State of NJ Notification of Asbestos Abatement

B & G proj. #:

2018-39

(Pursuant to NJAC 8:60-7 and 12:120-7)

	-		是月					Che	ck # 8819		paninin.	+.c	
Date of Notification	1 (1)	11	Name of	Building Ow	ner/Operator (2	2)		IIN E C		W		Marie 7	
10 12 1/11 15]/[1]8]			h Del Buo		6			******	1 + 1 A H-47 h			
Agencies Notified	Type Notifica	tion	Street Ad					TINI FE	D 0 1	2018	- 11	H	
☐ EPA	X Initial		Cib. Stat	- 7in Onda					8 2 1	2010	-	-	
X DOL	Amend		17000	e, Zip Code -awn, NJ (7410			ASSES	TOS COA	TÉGI a	&		
X DOH	П с	1.1	Name of (Contact					one Numb		A-7		
☐ DCA	☐ Cancel	lation	Jose	ph Del Bu	ono		-						
				FAC	CILITY INFORM	MATIO	N						
Name of facility wh	nere abatement	is taking p	lace (3)					Type of Facilit					
Joseph Del Bi	uono							=	ool (K - 12 chapter 8 (han K	(-12)	
Street Address								X Othe	er (Private/0 s./Homes,	Comme		,	
								Square Feet	# of Floo		В	ldg. A	\ge
City (5)		Cou	inty (6)				unty Code (7) ate use only)						
Fair Lawn, N.	150		ergen			(36		Current Use Residentia		ng dem	nolish	ed)	
Name of Monitoring	g Firm Hired by	Bldg. Own	ier (8)		ASCM No.		Name of Abatement	t Contractor (9)					
Street Address	-				n/a	_	B & G Restora	tion, Inc.					
Street Address							Street Address 105 Ryerson I	Road					
City, State, Zip Code	е					_	City, State, Zip Code				-		
Project Manager for	Manitadas Fina					_	Lincoln Park,	NJ 07035					
Project Manager for	wonitoring Firm	1		Phone Numb	per		(973)696-686	39	License 0	Numb 0378	er		
Scheduled Start Dat	te (10)	Sche	d. Comple	etion Date (1	1)	-	Name of OSHA Mor	(1) 1, 5 K					
02/26/2018			27/2018	3			B & G Restora Street Address	ition, Inc.					1
Occupancy Status D							105 Ryerson F	Road					
Facility closed Abatement pe Describe:	I/vacated during rformed outside	entire per of normal	facility h	atement. ours-			City, State, Zip Code						
Other-Describ	oe:					_	LincolnPark, N	IJ 07035					(8
Scope of Work (che	eck all that apply	y)								11.00			3 .0
Demolition	X	Renovati	on			F	Full Containment w/ne	gative pressure	✗ Glove	bag pr	ocedi	ıre	
>3 sf or >3 lf		≥160 sf or				X	Mini-enclosure		☐ Non-f	riable p	oroce	dure	
Location of asbestos-conf	toining		n normal enance/c	ly used solely ustodial		endon'tation't			4	R	R	E n	E
material to be	J	staff(12)			Description material (sbestos-containing	Amount (Specify		m o	р	С	n
abated in facil	lity (13)	Yes	No	N/A		•		LF)		v e	i	a p	Ĺ
basement				x	pipe insula	ation		53 If		X			
crawl space				×	pipe insul	ation		6 lf	***************************************	X			
				_				_		#		부	#
]					#	屵	Η	쓔
Registered Waste Ha			EP Haule	r ID# C	ubic Yards of V	Vaste	Name of Registered					Ш	1
B & G Restorati	on, Inc.		19563	Disposal D	1 Nate			Resource & F	Recovery	Cent	er		
Lincoln Park, N					27/2018		City, State Tullytown,	PA				29	E
Completed by (Print Gordana Luna	or Type)	Title Secreta	rv/Trea	surer	Signature		Gordana Luna		Date 02/1	5/201	0		
			,		1				02/1	J/20 1	U		

OK DYK!

[5]	W han				100										
Date of Notification (1)								er/Operator (2)	U U TE	H 2	1	2018	3	
/	16 /	18			Jac	ob Feldn	nan			1					Ime
Agencies Notified	Type Notifica	ation			Street	Address				65.5				The Walter	
☑ EPA	Initial				225	Millburn	Ave	nue, Suite	101	ASULA			11.50	16	٤
⊠ DOLWD	Amended				City, S	State, Zip C	Code			The state of the s		21.8	17 A 160	W. street	agent et ange
☑ DOH ☐ DCA	Amendme					burn, NJ		11							
(NJAC 5:23-8)	☐ Emergeno justification		cluaing			of Contac				Telephone N	umber		5-2-1		_
(☐ Cancellat				Jos	eph Bolo	owski	i		Tolophone is	unibei				
					15.700	CILITY IN			-						\dashv
Name of Facility Where A	batement is T	akino	Place	(3)	IA	JILII I IIV	IFOR	MATION	Type of Facility	(4)			1	_	
Commercial		Gruing.	, , ,,,,,,	(0)					School (K-12	* *					
Street Address		-							Subchapter		-12)				
35-41 Market Street									Other (i.e., p	rivate and com		buil	ding	s,	
City (5)		_							homes, etc.)			DLI			
Morristown									Square Feet	# of Floors		RIa	g. Ag	e	
County (6)				-	Cour	ty Code (7	VSTAT	E USE ONLY)	Current Use (Pr	ior if hains dam	aliahad	_	_		-
Morris					Cour	ity Code (/	MOINI	E USE UNLT)	Current Use (Pr	for it being dem	iolisnea)			
Name of Monitoring Firm	Hired by Build	lina C	lumer /	8) I	ASCM	No	Nom	o of Abatama	ent Contractor (9)						
Bio Terra Solutions		iiig C	ANTICI (0)	HOUN	NU.			NAGEMENT L						
Street Address									NAGEWIEN I L	.LC					
P.O. Box 1224							1000	et Address							
City, State, Zip Code				-			-	Outwater I	11/11/11/11/11				-00-2		
Union, NJ							1853	State, Zip Co							
Project Manager for Monit	oring Eirm		_	Tolo	nhana	Ma		arfield, NJ	07026	11.		_			
Rick Eustaquio	toling Film			1	phone		1000	phone No.		License No.	•				
Start Date (10)	10	chod	ulad C	- 8330	3-494 tion Da			3-928-4888		1188					\perp
02 / _26_ /					ion Da / _			e of OSHA M							
					_ ′ -	10			NAGEMENT L	LC					
Occupancy Status During					and no we			et Address							- 1
 ☑ Facility Closed/Vacate ☐ Abatement Performed 	Outside of No	e Per	Tod of /	Abater	nent	arib a		Outwater I							
Time of Abatement:	AM-	PN	гасніц //	PM-	s - Des	AM	V. S. C. C. S. S. S. S.	State, Zip Co							
							Ga	arfield, NJ	07026						
Scope of Work (Check all	tnat apply)							☐ Full Cont	ainment with Neo	native Pressure					1
≥3 sf or ≥3 lf			Re					☐ Mini-Enc	losure	gative i lessure					
≥160 sf or ≥260 lf			□ Deligation □ Deligation	molitio	n			Glovebag		a Friehla Dana					
			Is	Locat	ion			M NOIFEXE	mpted (*) and No	II-FIIADIE PIOCE					
Location	of		1	lorma	ly			Description o	f			Т		nt Ty	-
Asbestos-Containing N)	1000000	d Sole intena			stos C	Containing Ma	terial (ACM)	Amount	1		Repair	Enc	Enc
TO BE ABA			10000000	odial		(i.e		mal systems i urfacing, VAT,		(Specify SF or LF)	Nelloval		air	aps	Enclosure
(13)	,			(12)				er miscellane		SF ULLE)	1 2	-		Encapsulate	Гe
			Yes	No	N/A				516					Ф	
Office	Office									1,000 SF		3			
Hallway	Hallway [1,000 SF		-			
Hair Salon Front Area				П		VAT				800 SF	D	a	П	П	
				П	П					000 01			밁		
Name of Registered Wast	e Hauler				JDEP \	Nasta	Cubi	c Yards of	Name of Book	stand I and Ell		ال	Ц	Ш	ш
ATC / Century Wast		lana	geme	nt H	auler II	No.	Was		Name of Regis	stered Faugill					
	- 7 7 11 10 11	iuiid	Seille	SI	V-24310	/32797/989	1	Needed		es/G.R.O.W.S. Nort	th Landfill	/Fair	rless L	andfil.	1
City, State	46 11110	.c: - •					• • • • • • • • • • • • • • • • • • • •	osal Date	City, State						
Shirley, NY / Elizabe							TE	3D	Waynesburg, C	OH / Morrisville, I	PA				
Completed By (Print or Ty	rpe)	Title						Signature			Date				
Allen Monchik		P	roject	Man	ager			Allen	Monchik		2/16	/18	3		
ASR-41		_							0,2270						

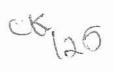
~ 120h	P	ATI		CATION		STOS ABATE 60 and 12:12		1) E	G		\mathbb{W}		The state of the s
Date of Notification (1)	2/8/2018		Ner'S		of Building	g Owner/Ope	erator (2)			FFR	2 1	2018		
Agencies Notified	Notification	Type			t Address Vashington	Street		L	1-1					
(X) EPA () DEP	(X) Initial No.	ed	on	City, S	State, Zip (ken, NJ 07	Code			ASI		JS CC DEMS) L &	š.
(X) DOL (X) DOH	Amenda () Emerge		cluding		of Contac			- 1547		V 20 MILL 27 WALLS	Numl	vere a	N. C. L.	
()DCA	justifica () Cancella			Kira L						101	- Ivaiiii			
	67.00				ITY INFO	RMATION					85			
Name of Facility When	e Abatemen	t is Tak	ing Place	(3)			2500	of Facility						
Street Address 218 Washington Stree	t						() Sul (X) Oth	nool (K-1 ochapter ner (i.e. p omes, etc	8 (othe orivate 8				dings	5 ,
City (5) Hoboken, NJ 07030							Square		-	f Floo	rs	Bldg.	Age	
County (6) Hudson				County USE C	y Code (7) NLY)	(STATE	Curren	t Use (P	rior if be	eing d	emolis	shed)		
Name of Monitoring Fire	rm Hired by	Bldg. C	wner	ASCM	No.	Name of C	L Contracto	or (9)						
Street Address						CID CONS Street Add		ION SE	RVICES	, LLC				
City, State, Zip Code	-112/04/					300-2 Stat City State,			h - Suite	e #3				
						Lodi, NJ 0								
Project Manager for Me (8)	onitoring Fin	m T	elephone	Number		Telephone	Numbe	r			nse N 91 "A		r	
Scheduled Start Date ((10)	-	cheduled	Comple	tion Date	(973)685-9 Name of C	and contain or	nitor		011	31 A			
2/28/2018	10)		1) 3/28/2		don bate	Name of C	JOHA IVIC	DINIO						
Occupancy Status Dur	ing Abateme	ent (Che	eck only o	ne)		Street Add	ress							
(X) Facility Closed/Vac () Abatement Perform () Other – Describe:	ed Outside	of Norm	Period of nal Facility	Abatemo	ent	City, State	, Zip Coo	de						
Source of Work (Check (X) \geq 3 sf or \geq 3 lf (X)) \geq 160 sf or \geq 260		(X) Renova) Demoliti			() Min () Glo	i-Enclos ve bag F	nment wind ure Procedure oted (*) a	e				0	
Location of		lala	NI			(71) 1101	LXOIII	7,00 () 0	110 11011	THUE		temer		ре
Asbestos-Containing (ACM) TO BE ABATE in Facility		cation No sed Solely laintenand odial Staff	by ce/	Containir therma surfa	ription of Ask ng Material (/ I systems ins cing, VAT, or	ACM) (i.e sulation, other	e. (Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure	
(13)		No	N/A		niscellaneou	S)						ate	Ф	
Main Floor		X		VAT & M	astic		1,50	00 SF		Х				
									-	-				
Name of Reg. Waste H Cid Construction Service		EP Waste 905	e Hauler	ID Cub	ic Yards of V	racio	Name of							
City, State Garfield, NJ				Disp	osal Date		City, Sta Melville,	ite	Jany l	_ariUill				
Completed by Roque G Schipilliti	Title Project M	1anagei	,		Signatu				7	Date 2/8/2	2018			

B & G proj. #: 2018-47

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 8824

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Date of Notification (1)		11	Name of	Building C	wne	er/Operator (2)		***	production of the second	THE PERSON NAMED IN	12 D.D	3 p	7	
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	pe Notificat	ion	Street Ad		_				اللا	an magazine di de	Complete Com		111	
☐ EPA	Initial								MI EF	r n 1	2018	-		
☐ DEP ☐		11	City, Sta	te, Zip Coo	le			-			7010	+	4	
X DOL	Amend			etteville,		30214		ca usani		ŀ				
X DOH	200		Name of	Contact	-		-		Felep	hone Nu	mber			
□ DCA □	Cancella	ation	Erro	l Hunte				Į.		}	101			
					ACI	LITY INFORM	ATIO	N		William II				
Name of facility where a	batement i	s taking n	lace (3)					·.	Type of Faci	lity (4)				-
15 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	.butomont	o taking p	1400 (0)							hool (K	- 12)			
Errol Hunte									100000000000000000000000000000000000000		8 (Other t		-12)	
Street Address										ner (Priva lgs./Hom	ite/Commi es, etc.	ercial		
							ine is		Square Fee		Floors	В	dg. A	\ge
City (5)		Cou	inty (6)					unty Code (7)				<u></u>		
Montclair		Es	ssex				(St	ate use only)	Current Use Resident		being der	nolish	ed)	
Name of Monitoring Firm	n Hired by	Bldg. Owr	ner (8)		T	ASCM No.	-	Name of Abatement		aı		-	-	
# ·	1	100				n/a		B & G Restorat	ion. Inc.					
Street Address							=	Street Address						
								105 Ryerson F	Road		-	ver.		
City, State, Zip Code								City, State, Zip Code						
							_	Lincoln Park,	NJ 07035					
Project Manager for Mon	itoring Firm	1		Phone Nu	ımb	er		Telephone Number (973)696-686	9	Lice	ense Num 00378	ber		
_								Name of OSHA Mon			00370			
Scheduled Start Date (10	0)	Sche	d. Comp	letion Date	(11)		B & G Restora	850 A					
03/01/2018		03	/02/201	18				Street Address						
Occupancy Status During		0.000						105 Ryerson R	Marie Colonia de la Colonia de		0			
Facility closed/vaca								City, State, Zip Code					2000	
Describe:	Tied outside	O HOITIG	- raomey r				_	LincolnPark, N	.1 07035					
Other-Describe: Scope of Work (check a	II that anni	4			_									1
Demolition	ılı triat appı	y) Renovat	ion					Full Containment w/ne	aativo prossura	W C	lavahaa a			
X >3 sf or >3 if	_	>160 sf o						Mini-enclosure	gative pressure		lovebag p on-friable			
		March 31/20		ally used so	riely	1	<u> </u>	Willin-Criciosarc		Ц"	R	R	E	1
Location of asbestos-containing	na	by main	tenance/	custodial	легу	100 100 100	on of	asbestos-containing	Amou	nt	е	е	n	E
material to be	Ü	staff(12)	1			material (ify SF or	m o	p	a	C
abated in facility (1	(3)	Yes	No	N/.	A				LF)		v e	i	p	-
main room & boiler		T X		pipe insula	ation		64 If		X					
crawl space above		X		pipe insul	ation	1	6 lf		X					
														14
						1								
Registered Waste Hauler B & G Restoration,		NJE	DEP Hau 19563		C	ubic Yards of \ 2	vaste		Landfill Resource &	Recov	erv Cen	ter		
City, State				Dispos		ate	_	City, State			3.7 301		-	
Lincoln Park, NJ					3/0	2/2018 Signature		Tullytown,	PA					y
Completed by (Print or Ty Gordana Luna	ype)	Title Secreta	ary/Tre	asurer		Gordana Luna		Da 0	ate 2/16/20	18				



PATD

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EG		17	P41-10.

			(5	ursuant	to NJAC	8:60 an	a 12:120	U)	1153							
Date of Notification (1) 2/15/2018					f Building Wacholf		perator	(2)	The second secon	F	EB 2	2 1	2018	8	The same of the sa	\mathcal{Y}
Agencies Notified	Type Notification			Street A	ddress											
EPA DEP	Initial			0:1 01	. 77					ACI				3. 9	"Į	
DEP X DOL	Amended Amendment	#		Plainf	ite, Zip Co ield NJ (ode 07062			T-	* * 1781 g/s. s	ļ.,					11
DOH DCA	Emergency justification) Cancellation	(including			f Contact Stanko	vic, Pr	oject N	/lan	ager	Tel	ephone	Num	ber			
				FACI	LITY INFO	ORMATI	ON				C 1 4 T-			_		
Name of Facility Where N/A	Abatement is Takin	g Place (3)					Ту	pe of Facility	ACCOLU	ž.					
Street Address								×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth				dings,	home	es,
City (5) Plainfield					-				uare Feet 200	# of	f Floors	5		ldg. A	ge	
County (6) Union					Code (7) USE ONLY)		Cu	rrent Use (Pr noccupied	ior if bei reside	ng dem nce	nolish	ed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCN	1 No.		Name Che	of A	batement Co nark Indust	ntractor rial	(9)					
Street Address							Street 54 N		ress gan Dr		F-1 9-1-1-1					
City, State, Zip Code									, Zip Code NJ 07871							
Project Manager for Mo	nitoring Firm			Telephor	ne No.	ř.	Teleph 973-		No.)-2645		Licen 0133					
Start Date (10) 2/16/2018		Schedule 2/22/20		mpletion (Date (11)				SHA Monitor nark Indust							
Occupancy Status Durir	ng Abatement (Chec	k Only On	e)				Street	Add	ress							
	cated During Entire I ned Outside of Norn						City, S	state,	Zip Code	- 20.15-0						
Scope of Work (Check A							Spai	IIa I	NJ 07871							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ні ттас Арріу)		enova emolit				×	1	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					9	
		ls	Locati	ion		÷.				, ,		1100		Abate	ment	
Locatio	n of	N	lormal	ly		Des	scription	of						Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	BATED	Mai	d Sole ntena odial s (12)	nce/		thermal surface		s ins	r	(8	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Attio	n e	163	X		Ţ.	/ermicu	ilite inc	sula	tion	380	0 cu. 1	ft	Х			
Exterior of		+ -	X	+			site sid	5011683			00 SF		X			
	· · · · · · · · · · · · · · · · · · ·				-											
Name of Registered Wa	ete Hauler		TN	JDEP W	hete	Cubic	Vorda		Nome of	Desista	عالمه	- 4611				
Atlantic Carting							rards ste		Name of Waste							
City, State Wayne NJ					Dispos	al Date		City, Star Tulleyt	te own, F	PA						
Completed by Corey Stankovic		Title CEO			20155-0	S	ignature	71	lank	oru		Date 2/1	e 5/20	018		

Ck# 3317

Date of Notification (1)	M. A. M.	18.,555			Ma	one of Duile	alia a	0 10 1 1			,,			
	12 /	18	1					Owner/Operator (2)		ومرتزء والمحالث	Name of the last o		
Agencies Notified	Type Notific	otion			Cha	t A - l - l			and and	A E C E	1	11/7	103	1
□ EPA	I ype Nound	auon				eet Addres 50 Chees		uake Road				17	5	
	☐ Amende					, State, Zi					_		-1	
☐ DHSS	Amendm			_		arlin, NJ	B		The state of the s	∐ FE8 2	1 2	018	and distance	U)
(NJAC 5:23-8)	☐ Emerger justificat		iciuain	g	1	ne of Cont				Telephone Num	ner		-1	annual .
	☐ Cancella				N	ichol Re	inh	old		Telephone Han		HOL	0.	
					F	ACILITY	INF	FORMATION		har C. Tara		Taken -	. Cit	
Name of Facility Where Ab	atement is	Taking	g Place	e (3)					Type of Facility (4)	S. S. 7. 110 J. 110			74706
DuPont Parlin Facilit	y - Bldg. 1	190							School (K-12))				
Street Address										(Other than K-12		SH-AR-S	2020	
250 Cheesequake Ro	oad								homes, etc.)	ivate and commer	cial b	ıllain	gs,	
City (5)							-		Square Feet	# of Floors	В	dg. A	ge	
Parlin														
County (6)					Co	unty Code	(7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Middlesex								ι	exterior	3 5 8				
Name of Monitoring Firm H	lired by Buil	ding (Owner	(8)	ASC	M No.		Name of Abateme	ent Contractor (9)					
Cardno ATC								BRISTOL EN	VIRONMENTAL	, INC.				
Street Address							1	Street Address		*				
3 Terri Lane								1123 BEAVER	RSTREET					
City, State, Zip Code								City, State, Zip Co	ode					
Burlington, NJ 08016	;							BRISTOL, PA	19007					
Project Manager for Monito	ring Firm			Te	lephon	e No.		Telephone No.		License No.		-		
John Lutz				1	609-38	36-8800		215-788-6040		00509				
Start Date (10)		Sched	uled C	omp	letion [Date (11)	\neg	Name of OSHA M	onitor					-
//					23_ /	17		BRISTOL EN	/IRONMENTAL	, INC.				
Occupancy Status During A								Street Address						
☐ Facility Closed/Vacated	During Enti	re Per	riod of	Abat	ement			1123 BEAVER	RSTREET					
Abatement Performed C Time of Abatement: 7:0	outside of No 0AM- <u>3:30</u> F	ormal PM/	Facilit P	у Но М	urs - D Al	escribe VI		City, State, Zip Co						
Scope of Work (Check all the	nat apply)							BRISTOL, PA	19007		-		510-711-1	
≥3 sf or >3 If			⊠ Re	enova	ation			☐ Full Conta	ainment with Nega	ative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De					⊠ Glovebag	Procedure					
								☐ Non-Exer	npted (*) and Non	-Friable Procedur	е			
l a satisma d			2.0	Loc Norm	ation			And the state of t			Ab	atem	ent T	ype
Location of Asbestos-Containing Ma		1)			lely by	Ash	hest	Description of tos Containing Mat		Amount	Re	Re	En	En
TO BE ABATE	ED `	8			ance/ I Staff?	(i		thermal systems in	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Ous	(12				surfacing, VAT, other miscellaned		SF or LF)	/al		sula	ure
()			Yes	No	N//	A		other miscenarie	ous)				te	
Attic				\boxtimes		Pipe I	ทรเ	ulation		10 LF		П	П	П
Attic				\boxtimes		Pipe F	Fitti	ing Insulation		27 LF				
			П											
				П	1						H			
Name of Registered Waste	Hauler					P Waste	1	Cubic Yards of	Name of Registe	ared Landfill		ш		Ш
Bristol Environmenta				1100		ID No.	2.3	Waste 1	Fairless Lar					
City, State					.07	,,,	[Disposal Date	City, State					
Bristol, PA 19007								2/23/2018	Morrisville,	PA 19067				
Completed By (Print or Type	e)	Title				-		Signature	0.5	Dat	е			
Gino Pizzigoni	P003	Es	stimat	tor				Dino.	Pinana ani	/^		12-	18	v .
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Chec	k#	25542

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Date of Notification (1) 2/17/2	2018			Name of	Building Own	a come a marca para mais filigita	0.5	²⁾ fmann		3/	-	erition of the co	AS	- IJ	
Agencies Notified	Type Notification			Street Ad	ddress				Ш	Ш	FE	B 2	1 2	2018	
× EPA DEP × DOL	Initial Amended Amendment			City, Sta	te, Zip Code	Moore	est	own, NJ 08057		LA	SBEST	108	704	Tipon	
DOH DCA	justification) Cancellation			Name of Ga	Contact ary Kaufma	ann			Te	lepho	ne Num	ber	5.14(OX
				FACIL	LITY INFORM	MATION									-
Name of Facility Where F	Abatement is Takin Residential	g Place (3)					[Type of Facility (4) School (K-12)							
Street Address							[Subchapter 8 Other (i.e. prietc.)					lings,	home	s,
City (5) Moores	stown, NJ 0805	7					,	Square Feet 1400	# (of Floo 2	ors		ldg. A 70 +	- T	
County (6) Burlingto	on			County C	Code (7) ISE ONLY) _			Current Use (Prior	if be	eing d	emolish	ed)			
Name of Monitoring Firm NA	Hired by Building	Owner (8)	1	ASCM	l No.			f Abatement Contr ns Environmen			ices, I	nc.			
Street Address						1000		ddress ox 322							
City, State, Zip Code								ate, Zip Code own, NJ 08501							
Project Manager for Mon	itoring Firm			Telephor	ne No. 98-4070			ne No. 59-9688		0.000	ense No 493).			
Start Date (10) 2/27/2018		Schedule		pletion [/9/2018		Nam ME		f OSHA Monitor							
Occupancy Status During	g Abatement (Ched	k Only One)			100,000,000		ddress	U						
Facility Closed/Vaca Abatement Perform	ated During Entire I ed Outside of Norn	Period of Alnal Facility	batem Hours	nent i		1 2 2		ox 341 ate, Zip Code	devices:						_
Other – Describe: _						Ch	est	erfield, NJ 085	15						
Scope of Work (Check Al	II That Apply)	П в	enova	tion				Full Containmen	nt wit	h Ned	ative P	ressu	e e		
× ≥160 sf or ≥260 lf			emolit				×	Mini-Enclosure Glovebag Proce	dure	,	9			2.7	
		T						Non-Exempted	(*) ar	na ivo	n-Friab			ement	
Location	n of	N	_ocati ormal	ly		Descripti	ion r	of					Ту		
Asbestos-Containing	Material (ACM)		Sole			Containing	g Ma	aterial (ACM)		Amou		224		ш	m
TO BE ABA		Custo	dial S			rmal syste surfacing, \		insulation, , or		Spec F or I		Rem	Repair	псар	inclo
(13)	*		(12)			her miscell						Removal	pair	Encapsulate	Enclosure
F	V. P.	Yes	No	N/A		, ,	0: 1			000				Ф	
Exterior S	siding	+	X		1	ransite \$	Sia	ing	1	000	SI	X			_
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		+ +													
Name of Registered Was	ste Hauler		9307	JDEP W		ubic Yards	S	Name of R	egist	tered	Landfill				
Stevens Environmen	ntal Services		"	lauler ID 18292	97 CS7LS / 10 SSA	f Waste 3		Fairless	Lan	dfill					
City, State Allentown, NJ					D	isposal Da 3/9/201		City, State Morrisvill	le, F	PA					
Completed by Mahlon E. Stevens		Title Projec	ct Ma	anager		Signati	ure	1	/		Da	te 2/17	/18		
				_		/	1	1				- The State			

CK 7242

D&S Proj. #: 18-35

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

							In	FP	[F2]]	11.77	and the last		
Date of Notification (1)		Name o	f Building Ow	ner/Operator (2	2)			<u> </u>	Je J	W		71	i
10 12 1/10 19 1/118 Agencies Notified Type Notifica	tion		Daniel								7		ĺ
☐ EPA ☐ Initial	lion	Street A	ddress		1175-27		144	FEB	212	018	A Land	111	
DEP Amended		Oit Ot	1 7: 0 :							910	11.		
DOL Amendment #			ate, Zip Code				1	ASIS SIL			mal	Į.	
DOH Emergency		_	GEWOOD,	NJ 07450	-1		Company of the second	I Talanhar	a Numba		位		
justification		22						relephor	ne Numbe	F			
Cancellatio	n	Lane	Daniel		_			l					
			FAC	CILITY INFORM	IATIO	N							
Name of facility where abatement	is taking	place (3)					Туре	of Facility	(4) ol (K - 12)				
Lane Daniel								=	apter 8 (0		han k	(-12)	
Street Address								Other	(Private/C	omme		,	
							Sau	Bldgs	/Homes, e		B	dg. A	\ne
City (5)	Co	ounty (6)			Co	unty Code (7)	Joque	are reet	# 011100	15	٦	ug. /	ige
DIDCENIOOD					855756	ate use only)	Curi	rent Use (P	rior if bein	g den	nolish	ed)	
RIDGEWOOD Name of Monitoring Firm Hired by		ergen		ASCM No.	Ц,	Name of Abatemen	t Contrac	eter (0)					
,	3	(0)		AGGIVI NO.		D & S RESTOR		505					
Street Address					-	Street Address	CATION	N, INC.				-	
						20 California A	ve.						
City, State, Zip Code					_	City, State, Zip Code	9			-			
						Paterson, NJ 0	7503						
Project Manager for Monitoring Firm	1		Phone Num	ber		Telephone Number	`		License		oer		
01-15-1-410						973-345-8020 Name of OSHA Mor			10	1169			
Start Date (10)	Sch	ed. Comp	letion Date (1	1)		D & S Restorat) .					
02/21/18		08/18				Street Address							
Occupancy Status During Abatement Facility closed/vacated during		0.72%				20 California A			= U//29				
Abatement performed outside						City, State, Zip Code	9						
Describe: NORMAL F	OURS				-	Paterson, NJ 0	7503						
Scope of Work (check all that apply								ntainment w	/negative	nrass	ure	_	
\boxtimes >3 sf or >3 lf	Renova	tion					Mini-en	closure	1001-1001 00 0100000000000	prooc	uic		
≥160 sf or ≥260 lf	Demoliti	on				×		ag procedur empted (*)		friabla	proo	odure	
Location of			ally used solel	у			INOII-EX	empled ()	and Non-	R	R	E	1000
asbestos-containing material (acm) to be	by mair staff(12	ntenance/	custodial			asbestos-containing		Amount	_	e m	e n	n c	E n
abated in facility (13)	Yes	No	N/A	material (ACM)			(Specify S LF)	F or	0	a	a	C
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BASEMENT		₩X	_ _	PIPE INSU	LAT	ION	36	l ft		X	닏		H
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Registered Waste Hauler		DEP Haul	500000000000000000000000000000000000000	ubic Yards of V	Vaste								
D & S RESTORATION, INC. City, State	13	3506	Disposal I	l yd		TULLYTOWN,	RESO	URCE RE	COVER	Y			
PATERSON, NJ 07503			02/22/1			City, State TULLYTOWN	, PA						
Completed by (Print or Type)	Title			Signature	-				Date				
BOGDAN JOLDZIC	PRESI	DENT							02/09	/2019			



Date of Notification (1)				Name	of Building	Owner/Operator (2)	EGE	W	E	diam	TIT
/15	/	18		Cou	inty of Pa	assaic (Page	1 of 3)		erek erek	,m2112-129#		
Agencies Notified Typ	e Notification	on		Street	Address		111)	FFD 0.1	201	0	IIL	JII
	Initial			401	Grand S	treet		FEB 2 1	ZU1	0	-	1
	Amended	1000		City, S	tate, Zip C	ode					1	-
The state of the s	Amendment			Pate	erson, N.	J 07505	A STATE OF THE STA	ASSESTES CO	HATE	OL	Ž.	Minh
	Emergency justification))	100,000,000	of Contact	TO AND ROLL OF THE PARTY OF THE		Telephone Number	er G		والراء ويشود	ann -
	Cancellation	***		304000000000000000000000000000000000000	Irew Tho		J. A., Jr. Jones)			
				FAC	CILITY IN	FORMATION						
Name of Facility Where Abate	ement is Tak	king Place	(3)				Type of Facility	(4)				
Passsaic County Court	thouse An	nex Bui	lding				School (K-12					
Street Address							Subchapter 8	3 (Other than K-12) rivate and commerc	ial bu	ildina		
63 Hamilton Street							homes, etc.)		iai bu	liuling	٥,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
Paterson							40,000	4		127 y	rs	
County (6)				Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Passsaic							Vacant					
Name of Monitoring Firm Hire	d by Buildin	ng Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	\				
Langan				0009	9	Superior Aba	tement Inc		50			
Street Address						Street Address						
300 Kimball Drive						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip C	ode					
Parsippany, NJ 07054						West Caldwe	II, NJ 07006					
Project Manager for Monitorin	g Firm		Tele	phone	No.	Telephone No.		License No.				
Vijay Patel					0-4900	(973) 808-161	16	00411				
Start Date (10)		heduled C			- 3	Name of OSHA N						
10 /23 /1	7	05/	17	/ _	18	Superior Aba	tement Inc					
Occupancy Status During Aba	atement (Ch	neck only	one)	- 1.000		Street Address	×					
☐ Facility Closed/Vacated Di					7227	2 Henderson	Drive					
☐ Abatement Performed Out Time of Abatement: _AM-					cribe	City, State, Zip C						
			<u></u>			West Caldwe	II, NJ 07006					
Scope of Work (Check all that	t apply)					⊠ Full Con	tainment with Neg	native Pressure				
≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Mini-End		gauve Flessure				
≥160 sf or ≥260 lf		☐ De	emolitic	on			g Procedure	n-Friable Procedure				
		1	Loca	tion	I	□ NOTI-EXE	impled () and No	il-Filable Flocedure	_	atem	ant Ti	V/D0
Location of			Norma	lly		Description of	of		1	_		1 200
Asbestos-Containing Mate			ed Sole			stos Containing Ma		Amount	Removal	Repair	nc	Enclosure
TO BE ABATED IN Facility	<u>)</u>	2.555.63	todial		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	SVOI	ai-	apsi	uso
(13)			(12)		1	other miscellane		0. 0. 2. /	=		Encapsulate	Те
		Yes	No	N/A			200					
Ground, 1st, 2nd, 3rd Flo	ors & Atti	ic 🗆			Pipe Ins	sulation		1,553 LF				
Ground, 1st, 2nd, 3rd Flo	ors & Atti	ic 🗌			Pipe Jo	int Insulation		826 EA				
Ground, 1st, 2nd and 3rd	d Floors				Wall an	d Ceiling Plaste	er	41,793 SF	\boxtimes			
Ground, 1st, 2nd and 3rd	d Floors				Plaster	Skim Coat		1,030 SF	\boxtimes			
Name of Registered Waste H			- 1	JDEP \		Cubic Yards of	Name of Regis					
Service Transport Grou	up, Inc			lauler II SW21		Waste 1500	Minerva La	andfill				
City, State						Disposal Date	City, State		= 7 1			
New Castle, DE						Various	Waynesbu	rgh, OH				
Completed By (Print or Type)	17	Title				Signature	101	Dat		/	. 5	
Nick Petrovski		Presid	ent			dish	MATA		21	15	//.	F



Date of Notification (1)					Name	of Building	Owr	er/Operator (2	2)	NEG	F	W	15	E
02 /	15 / _	18	_						(Page 2 o	3)	Et U	Ld standard		A COLUMN TO A COLU
Agencies Notified EPA	Type Notificat	tion			Street	Address			Strategy to the	Till FFF	3 2 1	2018	and control	
⊠ DOLWD	Amended				0:1.0	tata 7:- C			1		, , ,	2010	-	-
☑ DHSS	Amendme	nt # <u>5</u>			City, S	tate, Zip C	ode		and.		analysis repetition in	recognision and the		
☐ DCA	☐ Emergence		luding			(0)				ASSEST			1.8	
(NJAC 5:23-8)	justification				Name	of Contact			1	Telephone N	umber	() -arman	- Arrana	ut-s-tagar-
	☐ Cancellation	on												
					FAC	ILITY IN	FOR	MATION						
Name of Facility Where A									Type of Facility					
Passsaic County C	ourthouse A	nnex	Buil	ding					School (K-1)	2) 8 (Other than K	-12)			
Street Address									Other (i.e., p	private and com	mercial bu	uilding	s,	
63 Hamilton Street									homes, etc.	*	15			
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Paterson					1.									
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being dem	iolished)			
Name of Monitoring Firm	Hired by Buildi	ing Ov	wner (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)				
Street Address							Stre	et Address						
City, State, Zip Code							City	, State, Zip Co	ode					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No				
Start Date (10)	S	chedu	ıled C	omple	tion Da	te (11)	Nan	ne of OSHA M	lonitor					_
/														
Occupancy Status During	Abatement (C	heck	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacate														
Abatement Performed Time of Abatement: _						cribe	City	, State, Zip Co	ode					
Scope of Work (Check al	I that apply)										0			
☐ >3 sf or >3 lf		1	□Re	novat	on			☐ Full Cont	ainment with Ne losure	egative Pressure)			
☐ ≥160 sf or ≥260 lf		- 22	☐ De					☐ Glovebag	g Procedure					
								☐ Non-Exe	mpted (*) and No	on-Friable Proce				
Location	of			Loca	7010			Description o			At	atem	ent T	_
Asbestos-Containing	생물님)	Use	d Sole	ely by	Asbe	stos (Containing Ma		Amount	Re	Repair	Enc	E
TO BE ABA	ATED			intena	nce/ Staff?		., the	mal systems	insulation,	(Specify	Removal	pair	aps	Enclosure
IN Facili	ity		Cusi	(12)	Otali:			urfacing, VAT, ner miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A		Ott	ioi illioodiidilo	000)				fe	
Ground, 1st, 2nd and	3rd Floors					Plaster	Deb	ris		550 SF	- 🛛			
Ground, 1st, 2nd and		\boxtimes		Suspen	ded	Ceilings w/	ACM debris	15,500 SI	F 🛛					
Ground, 1st, 2nd, 3rd	d Floors & At	tic				Duct In	sula	tion		1,210 SF	- ×			
Ground, 1st, 2nd and	3rd FI-Chas	es		\boxtimes		Duct Se	em	Tape		8 SF				
Name of Registered Was	ste Hauler			1000	JDEP I		Cub	oic Yards of	Name of Reg	istered Landfill				
				,	iaulei II	J 140.								
City, State							Disp	oosal Date	City, State					
Completed By (Print or T	vpe)	Title					L	Signature			Date	-		

ASB-41 MAY 11



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	FAL	L)I		CATION	OF ASI		ABATE			m.	EC				Er
Date of Notification (1)				Name o	f Building	Owner/	Operato	r (2)		5			manual sings	-	7
02/12/2018				Dumo	nt Terr	ace Ap	artmer	its Inc	9		FFD	0 1	00		
Agencies Notified	Type Notification			Street A		.				11	FER	2.1	20	18	11
X EPA	☐ Initial			2, 172-750 2,00		e Drive					wa.				
EPA DEP DOL	Amended	#3			ate, Zip C		4		1	-	ASBEST	OS CO	ONTE	OLA	Q.
	Amendment Emergency		- 1			Y 1002	4		£.	-	Lik	ENS	NG	2704	
X DOH X DCA	justification)				f Contact Tarzik					Tel	ephone Nu	ımber			
X DCA	Cancellation					ORMAT	ION								
Name of Facility Where	e Abatement is Takin	g Place (3)	FACI	LITTINE	ORMAI	ION	Type	of Facility	(4)			<u> </u>		
Building 18									School (K-	1000					
Street Address								H	Subchapte	r 8 (Oth	er than K-1	2)			
75-105 Shadyside	e Avenue								Other (i.e. etc.)	private (& commerc	ial buil	dings	home	es,
City (5)									e Feet	# 0	Floors	E	Bldg. A	\ge	
Dumont										2			52		
County (6)					Code (7)			Curre	nt Use (Pr	ior if bei	ng demolis	hed)			
Bergen				(STATE I	USE ONL	y)		Resi	dential						
Name of Monitoring Fir Crown Air Service		Owner (8)	ASCN	l No.				tement Co /s Soluti		2002				
Street Address								Addres	ST	592-00202					
478 Albany Avenu	ue, Suite 76						197223.55.5		ington A	venue					
City, State, Zip Code	0.2							State, Zi		\ <i>r</i>					
Brooklyn, NY 112									NY 1120)5					
Project Manager for Mo Vanessa Miller	onitoring Firm			Telephor	ne No. 33-2093	3	0.0	none No 858-2			License N 01340	١٥.			
Start Date (10)		Schodul	ad Car	mpletion I					IA Monitor		01340				_
02/21/2018	-	03/09/		ripieuori	Date (11)				s Soluti		orp				
Occupancy Status Duri	ng Abatement (Chec	k Only O	ne)					Addres							
Facility Closed/Va	cated During Entire F	Period of	Ahater	nent			132	Washi	ington A	venue					
Abatement Perform	med Outside of Norm						City, S	state, Zi	p Code						
Other - Describe:							Broo	klyn,N	NY 1120	5					
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf			Renova								Negative	Pressu	re		
× ≥160 sf or ≥260 lf			Demoli	tion			×		i-Enclosur vebag Pro						
											d Non-Frial	ole Pro	cedur	е	
		Is	Locat	ion										ement	
Location	on of	500000	Vorma	10000			scription						Г	pe	
Asbestos-Containin TO BE Al	g Material (ACM)		ed Sole iintena			stos Con					mount pecify	70		四	m
In Fac		Cus	todial S	Staff?	(1.6	surfa	cing, VA	T, or	uori,		or LF)	Remova	Repair	caps	nclo
(13)		(12)			other r	niscellar	neous)				oval	ar.	Encapsulate	Enclosure
		Yes	No	N/A										le l	
(9) Misc Cra	wl Spaces	X				Pipe	Insula	ition		94	5 Lnf	Х			
										XXXIII					
		-										-			
Name of Registered Wa	aste Hauler		l N	JDEP W	aste	Cubic	Yards		Name of	Renista	red Landfil	1			
			1.0	lauler ID		of Wa				223					
Newark Carting Inc	×		4	506							e Facility				
City, State						Dispos	sal Date		City, Stat	te				35.4	
Newark, NJ 07102		1					00				- 1 =				
Completed by Mendy Gorodetsky		Title	ident			8	ignature	KX				ate 2/12/2	2012		
Menuy Gurouelsky		FIES	incill			16	1	AA			U	-11214	-010		1

-Amended-

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) (2/12/2018 **Dumont Terrace Apartments Inc.** Agencies Notified Street Address Type Notification 155 Riverside Drive × Initial City, State, Zip Code DEP Amended **ASSESTO** DOL Amendment # New York, NY 10024 Emergency (including Name of Contact Telephone Numbe × DOH justification) Brian Tarzik DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X 75-105 Shadyside Avenue etc.) City (5) # of Floors Square Feet Bldg. Age Dumont 2 52 County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Bergen Residential Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Crown Air Services LLC Asbestways Solutions Corp Street Address Street Address 478 Albany Avenue, Suite 76 132 Washington Avenue City, State, Zip Code City, State, Zip Code Brooklyn, NY 11203 Brooklyn, NY 11205 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Vanessa Miller (718) 858-2600 01340 (347) 533-2093 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 01/15/2018 ()2 03/09/ 2018 Asbestways Solutions Corp Occupancy Status During Abatement (Check Only One) 132 Washington Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Brooklyn, NY 11205 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Repair Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A 945 Lnf (9) Misc Crawl Spaces X Pipe Insulation Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Tully-town Re Facility Newark Carting Inc. 4506 City, State City, State Disposal Date Newark, NJ 07102 Completed by Signature Mendy Gorodetsky President

Notification of Asbestos Abatement - Detailed Information-

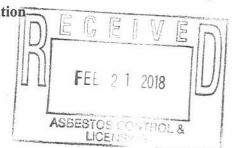
75-105 Shadyside Avenue, Dumont, NJ 07628



a. Approximately 105 Lnf per Crawl Space to be abated

2. Building Number 18 consists of the following addresses:

- a. 75 Shadyside Ave, Dumont NJ 07628
- b. 77 Shadyside Ave
- c. 79 Shadyside Ave
- d. 81 Shadyside Ave
- e. 83 Shadyside Ave
- f. 85 Shadyside Ave
- g. 87 Shadyside Ave
- h. 89 Shadyside Ave
- i. 91 Shadyside Ave
- j. 93 Shadyside Ave
- k. 95 Shadyside Ave
- 1. 97 Shadyside Ave
- m. 99 Shadyside Ave
- n. 101 Shadyside Ave
- o. 103 Shadyside Ave
- p. 105 Shadyside Ave



State of New Jersey

Print Form

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	PAID	N		St FICATION Pursuant		BESTOS	ABATE				E C				
Date of Notification (1) 02/12/2018					f Building					Ш	FEB	2 1	201	3	
	T Nage-de-				nt Terra	ace Ap	arumer	its in							
Agencies Notified	Type Notification	1		Street A 155 R	iverside	e Drive			And a state of the	A	SBES	5.00	NTR	DL &	1
× DEP	× Amended		1	1,000	ate, Zip C						Lic	143	4 <u>G</u>		
	Amendmen Emergency		-		ork, N	N 2545	4								
X DOH X DCA	justification Cancellation)		Name of Brian	f Contact Tarzik					Tel	lephone N	umber			
N Sort				STANDARD BURNEY	LITY INF	ORMAT	ION								
Name of Facility Where	Abatement is Takir	ng Place (3))					Туре	e of Facility	(4)					
Building 17									School (K-		102 000	W20			
Street Address 107-125 Shadyside	Avenue							×	Subchapter Other (i.e. p				ildings	, hom	es,
City (5)									etc.) are Feet	# 0	f Floors		Bldg.	Aae	
Dumont								-		2			52	.9 -	
County (6)				County (Curr	ent Use (Pri	or if be	ing demoli	shed)			
Bergen				100000000000000000000000000000000000000	JSE ONLY)		5105.550	sidential	8					
Name of Monitoring Firm Crown Air Services		Owner (8)		ASCN	1 No.				atement Co		100				
Street Address	LLC							t Addre	ays Solution	ons C	orp				
478 Albany Avenue	, Suite 76								nington A	venue					
City, State, Zip Code					В			11-20-11-20-2	Zip Code						
Brooklyn, NY 11203		100 - 600 - 600 - 600							NY 1120	5					
Project Manager for Mon Vanessa Miller	itoring Firm			Telephor	ne No. 33 - 2093	}	100	hone N -858-:			License 01340	No.			
Start Date (10) 02/26/2018		Schedule 03/09/2			Date (11)				HA Monitor Tys Solution	one Co	orn				
Occupancy Status During	Abatement (Che						100000000000000000000000000000000000000	Addre		JIIS C	JIP				-
▼ Facility Closed/Vaca	ited During Entire	Period of A	bater	ment					nington A	venue					
Abatement Performe Other – Describe:	ed Outside of Norr	nal Facility	Hour	S			5.00		Zip Code NY 1120	5					
Scope of Work (Check Al	I That Apply)														_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				Þ	Mi GI	II Containmoni-Enclosure ovebag Procon-Exempted	e cedure				re	
			_ocat											ement ype	t
Location			orma I Sole	lly ely by			scription						T	pe	
Asbestos-Containing TO BE ABA	TED	Mair	ntena			tos Cont thermal	system	s insul		(5	mount Specify	Re	٦	Encapsulate	Ē
In Facili (13)	ty	Cusic	(12)				cing, VA niscellar			SF	or LF)	Remova	Repair	apsu	Enclosure
17		Yes	No	N/A				,				<u>a</u>	-	late	ıre
(5) Misc Craw	l Spaces	X	110	1000		Pipe	Insula	ation		67	'5 Lnf	X	-		
V /	1			-			70.0000000			(50)		1			
				-								-	-		
												-	+		
Name of Registered Wast	te Hauler		11	JDEP W	aste	Cubic	Yards		Name of	Reniste	red Landf	ill			
Newark Carting Inc	9 3890.1075750.700.1		H	lauler ID I 506		of Was			000 00 00	527.651	e Facility				
City, State						Dispos	sal Date		City, State	e		<u></u>			
Newark, NJ 07102							\wedge								
Completed by		Title				S	ignature	1	_			ate	00:		
Mendy Gorodetsky		Presid	lent			1	(/)	1 ~)2/12/	2018	ł	

bo not use this form for asbestos licensure exempted activities.



Check No. No Fee

Date of Notification (1)					Name	of Buildi	ng Owner/Operator	(2)						
February 12, 2018					PA	of NY &	NJ							
Agency Notified	Type N	Notification				t Address		i	DPA		-	and comp		
□ EPA	☑ Initi	al					ridge, 2777 G	oethal Road	North E C	EI	W	[3 1	-
Not equired per State Reg. 10-2004	⊠ Am				TO THE PARTY OF TH	State, Zip		1	以		ח		3	11
⊠ DOL		endment # 01 ergency (includi	na				nd, NY 10303-8						11	Ш
⊠ DOH	just	ification)	9			of Conta		1	I dephane Nu	mbeř 2	018		$\parallel \parallel \parallel$	U)
☐ DCA	☐ Car	cellation			Uda	y Mehta	3		 				1-	_
3					FAC	ILITY INF	ORMATION		ASSESTO	ROOM	intia par	O-RU-	1	
Name of Facility Where Ab	oateme	nt is Taking Pla	ce (3	3)				Type of Facility	v (4) LICE	ENSING	nu	L å	ě	
Goethals Bridge - N	lew J	ersey Side	of B	ridge				☐ School (K-1		Jagarell Angland Indiana	o-an		ar eve	!
Street Address								☐ Subchapter	8 (Other than K-1					
2777 Goethals Road	d Nor	th						M Other (i.e. p homes, etc.	rivate & commerci	ial buildin	ıgs,			
City (5)								Square Feet	# of Floors	Bldg.	Aa	е		
Staten Island, NY 10	กรกร.	8413						440,758	1	88 -		5.0		
County (6)	0000	0410			Count	v Code (7) (STATE USE		rlor if being demo	1000000				-
Union					ONLY) (STATE OSE	M	rior ir being demo	maneu)				
Name of Monitoring Firm H	lizad b	. Building Own		ASCN	A NIo		Name of Abatem	Bridge	0)					
(0)		1	- 1											
BSI Services and So	olutio	ons (NYC) in	iC.,	N/A			B&N&K. Res	storation Co	mpany, inc.					
Street Address							Street Address							
121 West 36th Stree	et, 3rd	d. Floor	10000				223 Randolp	CYCLE INCOME SECTION ASSOCIATION						
City, State, Zip Code							City, State, Zip C							
New York, NY 10018							Clifton, NJ 0	17011						
Project Manager for Monito	oring F	rm		-5-10-10-0	ne No.		Telephone No.		License No.					
Dmitry Khusidman					90 632		973-478-468		00120					
Start Date (10)		Scheduled Co	2000		ate (11)		Name of OSHA I			_				
February 14, 2018		February	75.					vironmental	Services, L.L.	.C.				
Occupancy Status During A	Abaten	nent (Check only	y one	:)			Street Address							
☐ Facility Closed/Vacated	During	Entire Period o	f Aba	atemen	t		464 Valley B		е					
☐ Abatement Performed On Other - Describe: Non	utside -friat	of Normal Facil	ity Ho worl	ours k			City, State, Zip C Lyndhurst, I							
Scope of Work (Check all the	hat app	oly)												
≥ 3 sf or ≥ 3 lf	•				□ Ren	novation		Containment with Enclosure	n Negative Pressu	re				
≥ 160 sf or ≥ 260 lf						nolition		ebag Procedure						
							Non-	Exempted (*) an	d Non-Friable Pro	cedure				
			1	s Locat	ion						A		emer pe	nt
Location	of			Norma			Description of	of				.,	PC	
Asbestos-Containing I		al (ACM)		ed Sole aintena			stos Containing Ma	aterial (ACM)	Amount				Щ	m
TO BE ABA				Custod	2003	(i.e.	, thermal systems		(Specify		Ren	Re	icap	ncl
IN Facilit (13)	y			Staff? (12)	?		surfacing, VAT other miscellane		SF or LF)		Removal	Repair	Encapsulate	Enclosure
1.2/				(12)	_			,			a	7	ate	9
			Yes	No	N/A									
Bridge to Nowhere			X			Concrete	Encased Transite Pipe (Para	ipet) - South Side	20	00 In ft	X			
							V.							
Name of Registered Waste	Haule	r	659		Naste F	lauler	Cubic Yards of	Name of Regis	tered Landfill			-		
Jimmy Byrne Trucki	ing		1 23	No. 9551			Waste 125	Minerva E	nterprises, In	С				
City, State				70000			Disposal Date	City, State						
Bronx							02/15/2018 - 02/13/2019	Waynesbu	irg, OH					
Completed by		Title					Signature	111		Date				
G. Roger Woodman		Project Ma	anac	ger						2/15/2	201	8		

D&S Proj. #: 18-38

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Froj. #: 18-38		PA				os Abatement 60 and 12:120)	To be the second	DEG		V			And department of the last of
Date of Notification (1)				ner/Operator (2	?)			M FEI	8 2 1	2018		L	/
Agencies Notified Type Notifica	tion	Street Ad	elizabeth				1	G 800			11272	1	-
☐ EPA ☐ Initial				W				ACRES	TOE CO	NTR	018	2)	li.
DEP Amended			field scott	plaza			i	P(O)	LICENS	NG_		er er er	er :
DOL Amendment #		City, State	e, Zip Code					- A Property of the Party of th					
Emergency	1.1	Name and Address of the Owner, where the Owner, which is the Own	eth, NJ 07	201				Υ	i. :-				
DOH (including justification)	Name of C	Contact		1			Telephon	e Numbe	г			-
DCA Cancellatio	- 11	anthor	ny battitta										
			FAC	ILITY INFORM	IATIO	N							
Name of facility where abatement	is taking p	lace (3)					T	ype of Facility (4) I (K - 12)				
city of elizabeth - ground floo	r director	r's office					П	_	apter 8 (0		han k	(-12)	
Street Address				+)				Other (Private/C	omme		,	
50 winfield scott plaza									Homes, e		В	ldg. A	ge
City (5)	Cou	inty (6)			1,000,000	unty Code (7)							
elizabeth	uni	ion			(51	ate use only)		Current Use (Pr	rior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abateme	nt Cor	ntractor (9)					
No.		() 			_	D & S RESTO	RAT	ION, INC.					
Street Address						Street Address							
						20 California	Ave.						
City, State, Zip Code						City, State, Zip Cod	le			ecolanos			
						Paterson, NJ (07503	}					
Project Manager for Monitoring Firm	1	F	hone Numb	er		Telephone Number			License		er		
						973-345-802			0	1169			
Start Date (10)	Sched	d. Comple	tion Date (1	1)	_	Name of OSHA Mo							
02/24/18	03/1	6/18				D & S Restora	ition,	Inc.					
Occupancy Status During Abatemer					-	20 California A	Veni	IA.					
Facility closed/vacated during						City, State, Zip Cod							
Abatement performed outside Describe:	of normal	facility ho	urs-			Only, Olato, Zip 000							
Other-Describe: NORMAL H	OURS				-1	Paterson, NJ (7503						
Scope of Work (check all that apply	1)					Г	Full	Containment w	/negative	press	ure		
≥3 sf or ≥3 lf	Renovation	on					_	-enclosure					
≥160 sf or ≥260 lf	Demolition	n				⊵		ebag procedure		200 170700			
	Is location	n normally	used solely		-		_ Non	-Exempted (*) a	and Non-	riable	Proc		<u> </u>
Location of asbestos-containing	by mainte	enance/cu				abaataa aantaisisa		Amount		е	e	E n	E
material (acm) to be	staff(12)	1		material (A		sbestos-containing	- 1	(Specify St	For	m o	p a	С	n c
abated in facility (13)	Yes	No	N/A					LF)		v	i	a p	L
ground floor director's office		X		PIPE INSU	LAT	ION		<10		e			
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Hauler 06	\$35.72	ubic Yards of W yd	vaste	Name of Registere TULLYTOWN			COVER	Y			
City, State			Disposal D			City, State		AND THE RESIDENCE AND ADDRESS OF THE PARTY O		-			
PATERSON, NJ 07503			02/25/18			TULLYTOWN	I, PA						
Completed by (Print or Type)	Title	T) IT		Signature					Date	200	2017 BEST	200	
BOGDAN JOLDZIC *	PRESID		for achoeta	e liceneuro ava	mnto	d activities			02/13/	18			

State of NJ Notification of Asbestos Abatement

B & G proj. #:	2018-44	11	BATT	(Pursua	nt to NJAC 8	3:60-7	and 12:120-7)	production of the second	E Check #	8821	WI [Ni	
Date of Notification	/1)		AR RE	<u> </u>		-		117	<u> </u>			1	H	_
	170.70				er/Operator (2))		114				Projection of the Control of the Con		
Agencies Notified	Type Notificat	ion L		H Wood				1111		212	018			
EPA		.1011	Street Addre	ess				111	7					المراكيون
☐ DEP	X Initial								Lucia	- (* 17°)	unc	1 &)	
X DOL	Amend		City, State, 2 Denville	Zip Code e, NJ 078	334			1	ASDICA	<u>Çenet</u>	1 (**) 9 (z.) 1 - 1990 (2.48)	خندتها وهندين	ar estato	
X DOH			lame of Cor	ntact					Telephone	Number				
☐ DCA	L Cancell	ation	Pamela	H Woo	d				 					
				FAC	ILITY INFORM	IOITAI	N			,				
Name of facility wh	ere abatement i	s taking pl	ace (3)					Тур	e of Facility (4					
Pamela H Wo	ood								\equiv	(K - 12)	14ha= 41	V	12)	
Street Address									Other (F	pter 8 (C Private/C			-12)	
									Bldgs./H	łomes, e	tc.		da A	
City (5)		Cou	nty (6)			Cou	inty Code (7)	Sq	uare Feet #	f of Floor	S	DI	dg. A	ge
Denville, NJ (7024	N/A	orris			F. S.	ite use only)	Cı	urrent Use (Pri	or if bein	g dem	olishe	ed)	
16 11						<u>L.</u>			esidential					
Name of Monitoring	Firm Hired by	Bidg. Own	er (8)		ASCM No.		Name of Abatemen							
Observat A Julius ser					n/a	_	B & G Restora	ation,	Inc.					
Street Address							105 Ryerson	Road						
City, State, Zip Code	9						City, State, Zip Code							W 1997
5						_	Lincoln Park	, NJ 0	7035					
Project Manager for	Monitoring Firm	1	Ph	none Numb	er		Telephone Number (973)696-68			License 00	Numb 378	er		
Scheduled Start Dat	e (10)	Sche	d. Completion	on Date (1	1)		Name of OSHA Mo B & G Restora		Inc					
02/28/2018		03/	02/2018				Street Address	alion,	IIIG.		-			
Occupancy Status D	ouring Abatemen	nt (Check	only one)				105 Ryerson I	Road						
	/vacated during rformed outside						City, State, Zip Code	е						
Describe: Other-Describ	e:					-	LincolnPark, N	NJ 070	035					-
Scope of Work (che	eck all that apply	у)												1.1
Demolition	X	Renovati	on			X	Full Containment w/n	egative	pressure	Glove	oag pr	ocedu	ire	
>3 sf or >3 lf		≥160 sf or	≥260 If				Mini-enclosure			Non-fr	iable	oroce	dure	
Location of			n normally		/			T		200	R	R	Ε	E
asbestos-con	-	by maint staff(12)	enance/cus	todial			sbestos-containing		Amount		e m	e p	n	n
material to be abated in facil		Yes	No	N/A	material	(ACM)			(Specify SF LF)	- 01	0	a	a	L
T			1	CONSULARE.	1) / A =			_			e	i-	р	-
1st floor bathroo				X	VAT			-	600 sf 25 sf		X	H	片	╬
15t 11001 Dati110t	111			X	linoleum	_			20 51		X	片	믐	岩
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				1	1						H	H	H	古
Registered Waste H		NJD	EP Hauler	ID#	ubic Yards of	Waste	Name of Registere				.,			
B & G Restorati	ion, Inc.		19563	Dieposal	7		The state of the s	n Res	ource & Re	covery	Cen	ter		
City, State Lincoln Park, N	IJ			Disposal I	01/2018		City, State Tullytown	, PA						
Completed by (Print Gordana Luna	or Type)	Title Secreta	ary/Treasi	urer	Signature		Gordana Luna	8		Date 02/1:	5/201	18		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

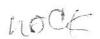
B & G proj. #:

Check # 8820

*	- A LALIN, MA	<i>c</i> :				CHECK	# 0020				_
Date of Notification (1)	Name of I	Building Own	er/Operator (2))							
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Agencies Notified Type Notification	Street Add	dress							n malinitar	7	#
EPA Initial											
		e, Zip Code	CANTRON CONTROL				EB 2 t	20	10		7
X DOL Amendment	Living	ston, NJ 0	7039							A STATE OF THE PARTY OF THE PAR	
DOH Cancellation	Name of C	Contact				Telephon ASS	e Number	INT	HOL	&	
DCA Cancellation	Natal	ie Toomey	<u>'</u>			1	1 - 20 2 3 2		3 4.44.56	musa of S	AUTO-
		FAC	ILITY INFORM	ATIO	N						
Name of facility where abatement is tak	ing place (3)					Type of Facility (
Natalie Toomey						=	I (K - 12)			4.00	
Street Address							apter 8 (Oth (Private/Cor			12)	
						Bldgs./	Homes, etc				
City (5)	County (6)			Co	unty Code (7)	Square Feet	# of Floors		Bio	ig. Ag	ge
27038 B				100000	ate use only)	Current Use (P	rior if being	dem	olishe	d)	
Livingston, NJ 07039	Essex			L.		Residential	450 m 2 4 4 4 4 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5				
Name of Monitoring Firm Hired by Bldg.	Owner (8)		ASCM No.		Name of Abatement Co						
Street Address			n/a	_	B & G Restoration Street Address	n, Inc.					
Street Address					105 Ryerson Ro	ad					
City, State, Zip Code				-	City, State, Zip Code				-		
					Lincoln Park, N.	J 07035					
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number (973)696-6869	38	License N 003		er		
Scheduled Start Date (10)	Sched. Comple	etion Date (1	1)	-	Name of OSHA Monitor						
02/27/2018	02/28/2018	3			B & G Restoratio	n, Inc.					
Occupancy Status During Abatement (Cl	neck only one)			-	105 Ryerson Roa	ad					
Facility closed/vacated during entire				1	City, State, Zip Code				-		
Abatement performed outside of no Describe:	ormal facility ho	ours-		_	Lineala Davida NUL	7005					
Other-Describe:				-	LincolnPark, NJ (77035					
Scope of Work (check all that apply) Demolition				IV.	- "						
	ovation			I a consecutive	Full Containment w/negat Mini-enclosure	ive pressure [☐ Gloveba☐ Non-fria				
l le l	osf or ≥260 If	ly used solely	vI	П	Will in-eriologule	1		RI	R	E	
asbestos-containing by	maintenance/c			on of	asbestos-containing	Amount		e m	e	n	E n
shoted in facility (12)	ff(12)	T	material ((Specify S	For	0	a	c a	C
	es No	N/A						v e	r	р	
lower level HVAC room		X	VAT			12 sf		X	뷔	ᆜ	H
			-			-		뷔	뮈	片	H
		1	1					爿	H	H	H
			1						Ħ	百	盲
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Haule 19563	er ID# C	ubic Yards of V	Naste							
City, State	19303	Disposal D			City, State	esource & Re	covery C	ent	er		-
Lincoln Park, NJ			28/2018		Tullytown, P	Α				γ.	
Completed by (Print or Type) Gordana Luna Title See	e cretary/Trea	surer	Signature		Gordana Luna		Date 02/15/	201	8		

PAID	Pil	OTIFIC	ATION (e of Hew Of Asbe	STOR AB	ATEME	Γ		D0	- C	HECK-	AY	047	
1 600		(Pur	suant &	8 DALN C	:60 and 12 wnarrOpe	2:120)							1	_
Date of Notifice (1)		j N		DEEN DEEN		UEK.	40		11/	M 2	3 20	18		
Agencies Notified Type Notification		S	treet Ac)	2013		<u>-</u> †			1/			_
EPA C Initial		-	7. 0.4	7-5-	1_							7 17	==	A
DEP Amended Amended Amendment	ğ.	C	-	Zip Coo	RIVER	43	.5	08	882	TE.	11			N
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DOH justification) DCA Cencedation				DREY	Loy	EX.		$t \cap I$	-			301	<u> </u>	1/2
Name of Facility Where Abarament is Takin	Place (3)		FACH	LLA INLO	RMATION	17	ype of Fa		4	FEB	5-1-			1
RESIDENCE	, , , ,		52 5 15-5				Sano	oi yk/ys.		FED		-	-00	1.8
Street Address	7.1.00 W. T.					100	Subc	napast & note lon	vate & c	man K-12 ommers SBES obra	LOB6	20%	Terne	3
A Supposition of Manager							e(c.)	182	# Of FI	SBED	USE	Sg. A	80	_
SOUTH RIVER.							1450	. \		2		+50	•	
County (6)	*		ounty C			C				demotist	ed)			
MIDDLESEP	- 120	15		SE ONLY)			Abatema		AITUE	The second section is a second second				
Name of Monitoring Firm Hired by Building	Jwner (8)		ASCM	NO.	1		Contra			,				
Stront Address			·			treet Ad					£.,			
					4		dland A							
City, State, Zip Code				-		ay, stat Midlan	e, Zip Co d Park,	NJ 07	432					
Project Managar for Monitoring Firm	arrecall total factors as a second other	Ť	elephon	e Ho	1	emphan			Ti	M eaneol	o.	-		
	ingger of my references	<u> </u>	troll makes before the		1		2-5841			x0156		was .1		
Start Date (10)	Schedule		pletion D	Aste (11)			OSHA M		tal Ser	vices Ir	iC.			
Occupancy Status During Abatement (Chec	k Only One		1/6			Inset Ad						ar - January and Male	in	
Facility Closed/Vacated During Entire	Period of A	betern	कार्य				yler St				managem are not a s			
Abstement Performed Outside of Norm Other - Describe:	nal Facility	Hours					nsack,		ลกล					
Scope of Work (Check All That Apply)						HOUNE	inactin,	141 111				and other trans		
23 ef or 23 ff 2180 ef or 2280 if		enovet	SCOOL STATE			TAKE	Mini-En	ciosura	adur a	logative h			Э	
		Locatio									Ī	Abab	ine ine	
Location of Asbestos-Containing Material (ACM)	Uses	ormally d Solely	by	Autwal	Descr tas Contair	iption of		M)	Am	ount	}	-		Γ
TO BE ABATED		ntensa odial S			thermal sy surfacin	stems h	nsulation			Pocify or LF)	Remova	Repair	Excapadate	Enclosura
in Facility (13)		(12)	j		other mis				9, 0	,	BADI	186	Budar	Bunge
	Yes	No	NVA			<u>,</u>					1		Ø.	
Base Howr					PIPE	INSU	canon	١	40	f LF	/]		<u></u>
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											1			
						- Tenine mode							<u></u>	<u></u>
Name of Registered Waste Hauter Newark Carting Inc.		H	102P W Buller (D 1509		Cubic Ye of Weste		1			Sanite:		ndflilt		
City, State		L			Disposal		C	ty. State		00700		(+a) W. W. W.		
Newark, NJ 07105	777				1/23/1	ON	P	en Arç	Jyi, MA	08702	ata			
Completed by Joseph Vocaturo	Vice	Présid	dent		- Section	neruna ()	VA	. La : 39	ب			13)	18	

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Date of Notification (1)					Name	of Building	owr	ner/Operator (2)		17 T7	TI I	2 1	15
/	15 / _	18							(Page 3 of 3)	FCE			=	111
Agencies Notified	Type Notifica	ition			Street	Address			111		73.40-		111	111
⊠ EPA	☐ Initial								115	\ \	1 0	018		7
⊠ DOLWD					City, S	State, Zip C	ode			III FEB	216	UIO	1	
☑ DHSS	Amendme		di						11	П				1
☐ DCA (NJAC 5:23-8)	☐ Emergend justification		aing		Name	of Contact			t t	Telephone N	umber	TE	16	
(110710 0.20 0)	☐ Cancellati								ţ	ASSE		(G	والمستنادة المستنادة والسالة	ar talen.
					ΕΔC	II ITY IN	FOR	MATION		The second secon				
Name of Facility Where A	hatement is T	aking Pl	ace (3)	IA	SILITI IIV	ron	INATION	Type of Facility	(4)				
Passsaic County C									School (K-12					
Street Address	our triouse A	uniox i	Juliu	iiig					☐ Subchapter	8 (Other than K	-12)			
63 Hamilton Street									Other (i.e., p		mercial l	ouildi	ngs,	
									homes, etc.)	# of Floors	Tr	Olda	۸۵۵	
City (5) Paterson									Square Feet	# 01 F10015	1,	Bldg.	Age	
1. (0.0000000000000000000000000000000000					Cour	tr. Codo /7	VOTA	TE USE ONLY)	Current Use (Pr	ior if hains dam	aliahad)			
County (6)					Cour	ity Code (/)(S1A	IE USE UNLY)	Current Use (Pr	for it being dem	iolisnea,			
Name of Monitoring Firm	Hired by Build	ling Owr	ner (8)) [ASCM	No.	Nar	ne of Abatem	ent Contractor (9))				
Street Address							Stre	eet Address						
City, State, Zip Code							City	, State, Zip C	ode					
Project Manager for Mon	toring Firm			Tele	phone	No.	Tele	ephone No.		License No				
Start Date (10)	9	chedule	nd Cor	mnle	tion Da	te (11)	Nar	ne of OSHA N	Monitor					
//							Ivai	110 01 001 174 11	ioriitor					
Occupancy Status During							Stre	et Address						
☐ Facility Closed/Vacate				150	ment		Suc	et Address						
☐ Abatement Performed						cribe	City	, State, Zip C	ode					
Time of Abatement:							City	, State, Zip O	ode					
Scope of Work (Check al	that apply)			_										
☐ ≥3 sf or ≥3 lf			Ren	ovati	on			☐ Full Con	tainment with Ne	gative Pressure	•			
□ ≥160 sf or ≥260 lf			Dem					☐ Gloveba	g Procedure					
								☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure			
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Location Asbestos-Containing		,	Used			Ashe	etne (Description of Containing Ma		Amount	2	2 2	ı m	E
TO BE ABA			Main					rmal systems		(Specify	Zalioval	Nepall	. Cap	clos
IN Facili	ty	'		diai ((12)	Staff?	37		urfacing, VAT		SF or LF)	2	<u>i</u>	Encapsulate	Enclosure
(13)		Y	es	No	N/A		otr	ner miscellane	ous)				ate	
1st Floor Space 1-14	Α		-	\boxtimes		Wooder	n Do	or with Cor	e Insulation	20 SF	= [2		1	
Ground, 1st, 2nd and						Floor Ti	ile a	nd Mastic		17570 SF		-		
Ground, 1st, 2nd and			-					Panel Boar	rd	56 SF		-		
Ground and 1st Floo	920 N R / 180 RS							or/Louver C	272	210 LF		-		
Name of Registered Was			-		JDEP \	The manner of the Tool		oic Yards of	Name of Regis	Name of the second seco		-	- -	
				335	lauler II		Was							
City, State							Disp	oosal Date	City, State					
Completed By (Print or T	ype)	Title						Signature	-		Date			

ASB-41 MAY 11

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

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Data of Notification (1)						(D		~-	115				
Date of Notification (1) 01 /	16 /	18	_				Owner/Operator (N.*	F	EB 2	1 2	018	And the same
Agencies Notified	Type Notificati	ion			Street	Address							- 1
⊠ EPA	☐ Initial				401	Grand S	treet		Acad	STOS	Tudi	1901	2
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DCA (NUAC 5:22 9)	☐ Emergency justification		uding			of Contact	C. Marie Control		I = 1				_
(NJAC 5:23-8)	☐ Cancellation						*		Telephone Nur	nber			
	L Caricellatio)//				rew Tho							
Nome of Facility Miles of					FAC	ILITY IN	FORMATION						
Name of Facility Where A				5 78				Type of Facility (
Passsaic County C	ourtnouse Al	nnex	Build	ding				School (K-12 Subchapter 8) (Other than K 1	2)			
Street Address 63 Hamilton Street								Other (i.e., pr	ivate and comm		ilding	\$,	
City (5)								Square Feet	# of Floors	Blo	lg. Ag	e	\dashv
Paterson								40,000	4	1	127 y		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo				\neg
Passsaic								Vacant					
Name of Monitoring Firm	Hired by Buildi	ng Ov	wner (8	3)	ASCM	No.	Name of Abatem	ent Contractor (9)					\neg
Langan					0009	9	Superior Aba	atement Inc					
Street Address					100000000000000000000000000000000000000		Street Address				141	-	$\overline{}$
300 Kimball Drive							2 Henderson	Drive					
City, State, Zip Code				-			City, State, Zip C	ode					-
Parsippany, NJ 070)54						West Caldwe						
Project Manager for Mon	itoring Firm	-		Tele	ephone l	No.	Telephone No.	· · · · · · · · · · · · · · · · · · ·	License No.				\dashv
Vijay Patel				(9	73) 56	0-4900	(973) 808-16	16	00411				
Start Date (10)	Sc	chedu	led Co	omple	etion Da	te (11)	Name of OSHA N	Monitor					\neg
10 /23 /	_17	02	2_/	_ 1	7_/	18	Superior Aba	atement Inc					
Occupancy Status During	g Abatement (C	heck	only o	ne)			Street Address					and the	-
☑ Facility Closed/Vacate			1.5		ment		2 Henderson	Drive					
☐ Abatement Performed						cribe	City, State, Zip C						\dashv
Time of Abatement: _	_AMPM	/	_PM-		_AM		West Caldwe						
Scope of Work (Check a	II that annly)						West Galdwe	211, 140 07 000					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	diacappiyy		⊠ Rei □ Dei	0.00	70.000		☐ Mini-En	ntainment with Neg closure ag Procedure empted (*) and No		dura			
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Location	n of		١	Norma	ally		Description	of			_		
Asbestos-Containing)			lely by ance/		estos Containing M		Amount	Removal	Repair	nc	Enclosure
TO BE AB		1			Staff?	(1.6	e., themal systems surfacing, VA		(Specify SF or LF)	ova	₩	sde	nso
(13)				(12	-	1	other miscellan		0. 0,	=	1	Encapsulate	Fe
			Yes	No	N/A							ω	
Ground, 1st, 2nd, 3r	d Floors & At	ttic		Ø		Pipe In	sulation		1,553 LF				
Ground, 1st, 2nd, 3r	d Floors & Af	ttic				Pipe J	oint Insulation		826 EA				
Ground, 1st, 2nd and	d 3rd Floors						nd Ceiling Plast	er	41,793 SF				
Ground, 1st, 2nd and						Plaste	r Skim Coat		1,030 SF				
Name of Registered Wa					NJDEP		Cubic Yards of		stered Landfill				
Service Transport	Group, Inc				Hauler I SW2		Waste 1500	Minerva L	andfill				
City, State							Disposal Date	City, State					
New Castle, DE							Various	Waynesbu	urgh, OH				
Completed By (Print or	Гуре)	Title			-	1100000	Signature	101	/	Date /		,	
Nick Petrovski		P	reside	ent			Mul	MININ	En_	1/1	61	18	

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Date of Notification (1) 01 / 16 / 18			Name o	f Building	Owne	r/Operator (2) (Page 2 of	3)		FEB	2	1 2	018	Personal Property Control
Agencies Notified Type Notification ☐ EPA ☐ Initial	_	1	Street A	ddress			(, 292 2 0 1		ASB	EST(JE (ON	TAOL	8
☑ DOLWD ☐ Amended ☑ DHSS Amendment #4 ☐ DCA ☐ Emergency (including justification)				ate, Zip Co	ode '			Teler	phone Nu	area area -	CER			07000016.1
☐ Cancellation				· Communic				reich	mone rad	iiiibei				
			FAC	LITY INF	ORN	ATION								
Name of Facility Where Abatement is Taking	437	-55		100017774			Type of Facility (4							
Passsaic County Courthouse Annex Street Address	K Build	ling					☐ School (K-12) ☐ Subchapter 8		r than K-	12)				
63 Hamilton Street							Other (i.e., pri	vate a	and comm	nercia	l build	lings	,	
City (5)							Square Feet	# of	Floors		Bldg	. Age	9	\dashv
Paterson							**							
County (6)			County	y Code (7)	(STATE	USE ONLY)	Current Use (Price	or if be	eing demo	olishe	d)			
Name of Monitoring Firm Hired by Building C	wner (8) /	ASCM N	lo.	Name	e of Abateme	ent Contractor (9)							
Street Address Street Address City, State, Zip Code City, State, Zip Code														
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.														
			tion Date	77	Name	e of OSHA M	lonitor		Provide the Control of the Control o					
Occupancy Status During Abatement (Check	only or	ne)			Stree	et Address								\exists
☐ Facility Closed/Vacated During Entire Pel ☐ Abatement Performed Outside of Normal Time of Abatement: _AMPM/	Facility	Hour	s - Desc	cribe	City,	State, Zip Co	ode							-
Scope of Work (Check all that apply)														-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Rer ☐ Der					☐ Mini-End	tainment with Neg dosure g Procedure empted (*) and No							
		Locat									Aba	teme	nt Typ	oe
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Mai	ntena	ely by		stos C	mal systems	insulation,		Amount (Specify		Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		(12)	1			ırfacing, VAT er miscellane		,	SF or LF)		₩.		ulate	lre
Ground, 1st, 2nd and 3rd Floors	Yes	No 🖂	N/A	Plaster	Debr	ris			550 SI	F		П		\Box
Ground, 1st, 2nd and 3rd Floors		×					ACM debris	1	5,500 S	F				
Ground, 1st, 2nd, 3rd Floors & Attic				Duct In	sulat	ion			1,210 SI	F				
Ground, 1st, 2nd and 3rd Fl-Chases				Duct S	eem 1	Гаре			8 SI	F				
Name of Registered Waste Hauler		7.5	JDEP \ lauler II		Cubi	ic Yards of te	Name of Regis	stered	Landfill					
City, State					Disp	osal Date	City, State							
Completed By (Print or Type) Titl	e					Signature	1	9-11	-	Date	е			\dashv

MOCK

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

Date of Notification (1) 01 /	16 / 18	8		Name of	Building C	Owner/0	Operator (2) (Page 3 of 3)		EB 2	1 21	118	
Agencies Notified	Type Notification	1	-	Street A	ddress			W 623		ED Z	1 4.1	710	-
⊠ EPA	☐ Initial								<u></u>				-cum
☑ DOLWD		4 Л	T	City, Sta	te, Zip Cod	de			ASDS	11.77			. 64.
☐ DCA	Amendment								ye - yez quaranterentente	CAN A COLUMN	11/2/11/11		
(NJAC 5:23-8)	justification)	nodding		Name of	Contact				Telephone Num	ber			
				FACI	LITY INF	ORMA	ATION						
Name of Facility Where	Abatement is Takin	ng Place (3)					Type of Facility (4	4)				
Passsaic County (Courthouse Ann	ex Build	ling					School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-12 vate and comme	2) ercial buil	dinas		
63 Hamilton Stree	t							homes, etc.)					
City (5)					111111111111111111111111111111111111111			Square Feet	# of Floors	Bld	g. Ag	Э	
Paterson													_
County (6)	-			County	/ Code (7)(STATE	USE ONLY)	Current Use (Price	or if being demoli	ished)			
Name of Monitoring Fire	m Hired by Building	Owner (8	3) /	ASCM N	0.	Name	of Abateme	ent Contractor (9)					
Street Address						Street	Address						
City, State, Zip Code	4					City, S	state, Zip C	ode					
Project Manager for Mo	onitoring Firm		Tele	phone N	lo.	Teleph	none No.		License No.				
Start Date (10)	Sch	neduled Co	omple	tion Date	e (11)	Name	of OSHA N	/Ionitor					-
/		/											
Occupancy Status Duri						Street	Address						
☐ Facility Closed/Vac													
☐ Abatement Perform Time of Abatement	ed Outside of Nom :_AMPM/_	nai Facility PM	Houi	_AM	noe	City, S	State, Zip C	code					
Scope of Work (Check	all that apply)							ntainment with Neg	native Pressure				
≥3 sf or ≥3 lf		Re	NO SERVICE TO SERVICE				☐ Mini-En	closure	gauve i ressure				
□ ≥160 sf or ≥260 lf		☐ De	moliti	on			☐ Non-Ex	ag Procedure empted (*) and No	on-Friable Proced	dure			
		1000	Loca								atem	ent Ty	/ре
Locati			Norma ed Sol	ally ely by	Ashe		Description	of laterial (ACM)	Amount	Re	Repair	E	En
Asbestos-Containing				ance/ Staff?		., them	nal systems	s insulation,	(Specify	Removal	pair	aps	Enclosure
IN Fa		Cus	(12				rfacing, VA		SF or LF)	<u>a</u>		Encapsulate	E
(1)	3)	Yes	No	N/A		75.433						0	
1st Floor Space 1-	14A	- 0			Woode	n Doo	r with Co	re Insulation	20 SF		+		
Ground, 1st, 2nd a	and 3rd Floors				Floor T	ile an	d Mastic		17570 SF		1000		
Ground, 1st, 2nd a	and 3rd Floors				-		Panel Bo		56 SF	-	-		
Ground and 1st Fl	oors (Exterior)		M				r/Louver		210 LF				
Name of Registered V	Vaste Hauler			NJDEP Hauler I		Cubi	c Yards of te	Name of Reg	istered Landfill				
City, State						Disp	osal Date	City, State					
Completed By (Print of	or Type)	Title					Signature			Date			

ASB-41 MAY 11

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

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Date of Notification (1)	00 ,	477				g Owner/Operator (FEB	2 1	201	8
	22 /			Co	unty of P	assaic (Page	1 of 3)		1 20	4.		-
Agencies Notified EPA	Type Notific	ation			t Address				Maria Control	18>1		1-17-1-2
⊠ DOLWD	☐ Initial ☐ Amended				1 Grand 5			A	Succes)\$: ()(,141 F	10 L 6
☑ DHSS	Amendm				State, Zip (distribution is a		one of Page 2	and desired
☐ DCA	☐ Emergen	cy (includin	g		terson, N	72. 101						
(NJAC 5:23-8)	justificati				e of Contac			Telephone	Number			
	☐ Cancellat	ion		An	drew Tho	mpson		_				
N				FA	CILITY IN	IFORMATION						
Name of Facility Where A							Type of Facility	30.5	The state of			
Passsaic County Co	ounthouse A	annex Bu	ilding				School (K-12 Subchapter &	2)	14.40			
63 Hamilton Street							Other (i.e., p	rivate and co	mmercia	buildi	ngs,	
City (5)							Square Feet	# of Figor	2	Bldg.	Age	_
Paterson							40,000	4			yrs	
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Passsaic							Vacant	Z-0.2000				
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
Langan				0009	99	Superior Aba	tement Inc					
Street Address						Street Address						
300 Kimball Drive						2 Henderson						
City, State, Zip Code	e 4					City, State, Zip Co						
Project Manager for Monit			1=.1.		••	West Caldwe	II, NJ 07006					
Vijay Patel	ioning riim			phone		Telephone No.	-	License N	ło.		11111111111	-
Start Date (10)	- 19	cheduled C			0-4900	(973) 808-161 Name of OSHA M		00411	-			
10 / _23_ /		01/	15.00		C	Superior Aba						
Occupancy Status During						Street Address	rement mc					
□ Facility Closed/Vacate □ Facil				nent		2 Henderson	Duleso					
☐ Abatement Performed	Outside of No	mal Facilit	y Hour	s - Des	cribe	City, State, Zip Co						
Time of Abatement: _A	AMPM	VPN		_AM		West Caldwell						
Scope of Work (Check all	that apply)					27001 Odlosso.	1, 140 07 000					
☐ >3 sf or >3 lf		⊠ p.	novati			Full Cont Mini-Enci	ainment with Neg	ative Pressu	re			
≥160 sf or ≥260 lf			molitic			☐ Glovebag						
						☐ Non-Exe	mpted (*) and Nor	n-Friable Pro	cedure			
Location	.s	E. 100	Locat Normal	2000				12-11-11-11		Abate	nent T	ype
Asbestos-Containing N		Use	ed Sole	ly by	Asbes	Description of stos Containing Mar		Amoun	. [D Z	Ш	g
TO BE ABAT			Intena todial S		(i.e.	, thermal systems I	nsulation,	(Specify	y	Remova	cap	Enclosure
(13)	1		(12)			surfacing, VAT, other miscellane		SF or LF	F) [1	Encapsulate	ure
Ground, 1st, 2nd, 3rd	Floor & At	Yes	No 🖾	N/A	Pipe Ins	v.ledler		4 770 1	_	-	-	
				-				1,553 L				口
Ground, 1st, 2nd, 3rd Ground, 1st, 2nd and						int Insulation		826 E	_			
						d Ceiling Plaster		41,793 5				Ш
Ground, 1st, 2nd and	and the first that the same are					Skim Coat		1,030 S				
Name of Registered Waste			1 2337	JDEP V auler ID		Cubic Yards of Waste	Name of Regist					
Service Transport G	roup, Inc			SW21	2000	1500	Minerva La	ndfill				
City, State						Disposal Date	City, State				77	
New Castle, DE						Various	Waynesbur	rgh, OH				
Completed By (Print or Typ	oe)	Title				Signature	11 11	1/	Date			
Nick Petrovski		Preside	ent			1/1/19	1/1/10	un	12	-2	2-1	17
\SB-41									-			



Date of Notification (1)											-	FEE	3 2	1	201
12 /	22 /	47			Nam	e of Buildl	ng Owner	Operator	A SEE					-	
									(Page 2	of 3)	A 12	Sag Sag Sol. S		rees Pures	177
Agencies Notified IN EPA	Type Notific ☐ Initial	cation			Stree	et Address		13			Pi		CLA		
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(1010 0.23-6)	Cancella				1Acti 14	e or conta	IGI			Telepho	ne Num	ber		l= 80 = 200	
					FA	CILITY	NEORMA	TON		1	1! 				
Name of Facility Where Al	batement is	Taking	Place	(3)		reaction 1 1	143 CALATA	111011	Type of Facility	(4)					_
Passsaic County Co	urthouse A	Annex	Bul	ding	9				School (K-1						
Street Address									☐ Subchapter	8 (Other th	an K-12	2)			
63 Hamilton Street									Other (i.e., phomes, etc.	orivate and	comme	rcial b	ulldin	gs,	
City (5)									Square Feet	# of Flo	DOFS	TR	dg. A	ne.	-
Paterson										, , , , ,	-0.0		ug. r	90	
County (6)					Cou	nty Code (7)(STATE U	SE ONLY)	Current Use (P	rior if being	demoli	shed)			
Name of Monitoring Firm I	Hired by Build	ding Ov	vner (8)	ASCM	No.	Name o	f Abatem	ent Contractor (9)					
Street Address							Street A	ddress							
70000-00 A-000															
City, State, Zip Code	-						City, Sta	ate, Zip C	ode					- 51	
Project Manager for Monito	oring Firm	-		Tole		Ne	17.1.1								
· · · · · · · · · · · · · · · · · · ·	nuiñ i ani			1616	ephone	NO.	Telepho	ne No.		Licens	e No.				
Start Date (10)	S	Schedul	ed Co	mple	tion Da	ite (11)	Name o	FOSHA N	Innitor						_
111_															
Occupancy Status During /							Street A	ddress							_
☐ Facility Closed/Vacated	During Entir	re Perio	d of A	bate	ment		1								
Abatement Performed C Time of Abatement: _A	Outside of No MPM	omal Fa N	adlity _PM-	Hou	rs - Des _AM	scribe	City, Sta	ite, Zip Co	ode						
Scope of Work (Check all ti			- 41.0												-
		-	7 h					Full Cont	ainment with Ne	gative Pres	sure				
			Rer Der				H	Mini-Enc	losure Procedure						
			751 002/1601				🗖	Non-Exe	mpted (*) and No	n-Friable F	rocedu	e			
Location of				_ocat								Ab	atem	ent T	уре
Asbestos-Containing Ma)	Used	Sale	ly by	Asbe		cription o	f terial (ACM)	Amo	uné	R	D	m	D
TO BE ABATI IN Facility					nce/ Staff?	(i.e	., thermal	systems i	nsulation,	(Spe	cify	Remova	Repair	lcap	5
(13)				(12)				ing, VAT, iscellane		SF or	LF)	val		Encapsulate	Linconia
			/es	No	N/A									ite	
Ground, 1st, 2nd and 3	rd Floors	-				Plaster	Debris			55(SF	×			E
Ground, 1st, 2nd and 3			-			Susper	nded Cei	lings w/	ACM debris	15,50	0 SF	M			Е
Ground, 1st, 2nd, 3rd F]	X		Duct In	sulation			1,210	SF	×			L
Fround, 1st, 2nd and 3		es [ן כ	X		Duct Se	eem Tap	9		8	SF	×			Г
lame of Registered Waste	Hauler			1	JDEP \ auler II		Cubic Ya Waste	irds of	Name of Regis	tered Land	fill		-		
City, State				L			Disposal	Date	Cine State						
200 4 (200							Dispusal	Date	City, State						
Completed By (Print or Type	e)	Title				-	Sian	iatura.			Dat	6			
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hock	NOTIF	CATIO	N OF AS	lew Jersey BESTOS ABA' AC 8:60 and 5:1	TEMENT 6)	RE				>0
Date of Notification (1) 12 / 22	/ 17	Name	e of Buildir	ng Owner/Operator	(2) (Page 3 of 3	ild Lil	EB	2 !	2	018
⊠ EPA □ ii	e Notification	Stree	et Address		(1 290 0 0)	ASG	£81()t: (;	GAV.	ITO
☑ DHSS A	Amended Amendment #3 Emergency (including	City,	State, Zip	Code	- Indiana	i i i i i i i i i i i i i i i i i i i	k.i\.	in a second	11.45	
(NJAC 5:23-8) ji	ustification) Cancellation	Name	e of Contac	t e		Telephone Num	ber			
		FA	CILITY IN	VFORMATION			-	_		-
Name of Facility Where Abater Passsaic County Courth Street Address 63 Hamilton Street City (5)	nent is Taking Place (3) NOUSE Annex Buildin)			nomes, etc.	2) 8 (Other than K-12 private and comme	!) roial b	uildin	gs,	
Paterson					Square Feet	# of Floors	E	ildg. A	\ge	
County (6)		Cour	nty Code (7	(STATE USE ONLY)	Current Use (P	rior If being demolis	shed)			
Name of Monitoring Firm Hired Street Address	by Building Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
City, State, Zip Code				City, State, Zip Co	nde					
Project Manager for Monitoring	Firm Te	elephone l	No.	Telephone No.		License No.				
Start Date (10)	Scheduled Comp			Name of OSHA M	onitor					
Occupancy Status During Abate	ment (Check only one)			Street Address						
☐ Facility Closed/Vacated Duril ☐ Abatement Performed Outsic Time of Abatement: _AM	de of Normal Facility Ho	tement urs - Desc AM	cribe	City, State, Zip Co	de					
Scope of Work (Check all that a				Andrew Control of the			-			
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if	☐ Renova ☐ Demoli			☐ Mini-Encl	Procedure	gative Pressure n-Friable Procedum	B			
1-2-2-4	ls Loc						7	ateme	ent T	voe
Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	Norm Used Sc Mainter Custodia (12 Yes No	olely by nance/ if Staff?	Asbes (i.e.	Description of tos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure

					Ш	Non-Ex	empted (*) and No	n-Friable Proc	edure			
Location of	1/ 1	s Loca Norma			5767	~	70			batem	ent T	ype
Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	1) Usa Ma	ed Sol	lely by ance/ Staff?	Ast (I	estos Conta .e., thermal:	ystems ng, VAT	aterial (ACM) Insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		OLIGI IIII	occitat it	sous)				ate	
1st Floor Space 1-14A				Wood	en Door w	th Cor	re Insulation	20 SF	- X		П	П
Ground, 1st, 2nd and 3rd Floors		×		Floor	Tile and M	astic		17570 SF		-		
Ground, 1st, 2nd and 3rd Floors		×		Old El	ectric Pan	el Boa	rd	56 SF	_			П
Ground and 1st Floors (Exterior)	10	×		Windo	w/Door/Lo	uver C	aulk	210 LF			-	吕
Name of Registered Waste Hauler			VJDEP 1 lauler II	Waste	Cubic Yar Waste		Name of Regis			1-	ļЦ	
City, State					Disposal I	Date	City, State					
Completed By (Print or Type)	Title				Sign	ature		The state of the s	Date			
ASB-41	• • •						W 20 10 10 10 10 10 10 10 10 10 10 10 10 10					

noch		NOT	TFIC (P	ATION Ursua	N OF AS nt to NJ/	BESTOS ABAT AC 8:60 and 5:1	FEMENT 6)	ME	S		W	7 [
Date of Notification (1)				Name	of Buildin	g Owner/Operator ((2)					cranam-
10 /	12 / 1	7				assaic (Page		The state of the s	ΕB	0 1	201	0
Agencies Notified	Type Notification	1		Stree	t Address					4 1	401	0
⊠ EPA	☐ Initial			401	Grand 9	Street						
⊠ DOLWD		us.		City,	State, Zip 6	Code		ACEE	ero l	-40	- 27°C	106
☑ DHSS □ DCA	Amendment		~		terson, N			The state of the s	LICE		19	namen and a
(NJAC 5:23-8)	justification)	nauan	9	Name	of Contac	at .		Telephone Num	her			
•	☐ Cancellation			An	drew Tho	mpson		i diopriorio ragin	DCI			
						FORMATION				W. E. Y.	_	
Name of Facility Where A	batement Is Takir	na Place	(3)	1 2 3	A10-11 11.	ai 01/14/1/1014	Type of Facility	(4)				
Passsaic County Co				3			School (K-1					
Street Address							Subchapter	8 (Other than K-12)			
63 Hamilton Street							Other (i.e., p	private and comme	rclal b	ullding	gs,	
City (5)							homes, etc. Square Feet		15			
Paterson							40.000	# of Floors	B	ldg. A	-	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	***************************************	rior if being demolis	1 0	127	yrs	
Passsalc				1	, 0000 (MOTATE DOE OFFET	Vacant	nor ir being demolis	enea)			
Name of Monitoring Flm I	lired by Building	Owner	(8)	ASCM	No	Name of Abateme						
Langan			(0)	0000		Superior Aba	11.0	,				
Street Address				0000		Street Address	ICHIOHE HIG					
300 Kimball Drive						2 Henderson	Drive					
City, State, Zlp Code						City, State, Zip Co						
Parsippany, NJ 0705	14					West Caldwe						
Project Manager for Monite			Tel	ephone	No	Telephone No.	11, 140 01000	License No.				
Vijay Patel					0-4900	(973) 808-161	£	00411				
Start Date (10)	Sche	duled C		etion Da		Name of OSHA M		00-411				
10 / 23 /				6 /		Superior Aba						
Occupancy Status During						Street Address	TOTALOGIE INTO					11000
☐ Facility Closed/Vacated				ment		2 Henderson	Daless					
Abatement Performed	Dutside of Norma	I Facility	/ Hou	rs - Des	cribe	City, State, Zip Co						
Time of Abatement: _A	MPM/	PM-		_AM								
Scope of Work (Check all t	hat anniv)					West Caldwel	II, NJ 07000					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	ост арргуу	⊠ Re				☐ Mini-Encl	Procedure					
		Is	Loca	tion		☐ Non-Exe	npteo (*) and No	n-Friable Procedur	_			
Location o		1	lorma	illy		Description of	f		-	_	ent T	1
Asbestos-Containing M TO BE ABAT				ely by ance/		stos Containing Mai	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility		Cust		Staff?	(1.6	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	BAOI	탁	apsı	กรด
(13)		V	(12)			other miscellaned	ous)		-		tatu	6
Ground, 1st, 2nd, 3rd I	Floors & Attle	Yes	No	N/A	Pipe Ins	sulation		1,553 LF			0	
Ground, 1st, 2nd, 3rd I					<u> </u>	int Insulation		826 EA				
Ground, 1st, 2nd and 3	and Floors		×		Wall an	d Ceiling Plaster		37,293 SF			П	
Ground, 1st, 2nd and 3	rd Floors	П	X		Plaster	Skim Coat		1.030 SF	-			
Name of Registered Waste				JUDEP V		Cubic Yards of	Name of Regis		X		Ш	П
Service Transport Gr			17.53	lauler ID	No.	Waste	Minerva La					
City, State				SW21	17	1000	140000000000000000000000000000000000000	S1140011111				
New Castle, DE						Disposal Date	City, State					
						1/16/2018	Waynesbu	rgn, UH				
	e) Title	2				Signature	A A	Da'	io.			
Completed By (Print or Typ Nick Petrovski		reside				1			10	2:22	5%	

1000		NO.					STOS ABA1 8:60 and 5:1			E (, E		W
Date of Notification (1)				Name	e of Buildin	ng Ov	wner/Operator	(2)	1121				
	12 /	17						(Page 2 or	f3)		B 2	1	2018
Agencies Notified EPA	Type Notific			Stree	t Address				Bayes and State St	rt	.0 2	1	2010
☑ DOLWD ☑ DHSS □ DCA	Amender Amendm	ent#2	20	City,	State, Zip	Code	9			ACUE	LICA LICA	CGA MSIL	are Q
(NJAC 5:23-8)	justificati	on)	19	Name	e of Contai	ct		 	Telephone		ħ.		
				FA	CILITY II	NFO	RMATION		1	-			
Name of Facility Where								Type of Facility	(4)				
Passsalc County (Courthouse A	Annex Bu	ildin	g				School (K-12	2)				
Street Address			C-11/C-11					Subchapter 8	(Other than	K-12)			
63 Hamilton Stree	t							homes, etc.)	invates said col	nmercia	מווטמו	ngs,	
City (5)								Square Feet	# of Floors	3	Bldg.	Age	
Paterson												8	
County (6)				Cou	nty Code (7)(ST/	ATE USE ONLY)	Current Use (Pri	or if being de	molished	1)		1000
Name of Monitoring Firm	n Hired by Build	ding Owner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (9)					
Street Address						Str	reet Address						
City, State, Zip Code						Cit	y, State, Zip Co	ode					
Project Manager for Moi	nitoring Firm		Te	lephone	No.	Tel	lephone No.		License N	0.			
Start Date (10)	, 5	Scheduled (Comp	letion Da	ite (11)	Na	me of OSHA N	lonitor				- 112	
				/ .									
Occupancy Status Durin						Str	eet Address						
☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement:	d Outside of No	mal Facili	ty Ho	urs - Des	scribe	City	y, State, Zip Co	ode					
Scope of Work (Check a	ill that apply)	Addition to the control of the contr											
≥3 sf or ≥3 ff ≥160 sf or ≥260 ff		=	enova emoli				☐ Mini-Enc						
			s Loc		T			mprod () drid 140	I VIADIO I TO		Abate	nent 7	Гуре
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM ATED lity) Us M	ed So ainten stodia (12	lely by ance/ I Staff?		, the	Description of Containing Ma smal systems surfacing, VAT, ther miscellane	terial (ACM) Insulation, or	Amount (Specify SF or LF		Removal	-	_
Ground, 1st, 2nd and	d 3rd Floors	П	×		Plaster	Deb	nris	-	550 S	E B	3		+
Ground, 1st, 2nd and							Ceilings w/	ACM debris	15,500 S	-		-	
Fround, 1st, 2nd, 3rd	d Floors & At	itic 🗆		10	Duct In	_			1,210 S				
Fround, 1st, 2nd and	d 3rd Fl-Chae	es 🖂	×		Duct Se				88				干
lame of Registered Was			1	NJDEP \ Hauler II	Naste	-	oic Yards of	Name of Regis		1 1 5	ALL	1111	
city, State	-			I IGUICI IL	- 140.			Oibs Pasts					
						DIS	posal Date	City, State					
Completed By (Print or T	уре)	Title	-				Signature			Date			
SB-41									Market				

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Date of Notification (1)					Name	of Ruildin	na Ow	vner/Operator	(2)	$-\frac{ }{ }$	-		_		
	12 /	17			reame	or Dunan	ig O	vier/Operator ((Page 3 of 3)	Arrange and the second	FE	3 2	1	2018
Agencies Notified	Type Notific	ation			Stree	t Address						_			
⊠ EPA ⊠ DOLWD	☐ Initial										ASB	Ë2)	TTO	COL	entre en
⊠ DHSS	Amende Amendm				City,	State, Zip	Code)		1721700000	- Land	T.	Uch		G
DCA	☐ Emerger	-											10.33.	gr Migraca	Vannisau.
(NJAC 5:23-8)	justificat Cancella	lon)	J		Name	of Contac	ct			Telephone I	dumbe	r	-		
					FA	CILITY II	VFO	RMATION				_			
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility	(4)					
Passsaic County Co	ourthouse	Annex	Build	gnik					School (K-1	2)					1
Street Address					**********		-		Subchapter	8 (Other than I	(-12)				
63 Hamilton Street								*	Other (i.e., phomes, etc.))	merci	al bu	ntoing	js,	CONTRACTOR
Clty (5)		-							Square Feet	# of Floors		B	dg. A	qe	-
Paterson															
County (6)					Cour	ity Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if being der	nolishe	ed)			
Name of Monitoring Firm	Hired by Buil	ding O	vner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					-
Street Address				-			Str	eet Address							
							00	GDI 71001033							
City, State, Zip Code							City	y, State, Zip Co	ode	***************************************				*****	-
Project Manager for Monit	oring Firm			Tele	phone	No.	Tel	ephone No.		License No).				
Start Date (10)		Schedu	led Co	mple	tion Da	te (11)	Na	me of OSHA N	lonitor						
Occupancy Status During							Str	eet Address				-			
☐ Facility Closed/Vacated	d During Enti	re Perio	od of A	bate	ment										
Abatement Performed Time of Abatement: _A	Outside of N \MP	ormal F N	acility _PM	Hou	rs - Des _AM	cribe	City	y, State, Zip Co	ode		-				
Scope of Work (Check all	that apply)		100					-				_			-
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		-	Ren Den					☐ Mini-Enc ☐ Glovebag	Procedure	59					
		1	ls L	ocai	ion	Τ		LI NOTELE	mpted (*) and No	MI-FRADIE PIGO	eoure	0.1			-
Location			No	nma	llv			Description o			-		-	ent Ty	
Asbestos-Containing N TO BE ABAT	faterial (ACN FD	1)	Used Main	tena	nce/			Containing Ma mal systems		Amount		Removal	Repair	Encapsulate	Enclosure
IN Facility		Ì	Custo		Staff?	11.6		surfacing, VAT,		(Specify SF or LF)		ova	air	sde	unso
(13)			Yes	(12) No	N/A		otl	her miscellane	ous)			-		ilate	re
1st Floor Space 1-14A				X		Woode	n Dọ	or with Core	Insulation	20 SI	2	X			
Ground, 1st, 2nd and	3rd Floors			X		Floor T	ile a	nd Mastic		17570 SI	=	X			
Ground, 1st, 2nd and	3rd Floors			X		Old Ele	ctric	Panel Boar	ci	56 SI	=	X			
Ground and 1st Floors	(Exterior)			X		Windov	v/Do	or/Louver C	aulk	210 LF	=	X			П
Name of Registered Waste	e Hauler			1833	JDEP V auler ID		Cut	oic Yards of ste	Name of Regis	stered Landfill				-	
City, State							Dis	posal Date	City, State						
Completed By (Print or Type	oe)	Title						Signature			Date				
CD 44		L		-											

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				•			10 0.00 and 0, 10			* ***			
Date of Notification (1)		200					Owner/Operator (Inil		. 0	310	
10 /	05 /	17	-		Cor	inty of P	assaic (Page	1 of 3)	II III FE	B 2	1 4	JIÖ	- Control
Agencies Notified	Type Notifica	ation		\dashv	Street	Address			1 11				- 1
⊠ EPA	☐ Initial				401	Grand S	treet		manufactor to the second of the	and a base file	7.	TEL	16. &.
⊠ DOLWD		3.5		ŀ	City, S	itate, Zip C	Code		ASSIS	11:15	17 min	-	
⊠ DHSS	Amendm	-				erson, N				Tark and an		17.5.20	# 10 00000
☐ DCA (NJAC 5:23-8)	☐ Emergen justification		aing	ŀ		of Contac			Telephone Nun	abor			
(140710-0.20-0)	Cancellat					Irew Tho	-		I elephone reun	inei			
-			-				FORMATION						
Name of Facility Where	Abstement is 7	abina D	1200 /2	1	rAU	JILIT IN	IFURMATION	T 5 F - 1914 . 7	(4)				
Passsaic County C								Type of Facility (School (K-12					
Street Address	out tildase r	-THIGA	CO COSTONIO	118				Subchapter 8		21			
63 Hamilton Street								Other (i.e., pr	ivate and comme	ercial bu	ullding	s,	
City (5)								homes, etc.)					
Paterson								Square Feet	# of Floors		dg. A		
County (6)					10		VOTATE VOT ONE VA	40,000	4	- 1	127	MS	
Passsalc					Coun	ity Code (/)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
	His of Landson		(0)		0014			Vacant					
Name of Monitoring Firm	Hired by Bulk	ling Ow	ner (8)	1	SCM		Name of Abateme						
Langan					0009	9	Superior Aba	itement inc					
Street Address							Street Address						
300 Kimball Drive							2 Henderson						1
City, State, Zip Code	enter two						City, State, Zip Co		u==210.0000000000000000000000000000000000				
Parsippany, NJ 070							West Caldwe	II, NJ 07006					
Project Manager for Mon	itoring Firm		7		hone l		Telephone No.	00.00	License No.				
Vijay Patel						0-4900	(973) 808-161		00411				
Start Date (10)	0.00000	Schedule					Name of OSHA M						
10 / _16_ /		01		10.5	_ / _	18	Superior Aba	tement Inc					
Occupancy Status During	g Abatement (6	Check o	nly one)			Street Address						
☐ Facility Closed/Vacate	스러움 경기 시간 이번 경기를 받아 그리고 있다면 없다.						2 Henderson	Drive					
Abatement Performed						cribe	City, State, Zip Co	ode			-		
Time of Abatement: _	AWPN	u	P-IVI-	-	AW		West Caldwe	II, NJ 07006					
Scope of Work (Check al	ll that apply)						-						
☐ >3 sf or >3 lf		ľΣ	Reno	vatio	n			ainment with Neg	ative Pressure				
☑ ≥160 sf or ≥260 lf			Demo				☐ Glovebag	Procedure					1
							☐ Non-Exe	mpted (*) and No	n-Friable Procede	ıre			
,			Is Lo	cation all						Ab	atem	ent T	ype
Location Asbestos-Containing	1057A	1	Used S		4	Ashe	Description o stos Containing Ma		Amount	Z	R	ū	m
TO BE ABA	ATED	2	Maint		100,000		., thermal systems i	insulation,	(Specify	Remova	Repair	cap	clos
IN Facili (13)	ity		Custod ()	12)	tall!		surfacing, VAT, other miscellane		SF or LF)	Val	١.	Encapsulate	Enclosure
(13)		Y	1	Vo	N/A		Other Iniscending	ous)				ate	
Ground, 1st, 2nd, 3rd	floors & A	ttle [₹		Pipe Ins	sulation		1,553 LF	×	П	П	П
Ground, 1st, 2nd, 3rd		- $+$ $-$			П		Int Insulation		826 EA				
Ground, 1st, 2nd and	d 3rd Floors				$\overline{\sqcap}$	Wall an	d Ceiling Plaste	г	37,293 SF		In	n	П
Ground, 1st, 2nd and							Skim Coat		1.030 SF			П	
Name of Registered Was			- -		DEP V		Cubic Yards of	Name of Regis					
Service Transport (Ha	uler ID	No.	Waste	Minerva La					
City, State	<u>7</u> -3			1	SW21	17	1000 Disposal Date	City, State					
New Castle, DE							1/16/2018	Waynesbu	rah. OH				
Completed By (Print or T	ivnel	Title				eveluere in a	Signature	1 1 1	, , , , , , , , , , , , , , , , , , , ,	nin .			
Nick Petrovski	1001		sidens				Signature	////	/	ate	-	1	
. store y wall would		1100		•			1/MAN	MARIN	dry	10	-7	-/	1



Date of Notification (1)					I Maria	né Duthin			0)					- 1
	05 /	17	_		Name	or Buildin	g Ow	ner/Operator (2) (Page 2 of	3)	FEB :	1	2018	1
Agencies Notified EPA	Type Notific	ation			Street	Address							ura 1	
☑ DOLWD ☑ DHSS	Amender Amendm	2	1		City, S	State, Zip C	Code	***************************************		AG	34. ·		1117	1,16. W
□ DCA	☐ Emergen		-	1							amenda a series		- 6,700	Section Sections
(NJAC 5:23-8)	justificati	on)			Name	of Contac	i			Telephone N	lumber			
	☐ Cancella	tion								÷				
Nome of Egalify Minary	thetamout is 7	F_1.'-	Di	(0)	FA	CILITY IN	IFOR	RMATION						
Name of Facility Where A Passsalc County C									Type of Facility	•				
Street Address	0010100061	-01110	a Dui	enn S					School (K-12 Subchapter 8	Other than K	(-12)			
63 Hamilton Street									Other (i.e., pr homes, etc.)	rivate and com	mercial b	uildin	}S,	
City (5)							-		Square Feet	# of Floors	TE	ldg. A	ae	
Paterson			_											
County (6)			3		Cour	ity Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being den	nolished)		-	
Name of Monitoring Firm	Hired by Build	ding C	wner ((8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)					
Street Address				1		~	Stre	eet Address		_				
City, State, Zip Code			S. M. Seed and J. Co.				City	, State, Zip Co	ode) 				-
Project Manager for Moni	toring Firm			Tele	phone	No.	Tele	ephone No.	-	License No	•			
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Nar	ne of OSHA N	lonitor					
Occupancy Status During	Abatement (Check	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacate														
Abatement Performed Time of Abatement:	Outside of No	omnal N	PM-	/ Hou 	's - Des _AM	cribe	City	, State, Zip Co	ode					
Scope of Work (Check all	that apply)													\neg
[_] ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Re ☐ De					☐ Mini-Enc ☐ Glovebar	tainment with Neg Josure g Procedure mpted (*) and No					
	Way			Loca		1						atem	ent T	ура
Location Asbestos-Containing i		n		donna d Sol	ay aly by	Ashe	sins (Description o Containing Ma		Amount	R	R	回	m
TO BE ABA	TED			intens	ince/ Staff?		., the	rmal systems	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	У			(12)	Own i			urfacing, VAT, ner miscellane		SF or LF)	/al		sula	ure
			Yes	No	N/A								le le	
Ground, 1st, 2nd and	3rd Floors			×		Plaster	Deb	ris		550 SF				
Ground, 1st, 2nd and	3rd Floors			×		Suspen	ded	Ceilings w/	ACM debris	15,500 SI	= 🛛			
Ground, 1st, 2nd, 3rd	Floors & A	ttic		Ø		Duct In	sula	tion		1,210 SF				
Ground, 1st, 2nd and		ses				Duct Se	em '	Tape		8 SF				
Name of Registered Wast	e Hauler			100	JDEP (lauler IE		Cub Was	ic Yards of ste	Name of Regis	tered Landfill		-		
City, State							Disp	oosal Date	City, State					
Completed By (Print or Ty	rpe)	Title						Signature			Date			
ASR_41			-			-	***							

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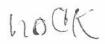
				(P	ursuar	t to NJ/	\C 8	:60 and 5:1	6)	1177) [8	- (G	17.17		U	
Date of Notification (1)			A		Name	of Buildin	g Ow	ner/Operator	(2)	11/1	end with a				التأ ماداداتهما.
10/	05 / _	17							(Page 3 of 3)		FFA	0	1	201	Q
Agencies Notified EPA	Type Notifica	ation			Street	Address					- FLD	-6		7.00	0
⊠ DOLWD ⊠ DHSS	Amended Amendme	3			City, S	State, Zip (Code			T A	Catal		Œ.	H	11.76
DCA	☐ Emergen	cy (incl	luding	1						- s was recommended	Unterview (%)	Q.F.	44.	<u> </u>	<u></u>
(NJAC 5:23-8)	justification				Name	of Contac	it .			Telephone N	lumber				
					FA	CILITY IN	4FOF	RMATION			-				
Name of Facility Where	Abatement is T	aking l	Place	(3)					Type of Facility ((4)					
Passsaic County C	ourthouse /	Annex	Buil	ding					School (K-12)						
Street Address									Subchapter 8 Other (i.e., pr	(Other than k	(-12)	buile	linns		
63 Hamilton Street									homes, etc.)	Trace and com	meruai	Dun	an i Ge	21	
City (5)									Square Feet	# of Floors	T	Bldg	. Ag	е	
Paterson					1.										
County (6)					Cour	ity Code (7	r)(STA	TE USE ONLY)	Current Use (Price	or if being den	nolished)			
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8)	ASCM	No.	Nar	me of Abatem	ent Contractor (9)						
		~~~										l leadar.			
Street Address							Stre	eet Address							
City, State, Zip Code							City	, State, Zip C	ode			-111ms			e e e e e e e e e e e e e e e e e e e
Project Manager for Mon	itoring Firm		T-10-10	Tel	ephone	No.	Tele	ephone No.		License No	).				
Charl Data (40)	1,5	1 a la a di . 1	1-10		11 Ph	1. (44)									
Start Date (10)					etion Da		Nar	me of OSHA I	/lonitor						
Occupancy Status Durin	g Abatement (	Check o	only o	ne)			Stre	eet Address					-		-
☐ Facility Closed/Vacat ☐ Abatement Performed Time of Abatement:	d Outside of No	omal F	acility	Hou	rs - Des	cribe	City	, State, Zip C	ode	***************************************					-
Scope of Work (Check a							<u></u>			-					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Re					☐ Mini-En	g Procedure						
			ls	Loca	fion	Ι		∐ Non-Exc	empted (*) and Nor	n-Friable Proc	-	3 11		A T-	
Location			N	lom	ally			Description			-	T	-	nt Ty	-
Asbestos-Containing TO BE AB/ IN Facil	ATED	1)	Mai	inten: odial	ely by ance/ Staff?		., the	Containing Ma mal systems surfacing, VAT		Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A			her miscellane						late	0
1st Floor Space 1-14	A	-		×		Woode	n Do	or with Co	re Insulation	20 SI	F D	1 0	7		
Ground, 1st, 2nd and	d 3rd Floors	1		×		Floor T	ile a	nd Mastic		17570 SI	-		T		
Ground, 1st, 2nd and	d 3rd Floors	1		図		Old Ele	ctric	Panel Boa	rd	56 SI		-			
Ground and 1st Floo	rs (Exterior)			×		Window	w/Do	or/Louver (	Caulk	210 Li	= [2	3 1			
Name of Registered Was	ste Hauler			1 1	VJDEP V Hauler II		Cub	oic Yards of ste	Name of Regis	tered Landfill					
City, State							Disp	posal Date	City, State			-			
0 11 15 25		T=						10.			,				
Completed By (Print or T	ype)	Title						Signature			Date				



Date of Notification (1)			T	Name	of Building	g Owr	ner/Operator (2	2)	TE (	5		-37	
09 /29 /	17	=9,	1	Cou	inty of P	assa	ic (Page	1 of 3)				2.712	
Agencies Notified Type Notifi	ation		$\neg$	Street	Address					, m	n e	001	0
				401	Grand S	tree	t			EB	2 1	201	0
☑ DOLWD ☐ Amend	_		-	City, S	tate, Zip C	Code			403				-
☐ DCA ☐ Emerge	The second second				erson, N		505		L.		A (A)	1 75	
DCA Emerge (NJAC 5:23-8)		gnibi	ŀ		of Contac				Telephone Numi	ner		112	12/20
☐ Cancell				And	lrew Tho	mps	on		, qiopiiorio rtaini	LUMIN NO		and the state of	annum (
				FAC	ILITY IN	FOR	MATION						
Name of Facility Where Abatement is	Taking P	Place (3	)					Type of Facility (	(4)	W1500			
Passsaic County Courthouse	Annex	Buildi	ng					School (K-12					
Street Address									(Other than K-12)		م مثلمان	_	
63 Hamilton Street								homes, etc.)		ciai bu	mamy	S,	
City (5)								Square Feet	# of Floors	Bl	dg. Ag	je	
Paterson								40,000	4		127 y	rs	
County (6)				Coun	ty Code (7	)(STA	TE USE ONLY)	near Chine and activities and again their	or if being demolis	hed)			
Passsaic								Vacant					1
Name of Monitoring Firm Hired by Bu	lding Ow	ner (8)	A	SCM	No.	Nan	ne of Abateme	ent Contractor (9)					
Langan				0009	9	S	uperior Aba	tement Inc					
Street Address						Stre	et Address					-	
300 Kimball Drive						2	Henderson	Drive					
City, State, Zip Code						City	, State, Zip Co	ode		-			
Parsippany, NJ 07054						M	lest Caldwe	II, NJ 07006					
Project Manager for Monitoring Firm		1	elep	hone l	Vo.	Tele	ephone No.		License No.				
Vijay Patel			(97	73) 56	0-4900	(9	73) 808-161	6	00411				
Start Date (10)	Schedule	ed Com	pleti	ion Dat	te (11)	Nan	ne of OSHA N	lonitor					
10 /10 /17	12	_ / _	22	_ / _	17	S	uperior Aba	tement Inc					
Occupancy Status During Abatement	(Check o	nly one	)			Stre	et Address						
☐ Facility Closed/Vacated During Er						2	Henderson	Drive					
Abatement Performed Outside of					cribe	City	, State, Zip Co	ode			all and a		$\neg$
Time of Abatement: _AMF	IVI/	_PIVI		_Aivi		W	lest Caldwe	II, NJ 07006					
Scope of Work (Check all that apply)							N						
☐ >3 sf or >3 lf	×	Reno	vatio	n			☐ Mini-Enc	tainment with Neg losure	jative Pressure				
⊠ ≥160 sf or ≥260 lf		Demo	litio	n				g Procedure					
		lo Le	ont!				∐ Non-Exe	mpted (*) and No	n-Friable Procedu	-			
Location of		ls Lo Nor	mal				Description of	f		Ab	_	ent Ty	уре
Asbestos-Containing Material (AC	VI)	Used S			Asbe	stos (	Containing Ma		Amount	Rei	Repair	Enc	Enc
TO BE ABATED		Maint			(i.e	., the	mal systems	insulation,	(Specify	Removal	oair	ap	Enclosure
IN Facility (13)			12)				urfacing, VAT, ner miscellane		SF or LF)	2		Encapsulate	ure
	١	Yes I	No	N/A								te	
Ground, 1st, 2nd, 3rd Floors &	Attic [		3		Pipe In:	sulat	tion		1,553 LF				
Ground, 1st, 2nd, 3rd Floors &	Attic [				Pipe Jo	int l	nsulation		826 EA	$\boxtimes$			
Ground, 1st, 2nd and 3rd Floor			₫		Wall an	d Ce	iling Plaste	r	37,293 SF	$\boxtimes$			
Ground, 1st, 2nd and 3rd Floor	5 [		3		Plaster	Skir	n Coat		1,030 SF	$\boxtimes$			
Name of Registered Waste Hauler			1 1 1 1 1 1 1 1 1	DEP V		100 to 500 to	ic Yards of	Name of Regis	tered Landfill				
Service Transport Group, Inc				auler ID SW21		Was	ste 000	Minerva La	indfill				
City, State							osal Date	City, State					
New Castle, DE						1:	2/22/2017	Waynesbu	rgh, OH				
Completed By (Print or Type)	Title					-	Signature		// Da	ite			
Nick Petrovski	Pre	sident	Ē				-1/1	11/11.	Entre!	9-	2	7-	17
							6110	10-100	0200	1	-	1 1	



Date of Notification (1)				Name	of Buildin	g Ow	ner/Operator (	2)	un B	GE	- II	1111	13
	29 /	17						(Page 2 of	f 3)	W) 125	= 11		-
Agencies Notified	Type Notifica	ition		Street	Address				11111				
⊠ EPA										FEB 2	1 2	2018	
☑ DOLWD ☑ DHSS	Amended Amendme			City, S	State, Zip (	Code			12 12				
□ DCA	Emergen	\$140 THE	-						l l				6
(NJAC 5:23-8)	justification		IJ	Name	of Contac	ct			Telephone N	lumber		A LOTTE	ile CX
	☐ Cancellat								12 1	LANCES ST	7 100	Absorber	Andrew Street
				FA	CILITY IN	VFOR	RMATION						
Name of Facility Where								Type of Facility	(4)		-2117		-
Passsaic County C	ourthouse A	nnex Bu	ildin	g				School (K-12					
Street Address			0.7100					Subchapter 8			.11.21	225	
63 Hamilton Street								Other (i.e., p		mercial bi	illaing	s,	
City (5)								Square Feet	# of Floors	BI	dg. Ag	je	_
Paterson											-3	, ,	
County (6)		A CONTRACTOR OF THE CONTRACTOR		Cour	ty Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	ior if being dem	nolished)			
5-5-5-14										•			
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Nar	me of Abatem	ent Contractor (9)		- 3/1/11			
0							- www.parage					X22-0-11	
Street Address						Stre	eet Address					-	
City, State, Zip Code						-							
Oity, State, Zip Code						City	, State, Zip C	ode					
Project Manager for Mon	itoring Firm		Te	lephone	No	Tol	ephone No.		License No.				
- reject menager for mon	itoring i iiiii		1.0	chione	NO.	100	ернопе по.		License No	•			
Start Date (10)	S	cheduled	Compl	letion Da	te (11)	Nar	me of OSHA N	fonitor					
1 1						1,401	110 01 001 11 110	iornior					
Occupancy Status During	Abatement (C					Stre	eet Address						
☐ Facility Closed/Vacate				ement		June	ot Address						
☐ Abatement Performed	Outside of No	rmal Facil	ity Hou	urs - Des	cribe	City	, State, Zip Co	odo					
Time of Abatement: _						City	, State, Zip O	ode					
Scope of Work (Check al	I that apply)		-			J	Part of the second						-
≥3 sf or ≥3 lf				.ti.m.m			Full Con	tainment with Neg	gative Pressure	1			
25 \$1 60 25 11 2160 sf or >260 lf		1000	enova emolit				☐ Mini-End	dosure g Procedure					
		(2000)					☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure			
			s Loca Norm							Ab	atem	ent T	уре
Location Asbestos-Containing		Us		lely by	Ache	nataa I	Description of Containing Ma	of		D	D	m	m
TO BE ABA		' M	ainten	ance/	(i.e	e., the	mal systems	insulation.	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facili	ty	Cu	stodia (12	I Staff?			urfacing, VAT		SF or LF)	Va	-	Insc	sure
(13)		Yes	1		1	oth	ner miscellane	ous)				ate	0
Ground, 1st, 2nd and	3rd Floors				Plaster	Deh	ris		550 SF		П		П
Ground, 1st, 2nd and								ACM debris	15,500 SI				
Ground, 1st, 2nd, 3rd					Duct In			A CONTROLLE					
			-						1,210 SF	-	닏		
Ground, 1st, 2nd and		ses 🔲	$\boxtimes$	NUDER	Duct S				8 SF		Ш	Ш	Ш
Name of Registered Was	te nauter			NJDEP \ Hauler II		Was	oic Yards of ste	Name of Regis	stered Landfill				
City State						P.						55-22	
City, State						Dis	posal Date	City, State					
Completed By (Print or T	vna\	Title					Cionat			<b>D</b> .			
Combiered by (Little OL 1)	ype)	riue					Signature			Date			



Date of Notification (1)				Name	of Building	g Ow	ner/Operator (	2)	1 1	TE (C	177	-1	70
	29 / 1	7						(Page 3 of 3)		<u> </u>			tand to the state of
Agencies Notified  EPA	Type Notification Initial	1		Street	Address				115		-n /	1 1	2018
⊠ DOLWD	☐ Amended								A department of the second	1 tt	8	4 1	2019
⊠ DHSS	Amendment	#		City, S	State, Zip C	Code			E local book				
DCA	☐ Emergency (i								1	Tanana da la	A 7 7 5	STON	WIF
(NJAC 5:23-8)	justification)			Name	of Contac	t			Telephone N	lumber	1.10	K NO.	14.12
	☐ Cancellation								1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	التباغينية والمجار فسأ مستواجع و	maran-m		
				FA	CILITY IN	FOF	RMATION						
Name of Facility Where A								Type of Facility	(4)				
Passsaic County Co	ourthouse Ann	ex Buil	ding					School (K-1)	2)				
Street Address								☐ Subchapter ☐ Other (i.e., p	8 (Other than K	(-12) mercial b	uildin	76	
63 Hamilton Street								homes, etc.		incroidi b	unun	ga,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Paterson													
County (6)				Cour	ity Code (7	)(STA	TE USE ONLY)	Current Use (Pr	for if being den	nolished)			
Name of Monitoring Firm	Hired by Building	Owner (	3)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
Street Address						6:							
Otteet Address						Stre	eet Address						
City, State, Zip Code						City	, State, Zip Co	ode					-
Decided Manager Co. M.			r=-										
Project Manager for Moni	toring Firm		Tele	phone	No.	Tel	ephone No.		License No				
Start Date (10)	Sche	duled Co	mple	tion Da	te (11)	Nar	me of OSHA N	lonitor					
11		/											
Occupancy Status During	Abatement (Che	ck only o	ne)			Stre	eet Address				-	-	
☐ Facility Closed/Vacate				ment		0	JOC / (GG1 000						
☐ Abatement Performed Time of Abatement:	Outside of Norma	al Facility	Hou	rs - Des	cribe	City	, State, Zip Co	ode					
Scope of Work (Check all											7. OF		
☐ ≥3 sf or >3 lf		Пп						ainment with Ne	gative Pressure	•			
☐ ≥160 sf or ≥260 lf		☐ Rer					☐ Mini-Enc						
								mpted (*) and No	n-Friable Proce	edure			
			Loca orma							Al	oatem	ent T	уре
Location Asbestos-Containing I	The state of the s			ely by	Ache	etoe i	Description of Containing Ma		Amount	R	70	m	ш
TO BE ABA	TED			ance/			emal systems		(Specify	Remova	Repair	ıcap	ıclo
IN Facilit	У	Cust	odiai (12)	Staff?			urfacing, VAT		SF or LF)	Val	-	Encapsulate	Enclosure
(13)		Yes	No	N/A		oti	ner miscellane	ous)				ate	10
1st Floor Space 1-14/	4		$\boxtimes$		Woode	n Do	or with Core	e Insulation	20 SF				
Ground, 1st, 2nd and	3rd Floors		$\boxtimes$		Floor T	ile a	nd Mastic		17570 SF				
Ground, 1st, 2nd and	3rd Floors		$\boxtimes$		Old Ele	ctric	: Panel Boar	d	56 SF				
Ground and 1st Floor			$\boxtimes$		Window	v/Do	or/Louver C	aulk	210 LF				
Name of Registered Was	te Hauler		1.00	JDEP V lauler ID		Cut	oic Yards of ste	Name of Regis	stered Landfill				-
City, State		-				Di-	nagal Data	City Ct-1					
Oity, State						DIS	posal Date	City, State					
Completed Pt / Drint T	(50)	la .					0:						
Completed By (Print or Ty	rpe) Tit	ie					Signature			Date			
ACD 44													

ASB-41 MAY 11 CX243

#### State of NJ Notification of Asbestos Abatemen

D&S Proj. #: <u>18-32</u>		Notification of Asbes (Pursuant to NJAC 8						DEC	E			Cycle and the second	· · · · · · · · · · · · · · · · · · ·	
Date of Notification (1)		Name of Building Owner/Operator (2) GARY PANNUZZO						FE	B 2 1	201	8			
Agencies Notified  EPA  Initial  DEP  Amended  Amendment #:  Emergency  (including justification)		Street Address  City, State, Zip Code				ASSISTOR TOWNSOLS								
			522	NJ 07704				an exercise assessment	action of the term	To a dis				
	- 11	Name of		113 07704		Telephone Number								
DCA Cancellatio	n	GARY PANNUZZO				I,								
			FAC	CILITY INFORM	IATIO	N								
Name of facility where abatement is taking place (3)						Type of Facility (4) School (K - 12)								
GARY PANNUZZO									apter 8 (	î	han k	(-12)		
Street Address									(Private/0/Homes,		ercial	050.		
City (5)	unty (6)					Square Feet	# of Floo		В	dg. A	ge			
		unity (O)			100	unty Code (7) ate use only)	-	Current Use (P	rior if bei	na den	nolish	ed)		
FAIR HAVEN  Name of Monitoring Firm Hired by		onmouth		T 400444	Ц,	111			1/6762 3 33 37 37 57 53					
riamo or monitoring rimi rinea by	Diag. Ow	iei (0)		ASCM No.		Name of Abatement D & S RESTO								
Street Address				-	$\dashv$	Street Address	ICA I	HON, INC.						
City, State, Zip Code						20 California								
City, State, Zip Code						City, State, Zip Cod		12						
Project Manager for Monitoring Firm			Phone Number			Paterson, NJ 07503 Telephone Number   License Number								
						973-345-802	01169							
Start Date (10) Sched. Completion Date				1)	Name of OSHA Monitor  D & S Restoration, Inc.									
02/24/18 03/16/18 Occupancy Status During Abatement (Charles III)						Street Address								
Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.						20 California Avenue								
Abatement performed outside of normal facility hours- Describe:						City, State, Zip Code								
Other-Describe: NORMAL H					-	Paterson, NJ (	750	3					_	
Scope of Work (check all that apply	Nellovation						Full Containment w/negative pressure  Mini-enclosure  Glovebag procedure  Non-Exempted (*) and Non-friable procedure							
Location of asbestos-containing		on normal	ly used solel ustodial	1						R	R	Ε	Е	
material (acm) to be				Description material (/		of asbestos-containing M)		Amount (Specify S	For	m o	p a	n c a	n c	
17000030-04040000000000000000000000000000	Yes	No	o N/A				LF)		v e	i	р	L		
BASEMENT		PIPE INSULA					121 L FT	X			旦			
garage			#	TRANSITE	SID	ING		120 SQ FT			님	뷰	ዙ	
				1						뉘	H	H	H	
Dawa				]										
Registered Waste Hauler D & S RESTORATION, INC.		EP Haule 506		Cubic Yards of W 3 YDS	Vaste	Name of Registere			COVE	v				
City, State Disposa				Date		TULLYTOWN, RESOURCE RECOVERY  City, State								
PATERSON, NJ 07503  Completed by (Print or Type)	Title		02/22/1	8 Signature	_	TULLYTOWN	I, PA	<u> </u>	I Dete					
BOGDAN JOLDZIC	PRESID	DENT		Oignature					Date 02/02/	2018				

CK# 8	719							"E	MEI	QGE	ncy	le		Prin	nt Form
				CATION	OF A	New Jersey SBESTOS A C 8:60 and	ABATE			E (	GEI	$\mathbb{V}$			The second secon
Date of Notification (1)	1/16/18			Name of		ng Owner/C	perator	(2)	IM						and the second second
Agencies Notified  EPA	Type Notification		(13)	Street A 4000 h		EY ROAL	)		ШЦ	F	EB 21	2018	71	اللا	20 distribution
DEP X DOL	Initial Amended Amendment #		_	City, Sta SOUT		Code AINFIELD	), NJ 0	7080		ASSE	STOS CON LICENSIN	ITRO	1.8		Basel Control
DOH DCA	Emergency (in justification) Cancellation	ncluding		Ocean	iL	LN	AG	<del>/</del>		Tel	ephone Niin			Velenber.	
Name of Facility Where A	hatament is Taking	Diace /3	2)	FACI	LITYI	NFORMATI	ON A	Type o	Facility	(4)			-	-	-
PSE		1 1000 (0	,, 					☐ So	chool (K-	12)					
	KullER	RI	>						ibchapte ther (i.e. c.)	r 8 (Oth private	er than K-12 & commercia	al build			s,
City (5) CLiF	TON							Square 80,0	Feet		f Floors		ldg. A		8425
County (6) PAS	SAIC			County (				Curren	Use (Pr		ing demolish		S		
Name of Monitoring Firm ENVIRONMENTAL		wner (8)		ASCN 0045				of Abate	ment Co	ntractor					
Street Address 64 BROAD STREE	Т							Address		AVE.					
City, State, Zip Code MATAWAN, NJ 077	747		-	-			90000 T-0000	tate, Zip TH RI\		J 0888	32				
Project Manager for Mon TOM GEIGER				Telephor		Time and the second	4755555555	one No.			License No	o.			
Start Date (10) 2/,	7/18	Schedul		pletion I		11)		of OSHA			AMERICA				
Occupancy Status During	Abatement (Check	Only Or		-011	0			Address							
Facility Closed/Vac		- 65	100	ent			100	NHITE		AVE.					
Abatement Perform	ed Outside of Norma	al Facility	Hours	v of	ERA	TORS		tate, Zip TH RI\		J 0888	32				
Scope of Work (Check A	II That Apply)			0014		7	2000								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				2	Mini- Glov	Enclosus ebag Pro	re ocedure	n Negative P			e	
		1	Locati Vormal					,						ement pe	
Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Use Ma	ed Sole intenar todial S (12)	ly by nce/		bestos Cont i.e. thermal surfa		fatérial ( s insulati T, or		(3	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				47				3	,	ate	re l

≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renov	73 (C) (C) (C) (C)		:	Mi Gl	ni-Enclosur ovebag Pro				e	100200
Location of		s Loca Norma			Descripti						ement /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena	ely by ance/ Staff?		Description tos Containing thermal system surfacing, V other miscella	Materia ms insul /AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						-		ite	e
DispATCH Room		×		ACM	Tile &	MAS	TiC	2160 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		1	NJDEP V Hauler ID 1125		Cubic Yards of Waste	5		   Registered Landfill  /S NORTH				
City, State ELIZABETH, NJ		-			Disposal Da		City, Sta	ite RISVILLE, PA				

OFFICE MANAGER

Signature

CAROL RAIMO

Completed by

Date 2/16/18

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

		NOT	IFICATIO (Pursuar	ON OF ASBES	STOS ABATE 60 and 12:12	MENT 0)	ME	C	a []	W	E
Date of Notification (1) 1-10-18			Name Engl	of Building Ov ewood Hospit	vner/Operato al and Medica	r (2) al Center				0.040	
Agencies Notified Type Notification	on		Street	Address			11111	EB /	2	2018	
D EPA Initial			Street		0 Engle Stree	et	a-phases				
□ DEP X□ Amended  ☑ DOL Amendme			City, S	tate, Zip Code	;		ASSE	STOP	100	TR	3.1C
□ Emergence		10			Englewo	od NJ 07631	رو والانتقاف ميسمورد ورشير والانتقال الانتقال الدائد	LICE	4,65	0	Marian ad
☐ DOH justificatio	n)		Name	of Contact	larry Hahn		Telephone N	Number			ş
Name of English Mhore Abote most in Tal	. 5	(0)	FAC	ILITY INFOR	MATION						
Name of Facility Where Abatement is Tak Main Building Center Wing	ang Place	(3)				Type of Facility	(4)				
Street Address 350 Engle Street						□x Other (i.e.	12) r 8 (Other than K- private & comme	-12) cial bu	ildings	s, hom	nes,
City (5) Englewood						etc.) Square Feet 24.000	# of Floors	T	Bldg.	Age yrs	
County (6)  Bergen	7.100 (1 fix 10 20 20 20 20 20 20 20 20 20 20 20 20 20		County (STATE	Code (7) USE ONLY)			or if being demoli	shed)	90	yıs	
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No		Office space					
Hillman Environmental	,	'	7,00	VI 140.	Name o	f Abatement Cont mor Environment	tractor (9)				
Street Address		- HA	-			Address	ai Services				
1600 Route 22E						Canal Street					
City, State, Zip Code					City, S	tate, Zip Code					
Union, NJ 07083					NY,	10013					
Project Manager for Monitoring Firm			Telepho	ine No.	Teleph	one No.	License	No.			
Michael Nehlsen			(908)6	88-7800		31-0696					
Start Date (10) 2-26-18	1		mpletion	Date (11)	Name	of OSHA Monitor					
Occupancy Status During Abatement (Che	3-12-					Analytical, In	c				
	75	(5)	Salves		0.000	Address					
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Scope of Work (Check All That Apply)		10			New Y	ork, NY 1001	8				
DN3 sf or ≥3 If	<b>∟</b> ⊠ 0	enovat		x F	ull Contai	nment with N	egative Pressu	re			
X□ ≥160 sf or ≥260 lf		molitio			x Mini- E	nclosure					
						g Procedure		2	2		
	Τ.				Non-Exer	npted (*) and	Non-Friable I	rocec	33330		
Location of	14 30	S Locat Normal								ement rpe	
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbestos (	Description Containing Ma		Amount		T		
TO BE ABATED In Facility	1	intena todial S		(i.e. ther	mal systems	insulation,	(Specify	Re	R	Encapsulate	En
(13)		(12)			urfacing, VAT ner miscellane		SF or LF)	Remova	Repair	apsı	Enclosure
			T					/al	7	ilate	ure
\$7M	Yes	No	N/A								
3 FL Center Wing	Yes	No	N/A x	VAT &	Mastic		4,350 SF	x			
	Yes	No				bows		x			
3 FL Center Wing	Yes	No	×		Mastic Pipes & Ell	bows	4,350 SF 156 LF	х			
3 FL Center Wing 3 FL Center Wing	Yes		X	TSI F	ipes & Ell		156 LF				
3 FL Center Wing 3 FL Center Wing	Yes	N	×	TSI F							
3 FL Center Wing  3 FL Center Wing  lame of Registered Waste Hauler  lewark Carting, Inc.	Yes	N H	X X JDEP W	TSI F	Pipes & Ell bic Yards Waste 40 CY	Name of R	156 LF Registered Landfil		entra	al	
3 FL Center Wing  3 FL Center Wing  lame of Registered Waste Hauler  lewark Carting, Inc.	Yes	N H	X X JDEP Wauler ID	TSI F	Pipes & Ell	Name of R Waste M City, State	156 LF Registered Landfil		entra	ıl	
3 FL Center Wing  3 FL Center Wing  Jame of Registered Waste Hauler  Jewark Carting, Inc.  Jity. State  Ewark NI 07105		N H	X X JDEP Wauler ID	TSI F	Pipes & Ell  whice Yards  Waste  40 CY  sposal Date	Name of R Waste M City, State	156 LF Registered Landfil anagement G	randc	entra	al	
3 FL Center Wing	Title	N H 04	X X JDEP Wauler ID	TSI F	Pipes & Ell bic Yards Waste 40 CY	Name of R Waste M City, State	156 LF Registered Landfill anagement G			al	

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator (2) Date of Notification (1) Mondelez International 16 18 Street Address Type of Notification 2211 Route 208 North Agencies Notified EPA Initial City, State, Zip Code Fairlawn, New Jersey, 07410 DEP Amended Telephone Number 1 DOH Amendment # Name of Contact 2018 1 DOL Emergency w/ justification KEITH PACKARD Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Mondelez International School (K-12) Street Address Subchapter 8 (Other than K-12) П 2211 Route 208 1 Other (I.e., private & cmmercial bldgs., homes, etc.) # Of Floors **Building Age** County Code (7) Square Feet City (5) County (6) Fairlawn Bergen 1,000,000 40 + Current Use (Prior if being demolished) Bakery/WAREHOUSE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 907 Doolittle Drive City, State, Zip Code 32 Williams Parkway City, State, Zip Code Bridgewater, NJ 08807 Project Mngr. For Monitoring Firm Telephone Number East Hanover, NJ 07936 Eric Houseknecth 908-218-1108 License Number Telephone Number Sheduled Start Date (10) Sched. Completetion Date (11) 02 19 02 18 00860 973-884-8682 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) NORTHSTAR CONTRACTING GROUP, INC. Facility Closed/Vacated During Entire Period of Street Address Abatement Abatement Performed Outside of Normal Facility 32 Williams Parkway Hours - Describe: 1 Other - Describe: __ 12:01AM - 10:00AM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Demolition Renovation П Mini - Enclosure 1 >3sf or >3lf >160 sf or >260 lf Glovebag Procedure 1 Non-Exempted (*) and Non-Friable Procedure Description of Abatement Type Location of Is Asbestos - Containing R Asbestos Containing Location E N R Normally Material (ACM) Amount C C (I.e., thermal systems (Specify M E TO BE ABATED Used L SF or LF) 0 P insulation, surfacing, VAT, in Facility Solely P 0 V or other miscellaneous) A (13)by Main-S S Δ 1 tenance/ U U R Custodial R Staff (12) YES NO N/A 1 BAKERY WAREHOUSE PIPE & FITTING 25 LF Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Hauler ID No. NEWARK CARTING Yards I.E.S.I. 4509 of Waste City, State Disposal City. State BETHLEHEM, PA 18105 NEWARK, NJ Date Completed by (Print or Type) Title Signature Date

Project Manager

02/16/18

Steve Stiles ASB-41 PATD

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

II.	ALL			(P	ursua	nt to NJA	C 8	:60 and 5:1	6)	-	7	E	C	E	n r	\// F	= -	Strane
Date of Notification (1)					Name	of Buildin	a Ov	vner/Operator (	(2)	111	))		(b)	15	11 )	₩		M
02 /	15 /	18			5000	rizon	g Ov	menoperator (	(2)		3	1						
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Agencies Notified	Type Notific  ☐ Initial	ation			NO. 100	t Address				14	إسا	,		6.	20	10	16	21
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Name of Facility Where A	waternent is	raking	Place	(3)					Type of Fa			)						
Street Address									School Subcha			Other	than	K-12)				
9 Coit Street									Other (	i.e.,	priv					uilding	S,	
									homes		:.)							
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Irvington, NJ									20,000			4				50		
County (6)					Cou	nty Code (7	)(STA	ATE USE ONLY)	Current Us	se (F	Prior	if beir	ng de	molis	hed)			
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Name of Monitoring Firm	Hired by Build	ding Ov	wner (	8)	ASCM	No.	Contract of the Contract of th	me of Abateme		or (	9)		*					
TTI Environmental					<u> </u>			IVN Restorat	tion Inc									
Street Address								eet Address									AL 9- 4	
1253 Church Street								7 Foster Ro										
City, State, Zip Code							1	y, State, Zip Co										
Moorestown, NJ 08							S	Staten Island	NY 10309	)								
Project Manager for Moni	toring Firm			100000	ephone		Tel	ephone No.				Licen	se N	0.				
Kris Smith						0-8800		18-605-6256				00	774					
Start Date (10)	I			83		ite (11)	Na	me of OSHA M	lonitor			/						
//					3_ /	18	Т	estor Tech										
Occupancy Status During							Stre	eet Address										
☐ Facility Closed/Vacate							1	0 59 Jackso	n Avenue									
Abatement Performed Time of Abatement:	Outside of No	ormal F	acility	Hou	rs - Des	scribe	City	, State, Zip Co	ode									
Time of Abatement	AIVI		0.00	- IVI- <u>4</u>	.30AW		L	IC NY 11101										
Scope of Work (Check all	that apply)							D	0 20 Wa 102			8 1722H						
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≥160 sf or ≥260 lf		Ē		noliti				☐ Glovebag	Procedure									
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Asbestos-Containing N	T-100	1)	Use	d Sol	ely by	Asbes	stos	Description o Containing Ma				Am	nount		Re	Re	E	m
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IN Facilit (13)	У		Cust	(12)				surfacing, VAT, her miscellane				SF	or LF	)	l a		Encapsulate	Enclosure
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City, State								oosal Date	City, State									
Hackettstown, NJ							0	2/25/18	Morris	vill	e,P	A						
Completed By (Print or Ty		Title		messa.				Signature	200					Dat	e i		j	
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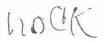


## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	e of Buildir	ng Ov	wner/Operator	(2)	Just E	11, 11	- 11	1411	15
09 /	29 / 1	7				.500		(Page 2 o	f 3)	. Up 15			
Agencies Notified	Type Notification			Stree	t Address				1111		_		
⊠ EPA										FEB	1	2018	3
⊠ DOLWD	☐ Amended	8		City,	State, Zip	Code	2		10 11	1 12 11			
☑ DHSS ☐ DCA	Amendment #		-		1.00							0.8	(Assessed
(NJAC 5:23-8)	Emergency (in justification)	ncludin	g	Name	e of Conta	ct			Telephone	Klumala a a	1.1		. 11. &
	☐ Cancellation				, or ooma				, reiephone i	20.00		100	
				FA	CILITY II	NFO	RMATION						
Name of Facility Where A								Type of Facility	(4)				
Passsaic County Co	ourthouse Ann	ex Bu	ilding	ı				School (K-12	2)				
Street Address								Subchapter	B (Other than I	K-12)			
63 Hamilton Street								Other (i.e., p	rivate and con	nmercial I	oulldin	gs,	
City (5)								Square Feet	# of Floors		Bldg. /	000	
Paterson								Oquare 1 cor	# 01110015		nug. /	ige	
County (6)				Cour	nty Code (	7VST/	ATE USE ONLY)	Current Use (Pr	ior if being do	malished			
				Joan	ny codo (	, ,(0,,	TIE OUE ONE I)	Cuitent Ose (FI	ior ii being der	noiisnea)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
Street Address						Str	eet Address				-		
City, State, Zip Code						Cit	y, State, Zip Co	ode					
Project Manager for Monit	orina Firm		Tele	phone	No	Tol	ephone No.		I Usansa Na				
			1000	prioris	140.	161	epriorie 140.		License No	o.			
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Na	me of OSHA M	lonitor					
11					10% 500								
Occupancy Status During						Cir	eet Address						
☐ Facility Closed/Vacated				mont		Str	eet Address						
☐ Abatement Performed	Outside of Normal	Facilit	Abate v Hou	e - Dee	cribe	-							
Time of Abatement: _A	\MPM/	PM		_AM	OTIDO	City	, State, Zip Co	ode					
Scope of Work (Check all	that apply)					J	П г. II С	-1		***			
≥3 sf or ≥3 lf		☐ Re	novati	on			☐ Full Cont	ainment with Neg losure	ative Pressure	9			
☐ ≥160 sf or ≥260 lf		☐ De	molitic	n			☐ Glovebaç	Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Proc	edure			
Location of	, f	100	Locat Vorma	1 - 1			_			A	patem	ent T	уре
Asbestos-Containing M		Use	d Sole	ly by	Ashe	sins	Description o Containing Ma		Amount	R	R	Щ	ш
TO BE ABAT	<u>red</u>	- mass. 500	intena				rmal systems i		(Specify	Remova	Repair	car	Iclo
IN Facility (13)	t.	Cus	todial ( (12)	Stair			surfacing, VAT,		SF or LF)	val	7	Encapsulate	Enclosure
(10)		Yes	No	N/A		Ott	ner miscellane	ous)				ate	l a
Ground, 1st, 2nd and	3rd Floors				Plaster	Deb	ris		550 SI	= 🛛			
Ground, 1st, 2nd and	3rd Floors		$\boxtimes$		Suspen	ided	Ceilings w/	ACM debris	15,500 S	F 🛛			
Ground, 1st, 2nd, 3rd	Floors & Attic		$\boxtimes$		Duct In	sula	tion		1,210 SF	- ×			
Ground, 1st, 2nd and			$\boxtimes$		Duct Se	em	Tape		8 SF				
Name of Registered Waste	Hauler		1,000	JDEP V auler ID		Cub	ic Yards of ste	Name of Regist	tered Landfill		1		
City, State						Dier	osal Date	City, State					
						2101	Joseph Pato	July, State					
Completed By (Print or Typ	oe) Title						Signature			Dete			
the second secon	1,700						- Suamo			Date			1
ASB-41				-									

MAY 11

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



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

Date of Notification (1)		(Section)		Nam	e of Buildir	ng O	wner/Operator	(2)		TE	12	1 1	1/1
	29 /1	7						(Page 3 of 3)	11	I G N	2	e (\$	and and
	Type Notification	n		Stree	t Address	-			115	1			
1 Control of the cont	⊠ Initial									11 F	EB	21	2018
☑ DOLWD ☑ DHSS	Amended Amendment	44		City,	State, Zip	Code	e		1111	1			
	☐ Emergency (											-1-1	
(NJAC 5:23-8)	justification)	oiuuii i	9	Name	e of Contai	ct			Telephone	Number	115	15.0	-1811 -1811
	☐ Cancellation								1.50	CONTROL WARRANT	18-12-7 P. L	A 5 To 6"	ALCO NOT
N. S.F. W. M.				FA	CILITY II	NFO	RMATION						
Name of Facility Where Ab								Type of Facility	(C) (C)			00000	
Passsaic County Co Street Address	urtnouse Ann	ex Bui	lding					School (K-12	2)	16 401			
63 Hamilton Street								Subchapter I	ivate and cor	K-12) nmercial l	huildir	ins	
								homes, etc.)		oroidi i	Juliuli	go,	
City (5) Paterson								Square Feet	# of Floors	5 E	Bldg. A	Age	
County (6)				10									
County (6)				Cour	nty Code (7	7)(ST.	ATE USE ONLY)	Current Use (Pri	ior if being de	molished)			
Name of Monitoring Firm H	lired by Building	Owner (	8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)	<u> </u>				
Street Address						Str	reet Address						
							00171041033						
City, State, Zip Code					III	Cit	y, State, Zip Co	ode					
Project Manager for Monito	ring Firm		Tolo	phone	No	-	II						
year managar for mornio	ang rami		1 010	priorie	NO.	le	lephone No.		License No	o.			
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Na	me of OSHA M	onitor					
///		1		/									
Occupancy Status During A						Str	eet Address						
☐ Facility Closed/Vacated	During Entire Pe	eriod of A	Abater	nent		"							
Abatement Performed C Time of Abatement: _Af	outside of Norma MPM/	I Facility PM-	Hour	s - Des _AM	cribe	Cit	y, State, Zip Co	de					
Scope of Work (Check all the	nat apply)												
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		☐ Rer					☐ Mini-Encl						
		100	Locati								natem	ent T	vne
Location of Asbestos-Containing Ma			lormal d Sole				Description of				-	T	
TO BE ABATE		Mai	ntenai	nce/			Containing Mat ermal systems in		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility		Cust	odial 9 (12)	Staff?	,	8	surfacing, VAT,	or	SF or LF)	oval	=	nsd	Jusc
(13)		Yes	No	N/A		ot	her miscellaned	ous)				late	60
1st Floor Space 1-14A			$\boxtimes$		Wooder	n Do	or with Core	Insulation	20 SI	- ×			
Ground, 1st, 2nd and 3	rd Floors		$\boxtimes$		Floor Ti	ile a	nd Mastic		17570 SI	= 🛛			
Ground, 1st, 2nd and 3	rd Floors		$\boxtimes$		Old Ele	ctric	Panel Board	1	56 SI	- 🗵			
Ground and 1st Floors			$\boxtimes$		Window	//Do	or/Louver Ca	aulk	210 LF			П	П
Name of Registered Waste	Hauler	-	1000000	IDEP V auler ID	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Cub	oic Yards of ste	Name of Regist	ered Landfill		1		
City, State	-					Disp	oosal Date	City, State			*****		
Completed By (Print or Type	) Title	9					Signature			Date			
SB-41													

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State of NJ

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D&S Proj. #: 18-32		LAU	(Purs	uant to NJA	C 8:6	60 and 12:120)		IN E	o E			1	
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Date of Notification (1)		Name of	Building Ow	ner/Operator (2	!)				EB 2	201	0		]
Agencies Notified   Type Notific	ation		PANNUZ	ZO					ID /	1 201	0	-	1
☐ EPA ☐ Initial	dion	Street Ad	dress							71.72.			and the same
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DOH (including	- 11	Name of C	HAVEN, 1	NJ 07704	-			Telephoi	no Numb	105			
☐ DCA ☐ justification	1)		Y PANNUZ	770				releption	ie ivaliio	161			
Cancellatio	on	UAK	10120200				-						
Namo of facility whom abotament	in Antiin .	.1 (0)	FAC	ILITY INFORM	IATIO	N							
Name of facility where abatement	is taking p	place (3)						Type of Facility School	(4) ol (K - 12	2)			
GARY PANNUZZO							_	=	apter 8 (		han k	(-12)	
Street Address						10	71	Other	(Private/	Comme			
							11		/Homes, # of Flo		В	ldg. A	Age
City (5)	Cor	unty (6)			2000	unty Code (7)	-						~
FAIR HAVEN	m	onmouth			(St	ate use only)		Current Use (P	rior if be	ing den	nolish	ed)	
Name of Monitoring Firm Hired by	1			ASCM No.	-	Name of Abatem	ent Co	ontractor (9)					
(170) - 1966/ P. ANTON AND SOCIETY STATE				7.00.11.10.		D & S REST		27.5					
Street Address					=	Street Address	OICH.	HON, INC.					
Name and Association of the Control						_20 California	a Ave	•					
City, State, Zip Code						City, State, Zip Co	ode						
	n	Ir	Ohono Alumb		_	Paterson, NJ		)3	7				
r roject Mariager for Monitoring Fift			Phone Numb	er		Telephone Numb 973-345-80				e Numb 01169	er		
Start Date (10)	ISche	d Comple	tion Date (1	1)	_	Name of OSHA N				01107	_		
			tion bate (1	'/		D & S Resto	ration	, Inc.					
02/24/18 Occupancy Status During Abateme		6/18				Street Address							
Facility closed/vacated during			tement.			20 California City, State, Zip Co	Andrew Street Street	iue					
Abatement performed outside Describe:	of normal	facility ho	urs-			Oity, State, Zip Ct	oue						
Other-Describe: NORMAL F	IOURS				-	Paterson, NJ	0750	3					
Scope of Work (check all that appl	y)				-		Ful	l Containment w	/negative	e press	ure		
≥ 3 sf or >3 lf	Renovati	on				Į	_	ni-enclosure					
≥160 sf or ≥260 lf	Demolitio	n						vebag procedur n-Exempted (*)		-friable	proce	edure	ì
Location of asbestos-containing		n normally enance/cu	used solely stodial							R	R	E	Е
material (acm) to be	staff(12)			Descriptio material (A		sbestos-containing		Amount (Specify S	For	m	р	n c	n
abated in facility (13)	Yes	No	N/A	matorial (/	.0,,,			LF)		o v	a i	a	L
BASEMENT		X		PIPE INSUI	LATI	ON		121 L FT		e	Г		Н
garage		X		TRANSITE			Ster State of	120 SQ FT			늄	H	H
Registered Waste Hauler	INID		JD# I Co	hie Verde -610	l 1 -								
D & S RESTORATION, INC.	NJD	EP Hauler 506		ubic Yards of W YDS	asie	Name of Register TULLYTOW			COVE	RY			
City, State			Disposal Da	ate		City, State			20101				CONTROL OF THE
PATERSON, NJ 07503			02/22/18			TULLYTOW	N, PA	<u> </u>	,				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date 02/02/	/2010			
			for ashesto	s licensure exe	mnted	Lactivities			02/02/	2010			

CK# 8719

"EMERGENCY"

Print Form

			ICATIO	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE		<u>i</u>	E	GE I	W			\ \ 
Date of Notification (1) 2/16/18	>		Name PSE8	of Building &G	Owner/C	perator	(2)	M			) of			O
Agencies Notified Type Notification				Address HADLE	Y ROAI		district		F	<del>∃B 2 1 -</del>	2018		世	/
EPA Initial Amended Amendmen	1#		City, St	ate, Zip C	ode		7080	L	ASBE	TOS COI	VTAC	)L&		C. Parameter
■ Emergency justification	(including	]	Name (	of Contact	- 1	•				LICENSIA ephone Niin	9		Marine.	
DCA Cancellation	Y			BILL ILITY INF		AG.	<del>}</del>							
Name of Facility Where Abatement is Takin	ig Place (	3)					Type of F	acility	2008					
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County (6) PASSAIC				Code (7) USE ONLY	)				or if beir	ng demolish Divis	ed)		V/I	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8	)	ASC 0045	M No. *			of Abatem QUE SYS	ent Co	ntractor	(9) AMERICA				
Street Address 64 BROAD STREET							Address NHITEH	EAD .	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							tate, Zip C TH RIVE		J 0888	2				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217			one No. 132-8350	)		License No 01111	).			
Start Date (10) 2/17/18	Schedul	0 11	npletion	Date (11)			OF OSHA M		S OF A	AMERICA				
Occupancy Status During Abatement (Chec		ne)					Address VHITEHI	FAD	AVF					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	nal Facilit	v Hours	0.	PERATE	as .	City, St	ate, Zip Co TH RIVE	ode						
Scope of Work (Check All That Apply)			0013			300	IHKIVE	IN, INC	0000			-11		
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Location of Asbestos-Containing Material (ACM)	Use	Normall ed Solel	ly by	Asbes		cription	of atérial (AC	(M)	Ar	nount		1 9	pe	
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WASTE MANAGEMENT  City, State			125		APPL	15			S NOF	RTH				
ELIZABETH, NJ					Disposi	BD A		ty, State ORRI	e SVILL					
Completed by CAROL RAIMO	Title OFFI	CE M	ANAG	ER	Si	gnature ∠	Bra	15	ain	Dat	e //	6/	118	3

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

		NOTI )	FICATIO Pursuar	ON OF AS	BESTO: C 8:60 a	S ABATE nd 12:120	MENT )	ME	9 1		W	E
Date of Notification (1) 1-10-1	8		Name Engl	of Buildin lewood Ho	g Owner ospital ar	Operator od Medica	(2) I Center			X-14		
Agencies Notified Type	Notification	- 549	Street	Address				<del>           </del>	<del>- B -</del>	21	201	8
	itial		Street	Address	350 En	gle Street		al contract of the contract of				
LI DEP	Amended		City, S	State, Zip C	Code			ASSE	8108	00	NTS	0L.8
	Amendment #_ Emergency (includin					Englewoo	d NJ 07631		LiCa	1.53	æ.	li con d'annon
	justification) Cancellation		Name	of Contac		Hahn		Telephone N	umbe	r		27
N: 15 W 14			FAC	CILITY INF	ORMAT	TION						
Name of Facility Where Abatem Main Building Center Win		(3)					Type of Facility	5.c.e.				
Street Address 350 Engle S	treet						□x Other (i.e.	12) r 8 (Other than K- private & commerc	12) cial bu	ilding	s, hor	nes,
City (5) Englewood							Square Feet	# of Floors		Bldg.		
County (6)			County	Code (7)			24,000	4		90	yrs	
Bergen			(STATE	USE ONLY	n		Current Use (Pri Office space	or if being demolis	shed)			
Name of Monitoring Firm Hired the Hillman Environmental	by Building Owner (8	)	ASCI	M No		Name of	Abatement Con	tractor (9)			-111	
Street Address						Street A		al octators	-			
1600 Route 22E City, State, Zip Code							anal Street					
Union, NJ 07083							ate, Zip Code 10013					
Project Manager for Monitoring F	irm		Telepho	ne No.		Telepho	ne No	License N	Vo.			<del>)                                      </del>
Michael Nehlsen		10	908) 6	88-7800	f	212-43	31-0696		353			
Start Date (10)	Schedul			Date (11)		Name o	f OSHA Monitor					77.77
2-26-18	3-12-1					EMSL A	Analytical, In	c.				
Occupancy Status During Abater	and the second s					Street A	ddress					
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TO BE ABATED In Facility	14	ntenan odial S	554355		thermal	systems i	nsulation,	(Specify	Re	D	Encapsulate	En
(13)		(12)				ing, VAT, iscellaneo		SF or LF)	Remova	Repair	apsu	Enclosure
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3 FL Center Wing			х	TS	I Pipe	s & Elb	ows	156 LF				
ame of Registered Waste Hauler		NJ	DEP Wa	aste	Cubic Y	/ards	Name of P	egistered Landfill				
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Robert Dombrowski	Projec	t Ma	nager		1	And	per Lou	1 .	16/2(	)18_		
SB-41 (R-06-08)						Do not u	se this form for a	sbestos licensure	exem	pted a	ectivit	ies

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 02 18 16 Mondelez International Street Address Agencies Notified Type of Notification 2211 Route 208 North **EPA** City, State, Zip Code Initial DEP Amended Fairlawn, New Jersey, 07410 DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification KEITH PACKARD Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mondelez International School (K-12) Street Address Subchapter 8 (Other than K-12) 2211 Route 208 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) Building Age County Code (7) Square Feet # Of Floors Fairlawn Bergen 1,000,000 Current Use (Prior if being demolished) 40 + Bakery/WAREHOUSE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO AET NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 907 Doolittle Drive City, State, Zip Code 32 Williams Parkway Bridgewater, NJ 08807 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Eric Houseknecth 908-218-1108 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 19 18 02 18 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway J Other - Describe: 12:01AM - 10:00AM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure 1 >3sf or >3lf Mini - Enclosure ≥160 sf or >260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount E R N C TO BE ABATED Used (I.e., thermal systems M E C (Specify in Facility Solely P insulation, surfacing, VAT, SF or LF) 0 P 0 (13)by Mainor other miscellaneous) V Α s S tenance/ Α 1 Custodial U U R Staff (12) YES NO N/A **BAKERY WAREHOUSE** PIPE & FITTING 25 LF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste City, State Disposal City. State NEWARK, NJ BETHLEHEM, PA 18105 Date Completed by (Print or Type) Title Signature Steve Stiles Project Manager 02/16/18

ASB-41

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

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(NJAC 5:23-8)	justifica	ation)		5	Nam	ne of Conta	ict		T	Telephone N	lumber	Trans.c		
	☐ Cancel	lation			Al	ex Baylo	г							
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Name of Monitoring Firm	Hired by Bu	ilding C	wner	(8)	ASCN	No.	Name of Abatem	l ent Contractor (	9)	+				
TTI Environmental							JVN Restora		/					
Street Address							Street Address		3.7					
1253 Church Street							47 Foster Ro	ad						
City, State, Zip Code							City, State, Zip Co	ode						
Moorestown, NJ 080	)57						Staten Island							
Project Manager for Monit	oring Firm			Tel	lephone	No.	Telephone No.			License No.		-		
Kris Smith				(	856) 84	40-8800	718-605-6256			00774				
Start Date (10)		Schedu	uled C	ompl	etion Da	ate (11)	Name of OSHA M	Ionitor						
02 /26 / _	18	0	2_/	_2	8 /	18	Testor Tech							
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Abatement Performed (	Outside of N	lormal l	Facility	/ Hou	irs - Des	scribe	City, State, Zip Co					-		
Time of Abatement:		PM	/ <u>6:00</u>	PM- <u>4</u>	:30AM		LIC NY 11101							
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Ignatius Marraccino	-/		oject	Man	aner		Signature				Date	- Committee	1	
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Newark Caning Inc.		1	suler (D ) 1509	No.	of Wes	10		Grand C	entral S	eniter	y Lan	dfilt		
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