

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

Ch#2790

<u> </u>			(1-0								watercook 5		
te of Notification (1)	8 / 19					uilding Ow e Ductil e	ner/Operator (2))	ECE	11 7	W.		
encies Notified	Type Notification				et Add		C+	77 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	FER 1	E 2	010	The state of the s	2
EPA				9.5		greaves		2.9	HA FED I	2 - 5	UID	×	*
DOLWD	Amended Amendment #					, Zip Code		-0.0	1			j.	
DOH	☐ Emergency (inc		1	100		burg, N.	3 08803		Telephone Number			À	
DCA (NJAC 5:23-8)	justification)			120000		Contact		1			- 	12	
V	☐ Cancellation			1		Quinone							
				F	ACILI	TY INFO	RMATION	T of Facility (A	1				\exists
ame of Facility Where	Abatement is Taking	Place	(3)					Type of Facility (4 ☐ School (K-12)	7)				
McWane Ductile								Cubabantar 8	(Other than K-12)				
reet Address								Other (i.e., prival)	vate and commercia	bullali	ngs,		
183 Sitgreaves St								homes, etc.)	# of Floors	Bldg.	Age		_
ity (5)								Square Feet	1	65			
Phillipsburg								100,000	or if being demolishe	ed)			_
ounty (6)					County	Code (7)(S	TATE USE ONLY)		of it being demonstre	,			
Warren								industrial					
lame of Monitoring Fire	n Hired by Building (Owner	(8)	AS	CM No	. N	Name of Abatem	ent Contractor (9)					
EHS Environment								vironmental Co	o, Inc.				_
Street Address	u.					S	Street Address						
411 Southgate Co	urt						923 Haws Av						_
						(City, State, Zip C						
City, State, Zip Code Mickleton, NJ 080	56						Norristown,	PA 19401					_
			T	eleph	one No). T	Telephone No.		License No.				
Project Manager for Mo	filloring i iiii				-224-0	080	610-239-992		00398			_	_
Jack Carney	Sche	duled	Com		n Date		Name of OSHA						
Start Date (10) 2 / 25		3	1	4	/	19	EHS Environ	nmental Inc.					_
							Street Address						
Occupancy Status Dur	ing Abatement (Che	CK OIII	of Ah	atem	ent		411 Southg	ate Court					_
☐ Facility Closed/Vac ☑ Abatement Perform	ated During Entire P	al Fac	ility F	Hours	- Desci	ribe	City, State, Zip						
Time of Abatemen	t: <u>7</u> AM- <u>3:30</u> PM/	PN	1	AI	M		Mickleton, I	NJ 08056					
								t ith No	active Pressure				
Scope of Work (Check	(all that apply)	P-0200	157920				☐ Full Co	ontainment with Ne	galive i resoure				
≥3 sf or ≥3 lf		\boxtimes	Reno	ovatio olitior	n n		N Clauck	and Procedure	E : II- Decodus				
☐ ≥160 sf or ≥260 lf			Den	Olltiol			☐ Non-E	xempted (*) and N	on-Friable Procedur	e	ateme	nt Tv	vn.
			Is L	ocati	on								
Loca	tion of			ormall			Description stos Containing	n of	Amount	Removal	Repair	Encapsulate	
Asbestos-Contain	ing Material (ACM)			Sole		Asbes	thermal system	ns insulation,	(Specify	lova	air	sde	
	<u>ABATED</u> acility	(Custo		Staff?	V3-	surfacing, V	AT, or	SF or LF)	=		ılate	
	13)			(12)	T	-	other miscella	aneous)				w	
	1 7 7 7 7 7	Y	'es	No	N/A				3LF	\boxtimes			[
1st floor			-	\boxtimes			sulation		10LF				1
1st floor				\boxtimes		boiler r	rope gasket				П	П	1
											1	1	+
		Г											
Name of Registered	Wasta Hauter		_	1	NJDEP		Cubic Yards o	of Name of Re	gistered Landfill	C	me l	D۸۱	1
Name of Registered	ronmental Syste	ms	(Tra	1	Hauler I		Waste 1CY		c Environmental	Syste	ms (rA)	_
Republic Envi	ionnicital Oyele			_			Disposal Date	City, State					
Republic Envi	Tollineritar Oyoto							Hetticle	DA 19440				
Republic Envi							3/4/19	Hatfield	PA 19440	Date	7 7		
Republic Envi	08043	Title						Hatfield		Date	VII	9	

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

CK 4977

Date of Notification (1)						Owner/Operator		ECEI	M	777	
2/11/19						STOPHE	CHOI	1 proper space	,1.m ·	2.57	7
Agency Notified	Type Notification		s	treet A	ddress			4			- D. Crandberra
D EPA	☑ Initial ☐ Amended		0	ity Sta	ate Zin C	Code .		FEB 15	2015)	14
D DEP DOL	Amended Amendment#			,	$1 \in \mathcal{A}$	04/1/	IT 07	605 Telephone Number			-
	☐ Emergency (includir	ng	- N	Jama o	f Contact) lo (lo , k	21 0,	Telephone Number		1.9-	==5
DOH DCA	justification) □ Cancellation	19	1"		PAL	K .		1. coopieno respectivo		- 14	,ut
				1		ORMATION	-	· · · · · · · · · · · · · · · · · · ·	T-6-2		
Name of Facility Where A	Abatement is Taking Pla	œ (3)					Type of Facility	(4)			
MS	s, c, cH	01			G.,		School (K-12	2)			
Street Address		*				*	Subchapter of Other (i.e. property of the common state)	8 (Other than K-12) rivate & commercial buildin	ıgs,		
City (5) .					11				Age		
	EONIA			G.			1800.	2 1	9.	50	7
County (6)						(STATE USE	Character and the first of the contract of the	nior if being demolished)			
B	ERGEN		19	ONLY)			A	EI DEN CÉ			
Name of Monitoring Firm	Hired by Building Owner	r A	SCM I	No.		Name of Abatem	tion of the same o				
(8)							moval In	С			
Street Address			2	a - 6		Street Address					
							th River	St			
City, State, Zip Code						City, State, Zip C					
	949						ack, N.J				
Project Manager for Mon	itoring Firm	Tel	ephon	e No.		Telephone No.	71.1.1.	License No. 00388			
			-	(4.4)		Name of OSHA		00300	-	=	
Start Date (10) 2 2 1 / 19	Scheduled Co	2 / /	_	9 (11)			Environm	ental			
Occupancy Status Durin						Street Address	DII V II OIIM	Circai	-	-	
Occupancy Status Duni	g Abatement (Oneon on	y Onc,	52	S4			ıyler St				
☐ Facility Closed/Vacate						City, State, Zip C			19		
☐ Abatement Performed ☐ Other – Describe: ②	Outside of Normal Pace	ol M	15	•				,N.J. 07606			
Scope of Work (Check a	Il that apply)				•			Negative Pressure			
J223sfor≥3lf			1	Reno	ovation		-Enclosure	i negative riessure			
□ ≥ 160 sf or ≥ 260 lf			Ţ	□ Dem	olition		ebag Procedure				
						□ Non-	-Exempted (") an				moi
								d Non-Friable Procedure	TA	bate	A PROPERTY.
		. U "31.532	Locatio			782		d Non-Phable Procedure	A	bate Ty	
. Locatio		N	Location ormally Solet	y		Description	of		A	Ту	pe
Asbestos-Containin	ng Material (ACM)	N Used Mair	ormally I Solely Intenan	y y by ce/		Description stos Containing M	of aterial (ACM)	Amount		Ту	pe
	ng Material (ACM) BATED	Used Mair C	ormally Solety ntenan ustodia	y y by ce/		Description	of aterial (ACM) insulation,			Ту	pe
Asbestos-Containin TO BE A	ng Material (ACM) BATED cility	Used Mair C	ormally I Solely Intenan	y y by ce/		Description stos Containing M ., thermal systems	of aterial (ACM) insulation, r, or	Amount (Specify	Removal	Ту	pe
Asbestos-Containin TO BE A	ng Material (ACM) BATED cility	N Used Mair C	ormally i Solely ntenan ustodia Staff? (12)	y by ce/		Description stos Containing M thermal systems surfacing, VA	of aterial (ACM) insulation, r, or	Amount (Specify		200	pe
Asbestos-Containin TO BE AI IN Fac (13	ng Material (ACM) BATED cility	Used Mair C	ormally Solety ntenan ustodia Staff?	y by ce/ al	(i.e.	Description stos Containing M , thermal systems surfacing, VA other miscellan	of aterial (ACM) insulation, r, or eous)	Amount (Specify SF or LF)	Removal	Ту	pe
Asbestos-Containin TO BE A	ng Material (ACM) BATED cility	N Used Mair C	ormally i Solely ntenan ustodia Staff? (12)	y by ce/ al	(i.e.	Description stos Containing M thermal systems surfacing, VA	of aterial (ACM) insulation, r, or eous)	Amount (Specify		Ту	pe
Asbestos-Containin TO BE AI IN Fac (13	ng Material (ACM) BATED cility	N Used Mair C	ormally i Solely ntenan ustodia Staff? (12)	y by ce/ al	(i.e.	Description stos Containing M , thermal systems surfacing, VA other miscellan	of aterial (ACM) insulation, r, or eous)	Amount (Specify SF or LF)	Removal	Ту	pe
Asbestos-Containin TO BE AI IN Fac (13	ng Material (ACM) BATED cility	N Used Mair C	ormally i Solely ntenan ustodia Staff? (12)	y by ce/ al	(i.e.	Description stos Containing M , thermal systems surfacing, VA other miscellan	of aterial (ACM) insulation, r, or eous)	Amount (Specify SF or LF)	Removal	Ту	pe
Asbestos-Containin TO BE AI IN Fac (13	ng Material (ACM) BATED cility 3)	N Used Main C	ormally I Solety ntenan ustodia Staff? (12)	y by ce/ al	(i.e.	Description stos Containing M , thermal systems surfacing, VA other miscellan	of aterial (ACM) insulation, I, or eous)	Amount (Specify SF or LF)	Removal	Ту	pe
Asbestos-Containin TO BE AI IN Fac (13	ng Material (ACM) BATED cility 3)	N Used Main C	ormally d Solety ntenan ustodia Staff? (12) No	y by ce/ all	(i.e.	Description stos Containing M., thermal systems surfacing, VAT other miscelland. LL SYSTEM IN Cubic Yards of Waste	of aterial (ACM) insulation, F, or eous)	Amount (Specify SF or LF)	Removal K	Repair	g Encapsulate
Asbestos-Containin TO BE AI IN Fac (13 BASAICN Name of Registered Wa Best Remo	ng Material (ACM) BATED cility 3)	N Used Main C	ormally d Solety ntenan ustodia Staff? (12) No	y by cce/ shi	(i.e.	Description stos Containing M., thermal systems surfacing, VAT other miscelland other miscelland Cubic Yards of Waste Z = 75	of aterial (ACM) insulation, F, or eous)	Amount (Specify SF or LF)	Removal K	Repair	g Encapsulate
Asbestos-Containin TO BE AI IN Far (13 BASAICN Name of Registered Wa Best Remo	ng Material (ACM) BATED cility 3) ste Hauler Oval Inc	Yes N.J.	ormally d Solety ntenan ustodia Staff? (12) No	y by ce/ all	(i.e.	Description stos Containing M., thermal systems surfacing, VAT other miscelland. LL SYSTEM IN Cubic Yards of Waste	of aterial (ACM) insulation. F, or eous) Name of Regilinery City, State	Amount (Specify SF or LF) 3 \(\subseteq L \) istered Landfill a Enterprise	Removal X	Repair	g Encapsulate
Asbestos-Containin TO BE AI IN Far (13 BASAICNT Name of Registered Wa Best Remo	ng Material (ACM) BATED cility 3)	Yes N.J.	ormally d Solety ntenan ustodia Staff? (12) No	y by ce/ all	(i.e.	Description stos Containing M., thermal systems surfacing, VAT other miscelland other miscelland Cubic Yards of Waste 2 7 5 Disposal Date 2 22/19 Signature	of aterial (ACM) insulation. F, or eous) Name of Regilinery City, State	Amount (Specify SF or LF)	Removal X	Repair	g Encapsulate

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



									日月	IS II	WE				
Date of	of Notification Ty	2/9/18 /pe Notifica	tion				/ Operator (2) artners, LP			121 0					
Ageno	cies Notified				Address	CC I	artifers, Er	811	111	- 1	4 1 4				
	EPA	Em	ergency Notifica		emberwick	Rd		17	FEI	3 15	2019				
	DEP	X Initi	al Notification		tate & Zip Co			i-							
Х	DOL	Am	ended Notificati	on Green	wich, CT 0	6831		# #	Laure .		·				
X		Car	cellation	Name	of Contact		-		1	Telephor	ne Number				
	DCA			Richa	rd Truslow	е			Virginia Companya .	203-433	-3279				
					CILITY INFO	DRM	ATION								
Name	of Facility Wh		ent is Taking Pant Building	lace (3)		Тур	e of Facility (4) School (K-12)								
Street	Address					7	Subchapter 8 (Other than k	(-12)						
		2101 A	Illenwood Ro	ad		X	Other (i.e., priv	ate & comm	ercial buildin	gs, home	es, etc.				
						Squ	are Feet	# of Floors	E	Bldg. Age					
City (5			County (6)	County C	ode (7)		7,000	1			60+				
	Wall Town	ship	Monmouth				rent Use (Prior i te Police	f being demo	olished)						
Name	of Monitoring	Firm Hired	by Building Ow	ner (8)	ASCM No.		ne of Abatemen	t Contractor	ntractor (9)						
	virotactics,		-,	(-)		Global Abatement Services, LLC									
	Address						et Address		,						
	Laurel Ave					_	Schoolhouse	AND THE RESERVE OF THE PARTY OF							
	State & Zip Co						, State & Zip Co								
	Girt, NJ 0875 t Manager for		Γ:	T - 1			nroe Townshi								
	aypoole	wonitoring	FIRM	Telephone 1		Telephone Number 732-605-9062 License Number 00714									
	uled Start Dat	te (10)	Scheduled Co			_	ne of OSHA Mor	nitor		0071	7				
	2/19/19			2/28/19	. ()	A COURT OF STREET	bal Abatemer		, LLC						
	ancy Status D	Ouring Abate	ement (Check o	nly one)		133,200	et Address				9				
X			During Entire F			_	Schoolhouse	A STATE OF THE STA							
	Abatement in Describe:	Performed (Outside of Norm	al Facility Ho	urs -	1000000	, State & Zip Co								
	Other - Desc	riha:				Moi	nroe Townshi	p, NJ 0883	1						
Scone	of Work (Che		nnly)												
X	Demolition	on all triat a	Renovat	tion			Full Con	tainment witl	Nogativo E	roccuro					
^	Large Project	ct	11011014				Mini-Enc		i Negative F	ressure					
	Quantity is ≥		3 LF ACM					ag Procedure	4						
X			≥ 260 LF ACM				X Other:								
		cation of		Is Location	n	D	escription of		Amount	Abate	ement Type				
		os-Containi	ng	Normally U	2024-000		stos-Containing	1,000	(Specify	(Speci	fy: Removal,				
		erial (ACM) E ABATED		Solely by			aterial (ACM)		uare Feet or		Repair,				
	0.00	Facility		Maintenanc Custodial St			thermal systems on, surfacing, V		near Feet)		psulation or iclosure)				
	(3)	(13)		(12)			er miscellaneous				iciosure)				
		Roof		N/A		Ro	of shingles		1,800SF	D.	emoval				
	W	indows	N	N/A			ndow caulk		32ea.		emoval				
		Offices		N/A			VAT		1,200SF		emoval				
	of Registered		ler		te Hauler ID #	#	Cu. Yds. of Wa		ne of Regist						
	reehold Car	ting			18693		30		ows						
City, S							Disposal Date		, State						
	enton, NJ						2/28/19) Mo	rrisville, P	a					
	eted By (Print		Title				Signature				Date				
וסם	minick Tring	Jali	Manage	er.			Dominick I	ringali			2/9/19				
								2017							
25-41	JUN 95 G46	nh (

NOTIFICATION OF ASBESTOS ABATEMENT Check#3270 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 12 / 19 Mike Tsimaras Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial ■ DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # DCA Highland Park, NJ 08904 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Mike Tsimaras FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Highland Park, NJ 08904 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City. State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __02__ / __21__ / __19 02 / 22 / 19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM___AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure > 160 sf or >260 lf Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Repair Asbestos Containing Material (ACM) Remova Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Attic X Pipe insulation 15 LF X П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic entic Wenad Owner 02/12/19 ASB-41

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Montclair Township Board of Education 2/12/19 Street Address Type Notification Agencies Notified 22 Valley Rd X Initial **EPA** City, State, Zip Code Amended DEP Montclair, NJ 07042 Amendment #_ X DOL Telephone Number Name of Contact Emergency (including 973-509-4000 Emidio D'Andrea justification) X DOH Cancelation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Watchung Elementary School Subchapter 8 (Other than K-12) X Street Address Other (i.e. private & Commercial buildings, homes, etc.) 14 Garden Street Bldg, Age Square Feet # of Floors City (5) 55+ 40,000 SF 12 Montclair, NJ 07042 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Elementary School Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Unicorn Contracting Corp. Detail Associates, Inc. Street Address Street Address 32 Willow Way 300 Grand Ave City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 Englewood, NJ 07631 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01331 973-333-9176 (201) 569-6708 Stephen Jaraczewski Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Envirovision Consultants, Inc. 4/28/19 4/25/19 Street Address Occupancy Status During Abatement (Check Only One) 20-21 Wagaraw Rd., Bldg. 35-E Facility Closed/Vacated During Entire Period of Abatement X City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Fair Lawn, NJ 07410 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure IX Renovation ≥3 sf or ≥3 lf Mini-Enclosure X Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, (Specity Maintenance/ Encapsulate TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or In Facility other miscellaneous) (12)(13)N/A Yes No 240 SF X Radiator Covers X Gymnasium Name of Regustered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. Name of Registered Waste Hauler Fairless Hills Landfill 0035844 Unicorn Contracting Corp. City, State Disposal Date Morrisville, PA TBD Woodland Park, New Jersey Date Signature Title 2/12/19 Completed by General Manager Dimo Golcev

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Mike McCann P 2/11/2019 Agencies Notified Type Notification Street Address []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended Midland Park, NJ, [X] DOL Notification [X] DOH Name of Contact Telephone Number [X] EMERGENCY Mike McCann []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mike McCann []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City County County Code (7) Midland Park (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973)744-880000371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor N/A Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X] > 3 sf or > 3 lf [X] Renovation [X]Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Abatement Type Location Location of Description of Normally Asbestos-Containing NC Asbestos-Containing MCHOND Used Amount R E P E Material (ACM) Solely Material (ACM) (Specify APS M By Main-TO BE ABATED (i.e., thermal systems SF or 0 AIR tenance/ In Facility insulation, surfacing, VAT, Custodial LF) (13)Staff (12) or other miscellaneous) R No N/A E Basement X Pipe insulation 45 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17040 AZTECH MANAGEMENT, INC. of Waste .75 Tri - State City, State City, State Disposal Date Montclair, NJ 07042 2-12-19 Bronx, NY, 10474 Completed By (Print or Type) Title Signature Date Constantine Vivian President 2/11/2019

								771-	Ď J		_
Date of Notification (1) 02 / 09 / 19			Name (of Building	g Owner/Operator (2)	11		60	Senio Se is	
		_	John C								1
Agencies Notified Type Notification EPA Initial			Street.	Address			V		***		- 7
☑ DOLWD ☐ Amended			City, \$	tale, Zip (Opda	5-111			1		-
☐ DCA Amendment #	cluding	}	Kearny	, NJ 070	32		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
(NJAC 5:23-8) justification)				of Contac		: . · · · · ·	Telephone Num	ber			_
Cancallation			John C						_		_
Name of Facility Where Abatement is Taking	Diace /	31	FAC	ILITY II	FORMATION	Type of Feothty (4)		-	_	_
Private house	i Limeo (•1				School (K-12	i				
Street Address						Subchapter 8	(Other than K-1 2 ivets and commer) rciel bullo	dinos.		
						homes, etc.)					_
City (5) Kearny, NJ 07032						Square Foot	# of Floors	Bidg	. Age		
County (6)			Count		(STATE USE ONLY)	Current Use (Pri	or if being demolia	spad)	,	-	-
thedson		27 (L)			/[: [4]];	141 ·					_
Marne of Maniforing Firm Hirad by Building (Owner (8	1	ASCM I	No.		ent Contractor (9)	14				
Street Address					Gr Tech LLC	<u> </u>				_	
	V10-54, 1164	10			576 Valley Rd	¥283					
City. State, Zip Code	y.				City, State, Zip C	ode					
Project Manager for Monitoring Firm		Tale	phone i	Mo.	Wayse, NJ 074	70	License No.				_
1	1/2	. 515	Provide (973-638-1777		01127				
	duled Co				Name of OSHA	Monitor	1				-
	02_ /		_/-	19	Envirovision Co	onsultants, inc					
Occupancy Status During Abatement (Chec Extitity Closed/Vacated Ouring Entire Pr			mant		Street Address						_
Abstement Performed Outside of Norma	I Facility				20-21 Wagaraw	Kord, Blog #	52K				-
- AAA					City, State, Zip C	cos					
Time of Abstement:AMP	WI	_PW_		AM	Fair Lawn, NJ	ode 07410					-
Time of Abstement:AMC Scope or Work (Check all that apply)	-				Fair Lawn, NJ (ode 07410 Ip and decontamin	יינובוניה אלוא אפורבו	e preseu	мb		_
Time of Abstement:AMC Scope of Work (Check all that apply)	Res	noveti	Gt.	AM	Fair Lawn, NJ (ode 07410 Ip and decontamin ntainment with Ne	ation with negative Pressure				
Time of Abstement:AMC Scope or Work (Check all that apply)	Res	noveti	20 20		Fair Lawn, NJ (orde 07410 Ip and secontamin Italinment with Ne	ation with negative Pressure	e Pressu	109		
Time of Abstement:AMC Scope of Work (Check all that apply)	Rm Des	novátí molitik Leicas	ion on	AM cfth	Fair Lawn, NJ Clean Clean Clean Min-En	orde 77410 29 and decontament intainment with Nec closure as Procedure ampted (*) and Ne	ation with negative Pressure	e Pressu	igeures Tue		
Time of Abstement:AMP Scope of Work (Check all that apply) > 3 of or >3 if	Ren Des	novátí molitik Leicas	on ity	AM	Fair Lawn, NJ Clean Communication Mini-En Mon-Ex Non-Ex Conferring M	orde 77410 9 evil decontanti ntainment with Necourse as Procedure ampted (*) and No	ation with negative pative Pressurs Tent with Negative n-Friable Proceds	e Pressu	igeures Tue		
Time of Abstement:AMC Scope of Work (Check all that apply) > 3 of or >5 if > 160 of or >260 if Location of Asbestos-Contacting Mesterial (ACM) IO BE ABATED IN Facility	DE Ren	novationolistic	sion sly sly by snco/ Staff?	AM	Fair Lawn, NJ Clear of Full Co. Mint-En Mint-En Mon-Ex Containing	orde 07410 19 stid decontament intainment with Ner iclosure as Procedure ampted (*) and No iof cterial (ACM) a mausation, T, or	ation with negative Pressure Tent with Negative In-Frieble Proceds	e Preesuure Abs	igeures Tue		
Time of Abstement:AMC Scope of Work (Check all that apply) > 3 of or > 3 if	Dec	Local Morrise d Solintene todial (12)	ion son sly sly by sncor Staff?	AM	Fair Lawn, NJ Clean of Full Colonium Mini-En Glovebi Non-Ex Pescription ealor Contathing M e. thornel systems	orde 07410 19 stid decontament intainment with Ner iclosure as Procedure ampted (*) and No iof cterial (ACM) a mausation, T, or	ation with negative pative Pressure Tent with Negative n-Friable Proceds Amount (Specify	e Pressu	igeures Tue	t Ty	
Time of Abstement:AMC Scope of Work (Check all that apply) > 3 of or >3 if > 100 of or >280 if Localian of Asbasios-Contacting Material (ACM) IO BE ABATED IN Facility (13)	DE Ren	novationolistic	ion son sly sly by sncor Staff?	AM Aab (L	Fair Lawri, NJ Clean & Full Col Mint-En Glovebi Non-Ex Pescription eatos Confetting M e, thornel systems surfacing, VA: other miscellen	orde 77410 92 and decontament intainment with Necceure as Procedure ampted (*) and No costin (ACM) insulation, T, or equs)	Amount (Specify Sif or LF)	e Pressu	igeures Tue		
Time of Abstement:AMC Scope of Work (Check all that apply) > 3 of or >5 if > 160 of or >260 if Location of Asbestos-Contacting Mesterial (ACM) IO BE ABATED IN Facility	De Rei	Lecard Soft Notice (12)	ion illy ely by anco/ Staff?	AM Aab (L	Fair Lawn, NJ Clean to Full Col Mint-En Glovebr Non-Ex Person prior Cardetning M Thomas systems surfacing, VA other miscellen	orde 77410 92 and decontament intainment with Necceure as Procedure ampted (*) and No costin (ACM) insulation, T, or equs)	ation with negative pative Pressure Tent with Negative n-Friable Proceds Amount (Specify	Abs Removal	igeures Tue		
Time of Abstement:AMC Scope of Work (Check all that apply) > 3 of or >3 if > 100 of or >280 if Localian of Asbasios-Contacting Material (ACM) IO BE ABATED IN Facility (13)	Rem Dec Is Is Use Mai Cust Yes	Lecas de Solintone (12)	ion iby sty by since/ Staff?	AM Aab (L	Fair Lawri, NJ Clean & Full Col Mint-En Glovebi Non-Ex Pescription eatos Confetting M e, thornel systems surfacing, VA: other miscellen	orde 77410 92 and decontament intainment with Necceure as Procedure ampted (*) and No costin (ACM) insulation, T, or equs)	Amount (Specify Sif or LF)	Abs Removal	igeures Tue		
Time of Abstement:AMC Scope of Work (Check all that apply) > 3 of or >3 if > 100 of or >280 if Localian of Asbasios-Contacting Material (ACM) IO BE ABATED IN Facility (13)	Is Part Ves	Leces de Solidario (12)	Fon Hon Hon Hon Hon Hon Hon Hon Hon Hon H	AM Aab (L	Fair Lawri, NJ Clean & Full Col Mint-En Glovebi Non-Ex Pescription eatos Confetting M e, thornel systems surfacing, VA: other miscellen	orde 77410 92 and decontament intainment with Necceure as Procedure ampted (*) and No costin (ACM) insulation, T, or equs)	Amount (Specify Sif or LF)	Abs Removal	igeures Tue		
Time of Abstement:AMC Scope of Work (Check all that apply) > 3 of or >3 if > 100 of or >280 if Localian of Asbasios-Contacting Material (ACM) IO BE ABATED IN Facility (13)	Rem Dec Is Is Use Mai Cust Yes	Lecan No	ion	AM Aab (L	Fair Lawn, NJ Clean to Full Col Mint-En Glovebr Non-Ex Person prior Cardetning M Thomas systems surfacing, VA other miscellen	orde 77410 92 and decontament intainment with Necceure as Procedure ampted (*) and No costin (ACM) insulation, T, or equs)	Amount (Specify Sif or LF)	Abs Removal	igeures Tue		
Time of Abstement:AMC Scope of Work (Check all that apply) > 3 of or >3 if ≥ 160 of or ≥260 if Localion of Abbestos-Containes Masterial (ACM) IO BE ABATED IN Facility (13) Basement	Is Part Ves	Lecas display	ion	Ash (L) Pipe in	Fair Lawn, NJ Clean to Full Col Mint-En Glovebr Non-Ex Person prior Cardetning M Thomas systems surfacing, VA other miscellen	code 77410 29 and decontament intainment with Neccesure as Procedure as Procedure ampried (*) and No cosmic (ACM) insulation, T, or equal TR.R.F. Inc	ation with negative Pressure Tent with Negative -Friable Process Amount (Specify Sir or LF)	Abs Removal	igeures Tue		
Scope of Work (Check all that apply) Scope of Work (Check all that apply) > 3 of or > 3 if > 100 of or > 200 if Localian of Asbestos-Contacting Meterial (ACM) IO BE ABATED IN Facility (13) Basement	Is Part Ves	Lecas display	Pion Hy state of the state of t	Ash (L) Pipe in	Fair Lawri, NJ Clean & Clean & Full Col Min-En Glovebi Non-Ex Non-Ex Conferring Me thomal eystems surfacing, VA other miscellen sulation.	orde 77410 2 and Secondardination stainment with Negolary as Procedura ampted (*) and Negolary stainment (ACM) a massation. T. or require T. R.F. Inc. City. State	ation with regality pative Pressurs Tent with Negative n-Friable Proceds Amount (Specify Sif or LF)	Abs Removal	igeures Tue		
Time of Abstement:AMC Scope of Work (Check all that apply) > 3 of or > 3 if > 100 of or > 250 if Localian of Asbestos-Containing Material (ACM) IO BE ABATED IN Facility (13) Basement	Is Part Ves Ves	Lecas display	Pion Hy state of the state of t	Ash (L) Pipe in	Fair Lawri, NJ Clean to Full Col Mint-En Gloveb Non-Ex Pescription estor Conferring M e, thermal eystems surfacing, VA other miscellen sulation Cubic Yards of Wa TBD Disposal Data TBD	orde 77410 20 and decontament intainment with Neg closure and Procedure ampted (*) and Neg ctsche (ACM) intainment with Neg ctsche	ation with regality pative Pressure Tent with Negative n-Friable Proceds Amount (Specify Sif or LF)	Abs Removal	igeures Tue		
Time of Abstement:AM	Is Per les	Lecas display	Pion Hy state of the state of t	Ash (L) Pipe in	Fair Lawn, NJ Clean to Clean to Full Colombia. Glovebi Mini-En Glovebi Non-Ex Confesting Mag. thermal systems surfacing, VA other miscellen Cubic Yards of Wa TBD Disposal Data TBD Signature	orde 77410 20 and Secondard Internet with Necourse as Procedure ampted (*) and No cosmin (ACM) amateur and recourse an	Amount (Specify Sir or LF)	Abs Ramoval	terner C		
Time of Abstement:AM	Ren Des	nováti moříke Locas do soli nitone (12)	DEP Wass	Ash (L. Pipe ins	Fair Lawn, NJ Clean to Clean to Full Colombia. Glovebia. Glovebia. Glovebia. Glovebia. Glovebia. Non-Exc. Contesting Marging of the contesting year and a contesting with a contesting. Various of the contesting of the cont	orde 77410 20 and Secondardination of Secondard (*) and No. cosure as Procedura manpled (*) and No. cosure (ACM) insulation, T, or equal T.R.R.F. Inc. City. State Tullytown, P.	Amount (Specify Sir or LF)	Abs Removal	terner C		
Time of Abstement:AM	Is Per les	Local Provided (12)	on side side side side side side side side	Ash (L) Pipe ins Haviar DN 85	Fair Lawn, NJ Clean to Clean to Full Colombia. Glovebi Mini-En Glovebi Non-Ex Glovebi Non-E	orde 77410 20 and Secondardination of Secondard (*) and No. cosure as Procedura manpled (*) and No. cosure (ACM) insulation, T, or equal T.R.R.F. Inc. City. State Tullytown, P.	Amount (Specify Sir or LF)	Abs Ramoval	terner C		

Check #

State of New Jersey

/ 0 2 2 NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

777	-	-			120127
3.5	1.73	1	- 11	77.77	- 50
1,73		150	11	11//	
1	11.75		11	137	2.5

Date of Notification (1)				Name of F		0 10	3707.	_{irn}i				
	19	_				g Owner/Operator s Medical Cente		A CONTRACTOR OF THE PARTY OF TH	FEB 1	1 5	2019)
Agencies Notified ☐ EPA ☐ DOLWD ☐ DOLWD ☐ Type Not ☐ Initial ☐ Amen				Street Add		ss Drive				j.	i i je	17.70
	ded dment#			City, State	Zip C	Code			110		13	12++21
	gency (inc	ludina	- 1			J 07109			a dia tona mang	**********	***********	eeW 1
(NJAC 5:23-8) justific	cation)	luuliig	1	Name of C				Televis				
☐ Cance	ellation					o as agent		Telephone N 908-208-				
						FORMATION		308-208-	3000			
Name of Facility Where Abatement	is Taking	Place	(3)	· AOILI	I IIV	TORWATION	T					
Clara Maass Medical Center			(-/				Type of Facility	* · · · ·				
Street Address							School (K-12	2) 8 (Other than K	(12)			
1 Clara Maass Drive							Other (i.e., p	rivate and com	mercial	buildi	ngs.	
City (5)							nomes, etc.)				•	
Belleville							Square Feet	# of Floors		Bldg.	257	
County (6)				County C-	-l - (7)	(OTATE (10 = 5 · · · ·	500,000	4		68	+ yrs	i.
Essex				County Co	ae (/)	(STATE USE ONLY)	, , , ,	ior if being dem	olished))		
Name of Monitoring Firm Hired by Br	uilding Ou) A	201111			Hospital					
Environmental Tactics, Inc.	uliding Ov	vner (8		SCM No.			ent Contractor (9)					
Street Address				N/A		MAK-B Pro, I	Inc.					
64 Broad Street						Street Address						
City, State, Zip Code						104 Market S	treet					
[City, State, Zip Co	ode		_			
Matawan, NJ 07747						Garfield, NJ (07026					
Project Manager for Monitoring Firm			Teleph	one No.		Telephone No.		License No.				
Tom Geiger			732-	290-2217		973-931-3293		01365				
Start Date (10)	Schedule	ed Cor	mpletio	n Date (11)		Name of OSHA M		01303				
02 /22 /19	_02	_ / _	20	/ 19		Same as above						
Occupancy Status During Abatement	(Check o	nly on	e)			Street Address						
☐ Facility Closed/Vacated During En	tire Perio	d of Ak	nateme	nt		Oli CCL / ldul ess						
Abatement Performed Outside of N	Vormal Fa	cility F	lours - I	Describe T	ime	City State 7:- 0-	4-					
of Abatement:AM- <u>5</u> PM/	PM- <u>2</u>	AM				City, State, Zip Co	ode					
Scope of Work (Check all that apply)												
≥3 sf or ≥3 If		Dono	vation			☐ Full Conta	ainment with Nega	ative Pressure				
☐ ≥160 sf or ≥260 lf		Demo					osure Procedure					
	(1)-10					☐ Non-Exen	npted (*) and Non	-Friable Proced	Nuro			
W 7/4		Is Lo	ocation				7 () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () (THESIC THOSE				
Location of Asbestos-Containing Material (ACI		No.	rmally Solely b			Description of					ent T	-
TO BE ABATED	VI)		enance	7	sbesto	os Containing Mate	erial (ACM)	Amount	Ren	Repair	Enc	Enc
IN Facility	(lial Staf	f?	(i.e., i	thermal systems in surfacing, VAT,	nsulation,	(Specify	Remova	air	aps	Enclosure
(13)	-		12)			other miscellaneo	us)	SF or LF)	<u>a</u>		Encapsulate	ure
Grd. Fl PED/ED Space Expans				I/A							e	
3 rd Fl Elevator Lobby					Tar/w	aterproofing		60 SF				
7 1 Elevator Lopby				Floor	r Tile			150 SF				
]								
									П	П		П
Name of Registered Waste Hauler				P Waste	C	ubic Yards of	Name of Registe	red Landfill				
Newark Carting, Inc.				r ID No.	M	/aste	G.R.O.W.S.,					
City, State	- In Sec.		112	-22	D	2 isposal Date						
Newark, NJ					- 1	3-1-19	City, State	24				
Completed By (Print or Type)	Title					MONTH PLANE.	Morrisville, F	A				
Kiril Nestorov	10000000	ct B#-	anagei			Signature	134	D	ate			
SB-41	1.016	OF IVIS	anagel	100 100 100 100 100 100 100 100 100 100		Alleh	Maria		2-1	1/-	19	

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

(3)		7 7 7
11		11 11/7
17.3	11.	11 11/
	()	CE

Date of Notification (1)	9			No	me of Duit			1	13		-12-3	
02 / 10	1	9				ling Owner/Operator	r (2)	FEB 1	_	ากรก	-	
Agencies Notified Type Not	ification	1			eet Addres			ILDI	b	2019	1	Study English
☑ EPA ☑ Initial				O (I)	oct Address	3		I .			- 1	
☑ DOLWD ☐ Amen				City	, State, Zir	Code			Sec.		-ruh h	
	dment #		_	11 11 11 11 11	The addition and a second	NJ 08260	(t)			1. Was as		
DCA Emerging (NJAC 5:23-8)	gency (i	nclud	ing	1000	ne of Conta					20,000		
☐ Cance						t-Calehuff		Telephone Nur	mber			
				-		NFORMATION						
Name of Facility Where Abatement	is Takin	ig Pla	ce (3)		ACILITY	NFORWATION	T (F					
Elliot-Calehuff Residence		J	(-)				Type of Facility (
Street Address			-				School (K-12) Subchapter 8	(Other than K. 1	2)			
							Other (i.e., pri	vate and comme	∠) ercial	buildir	as	
City (5)				_			homes, etc.)				3-1	
Yardville							Square Feet	# of Floors		Bldg. A	Age	
County (6)				Col	unty Code	(7)(STATE USE ONLY)	1,560	2		56		
Mercer				00,	anty code	(T)(STATE USE ONLY)	Current Use (Prio	r if being demol	ished)		
Name of Monitoring Firm Hired by Bu	uilding (Owne	r (8)	ASC	/ No	Name of Abeter	Residence					
Management & Enviro. Cons	ulting	Serv	ices	, 1001			ent Contractor (9)					
Street Address						Street Address	onmental, LLC					
PO Box 341						623 Cutler A						
City, State, Zip Code												
Chesterfield, NJ 08515						City, State, Zip Co						
Project Manager for Monitoring Firm			Tel	ephone	No.	Maple Shade Telephone No.	, NJ 08052					
Bill Weisgarber					B-4070	856-755-0099	en l	License No.				
Start Date (10)	Sched	uled (1		ate (11)	Name of OSHA M		00842				
02 / _21_ / _19_				2_ /		EMSL Analyti						
Occupancy Status During Abatement							icai, iiic.					
□ Facility Closed/Vacated During En	tire Per	iod of	Abate	ment		Street Address						
Abatement Performed Outside of N	Vormal I	Facilit	v Hou	rs - Do	scribe	200 Route 13						
Time of Abatement:AM	PN	1/	PM		_AM	City, State, Zip Co						
Scope of Work (Check all that apply)						Cinnaminson						
≥3 sf or ≥3 If		⊠ Re	novati	on		☐ Full Conta	ainment with Negat	ive Pressure				
☐ ≥160 sf or ≥260 lf			molitic			☐ Glovebag	Procedure					
				. 500		☑ Non-Exen	npted (*) and Non-F	riable Procedur	e			
Location of			Locat Vorma							pateme	nt T	vpe
Asbestos-Containing Material (ACM	/I)	Use	d Sole	ly by	Ashe	Description of stos Containing Mate	orial (A CAA)	2	1000		_	
TO BE ABATED IN Facility		Ma	intena todial S	nce/	(i.e.	, thermal systems in	nsulation.	Amount (Specify	Removal	Repair	nca	nclo
(13)		Ous	(12)	otan :		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
		Yes	No	N/A		other miscellaneo	us)				late	o,
Kitchen			\boxtimes		Floor Ti	le		120 SF			П	П
]											
	1											
	Г		П						Ш	Ш	ш	Ш
Name of Registered Waste Hauler			_	DEP V	Vaste	Cubic Yards of	No. 150					
Freehold Cartage			Ha	uler ID		Waste	Name of Registere					
City, State				15939		1 Dianas I D	Fairless Land	THE				
Freehold, NJ						Disposal Date	City, State					
Completed By (Print or Type)	Title					02/22/2019	Morrisville, PA	A				
Christina Lynch	134.55	o Pro	eida	+ 05 0	perations	Signature		Date	9			
SB-41	*100	. 16	Siuel	it of O	perations	· L ('MSE		21/10	2	19		

10 Feb 2000 12:13AM NJ Asbestos Control 609.633.0664 page 1 02/11/2019 1:45PN FAX LA0002/0004 Print Form Check-# State of New Jersey NOTIFICATION OF ASBESTOS ADATEMENT (Pursuant to NJAC 5:50 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) IU 2/11/2019 Acquaviva Building & Construction Agencies Notified Type Notification Street Address 30 Seven Oaks Cr. (rutial City, State, 2lo Code Amended DEP 尺 DOL Americament é Holmdel, NJ 07733 Emergency (including Name of Contact Telephone Num DOH (Listification) (732) 704-8838 DCA П Cancellation Ron Acquaviva FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Bank School (K-12) Sirest Address Subchapter & (Other than K-12) Other (i.e. private & commercial buildings, homes. 721 10th Ave. X (ماء Square Feet City (5) # of Floors Bldg. Age Belmar, NJ 67719 4000 90 +/-3 County (6) County Code (7) Current Use (Prior It being demolshed) Mormouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) MECS Stevens Environmental Services, Inc. Street Address Street Address PO Box 341 PO Box 322 City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Allentown, NJ 08501 Project Manager for Monitoring Firm Telephone No. Telephona No. License No. Bill Weisgarber 609 298-4070 609 259-9668 00493 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 2/12/2019 MECS 2/20/2019 Occupancy Stetus During Absternant (Check Only One) Street Address PO Box 341 Facility Closed/Vacated During Entire Period of Abetemant Abatement Performed Outside of Normal Facility Hours City, Birte, Zip Code Diner - Describe: . Chesterneld, NJ 08515 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 af or ≥3 If Renovation Mini-Enclosure ≥180 af or ≥280 if Demolition × Glovebag Procedure Non-Exempted (*) and Non-Frieble Procedure Abstement Is Location Type Normally Description of Asbestos Containing Material (ACM) Location of Used Solely by Asbestos-Containing Naterial (ACM)
TO BE ABATED Amount Maintenance/ Enclosure (i.e. thermal systems insulation. (Specify SF or LF) Repair **ICBIDISH MARC** Custodial Staff? aumeding, VAT, or In Facility (12) other miacellaneous) (13) Yes Na NIA 300 of X 1st Floor Office Area X Over- spray Fireproofing 250 sf Vault X Fireproofing × X 40 If X Thermal Pipe Insulation 1st Floor NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Weste Hauler

of Waste

Disposal Data

2/22/2019

Signature

Fairless Landill

Morrisville, PA

" Do not use this form for asbestos iconsure exampled activities.

2/11/2019

City, State

Hauler ID No.

18292

Title

Project Manager

A55-41 (R-06-03)

Mahlon E. Stevens

Allentown, NJ

Campleted by

Cily, State

Stevens Environmental Services

Check # 25789

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

Date of Notification (1) 2/11/20	19			Name o	f Building C				& Constru	ıction	E		1	W	1
Agencies Notified Ty	pe Notification			Street A	ddress				_						
× EPA ×				0.4 04	. 7: 0		0 Seve	n Oal	ks Cr.		FE	B 1	5 2	019	
× DOL	Amended Amendment		_	City, Sta	ate, Zip Coo		lolmdel	, NJ	07733	Í					i And
X DOH	Emergency (justification)	including		Name o	f Contact							Number			7.
□ DCA □	Cancellation					- 22	ıaviva				(732)	796-8	838	; ; ;	
Name of Facility Where Aba	tement is Taking	Place (3	5)	FACI	LITY INFO	RMAT	ION	Type	of Facility (4)					-
	mer Bank		55						School (K-12	5					
Street Address 721	10th Ave.								Subchapter 8 Other (i.e. prietc.)	(Other			iilding	s, hom	es,
City (5) Belma	r, NJ 07719								re Feet	# of F	loors 3		Bldg.	Age +/-	
County (6) Monmouth	ì				Code (7) USE ONLY)			Curre	nt Use (Prior	r if being	g demo	lished)			
Name of Monitoring Firm Hir M	ed by Building C	wner (8)		ASCN	/ No.				tement Cont nvironmer			s, Inc.			
Street Address	Box 341						Street PO E	Addres	300						
City, State, Zip Code Ches	terfield, NJ 0	8515					100000000000000000000000000000000000000		p Code NJ 08501		7	-			
Project Manager for Monitori Bill Weisgarl				Telephoi	ne No. 98-4070		Teleph		D.		License				
Start Date (10) 2/12/2019		Schedule			Date (11)			of OSF	A Monitor						
Occupancy Status During At	patement (Check	Only On		20,20			Street		SS						-
Facility Closed/Vacated			3.0	nent			PO B	34 34	11						
Abatement Performed (Other – Describe:	Outside of Norm	al Facility	Hours			_	12.50 to 50 to 50		p Code ld, NJ 085	15					
Scope of Work (Check All Th	nat Apply)						01.00	,,,,,,,,	14, 140 000						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emolit				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	edure				ire	
		Is	Locati	on				1401	- Exempted	() and i	14011-11	lable i	Aba	temen	t
Location of		l N	lormal	ly			scription					_		Гуре	\mathbf{H}
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Mai Cust	d Sole intenai odial S (12)	nce/ Staff?	Asbesto (i.e. t	herma surfa	taining M I systems cing, VA miscellan	s insula T, or	(ACM) tion,	(Sp	ount ecify or LF)	Kemoval	Repair	Encapsulate	Enclosure
1st Floor Office	Area	Yes	No	N/A	Ove	r- sn	ray Fire	nroof	ina	300	0 sf	X	+	-	
Vault	71100		X		0,0	- 0	eproofi		9		0 sf	X	+	-	
1st Floor			X		The		Pipe In		on) If	X	+		\vdash
13(1)001		+			1110	iiiiqi	i ipe iii	Sulati	011		<i>,</i> 11		+	+	
Name of Registered Waste H	Hauler		N	JDEP W	/aste	Cubic	Yards		Name of R	egistere	d Lanc	fill			4
Stevens Environmental			Н	auler ID 18292		of Wa	ste 8		Fairless	/	1				
City, State Allentown, NJ							sal Date 22/2019	3 11	Olty, State Morrisvill	le, PA	1				
Completed by Mahlon E. Stevens		Title Proje	ct Ma	nager			Signature		// //	/		Date 2/1	1/20	19	

PAID

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

Check # 25790

Date of Notification (1)	是是是是	-		Nama	f Duilding	0	0	(0)		E	()	E I	M	G	100
	/2019			Name C	of Building	Owner/	110	ssel	20 mm and 20 mm			ite D	- , <u>U</u>	Can market	
Agencies Notified	Type Notification			Street A	Address				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ED	15	201	3	The state of the s
EPA DEP	× Initial			City St	ate, Zip Co	do			112		LD	1 0	201	3	Z SET
X DOL	Amended Amendment			City, St	ate, Zip Co		ring La	ke, N	NJ 07762	L		taylo odos			į
ĭ DOH	Emergency justification)		1	Name o	of Contact					Telepho	ne Nu	mber	3832 333	1 1	
☐ DCA	Cancellation					ian Ha		41.	955						
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INFO	DRMAT	ION	Type	e of Facility (4	1)					
	Residence	3	-,					П	School (K-12						
Street Address								×	Subchapter Other (i.e. pr	8 (Other th			dings	hom	es,
City (5)	ing Lake, NJ 0	7762						-0.5	etc.) are Feet	# of Floo	ors	E	Bldg. A		
County (6)	ing Lake, No 0	1102		County	Code (7)				000 ent Use (Prio	2	omolio	hod)	100	+/-	
Monmo				(STATE	USE ONLY)						emons	neu)			
Name of Monitoring Firm	MECS	Owner (8)	ASCN	И No.				atement Cont Environme		ices,	Inc.			
Street Address	PO Box 341						Street PO B								
City, State, Zip Code Ch	esterfield, NJ (Zip Code I, NJ 0850	1						
Project Manager for Mon Bill Weisg				Telepho 609 2			10.50	phone No. License No. 0 259-9688 00493							
Start Date (10) 2/28/2019		Schedul		609 298-4070 Completion Date (11) 3/4/2019			Name	of OS	HA Monitor	00-	100				
Occupancy Status During	Abatement (Chec	k Only O		0/4/2018			MEC		ee					- 100	
Facility Closed/Vaca	ated During Entire I	Period of	Abater	ment			РО В	ox 3	41						
Abatement Perform Other – Describe:	ed Outside of Norn 3 am 4 pm	nal Facility	y Hour	S.			100000000000000000000000000000000000000		ip Code eld, NJ 085	515					
Scope of Work (Check A	II That Apply)	2000						-E							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		parameter 1	Renova Demoli				×	Cityonag i roccadio							
		T	1					1 No	n-Exempted	(*) and Noi	n-Friat	ole Pro	Cedur Abate		
Location	of		Locat Norma	lly		De	scrintion	of						ре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	ed Sole intena todial ((12)	nce/		Description of estos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amour (Special SF or L	fy	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=	8	ate	.e
Baseme	ent		Χ		The	ermal	Pipe In	sulat	tion	110 1	f	Х			
Baseme	ent		X			Duct	Insulat	tion		8 If		х			
Crawl Sp	ace		X			Duct	Insulat	tion	at	6 If		Х			
						(W	rap& C	ut)							
Name of Registered Was			22.	JDEP W		Cubic of Was	Yards		Name of R	_	.andfill				
Stevens Environmen	tal Services			18292	20000000		2		Fairless	Landfill					
City, State Allentown, NJ			- Alexander				sal Date /2019	1	City, State Morrisvill	e, PA					
Completed by Mahlon E. Stevens	ct Ma	anager		S	ignature			Date 2/12/2019							
							1 3/ 13	-	- James						

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-27 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10 12 1/10 18 1/11 19 1 anthony gerace Agencies Notified Type Notification Street Address EPA Initial Amended DEP Amendment #: City, State, Zip Code DOL M Emergency RIDGEWOOD, NJ 07450 DOH. (including Name of Contact justification) Telephone Number ☐ DCA Cancellation anthony gerace **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) anthony gerace Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) RIDGEWOOD Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 02/09/19 02/22/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If □ Renovation Mini-enclosure ☑ Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing E е n staff(12) Description of asbestos-containing Amount material (acm) to be m n p material (ACM) (Specify SF or C abated in facility (13) C 0 a Yes a No N/A LF) V BASEMENT PIPE INSULATION 175 l ft M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 02/11/19 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 02/08/19 ASB-41 Do not use this form for asbestos licensure exempted activities

CK5280 PAID

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

FEB 1 5 2019

Date of Notification (1)				_	1.01				6 32 160 F	U I	0 6	UIY	
2 /	12 /	19					ing Owner/Operator Audry Sorensen		1-1-#4000 0				
Agencies Notified	Type Notifi							/	Job #1902-24				0
⊠ EPA	☐ Initial	ication			Stre	eet Address	5	*			the Mari		Si .
□ DOLWD	☐ Amende				City	, State, Zip	Code						
DHSS	Amendr			20		dison, NJ		4					
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (inc	ludin	g	-	ne of Conta							
The state of the s	☐ Cancella						Executrix		Telephone Nu	mber			
		0.0000000000000000000000000000000000000			_								
Name of Facility Where Ab	patement is	Taking	Place	2 (3)	г	ACILITY	NFORMATION	1=			-1		
Residential Property	,	raining	1 1400	- (0)				Type of Facility					
Street Address								School (K-12	:) 3 (Other than K-1	2)			
								Other (i.e., p	rivate and comm	ercial l	buildir	ngs,	
City (5)								homes, etc.)					
Edison								Square Feet 14334	# of Floors	E	3ldg.		
County (6)					Co	untv Code (7)(STATE USE ONLY)		2		195	7	
Middlesex						,	A STATE OF CHET	Current Use (Pri Residential	or it being demol	usned)			
Name of Monitoring Firm H		lding Ov	vner ((8)	ASC	И No.	Name of Abatem	ent Contractor (9)					
Horizon Environment	tal							d Mold Service	s Corn				
Street Address							Street Address		з, согр.				
PO Box 316							3859 Sylon B	Boulevard					
City, State, Zip Code							City, State, Zip Co						
Thorafare, NJ 08086							Hainesport, I						
Project Manager for Monitor	ring Firm			Tel	ephone	No.	Telephone No.		License No.				
Dave Flanigan						8-0800	609-702-0400	1	00862				
Start Date (10) / / /	10					ate (11)	Name of OSHA M						
					5_/	19	EMSL Analyti	ical, Inc.					
Occupancy Status During Al	batement (Check of	nly o	ne)			Street Address						
☐ Facility Closed/Vacated I	utside of No	re Perio	d of A	Abate	ment		200 U.S. Rout						
Time of Abatement:	AM	PM/	acility	PM	rs - De -	AM	City, State, Zip Co						
Scope of Work (Check all that						-0.000.00	Cinnaminson	, NJ 08077					
	at apply)						⊠ Full Cont	ainment with Nega	otivo Deserve				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Ren				☐ Mini-Encl	osure	itive Pressure				
		L] Den	nolitic	on		☐ Glovebag	Procedure mpted (*) and Non-	Field B				
14 19			ls l	Locat	ion		Z Non-Exer	inpled () and Non	-Friable Procedu				
Location of				orma	lly ely by		Description of				atem		ype
Asbestos-Containing Mat TO BE ABATE	teriai (ACM) D)		ntena		Asbe	stos Containing Mat	erial (ACM)	Amount	Rem	Repair	Enc	Enc
IN Facility			Custo		Staff?	(1.6	, thermal systems in surfacing, VAT,	or	(Specify SF or LF)	Remova	a.	aps	Enclosure
(13)			es	(12) No	NI/A	-	other miscellaneo	ous)	01 01 11)	=		Encapsulate	re
Basement			-		N/A							(b)	
Duocincii			_			Floor Ti	le & Mastic		1040 SF				
]							П	П	П	
] [
	w. cares		1 1							+			
Name of Registered Waste H	lauler		- 1	=_	JDEP V	Naste	Cubic Yards of	Name of D	d I - 16				
Waste Management				H	auler IE	No.	Waste	Name of Registe Grand Centr					
City, State					17273		5 Disposal Date		di				
Lafayette, NJ							2/25/19	City, State	DA				
Completed By (Print or Type)		Title					1 2	Penn Argyle					
Kimberly A. Trumbetti			e Co	ord	inator	ži.	Signature		Da		2	(A	
ASB-41		- HE MAN TO THE					11	U	ĺ	2-1	2-1	1	

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

(K527)	P	ALL		(Pursu	ant to N	IAC 8:60 and 5:	16)	EE!	Q 1 t	= 2/	110	4
Date of Notification (1)		40				ing Owner/Operator	r (2)		B 15	0 20)19	
	9 /	18		1	lealthSou	th Corporation	ſ.	Job #1609-21	16	Chk	#52	79
Agencies Notified EPA	Type Notif	fication		Stre	et Address	1						4.
⊠ DOLWD	☐ Initial	lad		3	360 Gran	dview Parkway,	Suite 200	on the transfer of the second of the second	rate to the and	> 2799 5		
☑ DHSS		ment#_		City	, State, Zip	Code						
☐ DCA		ency (includ	dina	В	irmingha	m, AL						
(NJAC 5:23-8)	justifica	ation)	9	Nar	ne of Conta	ct		Telephone Nu	ımher			_
	☐ Cancel	lation		E	lizabeth N	/lann		205-970-7				
				F	ACILITY I	NFORMATION			-			_
Name of Facility Where	Abatement is	Taking Pla	ace (3))			Type of Facility	(4)				
HealthSouth Reha	ab Hospital	of Toms	River				School (K-12	10 M				
Street Address							☐ Subchapter	8 (Other than K-	12)			
14 Hospital Drive							Other (i.e., p	rivate and comm	nercial I	buildi	ngs,	
City (5)							Square Feet	# of Floors		014-	Λ	
Toms River							84,619	3	1	Bldg.		
County (6)				Co	unty Code (7)(STATE USE ONLY)		1	liabad\		er 30	
Ocean					•	,,,	Rehab Hosp		nisnea)	<u>.</u>		
Name of Monitoring Fire	m Hired by Bui	ilding Owne	er (8)	ASCI	/I No.	Name of Abatem	ent Contractor (9)					
Horizon							d Mold Service					
Street Address						Street Address	a mora dervice	ъ, согр.				
PO Box 316						3859 Sylon E	Roulevard					
City, State, Zip Code						City, State, Zip C						
Thorofare, NJ 0808						Hainesport,						
Project Manager for Mor	nitoring Firm		Te	elephone	No.	Telephone No.	140 00030	I icono a Nic				
Dave or Steve Flar	nigan				8-0800	609-702-0400)	License No.				
Start Date (10)		Scheduled				Name of OSHA N		00862				
2 / _21_ /	_19_				19	EMSL Analyt						
Occupancy Status Durin	g Abatement (Street Address	icai, iiic.					
□ Facility Closed/Vacat	ed During Enti	ire Period o	f Abat	ement			4- 400 N					
	d Outside of N	ormal Faci	ity Ho	urs - De	scribe	200 U.S. Rou						
Time of Abatement:	AM	PM/	P	Λ	_AM	City, State, Zip Co						
Scope of Work (Check a	Il that apply)					Cinnaminsor	i, NJ 08077					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	13033		enova				Procedure					
			s Loc	ation		☐ Non-Exe	mpted (*) and Non	-Friable Proced	ure			
Location			Norm			Description o	f		At	patem	ent T	ype
Asbestos-Containing TO BE ABA	Material (ACM	1) Us M	ed So	lely by ance/	Asbe	stos Containing Ma	terial (ACM)	Amount	Rei	Repair	En	15
IN Facili			stodia	Staff?	(i.e	, thermal systems i surfacing, VAT,	nsulation,	(Specify	Remova) air	Encapsulate	Enclosure
(13)			(12)	4	other miscellaned	ous)	SF or LF)	<u>n</u>		sula	ure
		Yes	No	N/A							fe	
Boiler Room B				\boxtimes	Tank Ins	sulation		50 SF		П		\vdash
											Ш	
										П	П	П
lame of Registered Was			1,16	NJDEP \	V() () () () () () () () () () () () () (Cubic Yards of	Name of Registe	ered Landfill				
Waste Management			1	lauler II 17273		Waste 5	Grand Centi					
City, State						Disposal Date	City, State					
Lafayette, NJ						2/26/19	Penn Argyle	. PA				
Completed By (Print or Ty	rpe)	Title				Signature/	()					
Kimberly A. Trumbe		Office	Coor	dinator	ej.	Signature			ate	. 1	1	
SB-41						ICVX			2-12	-1	1	



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

OR # 3513

Date of Notification (1)					Name	of Buildin	a Owi	ner/Operator (2)						
	12 / _	19	_			ıth Jerse	Ŧ		-/	E	C	n n		V	
Agencies Notified	Type Notifica	ation			Street	Address				The same	CONTRACTOR OF THE PARTY.		- 100	M.A. ample	
□ EPA					142	S Main	St								10000
DOLWD 1009	Amended Amendme				City, S	State, Zip (Code			70 <u>13</u> 1	EB	1 5	-20	119	
DHSS 6446	Emergend	_	uding		Gla	ssboro,	NJ 0	8028		1					4
(NJAC 5:23-8)	justification		uunig		Name	of Contac	t			Telephone Nu	umber		- 3,77		- made
100000000000000000000000000000000000000	☐ Cancellati	ion			Col	lin Woon	ner			609-204-0	646			10	v1
					FAC	CILITY IN	IFOR	MATION		The state of the state of	1. 4.5%	V	2,5778	C. C. L. 1	
Name of Facility Where	Abatement is T	aking F	Place	(3)					Type of Facility	(4)					
South Jersey Gas									School (K-12)					
Street Address									Subchapter 8				al:	_	
142 S Main St									Other (i.e., pr homes, etc.)		merciai	buil	aing	S,	
City (5)									Square Feet	# of Floors		Bld	g. Ag	je	
Glassboro															
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished	d)			
Gloucester										<u> </u>					
Name of Monitoring Firm	Hired by Build	ling Ow	vner (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						
Finog Environment	tal Hazards,	Inc					В	RISTOL EN	VIRONMENTAL	L, INC.					
Street Address							Stre	eet Address							
617 Stokes Rd							1	123 BEAVE	R STREET						
City, State, Zip Code							City	, State, Zip C	ode						
Medford, NJ 08055								RISTOL, PA	19007						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No.					
Mark Rubnitz				8	88-715	-2211	2	15-788-6040)	00509					
Start Date (10)	S	chedul	led Co	mple	tion Da	te (11)	Nan	ne of OSHA N	Nonitor						-
2 / 22 /	19	2	_ /	_ 2	5/	19	В	RISTOL EN	VIRONMENTAL	L, INC.					
Occupancy Status During	g Abatement (C	Check o	only o	ne)			Stre	et Address							-
☐ Facility Closed/Vacate	ed During Entir	e Perio	od of A	bate	ment		1	123 BEAVE	R STREET						
Abatement Performed						cribe	City	, State, Zip C	ode			0.1-10			
Time of Abatement: _	AM	PM/	<u>5:00</u> F	PM- <u>1</u>	:30AM		1	RISTOL, PA							
Scope of Work (Check a	ll that apply)														
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 			⊠ Rer □ Der	novat noliti					tainment with Neg closure g Procedure empted (*) and No						
			77.5	Loca	-,							Aba	teme	ent T	vpe
Location	[44.7] [10.00] [10.00] [10.00] [10.00]	.		orma	ally ely by			Description of		W/2 ==		- 1			
Asbestos-Containing TO BE ABA)			ance/			Containing Ma rmal systems		Amount (Specify		Remova	Repair	Encapsulate	Enclosure
IN Facil			Cust	odial (12)	Staff?	(S	urfacing, VAT	, or	SF or LF)		oval	=	nsd	Sun
(13)			Yes	No	N/A	1	oth	ner miscellane	ous)					ate	(D
Storage Room C		-				Pipe Fi	tting	s		4 LF					
Generator Room							tting	s		15 LF					
Mezzanine in Storag	\boxtimes		Pipe Fi	tting			1 LF								
													П	П	
Name of Registered Was	ste Hauler				NJDEP	Waste	Cub	oic Yards of	Name of Regis	stered Landfill			_		
BRISTOL ENVIRON		NC.		100	18706	D No.	Was		- 1	. NORTH LAI	NDFIL	L			
City, State							Disp	posal Date	City, State						
BRISTOL, PA 1900	7								MORRISVI	LLE, PA 190	67				
Completed By (Print or T	Гуре)	Title					1	Signature	0 -	/.	Date	,	1		
Brian Scafiro		Es	timat	or				Brian	Scofero	/fl	2	112	1/1	9	

UK000443	774	PA	NOT	IFICATION OF A (Pursuant to N	ASBESTOS ABA I.J.A.C. 7:26-2.	ATEMENT 12)			I C	E	1 W	E
Date of Notification (1) 02/11/2019							Operator (2)		FFI	n , r	- 0045	The State of the S
Agencies Notified		Notification	Type			urs Company	<u> </u>		rti	3 1 5	2019	
(X) EPA		(X) Initial N	otification		Street Addre			1				
() DEP		() Amende	ed Certific	ation	City, State, 2			- Inme	No.			- 1
(X) DOL		() Cancell			Oity, Otate, 2	Lip Code					5.1.374	7:
(X) DOH () DCA		1			Wilmington,	DE 19899		807.0		2000	or a contract.	pire -
() BOA					Name of Co	ntact		Tel. No	umber			
					Jim Lacey			856-54		4		
Name of Facility Where Ab	natement is	Taking Place /	2)	FACILITY II	NFORMATION							
			- 68/6		Type of Faci () School (k							
Chemours Chamber Works	s Facility - A	A&D Pipe Alley	and Tani	k Farm	() Subchap	ter 8 (other th	nan K-12)					
Street Address					(X) Other (i.e	e. private & c	ommercial blo	das hom	es etc			
Canal Rd.					Section Control Control			-go.,o.,	00, 010	30		
City (5)	County (C)				Sq. Feet 31,	200 # of Flo	oors_N/A_					
<u> </u>	County (6)			Code (7) Ise Only)	Bldg. Age	25						
Deepwater	Salem		(State C	ise Only)			g demolished)	Chamic	al Dian	. 4		
Name of Monitoring Firm H	lired by Bldg	g. Owner (8)	ASCM I	No.	1 0000	(prior ii being	Name of Co					
		72. 30			*		Ivanie oi Co	JILIACIOI	(3)			
Harvard Environmental, Inc	D		<u> </u>				Brandenbur	rg Industr	ial Sen	vice Co	mpany	
760 Pulaski Highway					Street Addre							
City, State, Zip Code					2217 Spillma							
					City State, Zi	p Code						
Bear, DE 19701					Bethlehem F	Pennsylvania	18015					
Project Manager for Monito	ring Firm	Telephone N	Number	100	Telephone N	umber	10010	License	Numh	ner		
JT Morrison		302-326-233	33		610-691-1800			00721	- I WILLIAM	201		
Scheduled Start Date (10)		Scheduled (Completion	n Date (11)	Name of OSI	A Monitor						
02/25/2019		03/28/2019										
Occupancy Status During A	Abatement (0	Check only on	e)		Brandenburg Street Address	industrial Se	rvice Compa	ny				
(x) Facility Closed/Vacated	During Entir	re Period of Ah	atement		<u>otreet Addres</u>	33						
() Abatement Performed O	Outside of No	ormal Facility I	Hours -		2217 Spillman	n Drive						
Standard Work Week: Mon- Holidays	-Inur; Fri &	Sat's as neces	ssary; Exc	luding Major	City, State, Zi	p Code						
Describe Demolition					1							
(x) Scheduled Demo Start (03/11/19				Rothlohom D	A 1901E						
Scheduled Demo Comp	letion 04/11	/19			Bethlehem, P	A 10015						
Source of Work (Check all the	hat apply)											
(x) Demolition () Renov (x) Large Proj. (>160 SF or	vation	CM) / \ CM D-	-: /- 05 -4			M1000000000000000000000000000000000000						
(x) Full Containment with N	Negative Pre	essure (v)	Mini-Enc	60 SF or >10 <2	60 LF ACM) Glovebag Proce	() Minor Pro	oj. (<25 SF or	<10 LF A	ACM)			
Location of Asbestos-		ation Normally		Description of	ACM (i.e.		Specify SF or	1E\	A l4-			
Containing Material (ACM) is	n Solely	by Maint./Cust		thermal system		Amount (c	specify SF 01	LF)	Abater	ment Ty	/pe	
Facility (13)	Staff?			surfacing, VAT	, or other			- 1				
A&D Pipe Alley & Tank Farn	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose
A&D Pipe Alley & Tank Farn	n		X	Galbestos on F Dike Paint	ripe Support	6,400 SF			X			
A&D Pipe Alley & Tank Fam	n		X	Pipe Insulation	2	840 SF		_	X		-	
A&D Pipe Alley & Tank Farm	n		X	Pipe Mastic on		3,174 LF 6,387 LF			X			1
A&D Pipe Alley & Tank Farm	n		X	Tank Covering	I GIT TOOK	6,866 SF			X			
A&D Pipe Alley & Tank Farm	n		Х	Tank Felt Pape		1,100 SF			X		-	+
A&D Pipe Alley & Tank Farm	n		Tank Mastic		2,136 SF			X X			+	
		+										
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler I	D# T	Cubic Yards or	f Macta		Manini		1011		
S&J Transportation		16092			250 CY	vvaste		Name of Salem C	ty/One	ite Cho	moure I	andfill
City, State						Di	isp. Date	Juleili		ity. Sta		anunn
Completed by (Brief as True)		The same of the sa					27/19-4/7/20°	19		lloway,		
Completed by (Print or Type) Stephen Carne	1	<u>Title</u>	l Massa		Signature//	1		Date		- / 1		
ounio		Environmenta	ıı ıvıanage		du	Xi		02/11/19				
				1	W	alle						

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-29 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 2 / 1 1 / 1 9 pat naturale Agencies Notified Type Notification Street Address EPA Initial Amended DEP Amendment #: City, State, Zip Code DOL Emergency bloomfield, nj 07003 (including DOH Name of Contact Telephone Number justification) ☐ DCA Cancellation pat naturale **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) pat naturale Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) bloomfield Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 02/23/19 03/08/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A L p BASEMENT PIPE INSULATION 60 l ft X BASEMENT soffit PIPE INSULATION 351ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State 02/23/19 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC PRESIDENT** 02/11/19 Do not use this form for ashastos licensura exempted activitios

ACD 44

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

PALL)		(Pursua	nt to NJAC 8:60	and 12:1:	20)	(Mans	1/-	1	T	()
Date of Notification (1) 02/03/2019			Name	of Building Owr ana Tontawy	er/Operato	or (2)			, E	A	W	12
Agencies Notified Type Notificati	on			t Address				\$ 1		<u>.</u>	13	1.55
EPA Initial Amended DEP Amended Amended Amended	ent#			State, Zip Code n, NJ 08830				FE	B 1	5 2	2019	-
DOH Emergence justification	cy (includi n)	ng	Name	of Contact			Te	lephone l	Numbe	r /*(3.7		
DCA Cancellat	on			na Tontawy							Allen a	
Name of Facility Where Abatement is Ta	king Place	(3)	FA	CILITY INFORM	ATION	Type of Facilit	tv (4)					
Residential Property Street Address						School (F	<-12) ter 8 (Oth	ner than K	(-12)			
City (5)						Other (i.e etc.)			rcial bu			nes,
Iselin County (6)						Square Feet 1,500	2	f Floors		195 ₄	Age 4	
Middlesex			County (STATE	Code (7) USE ONLY)		Current Use (F	Prior if bei	ing demo	lished)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	M No.	Name	of Abatement C	ontractor	(9)				
Street Address					Street	Address South 5th St.						
City, State, Zip Code					City, S	tate, Zip Code beth, NJ 072						
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	one No. 906-4123		License 01355	No.			
Start Date (10) 02/05/2019	Schedu	iled Co	mpletion	Date (11)	Name	of OSHA Monito			_			
Occupancy Status During Abatement (Che	02/12					nvironmental	Labora	atories,	Inc			
➤ Facility Closed/Vacated During Entire	Period of	Ahater	ment			Address Route 22 We	est					
Other – Describe:	mal Facili	ty Hour	S			ate, Zip Code						
Scope of Work (Check All That Apply)						1,110 01 000						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	Renova Demoli	000000000000000000000000000000000000000		×	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure					
¥ 20		s Locat	377.7.7				() and	TTOTT TIE	DICTIO	Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole aintena	ly by	Asbestos Co	escription of	of aterial (ACM)	۸~	nount		1)	уре	Π
TO BE ABATED In Facility (13)		todial 8 (12)		(i.e. therma	al systems acing, VAT miscellane	insulation, , or	(Sp	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						a		late	ire
	Ground Floor Family Room						220) SF	X			
Ground Floor Family Room	Ground Floor Family Room					ing	220) SF	X			
	1											
Name of Devistand 18												
Name of Registered Waste Hauler Danvic Contracting LLC		Ha	JDEP Waller ID I	No. of Wa	Yards este	Name of						
		Ha		No. of Wa	707	Name of Fairless City, State Morrisv	Landfil	11				

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

CKX58 PAID	N	(Pu	CATION irsuant f	ate of New OF ASBE to NJAC 8	STOS A	12:120))	T		EC.		D	1	n d n	The second second
Date of Notification (1) 02/12/19				Building C Plainfiel			100	ation		FEB	15	20	19	Account and depotent	
Agencies Notified Type Notification		91.8	Street Ad 125 Ja	ddress ackson A	lve.				ļ.,		. 11.	74 °.	* 70.	J	
EPA			79.000	te, Zip Coo Plainfiel		7080						in i	TURKET ET	421.00	-1,3414.
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	T	Name of	Contact as Wiggi			8		1	ephone No 08-754-4				-	
Z John Charlet				LITY INFO		ON	-					-			
Name of Facility Where Abatement is Taking South Plainfield Middle School	Place (3))					Typ	oe of Facility School (K-	5/08/						
Street Address 2201 Plainfield Ave.								Subchapte Other (i.e.	r 8 (Oth			ildin	gs, h	ome	s,
City (5) South Plainfield							Squ	etc.) uare Feet	# 0	f Floors		Bld	g. Ag	е	
County (6)			County C	Code (7)			Cu	rrent Use (Pr	ior if be	ina demoli	shed)				
Middlesex	(0)		STATE U	JSE ONLY)				on and an area of the second o			ancu)				
Name of Monitoring Firm Hired by Building On Westchester Environmental	vner (8)	ý	0012	, 19 (1 To 1)				batement Co ny Constru							
Street Address 1248 Wrights Ln.						Street 205		ress ute 46 Suit	e 14						
City, State, Zip Code West Chester, PA 19380								, Zip Code NJ 07512	}						
Project Manager for Monitoring Firm Paul McCaa			Telephor	ne No. 94-4841		Teleph 973		No.		License 01379					
Start Date (10)		ed Com		Date (11)		Name	of O	SHA Monitor	•						
Occupancy Status During Abatement (Check	03/08/ Only On				-	Street		s above ress					0		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of A	Abatem				100000000000000000000000000000000000000	-uraitanan	, Zip Code							
Other – Describe:	racility	Hours			_	City, S	otate	, Zip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit	77,75			2] i	Full Containn Mini-Enclosu	re	100	e Press	sure			
								Glovebag Pro Non-Exempte			able P	roce	dure		
	100	Locati	77.40		D	scription						A	bater Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		tos Cont thermal surfac	aining N	Mate is ins AT, o	r	(Amount Specify F or LF)	Kemovai		Repair	Encapsulate	Enclosure
	140			D	!!				200-6	-	+	-			
Room 12		X		Dro	p ceil	ing			300sf	X	+	+	- T		
												+			
Name of Registered Waste Hauler		l N	IJDEP W	laste	Cubic	Varde		Name	f Regie	tered Land	Ifill				
Academy Construction Inc		Н	lauler ID 34422	No.	of Was			Fairle							
City, State	-		34422		Dispos	sal Date	9	City, Sta		D.A.			-		
Totowa NJ	T:41 -				TBD	ianot:-		Morris	sville,		Date				
Completed by Filip Geleski	Title Supe	ervisc	or		5	Signatur	T	ilip De	lesk		02/1	2/1	9		

UK 1365	PAI	D		ICATION	N OF ASB to NJAC	ESTOS	ABATE		Т		E	B		W	5 N
Date of Notification (1) 02/11/2019					of Building PDRASS				1	#1 1/4 N	E	EB 1	E 0	010	The state of the s
	oe Notification			Street A	Address	F						-0-) (2019	
EPA DEP DOL	Initial Amended Amendment		_	City, Sta	ate, Zip Co	ode	2		5		Barrier Communication	MARIO		1 1 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
☑ DOH	Emergency justification)		1	Name o	f Contact					1	ephone			**************************************	7 1
DCA L	Cancellation				LICA C					20	1 - 279	9 - 590	0		
Name of Facility Where Abate	ement is Takin	g Place (3)	FAC	ILITY INFO	ORMAT	ION	Typ	e of Facility (4)					
PRIVATE		,							School (K-1	(1966) 1766)					
Street Address 81 MISSION ST.									Subchapter Other (i.e. p				ilding	js, hon	nes,
City (5) MONTCLAIR NJ. 0704	12							5//	etc.) are Feet	120,000	Floors			. Age	
County (6)	+4			County	Code (7)			2,1 Curi	rent Use (Pri	or if bei		olished)	9:		
N. G. S.					USE ONLY))			YES						
Name of Monitoring Firm Hire	ed by Building (Owner (8)	ASCN	ИNo.				eatement Cor EAST EN		#35 fl.C	ΓAL LL	.C.		
Street Address							Street 1126								
City, State, Zip Code									Zip Code BERGEN	NI O	7047				
Project Manager for Monitorin	ect Manager for Monitoring Firm						Teleph	none î	No.	145. 07	Licens				
Start Date (10)	** *** *** *** *** *** *** *** *** ***						100000000000000000000000000000000000000	3 72,5781	0642 SHA Monitor		01300	0			
02/12/2019		02/12/	2019	npiction	Date (11)				VALYTICA	L INC					
Occupancy Status During Aba							Street 307 \								
Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire F utside of Norm	eriod of a	Abaten y Hours	nent			City, S	tate, 2	Zip Code						
Scope of Work (Check All Tha	at Apply)						NEW	/ YO	RK NY.						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X E	Renova Demolit	ition ion			×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e edure				ure	
			Locati										2,000,000	atemen Type	it
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)	erial (ACM) <u>)</u>	Use Ma	Normal ed Sole iintenal todial S (12)	ly by nce/	Asbest (i.e.	tos Con thermal surfa	scription taining M systems cing, VA niscellan	lateria s insu T, or		(S	mount pecify or LF)	Remova	керап	m m	Enclosure
	Yes													te	U I
2nd Floor living r	2nd Floor living room						aster o	debri	S	30	0 SF.	Х	-	-	
													-	+	\vdash
Name of Registered Waste Ha	auler			JDEP W		Cubic of Wa			Name of I						_
TRI- STATE ASOCC				9951		TBD			MINER		ITERP	RISE	INC		
BRONX NY.					TBD	sal Date		City, State		RG OH	IIO				
Completed by CARLOS ESQUIVEL		Title SAF	ETY N	MANAG	BER	S	Signature		1			Date 02/12	/201	9	

State of New Jersey

CK 1930 ALL						S ABATE and 12:120	NUMBER OF THE OR			EG	E		M		
Date of Notification (1) 02-11-19				of Building er Lands		n/Operator	(2)			FEE	1	г.	2010		
Agencies Notified Type Notification			Street A				H. W.	1	1 100	1 6) [<u>) (</u>	2019		المسا
DEP Amended Amendment				ate, Zip Co nd, NJ 0		3				1.				- 4	110.11
DOH justification) Cancellation			Name o Lidia	f Contact					Tel	ephone	Nun	ber			
			FAC	ILITY INFO	DRMA	TION	Winds								
Name of Facility Where Abatement is Takin Private Home	g Place (3)					-	of Facility School (K-							
Street Address							E	Subchapte Other (i.e.	r 8 (Oth				dings,	home	95,
City (5) Oakland								etc.) re Feet	# of	Floors		В	ldg. A	ge	
County (6) Bergen				Code (7) USE ONLY)			Curre	nt Use (Pr	ior if bei	ng demo	olish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCN	A No.				tement Co tracting I		(9)					
Street Address			1			Street	Addres	ss							
City, State, Zip Code						City, S	tate, Z	ip Code NJ 0708	87		30.50		7/2-5-2		
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none No 216-9	0.		Licens 01206).			
Start Date (10) 02-21-19	ed Con	npletion	Date (11)	-	Name	of OSH	A Monitor		0120						
Occupancy Status During Abatement (Chec						Street			LLO						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of all Facility	Abatem y Hours	nent			1000	7th St	ip Code							
Other – Describe:						1 27		NJ 070	87						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				c	Min Glo	l Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					е	
	100	Locati	77.7										Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normali ed Sole sintenar todial S (12)	ly by nce/ Staff?	Asbest (i.e.	os Co therm sur	Description ontaining IV nal systems facing, VA r miscellan	faterial s insula T, or	(ACM) tion,	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Decement	No	N/A		ъ.											
Basement	Х			Pip	e Insula	tion		10	00 LF	-	X				
N															
Name of Registered Waste Hauler Delfa Contracting LLC		1 333	JDEP W auler ID 3524	No.		ic Yards /aste 2		Name of Tullyton				cove	ery F	acilit	ty
City, State Union City, NJ			-			osal Date 2-25-19		City, Stat							
Completed by Jaime Delgado	Title Proje	ect Ma	ınager		-	Signature	1	J.		No. of Street, or other party of the Street, or other party or oth	Date 02-	e -11-1	19		

State of New Jersey

KINL	PAID		NOTI	FICATIO	State of N ON OF AS	BESTOS	ABATE	EMEN'	r	E	C.	0 1 1	V		
Date of Notification (1) 02.07.2019				Name Priva	of Buildin	g Owner	Operato Kornbl	r (2) lit		F	EB	15	2019)	
Agencies Notified	Type Notification	n			Address										<u>!</u>
× EPA × DEP × DOL	Initial Amended Amendmen				tate, Zip (and Par		8904			<i>f</i>	- Landard) () = ±0.1
Ď DCA	instification Cancellatio)]	Avi K	of Contac ornblit					Teleph N/A	one N	ımber			
Name of Facility Where A	Abatement is Taki	ng Place (3)	FAC	CILITY IN	FORMAT	ION	Тур	e of Facility	10000					
Street Address									School (K- Subchapte Other (i.e. etc.)	12) er 8 (Other the private & co	nan K-1 mmerc	2) cial bui	ldings	s, hon	ies,
City (5) Highland Park, NJ (08904							Squi 172	are Feet 0	# of Flo	ors	111111111111111111111111111111111111111	3ldg. 1913	-	
County (6) Middlesex County					Code (7) USE ONL	v)			ent Use (Pr sidence	ior if being o	lemolis	hed)		3.000.7016	
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASC	M No.				atement Co	ntractor (9) _LC					
Street Address							1 - 22	Addre Merili	ss ne Ave A	pt. C			-		
City, State, Zip Code							City, S	state, Z	ip Code Park, N	-					
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph 973-8	none N	0.	Lic	ense N	lo.			
Start Date (10) 02.21.2019		Schedule 02.22.2	ed Cor 2019	mpletion	Date (11)		1		HA Monitor						-
Occupancy Status During							Street	Addre	ss						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire	Period of A nal Facility	Abater Hour	ment s			City, S	tate, Z	ne Ave A						-
Scope of Work (Check All	That Apply)						VVOO	diano	Park, N.	0/424					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			tenova emoli				×	Mir	ni-Enclosur vebag Pro						
Location Asbestos-Containing N		N	Locati lormal d Sole	ly		Des	scription	of		· v / una rea	iri ilau	10	Abate		
TO BE ABA In Facility (13)	ntena odial 3 (12)	nce/	Asbes (i.e.		aining M systems sing, VAT niscellan	insula T, or	(ACM)	Amoui (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure		
Baseme	No	N/A X	The	rmal Sy	rstam I	neuls	ation	68LF					Ф		
							Otom	Tiouic	111011	OOLI		X		X	
		-													
Name of Registered Waste Spes Contracting LLC		1	Н	JDEP W auler ID 038075	No.	Cubic Yof Was	0.00		Name of I	Registered L	andfill.				
City, State Voodland Park						Dispos	al Date		City, State Morrisvi						\dashv
Completed by Branislav Pavlov		Title projec	t me	nager	<u> </u>	Si	gnature	X		Name of the last o	Dat	e 06.2	010		

Print Form

K 1328	+A	IID"	(Pi	CATION ursuant t	OF ASBI	ESTOS A	ABATEN d 12:120))				Ŀ		W		
Date of Notification (1) 2/8/2019					Building (Operator	(2)	7 - 1	11111	FEE	3 1	5	2019	all to strength and	
Agencies Notified	Type Notification			Street Ad						-			1007 L		**************************************	ALEST STATES
DEP DOL	Initial Amended Amendment	#			te, Zip Co NJ 070					***			- 1		+ (FT)	
☑ DOH □ DCA	Emergency justification) Cancellation			Name of						Tele	phone	Num	ber			
					ITY INFO		ON					37	-	-		
Name of Facility Where Tom Hawrylko Jr	Abatement is Takin	g Place (3))	TAGIL		JI GIII G		_	of Facility (4)							
Street Address									Subchapter 8 Other (i.e. pri etc.)	(Othe				dings,	home	s,
City (5) Clifton									re Feet	# of	Floors		E	lldg. A	ge	
County (6) Passaic				County C	Code (7) ISE ONLY			Curre	nt Use (Prior	r if beir	ng dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		P.C.		tement Control		20020	C				
Street Address							Street 105		ss Riper Aven	ue	0					
City, State, Zip Code							7.000		ip Code 07011							
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph 201-	none N			Licens 0133).			
Start Date (10) 2/8/2019		Schedule 2/18/20		npletion [Date (11)	7.00	Name	of OSI	HA Monitor							
Occupancy Status Durin	= 100	ck Only On	e)				Street	Addres	ss							
X Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr						City, S	state, Z	ip Code			2-2-				
Scope of Work (Check A	All That Apply)											-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	lenova emoli				×	Mir	Il Containmenti-Enclosure ovebag Procented	edure					e	
		0.75	Locat	375,500					Examples	() () ()	.,,,,,,			Abate		
Locatio Asbestos-Containing TO BE AB In Faci (13)	lormal d Sole intena odial ((12)	elý by nce/		tos Con thermal surfa	escription taining M I systems icing, VA miscellar	Material s insula T, or		(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure		
330 25	No	N/A				***					_		ate	Œ.		
1st flo	or		Х			Pop-	corn ce	eiling		46	5 SQ		X			
Basem	Χ				VAT			61	15SF		X					
			<u> </u>													
Name of Registered Wa	ste Hauler		1	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red La	ndfill				
TBD	10.83	lauler ID BD	No.	of Wa	ste		Fairless	Land	lfill							
City, State					Dispo	sal Date		City, State Morrisvi		1906	37					
Completed by		Title				1	Signature	e	/9			Dat	te			
Darko Paloski		Drois	ot NA	anager			1	11	//			2/9	2/20	10		

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



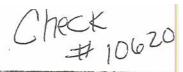
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

~ A		_
101	0 1	187-152
/ W	VO:1	(1) 7" /(
	C. C.	

Date of Notification (1)			Name	e of Buildir	na Owne	r/Operato	r (2)	U	lek	V))	1	\bigcirc
2/8/19			NJ	Abaters	ig Owne	//Operato	1 (2)	7 - 450	E	D.	2 1	n/	7
Agencies Notified Type Notifica	ition		Stree	t Address					15	0	5	W	
EPA Initial			PO	Box 643				21 Au 33 50					
DEP Amende				State, Zip				111	E	EB	4 6	201	0
Emerge	nent # ncy (includir	20	Midd	dlesex, 1	NJ 0884	46		11.	id r		1 0	201	9
DOH justificat	ion)	19	Control of the control	of Contac				T	elephone N	lumbe	er		
L DCA Cancella	ation			hael Ro	_				08-361-0				
Name of Facility Where Abatement is T	aking Place	(3)	FA	CILITY IN	FORMA	TION				1 10.1	4. 6	117. 22. 21.	tereur
business	aning i lace	(5)					Type of Facilit	y (4)					
Street Address							School (K	(-12)					
230 Hamilton Boulevard						9	Subchapt Subchapt	er 8 (Ot	her than K	-12)	uildine	, h.	
City (5)							etc.)	· private	& comme	Ciai D	ullainę	js, no	mes,
South Plainfield							Square Feet	1 5200	of Floors		Bldg	Age	
County (6)			County	y Code (7)	/		3,200	2			73		
Middlesex			(STATE	E USE ONL	y)		Current Use (P	rior if be	eing demoli	shed)	W.		
Name of Monitoring Firm Hired by Buildi	ng Owner (8	3)	ASC	CM No.		Nome	building						
		6	1			ARS	of Abatement C Environment	ontracto	r (9)	_			
Street Address		and the second					Address	ai Sei	vices, LL	C			
						1 2.55	Box 483, 4 E	Gate F)rivo				
City, State, Zip Code							ate, Zip Code	Oate L	/IIVE				
							wood, NJ 07	418					
Project Manager for Monitoring Firm		Teleph	one No.			one No.		License	No				
Ct- + D. / // C							64-2276		703	NO.			
Start Date (10) 2/18/19			mpletion	Date (11)		Name o	of OSHA Monito						
	2/28/1												
Occupancy Status During Abatement (Ci						Street A	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of	Abater	nent										
Other – Describe:	ornal Facility	y Hours	5			City, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)													
☐ ≥3 sf or ≥3 lf	তা -		22										
× ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containm	ent with	Negative I	Pressi	ure		
						×	Mini-Enclosur Glovebag Pro	e cedure					
				Т—			Non-Exempte	d (*) and	Non-Friat	ole Pro	ocedu	re	
		Locati									100	emen	it
Location of Asbestos-Containing Material (ACM)	Use	Vormal d Sole	ly by	20020700	Des	scription o	f			_	T	уре	
TO BE ABATED	Mai	intenar	nce/	Asbes	tos Conta	aining Ma	terial (ACM) nsulation,		nount			m	
In Facility (13)	Cust	odial S (12)	itaff?	(surfac	ing, VAT,	or		pecify or LF)	Ren	Re	пса	ncl
(10)					other m	iscellane	ous)	9 7 4	J. 2. /	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							=		ate	FG
main level			х		flo	oor tile		32	2 SF	+		-	
basement/crawlspace		х			insulatio	ND.				X			
	-			pipe	irisulatio	711	17	0 LF					
11													
lame of Registered Waste Hauler		1	IDEP W										
					Cubic Y of Wast		Name of I	Register	ed Landfill				
	10.707400	iuler ID I 787		TBD		Chrin B	rothers	Sanitar	y Lar	ndfill			
ity, State				Disposa	al Date	City, State							
ompleted by	dgewater, NJ						Easton,						
	Title				Sig	gnature	//	1000	Dat	e			
. 5551. 1 11991115	ott Higgins Title Preside						A		0.00000	3/19			



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



Date of Notification (1)					CD 11.11	-			1.24 > =	[]u	15	11	\mathbb{W}	5
Date of Notification (1)	2-12-	19		Name (of Building	1	Operator (/ /	anau		LAGE 1	'n		7
Agencies-Notified T	ype Notification		100	Street	Address	7	XII ICS	Cuv	41.140	30	162 7	N.	34	- 11
□ EPA 🖢	C Initial		4.5		4. · I.					才快	e-	- 20	119	
DEP C			Anna C	City, St	tate, Zip Co	ode		110	1 1 -					
DOL DOL	Amendment #			ti:		Δn	mer	ville	1	1 6	ع(`	180	7	ali
≥ DOH	Emergency (in justification)	iciuaing		Name o	of Contact			9111	Telepho	ne Num	ber	1,179	Total.	
D DCA				Jo	mes	(a	wana	ush						
N				FAC	ILITY INFO	ORMAT	TION	_U_,					_	
Name of Facility Where Aba	Re Re	1 . 1	3) l					Type of Facility			-			
Street Address			1					 □ School (K □ Subchapte 	-12) er 8 (Other tha	an K-12)			
34	West 1	Ma	lin	51	Ree	+	/	Other (i.e. etc.)	private & con	nmercia	l build	dings,	home	es,
City (5) Somer	o Villa	1	1.	1	990-	7		Square Feet	# of Floo	ors	В	ldg. A	ge	
County (6)	CALLEC	1 4	<u>U</u>	County	Code (7)	1		Current Use (P	rior if boing do	malich	24)	6	14-	
Some	RSet				USE ONLY			ourient ose (F	nor it being de	51110115116	suj			
Name of Monitoring Firm Hi	red by Building O	wner (8)		ASCI	M No.		Name o	f Abatement Co		0	• .			
Street Address	11110110	316	-	1	P I P	•	Street A	ddress.	chno	109	163	b ,	Ln	16
P.O. B	0x 33	57					P	0. Box	337					
City, State, Zip Code	40.	N.	7	08	53	3	City, Sta	ite, Zip Code	4	71	A	04	12	2
Project Manager for Movif I	i gr-irm	1		Telepho	one No.		Telepho	ne No.		ense No	U	0		
Steve Sch	nen Ken		(609	758-3	3365	609 7	58-33	5	00	3	59	4	
Start Date (10)	5-19	Schedul	ed Com	pletion	Date (11)		Name of	OSHA Monito						
Occupancy Status During A	batement (Check	Only Or	ne) 🔾	000	Time		Street A	PC Tec	hnolog	jies	L	nc		
Facility Closed/Vacated								O. Box	.337			ŷ.		
Abatement Performed	Outside of Norma	I Facility	/ Hours	· · · ·		_		te, Zip Code				•	•	4.
Other - Describe:		-					Nec	U Egypt	LLA	- 0	18.	53	3	
Scope of Work (Check All Ti	hat Apply)							J(P	100		0~			
23 sf or ≥3 lf		A F	Renovat	tion				Full Containn	nent with Neg	ative Pr	essur	e		
≥160 sf or ≥260 lf			Demoliti					Mini-Enclosu	re	201011				
							\ <u>\</u>	Glovebag Pro	ocedure ed (*) and Nor	-Friable	Pro	redur		
		le	Location	00					l variation	, , , , doi		Abate		
Location of		100	Normali			120	scription o	f				Ту	ре	
Asbestos-Containing Ma	terial (ACM)		d Sciel		Asbest			terial (ACM)	Amoun	nt			п	
TO BE ABATE	<u>:D</u>	200	intenan todial S			thermal	l systems i	nsulation,	(Specif		Re	R	nca	Enclosure
In Facility (13)			(12)				cing, VAT,		SF or LI	F)	Remova	Repair	psu	losi
()		Yes	No	N/A	1			3007			·al	Ť	Encapsulate	ıre
Front Half 3	and ri	. 33	Х	1300	Ela	20 -	Tiles		11-213		_			
I RUIL HALL S	I'm Floor				1-100	,,,,	11162		4200	ا -ا د	Ă		-	\dashv
							-						-	
V							-							\neg
Name of Registered Waste I	Hauler			JDEP W			Yards	Name of	Registered L	andfill				
EPC Tech	nologies		Ha	auler ID		of Wa	ste 15	Was	teMana	gen	ent	406	P	A
City, State	0	And the State of t		-			sal Date	City, Sta	te .	_				
Completed by _	pt 1	Title	`				OUS DO	tes Mori	<u>usville</u>	Date	A			
Steve Schent	Kea		side	ent		,	Ster	Sch.	h	Date	2-	12	-1	9

п	 . 1	г.	

£13310 PAII			CATION	ate of New OF ASBE to NJAC 8	STOS A	ABATE		NT		臣 (7 [M			
Date of Notification (1) 2/5/2019				f Building (Pimentel		perator	(2))		FE	В	1 5	2019			
Agencies Notified Type Notification			Street A	ddress					Ĺ.	une.			V	T Prod		
EPA X Initial DEP Amended Amendment Emergency (Teane	te, Zip Co				3	· · · · ·		111-1		VPC	- <u>A</u>		
□ DOH justification) □ DCA □ Cancellation				f Contact ławrylko	Jr				Te	lephone	Nun	iber				
				LITY INFO		ON										
Name of Facility Where Abatement is Taking Jose Pimentel's Private Residentia		3)					T	ype of Facility								
Street Address	•						E		er 8 (Oth				ings,	home	s,	
City (5) Teaneck NJ			100				S	etc.) quare Feet	# 0	f Floors		BI	dg. A	ge		
County (6)				Code (7)		1	С	urrent Use (P	rior if be	ing dem	olish	ed)				
Bergen Name of Monitoring Firm Hired by Building (Owner (8)		ASCM				me of Abatement Contractor (9)									
Street Address				*****		Street	D Property Maintenance LLC tt Address Van Riper Avenue									
City, State, Zip Code						City, S	Stat	e, Zip Code NJ 07011	ende	-						
Project Manager for Monitoring Firm		T	Telephor	ne No.		Telephone No.					License No. 01336					
Start Date (10) 2/22/2019	Schedule 2/28/2		npletion I	Date (11)		120000000000	me of OSHA Monitor									
Occupancy Status During Abatement (Chec						Street	Ad	Idress				-		=====		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	Stat	e, Zip Code								
Scope of Work (Check All That Apply)			-												_	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	Renova Demoliti				2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ire ocedure					9		
Location of		Locati			Doc	scription	- of						Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole intenar todial S (12)	nce/		os Cont thermal surfac	aining N	Mate is in AT,	erial (ACM) sulation, or				Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A		Did	0 /0.								(D		
Attic		X			Ver	rmiculi	ite		6	30 SF		X				
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name	of Regist	ered Lar	ndfill					
TBD		Н	auler ID BD		of Was	ste		Fairle	ss Lan							
City, State					Dispos	sal Date	2	City, St Morris		A 1906	37				07,542	
Completed by Darko Raloski	Title Proje	ect Ma	anager	S	Signature	Signature			Date 2/5/2							

JK 29 139922 PA	AUI	мот	IFICATION	State of No ON OF ASI ont to NJAC	BESTOS	SABATE	MENT 0)		EG	E				
Date of Notification (1) 02/06/2019			Name Paul	of Building Schnabe	g Owner. el	/Operato	(2)		FEB	15	201	9	1 1000	
Agencies Notified Type Notification X EPA X DEP X DOL Amended Amendmer			City, S	t Address State, Zip C		À	Account to the second							
□ DOH □ DCA □ Emergency justification □ Cancellatio	(includin	ıg	Name Paul	of Contact Schnabe	el			Te	elephone N	lumbe	r			
Name of Facility Where Abatement is Taki House Street Address	ng Place	(3)	FA	CILITY INF	ORMAT	ION	Type of Facility School (K	-12)						
City (5) Boonton							Subchapte Other (i.e. etc.) Square Feet	private	her than K- & comment of Floors	-12) rcial bu	ilding Bldg.		nes,	
County (6)	-		County	/ Code (7)			N/A Current Use (P	N/	'A		N/A	, igc		
Morris Name of Monitoring Firm Hired by Building	Owner (8	3)		M No.		Name	House			aricu)				
N/A Street Address						D&S	Abatement, I	ntractor (9) nc.						
City, State, Zip Code				46		11 R	Address Osengren Ave	enue						
Project Manager for Monitoring Firm						Totov	ate, Zip Code va, NJ 07512							
				one No.	5		one No. 45-8685		License 01311	No.				
Start Date (10) 02/21/2019	02/22/	2019	mpletion	Date (11)			of OSHA Monitor Abatement, Ir							
Occupancy Status During Abatement (Chec			nont			Street A				-				
Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hour	s S		_	City, Sta	ate, Zip Code va, NJ 07512	nuc						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	×													
≥160 sf or ≥260 lf	Second 1	Renova Demoli				×	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure						
Location of	1	Locati	ly		D			7 3 11	- Trott File	1	Abate	emen pe	t	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	rce/	(i.e. t	os Conta hermal s surfac	cription of aining Ma systems i ing, VAT, iscellane	terial (ACM) nsulation, or	ACM) Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							<u>a</u>		late	Ire	
1st floor		Х			1	VAT		105	50 SF	Х				
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y	ards	Name of F	Penister	ed Landfill					
D&S Abatement, Inc.		Ha	auler ID I 1996	No.	of Wast		Fairless							
City, State Totowa, NJ					Disposa TBD	I Date	City, State Morrisvi							
Completed by Ned Joksimovic	Title Projec	ct Ma	nager		Sig	nature	TA		Date 02/06/2019					

Print Form

State of New Jersey

CKTOTT9 PAI	NOT	IFICA (Pursi	TION O	F ASBEST NJAC 8:60	OS A 0 and	BATEM 12:120)	ENT	1							To an and the second se
Date of Notification (1) 02/06/2019				uilding Owi ments	ner/Op	perator (2)			FE	B 1	5	2019		1
Agencies Notified Type Notification		Str	eet Add	ress					ĺ.	unto 1			7	1811	
X EPA X Initial Amended Amendment #_	Amended					City, State, Zip Code Verona, NJ 07044									
Emergency (Incl	uding	Na	me of C	ontact					Telep	ohone Ni	umbe	г			
DOH justification) Cancellation				ments											_
Abstract in Taking Di	200 (3)		FACILI	TY INFOR	MATIC	ON	Type o	f Facility (4))						
Name of Facility Where Abatement is Taking Pl House	acc (o)							chool (K-12							
Street Address							S x 0	ubchapter 8 ther (i.e. pr tc.)	(Other	r than K- commer	12) cial b	uildin	igs, h	omes	,
City (5) Verona	-						Square N/A		# of N/A	Floors		Bldg N/A	g. Age	9	
County (6) Essex			ounty Co	ode (7) SE ONLY)			Currer	nt Use (Prio se	r if bein	ig demol	ished)			
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM	No.				ement Cont ement, Inc		(9)					
Street Address							Addres	s ren Aven	iue						
City, State, Zip Code			10,000				tate, Zi wa, N	p Code J 07512		200					
Project Manager for Monitoring Firm		Te	elephon	e No.			one No 345-86			License 01311					
Otali Date (10)	cheduled		letion D	ate (11)		100 to 10		IA Monitor ement, In	c.						
Occupancy Status During Abatement (Check C			anole.				Addres	ss gren Aver	nue						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: Occupied	iod of Ab Facility H	ateme lours	nt		_	-		ip Code IJ 07512							
Scope of Work (Check All That Apply)															
 X ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		novati molitic					Mir K Glo	Il Containmoni-Enclosure ovebag Pro- n-Exempte	e cedure					;	
		ocatio	_				_ 140	II Exompto	()				Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Mair	Solely tenan odial Si (12)	/ / by ce/	Asbesto (i.e. t	os Cor herma surfa	escriptio ntaining al systen acing, V miscella	Materia ns insul AT, or		Amount (Specify SF or LF)			Removal	Ty Repair	Encapsulate	Enclosure
	Yes	No	N/A						2	00 LF	-	X			
Basement		Х			- 3.0	e Insul				50 LF	-	X	<u> </u>		-
Garage		Х			Pip	e Insul	ation			50 LF		^			
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP V auler ID)996		21/21/2005	ic Yards /aste)		Name of Fairles	s Lan		ndfill				
City, State Totowa, NJ					Disp TBD	osal Da	te //1	City, Sta Morris		PA					
Completed by Oliver Hegedis	Title Proje	ct Ma	anager			Signatu	ire (Da 02		2019)	

ECEIV

FEB 1 5 2019

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

	Date of Notification (1)	î-19			Na		ing Owner/Operato		NTRAI	' T.Y	116			
	Agencies Notified	Type Notificat	ion		St	reet Addres				L. C.F.				_
	Z DOL	Amended Amendmer		lina	Cit	ty, State, Zip	Code Ctien Fit		T	S 30	30)		=
	☑ DOH □ DCA	justification	n)	m vg	Na	ime of Conta	ber							
t		- ×			1-		FORMATION						_	_
								Type of Facil	965 304501					
1	Street Address							Subchapte Subchapte Subchapte	er 8 (Other th. , private & ∞i	an K-12 mmerci	2) al bui	lding	S,	
-	City (5)	trus V.A			-			Square Feet	# of Flo	ors	. 8	ldg.		
-	County (6)					ounty Code (7) (STATE	Current Use (Prior if being	demolis	shed)	20) †	
1			· Ouma			M No.	Name of Abatem		CANT				_	_
	(8) W	IA	y Owne				_ KL	TM CO	INC					
1	Street Address	•					Street Address	S. SP	RUCE	AL	ť			
1	City, State, Zip Code						City, State, Zip Co		ADE N	1.7	- /	80	57	,
F	Project Manager for Monit	oring Firm		Tel	ephon	e No.	Telephone No.	9-047	License	- 1	וֹל			_
5	Start Date (10)					ate (11)	Name of OSHA M	lonitor ,		1 4				_
					4									_
					ment		Street Address							
Ć	Abatement Performed (City, State, Zip Co	xde						
S	Scope of Work (Check all	that apply)					Π _{5.8} 0							=
	_≥3 sf or ≥3 lf ≥≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-Encl	ainment with No losure g Procedure mpted (*) and N	•		9			
-			100000	ocatio			The Foreign	inpled () and is	G F T T T T T T T T T T T T T T T T T T	ocedui		bate		
	Location of		Used	Soleh	by		Description of	-i-1 (4 O4 I)				Тур		
9	Name of Facility Where Abatement is Taking Place RESIDENCE						s Containing Mate hermal systems in:	sulation.	Amount (Specify	/	Re	R	Enca	Enc
			1	Staff? (12)		3	surfacing, VAT, c other miscellaneou		SF or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A						al		ale	re
	SIDING				X		RAWSIT	E	2000 3	10	X			
				_							_	_	-	
=				_							-	\dashv	-	-
Na	ame of Registered Waste	Hauler		TN	DEP V	Vaste	Cubic Yards T	Name of Reg	stered Landfi					-
					uler IC		of Waste	A	LUA					
	ty, State		T				Disposal Date	City, State	SHUITI) IU	E			
Co	empleted By	Title	C 11	0			Signature .	m	Da			9		
M	MICHAEL ILL	CMM!	20	-			- Mer	WI			1	4		_

PAID

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

UL2446

	FALL	(Pu	rsua	ant to	0 <u>N.</u>	J.A.C	<u>.</u> 8:60 and 1	2:120)	1 1	E	PE	П	M	[23/ 23/			
Date of Notification	(1)		IN	lame o	of Bui	Iding C	Owner / Operator	(2)	314	//==-	C.J. N.,	11	157				
	2/8/2019		S	ervio	ema	ster	£2	4924 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	777					-delunia			
Agencies Notified	Type Notifica	ation		Street /					1.1	F	EB 1	5 2	019	1			
⊠ EPA			-	O Bo													
☐ DEP ☑ DOL	☐ Initial		1 655			Zip Co	ode			fame.				· · · · ·			
DOL DOH DOH		rgency		inela								ne Nu	mbe	r			
D DCA		ellation		esse						554 0000	Telephone Number 856-692-4269						
					70.00	014	DRMATION USB 1 TO 1 T										
Name of Facility Wi	here Abateme	ent is Taking Pla	ace (3		11-11	1 1141	Type of Facility	y (4)		***************************************							
Residence				10			School (K										
Street Address								er 8 (Other th									
							Remarked	private & co					C.)				
		10 (0)	10		1 /	~\	Square Feet	# of FI	oors	BI	dg. Age						
City (5)		County (6)		unty C	ode (()	1,008 Current Use (F	Driver if hoine	domoliok			50					
Bridgeton		Cumberland					Residential	rior ii being	demonsi	ieu)							
N	Firm Him d b	Desilation of Occurs	(0)		TACC	M No.	Name of Abate	mont Contro	octor (0)					-			
Name of Monitoring	j Firm Hirea d	by Building Own	er (8)		ASC	IVI INO.	Alpha Enviro										
Street Address					1		Street Address										
							P O Box 829										
City, State & Zip Co	ode						City, State & Zip Code										
							Trenton, NJ 08650										
Project Manager fo	r Monitoring F	-irm	lelep	hone	Numb	er	Telephone Number License Number 01222										
Scheduled Start Da	to (10)	Scheduled Com	nletic	n Date	2 (11)			Name of OSHA Monitor									
2/12/201	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLU	2/15/2019	ipieuc	III Date	EMSL Analytical												
Occupancy Status			ly one														
Facility Clo	sed/Vacated	During Entire Pe	eriod (of Aba			200 Route 130 North										
	Performed O	utside of Norma	l Hou	ırs – 7	am to	3pm	City, State & Zip Code										
Describe:	0 020 0						Cinnaminson, NJ 08077										
	cupied During																
Scope of Work (Ch	eck all that a	pply)						□ Full Co	ontainme	nt with No	egative	Pres	sure				
☐ ≥3 sf or ≥3	If		M	Ren	ovatio	n		Mini-Enclosure									
≥160 sf ≥26			H	Dem	olition	n		Glove									
							i	─ Non-E	xempted	and Non	-Friable	Pro	cedu	re			
1	ocation of		ls	Locati	on		Description			mount		teme					
Asbes	stos-Containir	ng	Norn	nally L	Jsed		Asbestos-Cont	pecify									
	terial (ACM)			olely b				Material (ACM) SF (i.e., thermal systems					Encapsulate	En			
	BE ABATED in Facility			tenano		i	nsulation, surfaci				Remova	Repair	aps	Enclsoure			
	(13)		O diot.	(12)			or other miscella				\\\ \alpha \	=	ulat	ure			
			Yes	No	N/A								Ψ				
Basement				\boxtimes			VAT & Mas	stic	800 s	f			Ш				
Name of Degisters	d Masta Hau	lor		NI	DEPI	Maste	Cubic Yards	Name of Re	gistered	Landfill							
Name of Registere	u vvaste nau	ICI		1000000		No.	of Waste	rading of the	91010100								
ALPHA ENVIRO		00	0333	30	8	Grows Landfill											
City, State	***************************************						Disposal Date	City, State									
Trenton, NJ							Various	Morrisville	e, PA								
Completed By (Prin	nt or Type)			Titl			Signature				Date		0				
Rod Richardson				110	oject		Rod Rich	ardson			2/8/	201	9				
		Ma	nage	er	1 600				1								