE				
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 Name of Facility Where Abatement is Taking Place (3) Dixon Leasing FACILITY INFORMATION Type of Facility (4) Street Address 266 Barrow St Unit1 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) City (5) Jersey City Square Feet # of Floors Bldg. Age Jersey City Square Feet # of Floors Bldg. Age Jersey City Square Feet # of Floors Bldg. Age Jersey City Square Feet # of Floors Bldg. Age Jersey City Square Feet # of Floors Bldg. Age Jersey City Jersey City Square Feet # of Floors Bldg. Age Jersey City Square Feet # of Floors Bldg. Age Jersey City	Hudson			(STATE	USE ONLY)	_	Res	idential			lishe	ed)			
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Type Notification Type Notification Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 Name of Contact Angela Harris FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	Jersey City				NUX IN SECTION			153	2	4			1		ge	
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 Amendment # DCA DOH DCA DOH DCA Amendment is Taking Place (3) Dixon Leasing Name of Building Owner/Operator (2) Dixon Leasing Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 Name of Contact Angela Harris FACILITY INFORMATION Type of Facility (4) School (K-12)	266 Barrow St Unit1							×	Other (i.e. petc.)	orivate 8	& comme		build			es,
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Street Address 266 Barrow Street Unit 1 City, State, Zip Code Amendment # Amended Amendment # Emergency (including justification) DCA DOH Cancellation Cancellation Cancellation Cancellation Pame of Building Owner/Operator (2) Dixon Leasing Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 Name of Contact Angela Harris FACILITY INFORMATION	Dixon Leasing								School (K-1	12)	orthan K	(10)				
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Street Address 266 Barrow Street Unit 1 DEP Amended Amendment # Emergency (including justification) DOH Pursuant to NJAC 8:60 and 12:120) Rame of Building Owner/Operator (2) Dixon Leasing Street Address 266 Barrow Street Unit 1 City, State, Zip Code Jersey City NJ 07302 Name of Contact Name of Contact	Name of Facility Where Abatement is Takin	g Place (3)	FACI	ILITY INF	ORMAT	ION	Туре	of Facility ((4)				_		
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Street Address 266 Barrow Street Unit 1 DEP Amended Amendment # DEP Emergency (including Fig. 1 / 2018 City, State, Zip Code Jersey City NJ 07302	DCA justification) Cancellation									T.		377.45.57				
Date of Notification (1) 2/9/2018 Agencies Notified Type Notification Street Address EPA DEP Initial DEP Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Dixon Leasing Street Address 266 Barrow Street Unit 1 City, State, Zip Code	Emergency	(including				J 0730	2		<u> </u>	- 5	4 25 3	The			ww.	Part I
Date of Notification (1) 2/9/2018 Agencies Notified Name of Building Owner/Operator (2) Dixon Leasing Street Address FET 1 A 2018	DEP Amended			City, Sta	ate, Zip Co	ode				Market Co. C. C.		esterna ta				CIRcont Strings
(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2)	Agencies Notified Type Notification	7				treet I I	Init 1			FE	E 1 1	20	118	- saladan	burd f	and the same of th
(Pursuant to NJAC 8:60 and 12:120) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							operator .	(2)						Jack and High	(Department des), promotivations, promotivations (see	
NOTIFICATION OF ASBESTOS ABATEMENT		,	(Pi	ursuant	to NJAC	8:60 an	d 12:12	0)		Ē C	E		II.			



1083 P	AID)			Sf	ate of N	lew Jersey		The second of th	NEC			W		The Control of the Co
					CATION	OF AS	BESTOS A C 8:60 and		T		- R 1	4 2	018	and the state of the state of	
Date of Notification (1)	Job	#: 9692	2.01	Nam	e of Bu	ilding Owne	r/Operator	(2)				010	- [-	
February 9, 2018					RW.	J Barna	bas Health		*						
Agencies Notified	Notification	on Type			Stre	et Addre	ess			AC3.	Ş71.5		Triv	. E.	
⊠ EPA ⊠ DEP ⊠ DOL	☐ Initial	ded					on Health F Zip Code	Place	ř	100 m graff (3.17 m Å) 1 m m Å	1		121124		(a. 0) (c) (
⊠ DOH	☐ Emerg	endment sencv (in					J 08690								
☐ DCA	justific	cation)	J		Nam	e of Co	ntact			, T	elepho	ne Nu	mber		
	☐ Canc	ellation			Den	nis Rud	loff								
					FAC	ILITY IN	NFORMATI	ON		-			-		
Name of Facility When				ace (3)					Type of F	acility (4)					
Robert Wood Johnson	on Univers	sity Hos	pital						☐ Schoo	l (K-12)					
Street Address									Subch	apter 8 (Othe (i.e. private 8	er than	K-12)	وانسط ا	linan	
One Hamilton Health	Place								homes		k (COMI	iercia	Dulic	iings,	
City (5)									Square F	eet # of I	Floors		Bldg	. Age	
Hamilton									25,000	3			50 y	ears	
County (6)						nty Code ONLY)	(7) (STA	TE	Current U	se (prior if be	eing der	nolish	ned)		
Mercer County	inna I II an al Ia	D 1111		(0)					Hospital						
Name of Monitoring Fi	ırm Hırea b	y Bullair	ng Owne	er (8)	ASCN	l No.	Name of	Contractor	(9)						
Criterion Labs Street Address								roup Reme	ediation, In	ic.					
400 Street Road							Street Ad			2002 N					
City, State, Zip Code							City Sta	ams Road te, Zip Cod	, Suite I, P.	O. Box 6					
Bensalem, PA 19020 Project Manager for M		irm	Telenh	one Nu	mher			m, PA 190 ne Number	120	Linamas M					
Michael Panepresso	.cg i		er= 8	4-1300			18 - 12 - 18 - 18 - 18 - 18 - 18 - 18 -			License N	umber				
Scheduled Start Date	(10)	Sched		mpletion			215-533-	OSHA Mor	-it	00858					
February 22, 2018	(10)		ary 26,		(11)		100000000000000000000000000000000000000	89 85	iitoi						
Occupancy Status Dur	ring Abater	nent (Ch	eck onl	v one)			Street Ac	The state of the s							
☐ Facility Closed/Vac				T. (0)	mont		400 Stre								
	ned Outside	e of Norr	mal Fac	ility Hou	rs -			te, Zip Code	Δ						
Other - Describe: V	Nork area t	to be vac	cated du	uring ent	ire abate	ement.	1 year 13	m, PA 1902							
Source of Work (Check	k all that ar	oply)					Delisale	III, FA 1902	20						
☐ >3 sf or >3 lf	n an that a	PP-37		M Pa	novation		1	M Eull Con		:4h Nla4:	D				
				_	molition			Mini-End		ith Negative	Pressu	e			
							į	Gloveba	g Procedur	e					
	-	1						☐ Non-Exe	empted (*) a	and Non-Fria	ble Pro	cedur	е		
		55-77-	Location	0.0									Abate	ement	
Location of Asbes	stos		rmally U Solely b			_	\						Ty	ре	
Containing Material		THE STREET	aintenan		Asbe		escription on entaining Ma		<i>n</i>)	Amount (Specify					
TO BE ABATE	D	(Custodia	al		e., therm	al systems	insulation,	,	SF or LF)		Z	_	Enc	ш
IN Facility (13)			Staff? (12)				facing, VAT miscellane					emo	Repair	aps	nclo
, , ,			(,			other	IIIISCEIIAITE	:ous)				Removal	ar.	Encapsulate	Enclosure
		Yes	No	N/A										te	
Radiology - X-Ray Rn Work Room	n 1 -Side		Х		Floor	Tile			160			X			
WORK ROOM															
					,										
Name of Dec Mintel	11		L			T					***				
Name of Reg. Waste F	nauier		5393	JDEP W auler ID		Cubic of Wa	Yards	Name of	Reg. Land	fill					
Prime Group Remedi	iation, Inc.		10000	272		1	0.0	Western	Berks Cor	nmunity La	ndfill (E	EP#	10073	9)	
City, State						Dispo	sal Date	City, Stat	le					9X	
Bensalem, PA	1					02/26		Birdsbor	ro, PA						
Completed by	Title						Signature	-			Date				
Vincent Primavera	Pro	ject Ma	nager								Feb	uary	9, 20	18	

2h3365?	9		NOT		MIOITA	OF AS	ew Jersey BESTOS ABATACIA:60 and 5:1		DE G				
Date of Notification (1) 02 / 09		18	_				g Owner Operator of avating LLC	(2)	FEE 3	314	20 2 S	18	
5 5	e Notifica	ation				t Address			ASBES	TOS C	ONT	ROL	&
	Initial Amended	4				The Wall and Asset of the Control	even Road			_ICENS	SING		
	Amendme				4.000	State, Zip (
	Emergen		cluding	3			, NJ 08753						
	justificatio	35			00.000	of Contac	t		Telephone Nur	mber			
	Cancellat	lion			Vic	Rose			2	7			
					FA	CILITY IN	FORMATION						
Name of Facility Where Abate Residence	ment is T	Taking	Place	(3)				Type of Facility School (K-12)	53+			
Street Address			*19						3 (Other than K-1 rivate and comm		uilding	gs,	
City (5)								Square Feet # of Floors Bldg				ge	
Lakewood								1500	1		80		
County (6)					Cou	nty Code (7	(7)(STATE USE ONLY) Current Use (Prior if being demolis						
Ocean								Residence					
Name of Monitoring Firm Hired	d by Build	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-			
N/A							Guardian Co	ntracting, Inc.					
Street Address	eet Address						Street Address					240	
							1889 Route 9), Unit 61					
City, State, Zip Code							City, State, Zip Cons River.	ode New Jersey 08	755				
Project Manager for Monitoring	g Firm			Tele	ephone	No.	Telephone No.		License No.				
					52 .5 01.032-003.000		732-349-9932	2	00624				
Start Date (10)	S	Schedu	ıled C	omple	etion Da	ite (11)	Name of OSHA N	Monitor .			-		-
02/20/18	3	_ 02	2_ /	_2	3_/	18	E.M.S.L. Ana	lytical					
Occupancy Status During Abat	tement (C	Check	only o	one)			Street Address						
☐ Facility Closed/Vacated Du							1056 Stelton						
Abatement Performed Outs Time of Abatement:	AM	ormal I PM				AM	City, State, Zip Co	ode New Jersey 088	354				
Scope of Work (Check all that	apply)						,						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re 図 De	novat moliti			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure mpted (*) and Nor		ure			
			Is	Loca	tion						atem	ent T	vpe
Location of				Norma	ally ely by		Description of				_		
Asbestos-Containing Mater TO BE ABATED	ral (ACM)			ance/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	nca	nclo
IN Facility			Cust		Staff?	(surfacing, VAT	, or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		H	Yes	(12) No	N/A		other miscellane	ous)				ate	CD
exterior		No ⊠	IN/A	asbesto	os siding		1200 sf						
пп													
		-											
				Ш								Ш	Ш
							¥ management						
Guardian Contracting, Inc.					Hauler II	O No.	Cubic Yards of Waste	Name of Regist T.R.R.F.	ered Landfill				
City, State					20223)	3 Disposal Date	City, State		-			
Toms River, New Jersey						02/23/18		Pennsylvania					
1000 percent of the action of							Signature	1	1	Date /	-	T	
Completed By (Print or Type) Nicholas Fernicola Title Project Man								Lund		2/	9/	18	/

_		-1
1	16	(C)
(1	VYUT
	<i>j</i> 1 1	Ou U

(Pursuant to NJAC 8:60 and 5:16)

الإل				-		
	F	FR	1	4	2018	

11 0000				- 5							LLL	1 - 1 - 1	1 1 6	+ CU	10	11-
Date of Notification (1)	9 ,2	101	8					Owner/Op unty Boar		. 325		100000			Tarristic security	
		-										ASBEST			30L8	-
Agencies Notified ☑ EPA	Type Notificat	tion					ddress Iorth Fr	ont Stree	et		MATERIAL SECTIONS	L	ICENS	SING		-
⊠ DOLWD	☐ Amended				City	Sta	te, Zip C	ode								
⊠ DOH	Amendme				1		len, NJ									
☐ DCA	☐ Emergeno		luding		-		Contact				Tolo	nhone Nun	nber 3			\dashv
(NJAC 5:23-8)	justificatio						na Mino				***					
								FORMAT	ION		_		_			\exists
Name of Facility Where A	hatement is T	aking	Place	(3)	- 1		P11 1 114	Oldina	1011	Type of Facility	(4)					ㅓ
East Camden Midd		arang.	. 1000	(0)						School (K12)					
Street Address						-			Subchapter 8 (Other than K12) Other (i.e., private and commercial buildings,							
3064 Stevens Stree	t									homes, etc.)					5,	
City (5)										Square Feet	San Indiana and Indiana and				je	
Camden										62,000	2	:		20÷		
County (6)			lar, e cercis do		Co	unty	Code (7)(STATE US	E ONLY)	Current Use (Pr	ior if b	eing demol	lished)			
Camden										School buil	ding					
Name of Monitoring Firm	Hired by Build	ling O	wner	(8)	ASC	M No	э.	Name of	Abateme	ent Contractor (9))					
Environmental Con	sulting, Inc.							ELCO	N Envi	ronmental Inc.						
Street Address						oc Allen		Street Ac								
2002 Renaissance	Blvd, Suite 1	110			ALTED VE					d Drive						
City, State, Zip Code	Contraction (VI) and VI							City, Stat								
King of Prussia, PA				_				1		Crossing, PA						_
Project Manager for Mon	itoring Firm			(No. 20)	lephor			Telephor				ense No.				
Peter Photopoulos				1	610-2	1000			40-8365		,	1225				\dashv
Start Date (10) 23 /	18 s	Schedu 3	led C		etion l			Name of Same		Monitor						
Occupancy Status During	Abatement (C	Check	only (one)				Street Ad	ddress	and the second s						
☐ Facility Closed/Vacate																
Abatement Performed Time of Abatement:							edi	City, Stat	te, Zip Co	ode						
				1 191												_
Scope of Work (Check a	I that apply)							П	Full Con	tainment with Ne	gative	Pressure				
≥3 sf or ≥3 lf				nova					MiniEncl	losure	94410					1
∑ ≥160 sf or ≥260 lf			⊠ De	emoli	tion					g Procedure empted (*) and No	on-Fria	ble Proced	lure			
			Is	Loc	ation	T			NOII-EXC	inplea () and the	1	010 1 10000		bateme	ent Tv	ne
Location	of			Norm					cription o				-	1	1 7	_
Asbestos-Containing		1)			olely by nance/					aterial (ACM) insulation,	1	Amount (Specify	Remova	Repair	nca	nclo
TO BE ABA				todia	I Staff		(1.6		ing, VAT			SF or LF)	oval	=	Encapsulate	Enclosure
(13)		-	Van	(12		//			iscellane						late	0
			Yes	No		+					-	200 05		НП	H	П
Roof				닏		-	rlashir	ng at roof	edges			200 SF		1		_
			Ц			1						100000000000000000000000000000000000000	1	1	Ш	
				10		亣				***************************************			T			
Name of Registered Was	te Hauler				NJDE	PW	aste	Cubic Ya	ards of	Name of Regi	stered	Landfill				\dashv
Service Transport					Haule		No.	Waste TBD		Minerva E						
City, State					-			Disposal	Date	City, State						
New Castle, DE								TBD		Waynesb	urg, O	H			,	
Completed By (Print or T	ype)	Title				-	-	Sig	nature	11/2.1	/		Date	1	1/	0
Elizabeth Gosek		Pi	resid	ent						UJODE	7		02	109	11	0
ASB-41 JAN 13 * Do not use this form for asbest					· · · · · ·	,	1			- 1						
JAN 13		- 1	סח סע	t use	inis fo	orm to	or asbes	KOS IICENSL	⊪e exem V	ned activities.				**		

NOT COMPLETED

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

- 1 1	7110
TI 11/17	TIME
1 FVFT	1 = 1 -
	THAT

Date of Notification (1)	09 / 13 / 2017							Name of Building Owner/Operator (2) Camden County Board of Education									
Agencies Notified EPA	Type Notifica	tion				Address North Fi	ron¢	Stroot		M FEB	1 4	201	Q				
⊠ DOLWD	Amended			1		tate, Zip C		Olicel		UIL FED	1	20	0	bester			
⊠ DOH	Amendme	ent #	_					02									
DCA	☐ Emergend		ing	-		nden, NJ of Contac		UZ		Telephone Numb	S CC	ONTE	10L	&			
(NJAC 5:23-8)	justification Cancellati					tha Minc				Lesebuoue Maille	PINS	ING	names page	- word or a column			
	- Carroonar							MATION									
Name of Facility Where	Abatement is T	aking Pla	ice (3	3)	PAC	-1L11 117	IFUN	WAIION	Type of Facility	(4)				-			
East Camden Mide		annig i ic	· · · · · · · · · · · · · · · · · · ·	1					School (K12)								
Street Address									Subchapter	8 (Other than K12)	an and						
3064 Stevens Stre	ef								homes, etc.	, private and commercial buildin tc.)							
City (5)									Square Feet	# of Floors	TBI	dg. Ag	ie.				
Camden									62,000	2		20+					
County (6)					Coun	ity Code (7)(STA	TE USE ONLY)	Current Use (Pr	for if being demolis	ned)			\neg			
Camden									School buil	ding							
Name of Monitoring Firm	n Hired by Build	ling Owne	er (8)	T	ASCM	No.	Name of Abatement Contractor (9)										
Environmental Co	nsulting, Inc.						E	LCON Envi	ronmental Inc.								
Street Address							Stre	eet Address									
2002 Renaissance	Blvd, Suite 1	110					1	50 Glenwoo	d Drive								
City, State, Zip Code	o Code							, State, Zip Co	ode								
King of Prussia, P.	A 19406						V	Vashington	Crossing, PA	18977							
Project Manager for Mor	nitoring Firm			Tele	phone	No.	Tel	ephone No.		License No.							
Peter Photopoulos	The second secon				0-279		2	67-240-8365	i	01225							
Start Date (10)	, 17 s	cheduled			tion Da			me of OSHA Mame	lonitor								
Occupancy Status Durin	ng Abatement (0	Check on	y one	e)			Stre	eet Address									
Facility Closed/Vacal																	
Abatement Performe Time of Abatement:							City	, State, Zip Co	ode								
Scope of Work (Check a	all that apply)													-			
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			Renc Dem				Full Containment with Negative Pressure MiniEnclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		T	ls L	ocati	ion	T		EN HOIT-EAC	impled () and 14	The state of the s		atem	ent Ty	/De			
Location				rmal				Description of			-						
Asbestos-Containing TO BE AB			Jsed Mainl					Containing Ma mal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Faci		C			Staff?	11.0	9	surfacing, VAT	, or	SF or LF)	oval	=	psu	JINSC			
(13)	i.	Ye		(12) No	NI/A	-	ot	her miscellane	ous)				late	0			
		1	-	140	N/A	1											
Roof					-	Flashin	ig at	roof edges		200 SF							
													Ц				
				J	Ш			20 8000			Ш		Ц				
Name of Registered Wa	iste Hauler				JDEP \			oic Yards of	Name of Regi	stered Landfill		-					
Service Transport	Group				auler II SW21		Wa	ste BD	Minerva E	nterprises							
City, State						posal Date	City, State				-						
New Castle, DE					T	BD	Waynesbu	arg, OH									
Completed By (Print or Type) Title						Signature	13/11/1	Da	te	, ,	,	7					
Elizabeth Gosek		Pres	iden	ż		9.			affa (te (/_ /	0	-/				

Jh 567	Sorrement or annual	NOTIF (F	Oursuan	tate of New Je	arkey ABATE and 12:12	MEN 0)	іт [GE		- P	rint F
Date of Notification (1) 02/08/2018				of Building Owr	and the same services and the same of	r (2)		TT F	ĒB 1	4 21	J18	1
Agencies Notified Type Notification				Address				ASBE	STOS	CONT	ROL	&
EPA Initial Amended Amendment	742			tate, Zip Code				THE RESIDENCE AND ADDRESS OF THE	LICEN	SING	No.	(Sading *-), *-();**(
Emergency (-		gboro, NJ 0	8046			Telephon	e Numbe	-		
DOH justification) DCA Cancellation	·		Valer	ie Smith Ste				relephon	e Maribe			
Name of Facility Where Abatement is Taking	g Place (3)	FAC	ILITY INFORM	IATION	Тур	oe of Facility ((4)				
Residence Street Address							School (K-1		V 40)			
Oli Oct. Addi Oct.						×		8 (Other than private & com		uilding	s, hom	ies,
City (5) Willingboro						Squ 15	uare Feet	# of Floor	S	Bldg.	Age	
County (6) Burlington				Code (7) USE ONLY)		570000000000000000000000000000000000000	rrent Use (Pri	or if being der	nolished)			
Name of Monitoring Firm Hired by Building (Eagle IHA	Owner (8)	ASCI	M No.		of At	batement Cor Environme					
Street Address 359 Dresher Road					Street 150		ress nwood Dr		ter to co parte and			*
City, State, Zip Code Horsham, PA 19044						City, State, Zip Code Washington Crossing, PA 18977						
Project Manager for Monitoring Firm			Telepho	one No.	Teleph				nse No.			
Mark Hays Start Date (10)	Cabadul	24.02		72-6088			-7427	012	25			
02/10/2018	02/13/			Date (11)	Name		SHA Monitor					
Occupancy Status During Abatement (Check		50			Street	Street Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abaten / Hours	nent s		City, S	tate,	Zip Code					
Scope of Work (Check All That Apply)								-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Control of the Cont	Renova Demolit			×	M	lini-Enclosure llovebag Proc				Iro.	
Location of	1	Locati Normal	ly		Description		ZXOTIPIO	et / and Horri	- Habie 11	Aba	temen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	su	ontaining M nal systems rfacing, VA er miscellan	insu T, or	lation,	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
· Name of the state of the stat	Yes	No	N/A	ou i		2000	,		\ va	=	ılate	ure
Various			Х		Floor tile)		1100	х			
			-							-		
			-							-		
Name of Registered Waste Hauler Service Transport Group		H	JDEP W auler ID	No. of V	oic Yards Vaste			Registered Lar				
City, State New Castle De	*		SW 2117 TBD Disposal Da TBD			Disposal Date City, State						
Completed by Elizabeth Gosek	Title Pr. M	anad	er	10	Signature	4	Hode	Surg, On	Date -	8-	18	0



Check # 12714

Date of Notification (1)			Name of Building Owner / Operator (2)									
	oruary 9, 2018		AM Sunrise LLC Street Address									
Agencies Notified	Type Notification		Street	Address			MEGE		\mathbb{V}		5	
□EPA □DEP			4 Dyn	asty Driv	re							
DOL	Initial		City, S	State & Zi	p Code		THE FEB T	4 7	2018	-		
⊠рон	Amended	w		oe, NJ 0	- AC				.010			
DCA	Amendment Cancellation	#_	Name	of Conta	ct		, ASBEST (5	lenhar	rerNn	mbe	r	
				h Patel			ASDESTOS	- POPOP	PHU			
			FA	CILITY	INFORMATIO	N						
Name of Facility Where Comcast	Abatement is Takin	g Place (3)			Type of Fa	acility (4) ool (K-12)						
Street Address						chapter 8 (Other th	nan K-12)					
72 Main Street							commercial buildings	s, hon	ne, e	c.)		
0: (5)					Square Fe	1000	The second secon	g. Age				
City (5) South River					Current U	demolished)		75				
County (6) Middlesex		County Cod			Office Bu	numg						
Name of Monitoring Firm	n Hired by Building (USE ONLY Owner (8)		ASCM	No. Name of A	ctor (9)						
Arcadis U.S., Inc. Street Address					Synatech		N					
35 Columbia Road					Street Add							
City, State & Zip Code					City, State	& Zip Code						
Project Manager for Mor		Те	lephone N	Number	Telephone		License Num	ber				
Scheduled Start Date (1	O) Cohodu	lad Campleti	an Data (11)	609-296-6			0081	7			
February 21, 20	18		h 19, 201		Synatech,	SHA Monitor , Inc.						
Occupancy Status Durin Facility Closed/	g Abatement (Checl Vacated During Enti	conly one) re Period of	Abatemer	nt	Street Add 829 Radio							
	formed Outside of N	ormal Hours	3		City, State	& Zip Code	1					
Other – Describ	e: ed During Abatemen	t			Little Egg	Harbor, NJ 0808	87					
Scope of Work (Check a										_		
							ent with Negative Press	ure				
≥3 sf or ≥ 50 lf			Renovation			Mini-Enclosure						
≥160 sf or ≥260 lf			Demolitio	n		Glovebag Pro		100				
Location	on of	lls I ocati	on Norma	lly I lead	Descr	Non-Exempte	ed(*) and Non-Friable Pro		re ateme	nt T	vno	
Asbestos-Containir	ng Material (ACM)		y Mainten			-Containing	Amount (Specify	AD	ateme	in i	ype	
TO BE A		Custo	dial Staff	? (12)		al (ACM) nal systems	SF or LF)	L.,	_	_		
(13						surfacing, VAT		71		Ē	т	
					or other m	iscellaneous)		Rem	Repair	cap	nclo	
		Yes	No	N/A				Removal	air	Encapsulate	Enclosure	
Crawl Space				Х	Pine Ir	nsulation	60 LF	V		CD	_	
Main Floor				X		and Mastic	300 SF	X				
					Emoleani	and Mastic	300 01	- ^				
Name of Registered Was	Vaste	Cubic \	ards of Waste	Name of Reg	istered Landfill							
Synatech, Inc. Hauler ID N				12		Fairless Hills	S					
City, State				Disposal Date City, State								
Little Egg Harbor, NJ 08087				March 20, 2018 Morrisville, PA								
Completed By Title				Signati								
Diane Aloia Executive Administra				11/100								



CK 4464

Date of Notification (1)		N			wner/Operator	(2) KARAM	ME			\mathbb{V}	E
Agencies Notified Type Notification		St	treet Ad		, , , , ,	101310111					
□ EPA □ Initial □ DEP □ Amended Amendment # □ Emergency (in justification)		-). NJ.	O 7410		1-4	2018	8
□ DCA □ Cancellation			and the second	. KA							_
Name of Facility Where Abatement is Taking Pla	ace (3)		FACIL	TTY INFO	RMATION	Type of Facility (4					
Street Address					ž.	Subchapter 8 Other (i.e. pr	(Other than K-12) ivate & commercial b	uildin	gs, hor	nes, et	.c.)
City (5) FAIR LAWN			•		V 6:	Square Feet	# of Floors		dg. A		
County (6) BERGEN			County C	ode (7) SE ONLY)			if being demolished) シルクテ ハ C ご				
Name of Monitoring Firm Hired by Building Ow	mer (8)	\vdash	ASCM	I No.	Nar	ne of Abatement Contr					
Court Address					Be	st Removal	Inc.				-
Street Address					4.5	O South Ri	ver Stree	t			
City, State, Zip Code					1000	, State, Zip Code	NI 07601				
Project Manager for Monitoring Firm	- 8	T	elephon	e No.	Tele	ckensack,	License No.				
Start Date (10) 2/21/18	Scheduled (etion Da		Nar	1 - 3 2 9 - 7 4 4 4 ne of OSHA Monitor		Δ			
Occupancy Status During Abatement (Check On			1	, ,	Stre	ega Enviro et Address	nmental				
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal F Other – Describe:	od of Abater	ment			City	O Huyler S		076	0.6		
Scope of Work (Check All That Apply)		-			- So	uth Hacken	sack, NJ	0/6	06		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	200	novatio			3	Mini-Enclosure			ure		
	Is I	Locatio	n			L Hon-Exempted	()		Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Custo	ormally Solely ntenance odial State (12)	by ce/			g Material (ACM) nsulation, surfacing, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			14.110(10)	135 LF	×			
BASEMENT	+			THERM	Syster	13, NSULATION	10201	1			
Name of Registered Waste Hauler			DEP W		Cubic Yard	Name of	Registered Landfill				
Best Removal Inc City, State		1 500	171		Disposal Da	ite City, Stat	rva Enter	pri	ses	٠, ا	LLC
Hackensack, N.I 07601 Completed by	Title				2/23 Signat	Fire /	Da		468	8	
J. Maiorano	Est	ima	tor			Maioron		2/	7/1	٥	
ASB-41 (R-06-08)						* Do not use this fo	rm for asbestos licens	ure exe	mpted	activ	ities.

400003380)	P	tale of New Jerse					Е	Pr	int F		
SEC# 10-17-0130	NO		N OF ASBESTOS t to NJAC 8:60 an					Pag	e 🎚 (
Date of Notification (1) January 9, 2018	2 ₁	1007.0000.000	of Building Owner/6	Operator	(2)	The Control of the Co	FFF	3 1	1 5	0010		
Agencies Notified Type Noti			Address Bay Street, Suit	e 806			and the latest section of the latest section			1110		
X DEP X Ame	ended endment #_ 2		ate, Zip Code y City, NJ 0730	02		ASI	BEST LI	OS (CON.	TRC		
DOH justif	rgency (including fication) cellation	Name o	of Contact Perry			Ielephone Nu	mber	-				
Name of Facility Where Abatement	is Tables Discus (0)	FAC	ILITY INFORMAT	ION		140						
Street Address 18 Chapel Avenue	15 (4)				Other (i.e. etc.)	12) er 8 (Other than K-1 private & commerc	ial bui	(572)	0	es,		
City (5) Jersey City			Į.		Square Feet 90000	# of Floors 2	5	Bldg. A 50+	Age			
County (6) Hudson	11.2		Code (7) USE ONLY)	_	Vacant	ior if being demolis	hed)					
Name of Monitoring Firm Hired by B Arcadis	Building Owner (8)	ASCI	M No.		of Abatement Co non Environn				=-/-/-//			
Street Address 10 Friends Lane, Suite 200					Address Beaver Drive							
City, State, Zip Code Newtown, PA 18940					ate, Zip Code Park, NY 11							
Project Manager for Monitoring Firm James S. McLaughlin, PG, C		Telepho 215	one No.	Telepho 631	one No.	License No. 01067						
Start Date (10) January 22, 2018	Scheduled (Name of OSHA Monitor Shannon Environmental Corp.								
Occupancy Status During Abatemer	nt (Check Only One)			Street A	Address Beaver Drive							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:				City, St	ate, Zip Code	75.4			72			
Scope of Work (Check All That Appl	y)			Kings	Park, NY 11	754						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition		×	Mini-Enclosur Glovebag Pro				re			
		cation mally						46.0001000	emeni ype	t		
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Used S Mainte Custod	Solely by enance/ ial Staff? 12)	Asbestos Con (i.e. thermal surfa		aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Main NA/	Yes N	No N/A	TO: "	A/ C	0.4	000 ! 5			te	4		
Main Warehouse		X		Nrap &		200 LF	X	-	-			
Main Roof Area Shed- East Elevation		X		Itup Ro f Shing		90,060 SF 56 SF	X	-		_		
Shed- East Elevation		A	KOO	n Sning	ies	20 21	A					

Throughout Building DIY Formica Transformers 11 each X X NJDEP Waste Hauler ID No. Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill of Waste Minerva Enterprises 1. Bryce Alterio Trucking 35848 as needed City, State Disposal Date City, State Milesburg PA TBD Waynesburg, OH Completed by Title Signature Date John Barone Senior Project Manager 01/16/18

	S	tate of Ne	w Jer	SEN- Notific	arion of Asbestos A	batemen	NE	CEIVER						
Ch 3070	7		(Pursu	ant to Note A.C.	8 60-7 and 12:120-7)		NT.							
Date of Notification (1)	-				Name of Building Owner/G		of book,	EB 1 4 2018						
February 8, 2018 Agencies Notified		Notification	Type		St. Phillip The Apo Street Address	Sue Paris								
80 5 10 cm - 30 cm 4 19		Initial		ication	797 Valley Road		ASB	ESTOS CONTROL & LICENSING						
X EPA DCA		□Amende			City, State, Zip Code	<u></u>		LICENSING						
x DOL				ncluding	Clifton, NJ 07013		F =	ACT LOSS LOSS						
X DEP		justific Cancel			Name of Contact Dennis Rodano		L. Felenhon	e Niimber						
x DOH		L Carice	ileu	FACILITY INF										
Name of Facility Where Abate	ment is Tak	ing Place (3)		TAGILITTIW	Type of Facility (4)									
St. Phillip The Apost	e Parish	- Kaleidos	scope	Bldg.	School (K-12)									
Street Address 797 Valley Road					□ Subchapter 8 (other than K-12) □ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 30,000 # of Floors: 1 Bldg. Age: 50 years									
City (5)	County (6)	1	County	Code (7)	Sq. Feet: 30,000 # of Floors: 1 Bldg. Age: 50 years									
Clifton	Passaid			Jse Only)	Current Use (prior if being demolished):									
Name of Monitoring Firm Hire			ASCM		Name of Contractor (9)									
EnviroVision Cons	ultants	inc.	0007	9	GREENWOOD ABAT	EMENT C	ONSULT	ANTS, INC.						
Street Address					Street Address									
20-21 Wagaraw Road	, Bldg #	35E			511 MAIN STREET									
City, State, Zip Code					City State, ZipCode									
Fairlawn, NJ 07410					Butler, NJ 07405									
Project Manager for Monitorin Fred Larson	g Firm	<u>Telephone N</u> 973-636-			Telephone Number License Number									
					973-492-0477		00840							
Scheduled Start Date (10)		Scheduled C			Name of OSHA Monitor									
February 19, 2018		February	20, 20	10	EMSL inc.									
Occupancy Status During A					Street Address									
Facility Closed/Vacate Abatement Performed					1056 Stelton Road									
Describe	outside o	i ivoiman aoi	nty i loui	3 -	City, State, Zip Code									
Other - Describe: Va	cant				Piscataway, NJ 088	854								
					1 isolataway, ito oo	004								
Source of Work (Check all that	t apply)													
≥ 3 sf or ≥ 3 lf				Renovation	Full Containment with Negative Pressure Mini-Enclosure									
□≥ 160 sf or ≥ 2				Demolition		Glovebag F								
						Non-Exemp	oted (*) and	d Non-Friable Procedure						
					X Complete	Wrap & Cu Building Dem		CM - NESHP						
Location of Asbestos-Containi		cation Normal			estos Containing Material	Amour	nt At	patement Type						
Material (ACM) in Facility (13)		ly by Maint./Cι ? (12)	ıstodial	(ACM) (i.e. therm VAT, or other miss	al systems insulation, surfaci cell.)	ng, (Speci	ry SF Re	emove Repair Encap Enclose						
	YES		NA		, i									
Kaleidoscope Bldg			X		uilding Demolition as									
				ACM		cu.yo	is							
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	te Hauler	ID#	Cubic Yards of Waste: 300	-		Registered Landfill rfill Landfill								
Houles #1) Greenwood Abstament Consultante Inc. Butley N						Disposal Da	G.R.O.V	V.S City, State						
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ NJ DEP # 12561 NY DEP #					February 28, Route 2, B									
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551					I I Bridgepor									
Completed by (Print or Type) Title					Signature Date									
Marin Graure SENIOR PROJECT MANAGER					Marin Graure February 8, 2018									

	2.7										rint	Form
W18107	NOT			of New Jers ASBESTO NJAC 8.60 a	BATEM and 12:120)			N.		W	5	
Date of Notification (1) 2/7/2018			me of Bu	uilding Owne ce	er/Operator	(2)		FEB	1 4	2018)	
Agencies Notified Type Notification	on	Str	eet Addr	ress				ASBESTO			DL &	
EPA DEP DOL Initial Amended Amended				Zip Code				LIC	ENSI	VG.	-	
DOL Amendme	ent # cy (including		nion, N me of C	J 07083				Tolonhana Nivel				
DOH justification Cancellate	n)			chwimme	r			_				
	DI (0)		FACILI	TY INFORM	ATION	Type	of Facility (4)					
Name of Facility Where Abatement is Ta Residence	king Place (3)					П	School (K-12)					
Street Address						×	Subchapter 8 Other (i.e. privetc.)	(Other than K-12) vate & commercia	l buildir	ngs, h	omes,	
City (5)						Squa	re Feet	# of Floors	Bld 74	g. Ag	9	
Union			Co	do (7)		479°		if being demolishe	-			
County (6) Union		(S	ounty Co	E ONLY) _		resid	dential	5000				
Name of Monitoring Firm Hired by Buildi A. Seine Lighthouse Solutions	ng Owner (8)		ASCM I	No.	Brinl	ks Tai	nk Service:	ractor (9) S			-	
Street Address PO Box 354					1256		rty Avenue					
City, State, Zip Code South Orange, NJ 07079							Zip Code NJ 07205					
Project Manager for Monitoring Firm Sarah Calandra		T 2	elephone 01-349	e No. 9-2666		hone N -462-		License No 01316	D.			
Start Date (10)	Scheduled 2/26/18				Name A. S	e of OS Seine	HA Monitor Lighthouse	Solutions				
2/20/18 Occupancy Status During Abatement (0	## 10 miles)	*		Stree	t Addre	ess					
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe:	tire Period of Ab	ateme	ent	1	City,		354 Zip Code ange, NJ (7079				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat				× N	lini-Enclosure				e	
	ls l	ocatio	on								ement pe	
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	M) Used	ormall Solel ntenar odial S (12)	y by nce/	(i.e. th	Description Containing ermal syste surfacing, \ other miscell	Mater ms inso /AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Vermic	ulita		450 Sq. Ft.	X			
Attic Area		X			Insulat			450 Sq. Ft.	X			
Attic Area		X			Ilisulai			,00				
Name of Registered Waste Hauler Newark Carting		H	JDEP V lauler ID	10000	Cubic Yard of Waste	S	Manager and the second	Registered Landf Management		ill		
City, State		10	4509		Disposal Da	ate	City, Sta	te Argyle, PA				
East Orange, NJ Completed by	Title	0 1 1 0	nagor		Signa	ture"	MOR		Date 2/7/18			
Alison Lamers	Onic	UIVId	nager		4	vu	. 100.					

								Γ=						Pri	nt Fo
Ch 1345 P			ICATION ursuant	of Nev OF ASBI to NJAC	ESTOS A 8:60 and	12:12	0)			E C	R 1	4	2018	E	
02-09-18		Sust	Leo W		OWIICITO	perator	(2)	₽ ا ا	1 14	1		-54	_010	,	
Agencies Notified Type Notification			Street A	ddress		(maximum)		**	A	SBES	TOS	COI	VTRO	DL &	_
EPA Initial Amended Amendment	#	-		te, Zip Co		,					ICE			WAS DON'T	
Emergency justification) DCA Cancellation	, ,		Name of Leo W	Contact hite			<u> </u>		1 370	lenhone	Num	ber			
Name of Carilla Manage Ab stagged in Takin	- Dlass /	1	FACI	LITY INFO	ORMATIC	N	Τ	a of Facility	41						
Name of Facility Where Abatement is Takin Private Home	g Place (a)					Тур	e of Facility (School (K-1							
Street Address							r	Subchapter Other (i.e. p	8 (Oth				lings,	home	es,
City (5) Westfield								uare Feet		f Floors			ldg. A	ge	
County (6) Union			County ((STATE L	Code (7) JSE ONLY))	Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building N/A							Name of Abatement Contractor (9) Delfa Contracting LLC.					ě			
Street Address						Addr 7th S								illio-	
City, State, Zip Code				i				Zip Code ty NJ 0708	7						
Project Manager for Monitoring Firm			Telephor	ne No.		Telepi	hone		07	Licens 0120					
Start Date (10) 02-19-18	Schedule		npletion [Date (11)		Name	of OS	SHA Monitor	1.0	0120					
Occupancy Status During Abatement (Chec							Addr	ntracting L	LU						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: 7:00am - 5:00pm	Period of A	Abaten					State,	Zip Code	146				1		
Scope of Work (Check All That Apply)						Unic	n Ci	ty NJ 0708	37	-1411			2		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Pemolit					F N	full Containm fini-Enclosure Blovebag Pro- Ion-Exempte	e cedure	S S S S S S S S S S S S S S S S S S S					
	Is	Locat	ion					ion-Exemple	J () all	IQ INOIT-I	Habit		Abate	ement	
Location of	1	Normal d Sole	lly			criptior							Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial ((12)	nce/		thermal s surfac	taining Material (ACM) systems insulation, cing, VAT, or miscellaneous)			(5	Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			\			-	00.05	8			te	(b)
Basement		X	-			VAT			5.	20 SF		X			
*)											
Name of Registered Waste Hauler Delfa Contracting LLC		1650	IJDEP W lauler ID 35240	No.	Cubic \ of Was	te	÷0_	Name of Tullytov				cove	ery F	acilit	ty
City, State Union City, NJ		Disposal D				Disposal Date City, State 02-26-18 Tullytown, PA									
Completed by Jaime Delgado	Title Proj.	Mana	ager.		Si	gnature	4	2			Date 02-	e -09-1	8		

0100001711 6096330664 mo 17 693022700

Pg 2/5 Print Form

	PAID			(Pursuar	nt to NJA	C 8:60 ar	nd 12:120	0)		nΩ		10				
Date of Notification (1) 11/07/17						ng Owner/	(2)					ALIES TO				
	Trans No. 6				VEACULIES NAMED IN	o Spano	udis							,		
Agencies Notified	Type Notificatio	in		Street	Address					l No	1/	3		1		
EPA DEP	Initial											_	1			
X DOL	Amended Amendme	nt#		(a	tate, Zip				1	1		-	1/	parties.		
	× Emergenc	y (includir	ng			07024	1			The second		11/1	15	1		
DOH DCA	justification Cancellation				of Contac	a Spano		Vr.	1 <u>Te</u>	lephone N	mber	4/1	- Line	711		
	Odricellatio	211				FORMAT		- 1						The same		
Name of Facility Where	Abatement is Tak	ing Place	(3)	FAL	-ILIIT IN	FORMAI	ION	Type of Facility	ITAN)		1 A	20	2	11		
Residence							1	_	1111	FEB	14	20	10	1		
Street Address								School (K Subchapt Other (i.e.	er 8 (Ott	er than K- & commen	12)	ildina	E HOH	المست		
City (5)						1015		etc)	-	ACISECI	100	CON ST	1	TCS,		
Fort Lee								Square Feet	A	Floors	ALCOHOLD STATE	Bidg	Age			
County (6)								2,000	1 -2			50+				
Bergen					Code (7)			Current Use (P Residence	rior if be	ing demolis	shed)					
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	M No.	T.	Name	e of Abatement Contractor (9)								
N/A							Stan	anmark Solutions, LLC								
Street Address							Street	Address								
							28 E	dsall Drive								
City. State, Zip Code							City, St	ate, Zip Code								
5							Suss	ex, NJ 0746°	1							
Project Manager for Mon	itonng Firm			Telepho	one No		Telepho			License N	Vo.					
St1 D-1- (48)							973-9	997-1650		01309						
Start Date (10) 11/10/17				mpletion	Date (11)		of OSHA Monitor								
	- ^	11/16					EMS									
Occupancy Status During		15					Street A									
Facility Closed/Vace Abatement Perform	ated During Entire	Period of	Abater	ment				Stelton Road	J							
Other - Describe:		nui i aciii	ty i loui	5				ate, Zip Code								
Scope of Work (Check A	Il That Apply)						Pisca	taway, NJ 08	3854							
≥3 sf or ≥3 lf			_													
× ≥160 sf or ≥260 lf		Transport.	Renova Demoli				H	Full Containm Mini-Enclosur	ent with	Negative I	ressu	re				
_								Glovebag Pro	cedure							
							×	Non-Exempte	d (*) and	Non-Friat	le Pro	cedu	e			
			s Locat									100000000000000000000000000000000000000	ement			
Location Asbestos-Containing			Norma ed Sole				cription c					1	pe			
TO BE ABA	(TED	Ma	aintena	nce/				terial (ACM)		nount pecify	70	1	5	Ш		
In Facili	ty	Cus	todial ((12)	Section 1	,	surfac	ing, VAT.	or		or LF)	Removal	Repair	Encap sulate	Endosure		
(13)			1			other m	iscellane	ous)			B VO	골.	Sula	Just		
		Yes	No	N/A									te	е		
exterio)r	-	Х			tra	ansite		1,00	0 S F	×					
		+			4						-					
		+														
Name of Registered Wast	e Hauter		N	JDEP W	aste	Cubic Y	arde	Name of	Daniete	mail == ufii						
Atlantic Carting	04-1477-50-T/3		Н	lauler ID 90713		of Wast		G R.O.	118	ed Landfill						
Dity. State					1907 13					City, State						
Wayne, NJ					10 5		4									
Completed by Title					Signature					Da	i a					
Stan Stankovic					Stan Stankoute 11/07/17						1					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

11/07/17

Stan Stanbowle

Print Form

6096330664

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building Owner/Operator (2)						1 001 - 10 DAY									
11/07/17					of Building strantino			r (2)		and the second beginning to the first of the second to the							
Agencies Notified Ty	ype Notification	1			Address	Оратк	2000					-	-/	. 1			
EPA DEP	Initial Amended			City. S	tate. Zip C	Code			A STATE OF THE STA	Ni	1	1	/	1	1		
X DOL	Amendmen Emergency		-	2.2	Lee, NJ				1	Lancas		-1		011			
X DOH	justification)	ig		of Contact				11	Lelephon	e Nun	ber	1 11	1,77	-11		
DCA C	Cancellation	n.			strantino		Separation of the second		<u></u>			-7.	Name of Street	OFFICE OF STREET			
Name of Facility Where Aba	tement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of	Facility (4)		1	7	1 6	-	1		
Residence			•						h 607 12-12	He F					1		
Street Address								SL X Ot	her (Le prive	Other than	n K-12 mercie) Il bui	Hings	, hon	tes		
City (5)								Square		# of Floor		_	Bldg.	-	- Armer		
Fort Lee								1,500	2 4 2 2 4 4	2	3	- 1	50+				
County (6)					Code (7)			Current	Use (Prior if	being der	nolish	ed)		7.			
Bergen				(STATE	USE ONLY	<i>n</i>		Resid		nce ACCO Common Total							
Name of Monitoring Firm Hirt N/A	ed by Building	Owner (8	3)	ASC	M No.					Contractor (9)							
Street Address								Same Anna Maria	olutions, L	tions, LLC							
Olicel Address						Address dsall D	rivo										
City. State, Zip Code							L STORY III	tate, Zip									
								sex, NJ									
Project Manager for Monitorin	ng Firm			Telepho	one No.			one No.	0. 101	Licer	se No	13					
							973-	997-16	50	013	09						
Start Date (10) 11/10/17		11/16	/17	mpletion	Date (11)		Name EMS	of OSHA L	Monitor								
Occupancy Status During Ab	atement (Chec	k Only O	ne)		Average and		Street	Address									
Facility Closed/Vacated Abatement Performed C	During Entire F	Period of	Abater	ment				Steltor		****							
Other - Describe	Poloido oi rioni	rui i uuiii	y i loui	3				tate, Zip (Jode NJ 08854								
Scope of Work (Check All The	at Apply)						11000	alaway,	140 00004	354							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	5:70:40#		Renove Demoli	ition Mini-Enc Glovebag					inclosure bag Procedu	ntainment with Negative Pressure closure ag Procedure empted (*) and Non-Friable Procedure							
		15	Locat	ion							Trabic			emen			
Location of			Noma			Des	scription	of			1		Ту	ре			
Asbestos-Containing Mate <u>TO BE ABATED</u> In Facility (13)		Me	ed Sole aintena stodial ((12)	nce/		tos Cont thermal surfac	aining M	aterial (A insulation I. or	n, ´	Amount (Specify SF or LF)		Removal	Rep air	Encap sulate	Endosure		
		Yes	No	N/A								_	(5)	ate	6		
2nd Floor			х			flo	or tiles			20 S F.		х					
roof			Х			roofing	g mate	rials	2	200 S.F.		х					
Name of Registered Waste He	auler		IN	JDEP W	aste	Cubic '	Yards	I N	ame of Regis	tered I ar	dfill						
Atlantic Carting Haute 1907					No. of Waste				3.R.O.W.S	of Registered Landfill							
City, State Wayne, NJ									ity, State Aorrisville,	, State prrisville, PA							
Completed by Title					Signature						Date						
Stan Stankovic G. Manage									Stan Stankovic 11/07/17								

Pg 4/5 Print Form

DA	m													_		11111	
ma in	648	70		FICATIO	itals of No N OF ASE It to NJAC	BESTOS	ABATE			Di	<u> </u>	1	1	ΞŸ	(a) (
Date of Notification (1) 11/24/17	0 (0)				of Building					- U	u/ L.	2		1 2	1		
Agencies Notified	Type Notification				dia Villaç	ge Com	mons	ILLC		-	int-	- ·	-0.5	17			
	Initial			201	South W		enue			1	UV	14	137	17.	0	2	
DEP X DOL	Amended Amendmen	+ ++			tate, Zip C				ļ , l	11012	V lon I.e.	0.00		01.17		TH	
	Emergency	(including]		en, NJ 0				V	VAIV	HH	AM				//	
DOH DCA	justification Cancellation				ael Gora								паг			V	
				FAC	ILITY INF	ORMATI	ON			1.0			9	20.000	-	erga et ette ser	
Name of Facility Where Apartment Building		ng Place (3)					Type of F	1	1791	E	G			\mathbb{W}_{-}	N.J	
Street Address				Service of the servic				Sub	ool (K-1) chapter	8 (Oth						ann chis	
126 South Wood A	venue							Othe etc.)	er (i.e. p	rivete 8						es,	
City (5)								Square F		# 01	Floors	EB		1 2 3ldg. 7			
Linden								2,000	ar develop		2			50+-			
County (6) Union					Code (7)	0		Current L								184	
Name of Monitoring Firm	Hirad by Building	O (D		1000		'		The state of the s	ment Building								
N/A	railed by Building	Owner (a)	ASCI	M No.				folutions, LLC								
Street Address		10					Address										
					1	28 E	dsall Dri	ve									
City, State, Zip Code							City, St	tate, Zip C	ode			-					
							Suss	ex, NJ 0	7461								
Project Manager for Mon	itonng Firm			Telepho	ne No.		100000	опе №.			Licens						
Start Date (10)		C-1	-10-	1-6	D + /441		2/5000/05/200	997-165	70		0130	19					
11/25/17		11/28/		mpletion	Date (11)		Name of EMS	of OSHA N I	lonitor								
Occupancy Status During	Abatement (Chec	The statement	1245					Address						_			
▼ Facility Closed/Vace		31	(2)	nent				Steltor	Road	1							
■ Abstement Performs	ed Outside of Norn	nal Facility	y Hour	5			City, St	ate, Zip Co	ode								
Other - Describe: _							Pisca	ataway, I	NJ 088	154							
Scope of Work (Check Al	That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				W	X Full Co Mini-En	ntainme	nt with	Negati	ve Pn	essur	re			
Δ		Δ,	Jemon	1011				Glovebi	Enclosure ebag Procedure Exempted (*) and Non-Friable Procedure								
		1			1			Non-Ex	empted	(°) and	Non-F	riable				\dashv	
Iti			Locat Vormal			320		120						ADate Ty	ment pe		
Location Asbestos-Containing		Use	d Sole	ly by	Asbes		cription (of aterial (AC	M)	An	nount				_		
TO BE ABA In Facilit	TED	SESSE	intena todial S			thermal s	systems	insulation,		(S)	pecify		Re	Z.	DC3	Enc	
(13)	,		(12)			other m	ing, VAT iscellane			31	or LF)		Removal	Repair	Encapsulate	Endosure	
			No	N/A									BZ		ale	ē	
Ground			×		ro	ofing m	aterial	debries		1,00	0 S.F		х				
												+					
Name of Registered Wast	1011240	JDEP W		Cubic Y		Na	me of R	egister	ed Lan	dfill				\neg			
Atlantic Carting		auler ID 90713	NO.	of Wast		G	R.O.V	V.S.									
City, State				Dispose	al Date	Cit	City, State										
Wayne, NJ							Morrisville, PA										
Completed by		Signature					Date										
Bilyana Stankovic		ident	11 Bilyana				na C	2 Stankovic 11/24/17									

D&S Proj. #: 18-33 Date of Notification (1) 0 2 / 0 8 / 1 8 Agencies Notified Type Notification EPA Initial	Name of Building O frances martin	incation of Mst suant to NJAC	or NJ pestos Abatement (2 80 and 2:120)	ASBES	GEIVED B 1 4 2018 STOS CONTROL & LICENSING
DEP Amended Amendment #: DOL Emergency (including justification) DCA Cancellation	City, State, Zip Cod montclair, nj 0 Name of Contact frances martin		MATION	Telephone	Number
Name of facility where abatement is to frances martin Street Address		ACIETT INI CINI	Allen	Other (P	
City (5) montclair Name of Monitoring Firm Hired by Blo	County (6) essex dg. Owner (8)	ASCM No.	County Code (7) (State use only) Name of Abateme D & S RESTO Street Address		or if being demolished)
City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) 02/20/1818 Occupancy Status During Abatement			20 California City, State, Zip Co Paterson, NJ Telephone Numb 973-345-80 Name of OSHA N D & S Resto Street Address 20 California	ode 07503 er 120 Monitor ration, Inc.	License Number 01169
	of normal facility hours-		City, State, Zip Co	J 07503 Full Containment w/ Mini-enclosure Glovebag procedure	e and Non-friable procedure
Location of asbestos-containing material (acm) to be abated in facility (13)	ls location normally used s by maintenance/custodial staff(12) Yes No N	Descrip materia		Amount (Specify SI LF)	e e n E
BASEMENT [NJDEP Hauler ID#	PIPE INS	ULATION f Waste Name of Regist	ered Landfill	
Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC	13506 Dispo	2 yds. psal Date /21/18 Signature	TULLYTOV City, State TULLYTO	VN, RESOURCE RE	Date 02/08/2018

n		C			\mathbb{V}	M
K	-	Chec	k #	_		
		FFR	1	Δ	2018	

Date of Notification (1)		Nar	me of Bu	uilding Own	er/Operator	(2) LUB	of B	EQ.W	1000	1 C4	-	<u> </u>	IF
Agencies Notified Type Notification		Str	eet Addr		AUE		$\neg f$	ASI	BESTOS LICE			OL &	
EPA DEP DOL Amended Amendment# Emergency (in justification)		City	y, State, PEQ	Zip Code LAUVO ontact	ck, a		044	40 Telephor	e Numbe	r		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	
DOH justification) Cancellation			_	O C TY INFORM	ATION								
Name of Facility Where Abatement is Taking OBMO BUILDING Street Address 19 OAK AVE	Place (3)		7,012			Sch	Facility (4) hool (K-12) bchapter 8 her (i.e. pri	(Other tha	n K-12) imercial b	uildin	gs, h	omes,	
City (5) PEQUANNOCK						Satista .		# of Floo	rs		g. Age	3	
County (6)	•	Co	unty Co	de (7) E ONLY) _		Current	Use (Prior	if being de	emolished Em C)			
Name of Monitoring Firm Hired by Building O	wner (8)	\perp	ASCM I	No.	Name A. M	of Abate	ment Contr tracting I	ractor (9)					
Street Address					Street	Address Vreelar							
City, State, Zip Code					City, S	, State, Zip Code dland Park, N.J.							
Project Manager for Monitoring Firm		Te	elephone	e No.	Telep	hone No. -262-58			ense No. 0156	2			
Start Date (10) 7 8	Scheduled 4	Gomp	letion D	ate (11)	Name	of OSHA		tal Servi	ces Inc.				
Occupancy Status During Abatement (Chec			7.0		Stree	t Address	,	****					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Aba	ateme	nt		City,	Huyler State, Zip ckensac		7606					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati			,	Mini	Containme -Enclosure rebag Prod	edure)	
	T	ocatio				EST HOL	LACINDAGE	()				ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	mally Solely tenan dial S (12)	/ y by ce/ taff?	(i.e. th	Description S Containing Bermal system Surfacing, V Other miscell	Material ms insula /AT, or	(ACM) tion,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		VAT			16,0	00 SF	X			
THROUGHOUT BOILER ROOM	+++		×		RYWALL				UO SF	X			
BOILER ROOM ROOF	1		X		OUFING			8,0	700	X			
7001		-	1										
Name of Registered Waste Hauler Newark Carting, Inc.		Н	JDEP Wauler ID 4509	115.00	Cubic Yards of Waste	1 1	Grand	Registere Central		/ Lan	dfill		
City, State Newark, N.J. 07105					Disposal Da	18 on	City, Sta Pen Ar	gyl, PA				,	
Completed by R. McDonald	Title Presi	dent			Signal	ture///	Forell		Da	2/1	21	18	

ih 495	j4	NOT		rsuar	OF AS	ew Jersey BESTOS ABAT C 8 60 and 5:1	6)	DEC		4 2	V 018	E		
Date of Notification (1)) 1			Name	of Buildin	g Owner/Operator (2)	land become			010			
	8 /18	B		Joh	n & Mich	helle Boedeker		Job #1802-22			k. #4			
Agencies Notified	Type Notification			Street	Address			ASBES				- &		
⊠ EPA									ICEN	SING		PLEMNSH		
□ DOLWD	☐ Amended			City S	State, Zip C	Code								
□ DHSS	Amendment #		-	100000000000000000000000000000000000000		NJ 08758								
□ DCA	☐ Emergency (ir	cludin	g		of Contac			FTolonhone Num	la a a					
(NJAC 5:23-8)	justification) Cancellation					3		Telephone Nilmner						
<u> </u>	Cancellation			Jor	n Boede	eker		E e	_					
				FA	CILITY IN	IFORMATION								
Name of Facility When	e Abatement is Takin	g Place	e (3)			1	Type of Facility	(4)			7.7			
Residential Proposition Street Address	erty						Other (i.e., p	8 (Other than K-12 private and comme		uilding	gs,			
City (5)							homes, etc.	N						
City (5)							Square Feet	# of Floors	100	dg. A				
Waretown							1306	1		1962	-			
County (6)				Cour	ty Code (/	()(STATE USE ONLY)		rior if being demolis	shed)					
Ocean							Residential							
Name of Monitoring Fin	rm Hired by Building (Owner	(8)	ASCM	No.	Name of Abateme	경기가 가장 가게 되는 것 같아.	NN 15584						
Horizon Env.						Asbestos an	d Mold Service	es, Corp.						
Street Address						Street Address								
PO Box 316						3859 Sylon B	oulevard							
City, State, Zip Code						City, State, Zip Co	ode							
Thorofare, NJ 080	086					Hainesport, N	J 08036							
Project Manager for Mo	onitoring Firm		Tele	phone	No.	Telephone No.		License No.						
Dave Flanigan			85	6-848	-0800	609-702-0400		00862						
Start Date (10)	Sched	duled C	Comple	tion Da	te (11)	Name of OSHA M	lonitor							
3 / 5	2 22	3 /	7			EMSL Analyt	ical, Inc.							
Occupancy Status Dur	ing Abatement (Chec	k only	one)			Street Address			_					
☐ Facility Closed/Vac				ment		200 U.S. Rou	to 130 North							
☐ Abatement Perform					cribe	City, State, Zip Co								
	:PI													
Coope of Mark (Charle	all that anniv					Cinnaminson	, NJ 00077							
Scope of Work (Check	ali that apply)	⊠ Re	enovati	on		☐ Full Cont		gative Pressure	arclo	Slih	2			
\(\overline{\text{\tin}\text{\tint{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}}\text{\text{\text{\text{\text{\text{\text{\texi}\text{\texi}\tint{\text{\tin}\tint{\tiint{\text{\text{\texi}\text{\texit{\text{\text{			emolitic			☐ Glovebag	g Procedure	on-Friable Procedu	re					
		100	Locat						Ab	atem	ent T	уре		
Location		I	Norma	*		Description of			-	1	1	1		
Asbestos-Containin TO BE Al				Solely by enance/ (i.e., thermal systems insulation				Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Fac		Cus	todial	Staff?	(1.6	surfacing, VAT,		SF or LF)	ova	=	nsd	Sur		
(13)		T	(12) other m				Vest31 76000 77507 4			late	e.		
		Yes	No	N/A										
Bedrooms, Closets	& Bathroom	П			Floor T	ile	540 SF	X	П	П	П			

Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273

Mastic

City, State Disposal Date City, State

Lafayette, NJ 3/7/18 Penn Argyle, PA

 \boxtimes

Completed By (Print or Type) Title Kimberly A. Trumbetti Office Coordinator

Bedrooms, Closets & Bathroom

840 SF

h 4959		N			TON	OF ASI	W Jersey SESTOS ABAT C 8:60 and 5:10	6)						
Date of Notification (1)	12 /	18				of Building ario Rar	Owner/Operator (²⁾ / Job #1802		k. #495	201 •	ğ	L	
Agencies Notified	Type Notifica	tion	-		Street	Address				STOS CO		OL &		
☑ DOLWD	☐ Amended			-	City S	tate, Zip C	ode		A STREET, THE CONTRACTOR	LIULING	IIVG	-	EDH-HIO/HI	
□ DHSS	Amendme				2000		NJ 08028							
DCA (NJAC 5:23-8)	☐ Emergeno justificatio		ding	1		of Contac			Telephone Nu	ımber				
(140/10 0.20-0)	☐ Cancellati				Glin	ario								
	The Court of the			-	FAC	II ITY IN	FORMATION		á				_	
Name of Facility Where	Abatement is T	aking Pl	lace (3)		ZIEIT I III	. 01.11.01.1	Type of Facility (nace.				-	
Residential								School (K-12						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			ilding	s,		
								homes, etc.)			Did. A.			
City (5)								Square Feet	# of Floors	1000	dg. Ag	je		
Glassboro								1200	3		65+-		-	
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)				
Gloucester								Residential						
Name of Monitoring Firm		ing Owr	ner (8))	ASCM	No.	Name of Abateme		_					
Tiger Environment	al						Asbestos an	s, Corp.						
Street Address	1/11/71/71/11/T/T/T/T/T						Street Address							
	W Elizabeth Ave # 2						3859 Sylon B							
City, State, Zip Code							City, State, Zip Co							
Linden, NJ 07036							Hainesport, N	NJ 08036		<u></u>				
Project Manager for Mor	nitoring Firm				phone I		Telephone No.		License No.					
Kelly Walton						2-4301	609-702-0400	72	00862					
Start Date (10)2 /21 /		chedule 2			ion Dai		Name of OSHA N EMSL Analyt							
Occupancy Status Durin	g Abatement (C	Check or	nly on	e)			Street Address			72,344				
□ Facility Closed/Vacat							200 U.S. Rou	te 130 North						
Abatement Performed			ACCOUNT NAME OF				City, State, Zip Co	ode						
Time of Abatement: _	AM	PM/_		PM-		ΑM	Cinnaminsor	n, NJ 08077						
Scope of Work (Check a	II that apply)						☐ Full Cont	tainment with Neg	ative Pressure					
\boxtimes \geq 3 sf or \geq 3 lf \square \geq 160 sf or \geq 260 lf			Rend Dem					closure g Procedure empted (*) and No	n-Friable Proce	dure				
			100,500,000	ocat							ateme	ent Typ	ре	
Location			No Used	rmal			Description of			R	Z.	Щ	Щ	
Asbestos-Containing TO BE AB		' i	Main	tena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facil		(Custo		Staff?	X35.5	surfacing, VAT	, or	SF or LF)	val	-	Sul	sure	
(13)		_	'es	(12) No	N/A		other miscellane	ous)				ate		
Basement			20.5		N/A	Ductwo	rk and/or Asbes	stos Paper	60 LF					
)													
				 ¬							П	П		
														
Name of Registered Was	ste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				_	
Waste Managemen				Н	auler II 17273		Waste 5	Grand Cen						
City, State Lafayette, NJ				-			Disposal Date 2/22/18	City, State Penn Argy	ΙΑ ΡΔ					
		T:11						1 emi Aigy	10, 1 M	Dete			_	
Completed By (Print or T Kimberly A. Trumb		Title Offi	ce Co	oro	linato		Signature			Date 2-1	7-18)		