OK 282 PAIL

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

Date of Notification (1) 2/15/2019					Name of Building Ov	vner/Operator /2	FFR 2	6 7	070						
Agencies Notified		1 51 115 11			Demarest BUE	men operator 12	r co z	JC	JIJ	1 199					
rigorioles (Votilled		Notificatio	n Type		Street Address										
⊠ EPA		[57] (=141=1 A			568 Piermont Road	Name .				- 72					
DCA		☑ Initial N ☐ Amende		on	City, State, Zip Code				-						
⊠ DOL				· · · · · · · · · · · · · · · · · · ·	Demarest, NJ 07	627	a arang								
□ DEP		justification	ncy not	ification (including	Name of Contact				lumber						
⊠DOH		☐ Cancell			Tom Perez			68-606							
		- 54115611	ou				201-1	00-000							
-				FACILITY I	NFORMATION										
Name of Facility Where Ab	atement is	Taking Place	(3)	77.012777	Type of Facility (4)										
Demarest BOE					☐ School (K-12)										
Street Address					Subchanter 8 (ott										
568 Piermont Road					Subchapter 8 (other than K-12) OOther (i.e. private & commercial buildings., homes, etc.)										
City (5)	County (6)		Cour	ity Code (7)	Sq. Feet: #40,000 of Floors:1 Bldg. Age: 60 years old										
Demarest, NJ	Bergen			e Use Only)	Current Use (prior if b	eina demolished	/\ge. 00	years c	nu						
07627	5		Total	e use Only)	the state of the s										
Name of Monitoring Firm H															
Hame of Montolling Filling	ited by Blad	. Owner (8)	ASC	<u> И No.</u>	Name of Contractor (9	9)									
						-									
Street Address			1		BL Contracting Inc.										
					Street Address										
City. State, Zip Code					5 Marguerite Lane										
					City State, Zip Code										
Project Manager for Monito	ina Firm	Telephone	Mumber		Towaco NJ 07082										
	TOTODITOTIC	<u>vuilibei</u>		Telephone Number 973-901-0153		License	e Numb	er							
					973-901-0153		01265								
Scheduled Start Date (10)		Scheduled (Complet	ion Date (11)	Name of COLLA AL III		1								
2/25/19	1	3/5/19	91110101	ion bate (11)	Name of OSHA Monitor	oring									
0					DE Contracting Inc										
Occupancy Status During A	batement (C	check only on	e)		Street Address										
△ racility Closed/Vacated [Jurina Entire	Darind of A	otomon	t	5 Marguerite Lane										
☐Abatement Performed Out Describe	side of Norr	mal Facility H	ours -		City. State, Zip Code										
Describe					311 9 1210 : 21p 0000										
⊠Other - Describe: Monda	w Sunday	7 4 9 7 9 9 9 9 9 9			Towaco NJ 07082										
December worlds	ly-Suriday i	AIVI-3;30 PIV	l												
Source of Work (Check all th	at apply)														
								17.VX							
≥ 3 sf or ≥				⊠ Renovat	tion	C M:-: C									
≥ 160 sf or	' ≥ 260 If			☐ Demoliti		☐ Mini-Enclosur									
				L Domond		□Glove-bag Pro	cedure								
Location of Asbestos-	Is Loc	ation Normal	ly	Description of As	sbestos Containing Materi	⊠ Non-Friable P									
Containing Material (ACM) in Facility (13)	Used	Solely by	-	(ACM) (i.e. therr	mal systems insulation	0,000	y SF or	Abate	ement	Type					
racinty (13)	Maint.	/Custodial St	aff?	surfacing, VAT, o	or other misc.)	LF)	y SF OF	Remove	e Renair	Encap E	nelosa				
	(12)					1 ,				ensup e	Helose				
Roof	YES	NO	NA												
	1		X	Remove Roof FI	lashing	48 SF		X		1	T-				
			- 1												
			1												
laws (B															
lame of Reg. Waste Hauler		NJDEP Wast	e Hauler	ID#	Cubic Yards of Waste		N			1					
I Contraction !	1	0036784			4		Name of	Regist	ered L	andfill	-				
BL Contracting Inc					10-50 10-50		T.R.R.F								
						Disposal Dat		0.	h. 0:	1 -					
						שופטעפוע ווא	<u>C</u>	<u>C1</u>	ty, Stat	ie Da					
completed by (Print or Type)	1.	e:::				3/06/2019		10	illy tow	n, PA					
ledo Vasilic		<u>Citle</u>	100		Signature		Date2/15	/2018	-						
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Date of Notification (1) 2/19/19				of Building s Easter				Р	W,	FEB 2	2 5 2	2019		
Agencies Notified Type Notification EPA Initial				Address Ninter St	treet, S	Suite 30	00		<u> </u>					
DEP Amended Amendmen				tate, Zip C nam, MA					9.5	willia Tara		1		
DOH justification) Cancellation		g		of Contact MCHAN						elephone N 06.683.6				
Name of Facility (Africa)			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Takir LAMBERTVILLE COMPRESSOR	g Place STATI	(3) ON	Type of Facility (4)											
Street Address 1325 NJ ROUTE 179			School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buil								ldings	, hom	nes,	
City (5) LAMBERTVILLE			Square Feet # of Floors								Bldg. Age			
County (6) USA				Code (7) USE ONLY)		Curr	ent Use (P	rior if be	eing demoli	shed)			
Name of Monitoring Firm Hired by Building TRC Environmental Corporation	Owner (8	3)	ASC	M No.		Name NAS	of Ab	atement Co						
Street Address 41 Spring Street					Street 39 O		ess PIA AVE							
City, State, Zip Code New Providence, NJ 07974			City, State, Zip Code WOBURN, AM 01801						01					
Project Manager for Monitoring Firm Gail Lage		Telepho (615)3	one No. 301-5741	1	Teleph 781.2	none N	No.		License 02002	No.				
Start Date (10) 3/5/19	Schedu 7/31/1		npletion	Date (11)				HA Monitor						
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	32481							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of al Facilit	Abaten y Hours	nent s		41 Spring Street City, State, Zip Code									
					_	New	Prov	ridence, N	NJ 079	974				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	Renova Demolit				×	Mi Gl	ni-Enclosur ovebag Pro	e cedure	with Negative Pressure ure and Non-Friable Procedure				
	ls ls	s Locati	- Non-Exempted (u NOII-FIIa	DIE FIC		emen	t
Location of		Normal ed Sole	ly			scription						Ty	/ре	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintenar stodial S (12)	nce/		thermal surface	aining M systems cing, VA niscellan	insula T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ö	
exterior			Х			site par				,000 sf	х			
exterior			Х			aulking			1 25	500 If	x			
exterior		Х		g	lazing			3	600 If	х				
Name of Registered Waste Hauler	L	IDEDIA		0.11										
VASTE MANAGEMENT	NJDEP Waste Hauler ID No. of Waste 17273 Name of Registered Landfill MINERVA ENTERPRISES.					LLC	;							
City, State .AFAYETTE, NJ				al Date)-7/3/1/	1,9/	City, Stat		RG, OH						
Completed by leffery Teagarden	Vice P	resident	Si	gnature	In	11	1	100	ate /21/19)				

PAID

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

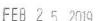
CK #868

Date of Notification (1)				N	lame of	f Building	g Owner/Operator	(2)	(F 10)		n n	7	100 m			
		19			Verizo		g Owner/Operator	(2)	。追		ll A					
Agencies Notified ☑ EPA ☑ DOLWD	Type Notifica			S	treet Ac	ddress izon Wa	ay	·	FE	B 2 5	20	19				
☑ DHSS	Amended Amendme			C	ity, Stat	te, Zip C	ode		1			10000	1 ***			
□ DCA	☐ Emergend	8 C 1/2 C 1/	ina		Baski	ing Rid	ge, NJ	*	Ésant.		124 237					
(NJAC 5:23-8)	justificatio	n)	5	N:	ame of	Contact			Telephone Number							
	☐ Cancellation	on			Brian	Tilton			301-802-5112							
					FACIL	ITY IN	FORMATION									
Name of Facility Where A	Abatement is Ta	aking Pla	ice (3	3)				Type of Facility	(4)							
Verizon								☐ School (K-12	2)							
Street Address								Subchapter 8	Other than K	-12)						
37 Maple Avenue								Other (i.e., proposed homes, etc.)	rivate and comr	nercial i	buildin	gs,				
City (5)								Square Feet	# of Floors	T E	Bldg. A	ae				
Morristown, NJ								10,000	1		50	3-				
County (6) Morris				C	County (Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)	A C					
	I list of the D. ii ii															
Name of Monitoring Firm				AS	CM No.			ent Contractor (9)								
USA Environmenta Street Address	i wanagaeme	ent Inc.					JVN Restora	tion Inc								
8436 Enterprise Ave							Street Address									
City, State, Zip Code	enue						47 Foster Road									
Philadelphia, PA 19					City, State, Zip Code											
Project Manager for Moni			17				Staten Island	NY 10309								
88						1	Telephone No.		License No.							
Start Date (10) Scheduled Completion I							718-605-6256		00774		1.000					
03 / _11_ /					/ 19	10000000	Name of OSHA N Testor Tech	Ionitor								
Occupancy Status During	Abatement (Ch	heck only	one)			Street Address									
☐ Facility Closed/Vacate	d During Entire	Period o	of Aba	atemen	nt		10 59 Jackso	n Avenue								
	Outside of Nor	mal Faci	lity H	ours - [Describe	e -	City, State, Zip Co									
Time of Abatement:	AM	_PM/ <u>5:0</u>	<u>0</u> PM	- <u>1:30</u> /	ΑM		LIC NY 11101									
Scope of Work (Check all	that apply)						M = " 0 .					-				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				ation lition						lure						
				cation							patem	ent T	vne			
Location of Asbestos-Containing N		Us		nally olely b	v		Description of				-		T .			
TO BE ABA	TED	M	lainte	nance/	i I	Asbest (i.e	os Containing Mat thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facility	У	Cu	stodi: 1)	al Staff	f?		surfacing, VAT,	or	SF or LF)	oval	=	nsd	Sur			
(13)		Yes		S 1 20	/A		other miscellaned	ous)				late	(D)			
Basement MER Room		\boxtimes] FI	loor Til	e and Mastic		195 SF	\boxtimes						
Basement MER Room		\boxtimes			Pip	pe Insu	ulation		20 LF							
]														
]					П	П	П	П						
Name of Registered Waste	e Hauler			NJDE	P Wast	te (Cubic Yards of	Name of Registe	ered Landfill							
					r ID No.). \\	Vaste 20	G.R.O.W.S.,								
City, State NJ-					-300	1	20 Disposal Date	City, State								
Newark, NJ							03/22/19	Morrisville,F								
Completed By (Print or Typ	oe) T	Title					Signature	//)oto						
Ralph Barnhardt		(CD33-75)	ct Ma	anage	r		1/1/	Date 02-21-19								
Ralph Barnhardt Project Manager							IN/III	remi		1	-1 -	1				

	PAU	D		ICATIO	N OF ASE t to NJAC	ESTOS	ABATE			Do	21	18	35	91	7	
Date of Notification (1) 2/20/19	5.00, 256.740, 354.740				of Building		Operator	(2)		JU!)\ <u>\</u>	L	NACO CONTRACTOR	
Agencies Notified	Type Notification				y Makov Address	VSKI					E	(1)	F			
× EPA	× Initial			Olicely	ludiess											
DEP	Amended		f		ate, Zip C		5-0-0-10				5 1	FEB	2 5	201	^	
X DOL	Amendment Emergency (osburg, N	NJ 088	365				FEB 2 5 2019					
DOH DCA	justification) Cancellation		1	Name of Contact Joshua Marks												
	Caricellation			Joshua Marks FACILITY INFORMATION												
Name of Facility Where	Abatement is Taking	Place ((3)	Type of Facility (4)									-			
home				School (K-12)												
Street Address				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings,							s, hom	ies,				
City (5)								Squa	etc.) are Feet	# 0	f Floors		Bldg.	Age		
Phillipsburg				2800					2			72	•			
County (6) Warren					Code (7) USE ONLY)		Curr	ent Use (Pri	or if bei	ng demol	ished)				
Name of Monitoring Firm	Hired by Building C)wner (8)	ASCI	M No.		Name		atement Co	ntractor	(9)					
Charact Addison				ABS Environmental					al Serv	cies, Ll	_C					
Street Address		Street Address 4 E Gate Drive, PO					O Boy 483									
City, State, Zip Code							Zip Code	Dox				Sept A Harry 2				
B							d, NJ 074	118								
Project Manager for Mon		Telepho	ne No.		Teleph 973-				License 703	No.						
Start Date (10) 2/25/19		Schedu 3/8/19		npletion	Date (11)				HA Monitor							
Occupancy Status During	Abatement (Check						Street	Addro	ee							
Facility Closed/Vaca	ated During Entire P	eriod of	Abatem	ent			Outcot	ridure	33							
Abatement Perform Other – Describe:	ed Outside of Norma pasement	al Facilit	y Hours			_	City, S	tate, Z	ip Code							
Scope of Work (Check Al	II That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova				×	Fu	II Containm	ent with	Negative	Press	ure			
2 160 St or 2260 IT			Demolit	on					ni-Enclosure ovebag Prod							
									n-Exempte		Non-Fri	able Pr	ocedu	ire	ore .	
1			Locati Normall											temen ype	t	
Location Asbestos-Containing		Use	ed Sole	y by	Asbes		scription taining M		(ACM)	A	mount		T	T		
TO BE ABA In Facili			aintenar todial S			thermal	systems cing, VA	insul:		(S	pecify	Re	, D	Encapsulate	Enc	
(13)	• 9		(12)				niscellan			SF	or LF)	Remova	Repair	nsq	Enclosure	
		Yes	No	N/A								<u>n</u>]	ate	re	
baseme	ent			x	plaste	er wire	lath ce	iling/	soffits	1,0	00 SF	х				
Name of Day																
Name of Registered Was	110 2002	JDEP W auler ID		Cubic of Was			Name of					Charles a				
Newark Carting 0						TBD			Grand (Centra	l Sanita	ary La	ndfil			
City, State Newark, NJ						Dispos	sal Date		City, State Pen Arg		1					
Completed by		Title					ignature	v.	1 en Aig	ayı PA		Date				
A. Scott Higgins Title President										9						



Date of Notification (1)	-	Name	e of Building	g Owner	r/Operat	or (2)	بالا	UL_	0	27	3				
2/20/19			Woo	odbridge	Hospi	tality, I	LC		E		1	M	***		
Agencies Notified Type Notificati	on		10	t Address 2 Route 9	9 North	h			_		. !)	17			
DEP Amended Amended Amended	ent#			State, Zip C odbridge I		731			FE	B 2	5 2	019			
DOH justification Cancellat		3		of Contact					Telephone Number						
N	0.745.00			CILITY INF	ORMA	TION		/	32-306-	7468			18		
Name of Facility Where Abatement is Talbusiness - hotel	king Place (3	3)			- Tilling	HON	Type of Facil	ity (4)		* 5.14					
Street Address 1002 Route 9 North			School (K						oter 8 (Other than K-12)						
City (5) Woodbridge							Other (i. etc.) Square Feet		# of Floors Bldg. Age				mes		
County (6)							5000	2			72	vae			
Middlesex			County Code (7) Current Use (Price (STATE USE ONLY) business					Prior if be	eing demol	ished)					
Name of Monitoring Firm Hired by Building	g Owner (8)		ASC	ASCM No. Name of Abatement Con					r (9)				_		
Street Address					ntal Ser	vcies, LL	.C								
City, State Zin Code	ity, State, Zip Code					100000000000000000000000000000000000000	Street Address 4 E Gate Drive, PO Box 483								
							State, Zip Code								
Project Manager for Monitoring Firm		Telephi	one No.		_	nwood, NJ 0	7418	1							
Start Date (10)						764 - 2276		License 703	No.						
3/1/19	1 Ochequieu Com					Name	of OSHA Monito	or							
Occupancy Status During Abatement (Che	e)				Stroot	Address									
X Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Dariad of A	h-4	ent				tate, Zip Code								
Scope of Work (Check All That Apply)					-	5-0.17	200 All POLICE - 200 CONTRACT.								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY N	enovat emoliti				×	Mini-Enclosu Glovebag Pr	ull Containment with Negative Pressure ini-Enclosure lovebag Procedure							
	ls L	ocatio	מח				Non-Exempted (*) and Non-Friable Procedu				ure atement				
Location of Asbestos-Containing Material (ACM)	No Used	ormally Solely	y v bv	Ashaata	Des	cription	of					emen /pe			
TO BE ABATED In Facility (13)	Custo	itenan dial Si (12)		(i.e. th	nermal : surfac	systems ing, VAT iscelland	aterial (ACM) insulation, , or eous)	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A							<u>a</u>	-	late	lre		
see attached			х		see a	attache	ed			х					
ame of Registered Waste Hauler															
ewark Carting Hau			DEP Wa uler ID I 509	No.	Cubic Y of Wast TBD				ed Landfill Sanitar		dfili				
ity, State ewark, NJ					Disposa TBD	al Date	City, Stat	e		y Lai	iuiiii				
completed by . Scott Higgins Title President						nature	Pen Ar	n Argyl PA							
2.7	JIII.					2/20/19									



1002 Route 9 North Woodbridge NJ Middlesex County

Hotel Office

Sample Location	ACM Material	Quantity	Abatement Type				
Furnace Room	Ceiling transite	100 SF	Removal				

Scope of Work ~ Building A

Sample Location	ACM Material	Quantity	Abatement Type
First & Second Floors	Spray-On	10,000 SF	Removal
First Floor Utility Room	Pipe insulation	10 pipe fittings	Removal

Scope of Work ~ Building B

Sample Location	ACM Material	Quantity	Abatement Type
First Floor	Spray-On	10,000 SF	Removal
Second Floor	1 7	10,000 51	Removal

Scope of Work ~ Building C

Sample Location	ACM Material	Quantity	Abatement Type
First Floor Second Floor	Spray-On	10,000 SF	Removal
First Floor Utility Room	Pipe fitting	10 pipe fittings	Removal

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Date of Notification (1)			П	Name o	of Building	Owner	Operator	r (2)		H	Ch	, !			1	1_
2/20/19					olition Re			(2)		er orannen	尼向	F	П	n/	7 10	
Agencies Notified	Type Notification				Address				2.1			17	- !!	- W	1.5	
X EPA	× Initial				arren Str		Suite 34	ļ								
DEP DOL	Amended Amendment	#			ate, Zip Co ensack,		7604				FEI	3 2	5	201	0	111
⊠ DOH	Emergency	(including	-		of Contact	143 07	001		-	1 +				201.	<i>-</i>	ares.
DCA	justification) Cancellation			Byron					*0		ephone 1.887.			10, 80°C		4,0
Name of Facility (A/I)				FAC	ILITY INFO	ORMAT	ION					1000		.,	. 60	
Name of Facility Where A	Abatement is Takir	ig Place (3)					Туре	of Facility	(4)		8				
Street Address				School (K-12) Subchapter 8 (Other than K-12)												
								X	Other (i.e. p	orivate	& comme	ercial	build	dings,	hom	es,
City (5)									etc.) re Feet	# 0	f Floors		Тв	ldg. A	vae.	
Elizabeth				1900 2								5	,90			
County (6) Union				County	Code (7) USE ONLY	1			nt Use (Pri	or if bei	ng demo	lished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC				hom								
owner (b)					VI IND.				tement Cor onmenta			10				
Street Address				*******		Addres		11 061 4	Cles, L	LC						
							4 E	4 E Gate Drive, PO Box 483								
City, State, Zip Code							City, State, Zip Code Glenwood, NJ 07418									
Project Manager for Mon	Project Manager for Manifester Files									18						
Project Manager for Monitoring Firm					ne No.			764-2			License 703	e No.				
Start Date (10)	Start Date (10) Scheduled Con								A Monitor		703					
3/2/19		4/2/19					76008905260									
Occupancy Status During							Street	Addres	SS							
Facility Closed/Vaca Abatement Performs	ited During Entire I	Period of A	baten	nent			Cit. C	1-1- 7								
Other - Describe: _		iai i dollity	rioure				City, S	itate, Zi	p Code							
Scope of Work (Check Al	That Apply)				-					-						-
≥3 sf or ≥3 lf		England .	enova				×	Full	Containme	ent with	Negativ	e Pres	ssur	e		
× ≥160 sf or ≥260 lf		∐ De	emolit	ion				Min	i-Enclosure vebag Prod	•	•					
								Nor	-Exempted	d (*) and	d Non-Fr	iable	Proc	edur	9	
		0.000	_ocati							Abateme Type					SCHOOL SHOOL	
Location Asbestos-Containing		Used	Sole	ly by	Ashast		scription taining M		(ACM)		mount	-		· y	pe	
TO BE ABA	TED	Mair Custo	ntenar		(i.e.	thermal	systems	s insula	tion,	(S	pecify		Re	_Z	Enc	E E
(13)	. 9		(12)				cing, VA miscellan			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	7	late	Iге
see attac	hed			X		see	attach	ed				×			_	
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			-													
		1										+	-			-
Name of Registered Wast	e Hauler		N	JDEP W	aste	Cubic	Yards		Name of I	Registe	red Land	Ifill				
Newark Carting Hauler ID No. 04509						of Wa			Grand (an	dfill		
04509					TBD	sal Date				Carill	ary L	all	uiii			
Newark, NJ	- NII					TBD	aai Date		City, State Pen Arg		A					
Completed by		Title				2000	Signature		1	,, , ,		Date				
A. Scott Higgins President						2/20/19										

FEB 2 5 2019

722 Westminster Avenue Elizabeth NJ Union County

Basement

Sample Location	ACM Material	Quantity	Abatement Type
Basement	Pipe insulation	130 LF	Removal
	Wall plaster	160 SF	Removal

1st Floor West Wing

Sample Location	ACM Material	Quantity	Abatement Type
First Floor West Wing	Floor tile	130 SF	Removal

2nd Floor Next to Stairs

Sample Location	ACM Material	Quantity	Abatement Type
Second Floor	Wall plaster	130 SF	Removal

Roof ~ Entire House & Garage

Sample Location	ACM Material	Quantity	Abatement Type
Roof – house	Roofing	5,000 SF	Removal
Roof - garage	Roofing	650 SF	Removal

Feb. 19.2019 06:36 AM A. Mac Contracting

2012620321

PAGE. 2/ FEB.25 2019

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Date of Newscard (N) A/19/19 Agencies Named (Nyso Notice of			Name	FF/2	ALL	M	PUAGEM	BUT	; ;		Vaure .		
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Name of Membring Fam Shed by Building	Owner (6)	Alligh	M No.		A M	el Abellenent C no Contracti	entractions of the contractions of the contrac	F (30)	gelamblerell	-		
City, Blate, Si Code						195 \	Address Arestend Ave	,					
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Project Manager for Mondeding Firm			Telepini			2014	ane No. 162-5641		Danies N	ð.		-	-
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Newerk, N.J. 07108			T Section 1		371	1/19	Pen A		0.7		-		_
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Date of Notification (1) Agencies Notified	Type Netification		1		f Building				CAMETO				
☐ EPA	Initial			916	BK	100	たい	aro 1	82.			· · · · · · · · · · · · · · · · · · ·	
DEP	Amended Amendment Emergency		— I,	30	ate, Zip Co	1	NJ	08	0/0			72	
DOH DCA	justification) Cancellation		A	Name of	Contact BC	- TKI	14/)	G/O -		7 -	0.3	<i>(/</i>)
Name of Facility Where	Abatamant in Takin	a Diana (2)	FACI	LITY INFO						_	Ud	4/2
(2)	/			~P 1/				Type of Facili					
Street Address 7				or h				School (i.e. other (i.e. etc.)	K-12) hter 8 (Other than K-1 e. private & commerci	2) al buil	dings,	home	es,
City (5) BEVER/Y								Square Feet	# of Floors	E	Bldg. A	ge	
County (6)					Code (7)			Current Use (Prior if being demolisi	ned)	N	4	
Name of Monitoring Firm	Uised by Duilding	2 (0)			USE ONLY)			VAC	AUT				
HEALTH USA				ASCN	/I No.		_	of Abatement (···			
Street Address		16	American Company				1 1 12	Address	onstruc;	10			
POBOX 365 City, State, Zip Code	2						10	BOXI	1587				
BERLIN A	J 08	00 9	7				City, S	tate, Zip Code	74 19176	e.o			
Project Manager for Mon				Felepho		12 11	1	one No.	License N	0.	,		
Start Date (10)	/(Schedul	ed Com	pletion 1	152 - 1 Date (11)	5/1	26 /-	784-46 of OSHA Monit	94 013	2/20	5		
2-21-19		2-	Ar,	-19			, ramo	or oor are work					
Occupancy Status During			570.00		19		Street /	Address	29				
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	Period of a	Abatem / Hours	ent		_	City, SI	tate, Zip Code					
Scope of Work (Check A	ll That Apply)	1					l .						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Inches	Renoval Demoliti				er	Mini-Enclos				Θ.	
		- 1	Location						The state of the s	1	Abate	ement	:
Location Asbestos-Containing		Use	Normall ed Solel	y by	Ashes		scription	of laterial (ACM)	Amount	-	l y	pe	
TO BE ABA	ATED		iintenar todial S		(i.e.	thermal	systems cing, VA	insulation,	Amount (Specify	Re	Z	Enca	Enc
(13)	-7		(12)				niscellan		SF or LF)	Removal	Repair	Encapsulate	Enclosure
C = 01		Yes	No	N/A	-/-		-/	SC CHILL		L	_	б	W.
FIRST FIR		-		V	100	or I	TILE	75.	2503F	2/			
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Name of Registered Was	te Hauler		19.56%	JDEP W		Cubic		Name	of Registered Landfill				
	USTRUCT,	1000	0	-	758	of Wa	1	16	TERN BEN	K	5	CC	_
City, State	PA						sal Date	City, S		/	211		
Completed by	0	Title		0		2-	Signature		1) Da	te	13		

C F | Print Form

CK91604 PA	AID	NOTI (FICATIO Pursuan	N OF AS t to NJA	BESTOS C 8:60 an	ABATE d 12:12	0)				M		
Date of Notification (1)					g Owner/	Operator	(2)		EED () - /	2010		1
2.19.19				y Barne	ett			1 11	FEB 2	. 5 2	2019		1-0 1
Agencies Notified Type Notificati	on		Street	Address									
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DEP Amended Amended				ate, Zip C				33			1	11 4	
	ent #_ cy (includin				J 07823								
DOH justification	n)			of Contac				Te	lephone N	umber			
DCA Cancellat	ion			y Barne									
Name of Facility Where Abatement is Ta	king Place i	(3)	FAC	ILITY IN	FORMAT	ION	Tupo of English	h. (4)					
Same	mig . idoo	(0)					Type of Facilit						
Street Address							School (F	K-12)	ner than K-	121			
Same									& commercial		ildings	, hom	ies.
City (5)							etc.)						
3000 - 30							Square Feet 1560	2	f Floors		Bldg. / 99	Age	
County (6)			County	Code (7)				1 -	in a da a a li				
Warren			(STATE	USE ONL	Y)		Current Use (F Residence	-nor ir be	ing demolis	snea)			
Name of Monitoring Firm Hired by Buildin	a Owner (8)	ASC	M No		Name	of Abatement C	`ontractor	(0)				
A.E.S.L	5	<i>t</i> :	002				Environmer						
Street Address							Address	ital Oci	VICE				
2200 Patterson Plank Rd. Unit 7							Hegerman	St					
City, State, Zip Code							tate, Zip Code						
North Bergen NJ 07047							delphia PA	19136					
Project Manager for Monitoring Firm		1	Telepho	ne No.			one No.		License I	Vo			
Carmelo Altamonte			201-86	64-6583	3		333-5117		01328	10.			
Start Date (10)	Schedul	ed Co	mpletion	Date (11)		Name	of OSHA Monito	or					
2.20.19	2.21.1					A.E.S	3.L						
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street	Address						
Facility Closed/Vacated During Entin	e Period of	Abater	ment			Same	€						
Abatement Performed Outside of No Other – Describe:	rmal Facility	y Hour	S		Ì	City, St	ate, Zip Code						
						Same	Э						
Scope of Work (Check All That Apply)					100:312 317	10.00							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli	ation tion			×	Full Contains Mini-Enclosu Glovebag Pr	ıre	Negative I	Pressu	ıre		
						×	Non-Exempt	ed (*) an	d Non-Frial	ole Pro	cedur	е	
		Locat										ement	t
Location of		Norma ed Sole		1		cription					1)	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/				aterial (ACM)	200.00	mount			m	m
In Facility	Cus	todial ((12)	Staff?	(1.6.		ing, VAT	insulation, , or		pecify or LF)	Rem	Repair	ıcar	inclo
(13)		(12)			other m	iscellane	eous)	C-ALIFSO		Remova	pair	Encapsulate	Enclosure
	Yes	No	N/A							-		ate	æ
Sewing Room		Х				VAT		1	40sf	X			
Laundry Room		Х				VAT			51sf	X			
Basement		х			Pipe	Insulati	ion	+	55lf	x			
										1			
Name of Registered Waste Hauler		N	IJDEP W	aste	Cubic Y	'ards	Name o	f Registe	red Landfill		1		
Century Waste Services		1 10000	lauler ID I	No.	of Wasi	te	1 1 2 2 2 3	Manag					
City, State		3	2787					87	Jement				
ony, otato					Disposa	al Date	City, Sta	ate					

Elizabeth NJ

Anthony Jones

Title

Project Manager

Completed by

Date

2.19.19

Bristol PA

Signature

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	8-19			N	ame of Build	ding Owner/Operato	MINER	2			103	
Agencies Notified	Type Notifica	tion		Si	reet Addres		RMONIT	DR. UN	LIT	1		
DEP DEP	Amended Amendme	nt#		Ci	ty, State, Zip	Code						=
⊠ рон	Emergence justification	y (includ	ling	L		CLAPT WI	AY COU	RT HOUSE		U,	5.0	25
□ DCA	Cancellatio			Na	ame of Cont	AT		Telephone Nur	nber			
				1=		FORMATION						
Name of Facility Where A			ce (3)				Type of Facili	ty (4)		-		
	ESIDEM	CE					School (K-	12)				
Street Address							Other (i.e.,	er 8 (Other than K-1 private & commerce	(2) cial bui	ilding	s,	
City (5)				120			homes, etc Square Feet	c.) # of Floors	TE	Bldg. /	Age	_
	TONE H	HAR	60				1500	\		50		
County (6)	WAY			U.	ounty Code SE ONLY)	(7) (STATE	Current Use (F	Prior if being demol	ished)			
Name of Monitoring Firm I (8)	Hired by Buildin	g Owne		ASC	M No.		nent Contractor (9)				
Street Address	IH			_		Street Address	timed	INC				_
						360	2 S. S.	PRIXE 4	F			
City, State, Zip Code						City, State, Zip C	ode	10- 113	- 1	G.		=
Project Manager for Monit	oring Firm		Tel	ephon	e No.	Telephone No.	LE SHU	License No.	0	80	1	=
			_				9-0472		71	.+)		
Start Date (10) 2-28-19	Sch		Somple S-		Date (11)	Name of OSHA	Monitor [1]	lin				
Occupancy Status During	Abatement (Ch			11		Street Address	M	100	-	_		=
Facility Closed/Vacated Abatement Performed (During Entire F	Period of	Abate	ement			W.	2				
Other - Describe:	Juiside of Norm	iai Facili	ty Hou	irs		City, State, Zip Co	ode	4				
Scope of Work (Check all t	that apply)					-						=
_≥3 sf or ≥3 lf ≤≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-Enc	losure g Procedure	gative Pressure	re			
		N	ocatio	,					7	Abate		1000
Location of Asbestos-Containing Mat		Mair	Soleh	ce/		Description of os Containing Mate		Amount			П	
TO BE ABATED IN Facility	2	5	istodia Staff?	ıı	(i.e.,	thermal systems in surfacing, VAT,	or .	(Specify SF or LF)	Ren	Repair	Encapsulate	
(13)		<u> </u>	(12)		-	other miscellaneou	(a		Removal	pair	sula	
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ame of Registered Waste I			IN	IDEP V	Waste	Cubic Yards	Name of Regis	stered Landfill				
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ty, State	Hauler	N				22.22.23	City, State	4. C, W.	<u>U.</u>	Д		
KLTMCO I	Hauler ANC Title	N. SUP	_ <u> </u>			of Waste	City, State		U. 8-	A		_

2221	0.220			
Ch	eck	#	257	791

Agencies Notified Type Notification	Date of Notification (1) 2/13/	2019		1	Name of E	Building O	wner/Opera	ator (2) heunis	ssen			3 H (F		ect E	
DOL	Agencies Notified	Type Notification		- 5	Street Ad	dress					FEB :	2 5	20	19	1
DOL	X EPA	Initial								1 10			0,000		1,
DCH	DEP X DOL	Amended Amendment		_ [City, State	e, Zip Cod		eton, N	J 08540					1	er sia
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)	X DOH		including		Name of (12727		Telephone I	Number				
Name of Facility (Hore Abatement is Taking Place (3) Schedules	DCA	Cancellation				2000		en					- 6		
Street Address School (K-12) Subchapter 8 (Other than K-12) Street Address PO Box 341 Subchapter 8 (Other than K-12) Street Address PO Box 341 Subchapter 8 (Other than K-12) Street Address PO Box 341 Subchapter 8 (Other than K-12) Street Address PO Box 341 Subchapter 8 (Other than K-12) Street Address PO Box 341 Subchapter 8 (Other than K-12) Street Address PO Box 341 Subchapter 8 (Other than K-12) Street Address PO Box 341 Subchapter 8 (Other than K-12) Street Address PO Box 341 Subchapter 8 (Other than K-12) Street Address PO Box 341 Subchapter 8 (Other than K-12) Street Addr	Name of Engility Where	Abatament is Takin	n Place (3)		FACIL	ITY INFO	RMATION	TTV	ne of Facility (4)					
City (5) Princeton, NJ 08540 County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Street Address PO Box 341 Project Manager for Monitoring Firm Bill Weisgarber Stant Date (19) 2/15/2019 Sta	F		g 1 1800 (0)					_ ; - ;	School (K-12	!)	(-12)				
Princeton, NJ 08540 S000 3 90 +/-	Street Address							8.	Other (i.e. pr etc.)	ivate & comme		-			5,
Mercer Mame of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9)		nceton, NJ 0854	10						5000	3		50000	53 9750		
MECS Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) 2/15/2019 Scheduled Completion Date (11) 2/15/2019 Scheduled Completion Date (11) 2/15/2019 Scheduled Completion Date (11) Abatement Performed Outside of Normal Facility Hours Cother—Describe: 3an 4 pm City, State, Zip Code Allentown, NJ 08501 Project Manager for Monitoring Firm Bill Weisgarber Scheduled Completion Date (11) 2/15/2019 Scheduled Completion Date (11) 2/15/2019 Scheduled Completion Date (11) 2/19/2019 MECS Street Address PO Box 321 Name of OSHA Monitor MECS Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1							-	- Cı	urrent Use (Prio	r if being demo	olished)				
PO Box 341	Name of Monitoring Firm		Owner (8)		ASCM	No.					s, Inc.	9			
City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Allentown, NJ 08501 Telephone No. 609 298-4070 609 29	Street Address	PO Box 341					1000								
Telephone No. 609 298-4070 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours		*** **********************************	00515			All Cartes	Ci	ity, State	e, Zip Code	1					
Start Date (10) 2/15/2019 Scheduled Completion Date (11) 2/19/2019 Scheduled Completed by Scheduled Completion Date (11) 2/19/2019 Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completed by Scheduled Completion Date (11) Scheduled Completion Date (11	Project Manager for Mo	nitoring Firm	76515				Te	elephon	e No.	Licens					
Size										0049	<u> </u>				\dashv
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 8 am 4 pm Scope of Work (Check All That Apply) 2 3 sf or 23 lf 2160 sf or 2260 lf	2/15/2019			2			N	1ECS							
Abatement Performed Outside of Normal Facility Hours	Occupancy Status Durin	ng Abatement (Che	ck Only One	e)			100								
Scope of Work (Check All That Apply)	Abatement Perform	ned Outside of Norr	Period of A mal Facility	baten Hours	nent		Ci	ity, Stat	e, Zip Code	515					
Salid or ≥3 if Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and No								7110010				_			
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement X Thermal Pipe Insulation To able Abatement Type Abatem	≥3 sf or ≥3 lf	ліі Тпас другу)	1000					×	Mini-Enclosure Glovebag Proc	edure					
Secretion of Secretion S									Non-Exempled	() and Non-r	TIADIE I			nent	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Basement Crawl Space Name of Registered Waste Hauler Stevens Environmental Services City, State Allentown, NJ Used Solely by Maintenance/Custodial Staff? (12) Value (13) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Value (12) Value (12) Value (12) Value (13) Value (14) Value (15)			22000		2000							•			
Basement X Thermal Pipe Insulation 120 If X Crawl Space X Thermal Pipe Insulation 65 If X Name of Registered Waste Hauler Stevens Environmental Services NJDEP Waste Hauler ID No. 18292 Pairless Landfill City, State Allentown, NJ Completed by Title Signature Date 24/1/2019	Asbestos-Containin TO BE AB In Fac	g Material (ACM) BATED illity	Use Mai	d Sole ntena odial	ely by ince/ Staff?		os Contain thermal sys surfacing	ing Mat stems ir g, VAT,	erial (ACM) nsulation, or	(Specify		Removal	Repair	Encapsula	Enclosure
Crawl Space X Thermal Pipe Insulation 65 If x Name of Registered Waste Hauler Stevens Environmental Services NJDEP Waste Hauler ID No. 18292 Pairless Landfill City, State Allentown, NJ Disposal Date 3/4/2019 Morrisville, PA Completed by Title Signature Date 2/4/2019 Date 2/4/2019 Date 2/4/20			Yes		N/A				1-0	400 15		,	-	(Đ	
Name of Registered Waste Hauler Stevens Environmental Services City, State Allentown, NJ Completed by NJDEP Waste Hauler ID No. 18292 Disposal Date 3/4/2019 City, State Morrisville, PA Date Date Date		0.116170393576											-		
Stevens Environmental Services City, State Allentown, NJ Completed by Title Hauler ID No. 18292 Disposal Date 3/4/2019 Signature Fairless Landfill City, State Morrisville, PA	Crawl S	Space		Х		Th	ermal Pi	pe Ins	ulation	65 lf	2	K			
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Allentown, NJ Completed by Title Signature Date 2/42/2019	No			10.00	Hauler ID	No.	of Waste		100000000000000000000000000000000000000						
Completed by Title Signature Date															
I Marilon E. Stevens Troject Manager /#//						Sign	nature			F-12 (4.00 (5.00))	13/	2019)		

3/2019 10:17AM														0
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V 257C	M PA	Mo	TIFIQA (Puta	State ATION O Buant to	of figw J F ASBES NJAC B:6	ersey TOS AB d and 1	ATEME 2:120)	INT		Check	101	3 20	019 .	*
Date of Notification (1) 2/13/	2019		NE	ame of B	WQ ENIBILL		Theun			Evillation .			•	80.
Agencies Notified	Type Notification		St	reel Add	resa					•	4	1	*** CC	
EPA DEP X DOL	initial Amended Amendment	i	G	lly, Stale	Zip Gods		ceton,	NJ 08	1540	• • • • • • • • • • • • • • • • • • •		<u> </u>		
DOH DCA	Emergency (in justification) Cancellation	ncluding	N	ame of C		heunis	sen			Telephone N	umber		ti:	
				FAGILI	TY INFOR	MATIO	N		=W149					_
Name of Facility Where A F Street Address	Abatement is Taking Residence	Place (3)						Sc	Facility (4) hool (K-12 bchapter 8		-12)	h		
City (5)		-						Sdnate of	1.)	# of Floors		ldg. Ag	79	-
Prin	ncaton, NJ 0854	0 _					-	500)	3 If being dome	limb r 43	90 +/		_
County (5) Mercer					e only	-	-		•		(ISUBO)			
Name of Monitoring Firm	MECS	Owner (8)		ASCM	No.		Steve	ns En		ractor (9) ntal Service:	s, Inc.			
Sireal Address	PO Box 941						PO B	ox 322	2					
City, State, Zip Oode C	hesterfield, NJ 0	8515					City, St Allent		N1 0820.	1				
Project Manager for Mo Bill Weis	oitoring Firm			609 29	8-4070		Telepho 609 2	59-96	88	D0493				
Start Date (10) 2/15/2019		Schedule		pletion D 19/201			MEC:		A Monitor					
Occupancy Status Duris							PO B	ox 34						
Abstement Parlon Other - Describe:	ned Ouring Entire F med Outside of Norm 8 am 4 pm	ral Fadity	Hours	ent -		_	City, St		Code d, NJ 08	516				and a
Scope of Work (Check	All hat Apply)													
23 st or 23 fl 2180 af or 2260 if			eneyat emeliti				×	Mini	-Enclosure	entre				
	i	T :-		1				Non	-Evempted	s (") and Non-F	riable Pr	Abat	emeni	
Locatio			Lossii Iormali d Sale	ty			cription		10010	Amount	-	T)	/pe	Г
Asbestos-Containin TO BE A In Fa: (13	BATED	Ma	Intensi lodial 5 (12)	nee/	Asbest (i.e.	os Conta stermai i surfac other m	systems	s insula T, or	tion,	(Specify SF or LF)	Removal	Repair	Encapsulak	
		Yes	No	NVA						400 12	-	_	6	-
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Crawl !	Space	_	X	-	Th	ermal f	ripe ir	nsulat	on	60 11				1
				NJDEP W	Two bea	Cubic	Yarda		Name of	Registered La	ndfill			
Name of Registered Vi Stevens Environm				18292	No.	of Was			Fairles	e tandfill				
City, State Allentown, NJ							sal Dale 1/2019		Morris	te / ville, PA				
Completed by Mahlon E. Stevens	8	Proje	ect M	anager		5	dgreau	W	1	/	Date 2/	3/20	19	

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Project Manager for Monitoring Firm		1	Telephor	ie No.	Tele	phone I	No.	Lit	cense N	O.			
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Name of Registered Waste Hauler		1000000	JDEP Wauler ID		Cubic Yards of Waste			Registered					
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City, State Brick, NJ					Disposal Da 2/11/19	te	City, Sta	te Morris	ville. I	PA			
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Eric Plackis		Pre	sident			2			[2/1/1	9		

Print Form

<u> BUFIN</u>

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 Accurate Builders Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 742 Ocean Avenue **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Lakewood, NJ 08701 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Steven Aisenstark 732-941-0300 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lakewood 2500 2 65 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __02__/__20__/_19 02 / 21 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 If ☐ Mini-Enclosure
☐ Glovebag Proce ☐ Renovation ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Asbestos Containing Material (ACM) Remova Enclosure Encapsulate Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior П \boxtimes asbestos siding 2200 sf \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 02/21/19 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola Project Manager



	X		= (F	ursuant	to NJAC	5 8:60 a	na 12:120)	111	H .		0	10/2 (12)	1	
Date of Notification (1)	2/8/19			Name Ashlar	of Build	ding Ov	wner/Ope	rator (2)		EB	25	2019		200
Agencies Notified N	lotification	Type			Addres				261	Posses 1		ata s.			
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Street Address 1000 Harrison Ave								(X) Ot		er 8 (othe private 8 tc.				dings	S,
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							Lodi, NJ	J 07644							
Project Manager for Mor	nitoring Firm	n Tele	ephone N	Number			Telepho					nse N		r	
(8)							(973)68	5-9791			011	91 "A	"		
Scheduled Start Date (1 11/5/18	0)	Sch	neduled (Completi 1/22/201		e (11)	Name o	f OSHA	A Monito	or					
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(X) Facility Closed/Vaca () Abatement Performe () Other – Describe:	d Outside o	of Norma			ent		City, Sta	ate, Zip	Code						
Source of Work (Check	all that app	ly)					/) F	Cantai		ith Name	4				
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Building 722 – Roof B		u u	Х			Roo	of Material			3800 SF	:	X			
Building 722 – Roof C			Х			Roo	of Material	ı		6720 SF	_	Х			
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City, State Garfield, NJ			49.7			Disposa	al Date TBD	1.7	City, S Melville	tate	pully !				
Completed by Roque G Schipilliti	Title	Project I	Manager		Sign	nature	16				Date		/8/19		



ANNUAL NOTIFICATION CHECK# 1768

Date of Notification (1) 02/11/2019			Name of MAP	of Building LEWOO	Owner/OD III L	Operato LC	r (2)		E	9 E		M	72.4 72.4 73.4	francis Nation
Agencies Notified Type Notific	ation			Address MAPLE	:WOO[D DRIV	/E		3	N (14)	IJ	17		
DEP Amend Amend	ment #		City, St MAP	ate, Zip C LE SHA	ode DE NJ	08052			FE	B 2	5	2019		
DOH justifica Cancel		ig }		of Contact RIE BAL					lephone 56-482				1 24	•
No.			FAC	ILITY INF	ORMAT	ION					-			
Name of Facility Where Abatement is PARK CROSSING APARTME	Taking Place NT HOME	(3) S					Type of Facili							
Street Address 2000 MAPLEWOOD DRIVE							Subchap	oter 8 (Ot e. private	her than & comm	K-12) nercial b	uild	lings,	hom	es,
City (5) MAPLE SHADE							Square Feet 900-1200	# (of Floors -2			dg. A 0+	ge	
County (6) CAMDEN				Code (7) USE ONLY)		Current Use (RESIDEN	Prior if be TIAL AF	eing dem	olished ENTS)			
Name of Monitoring Firm Hired by Build ACER ASSOC.	ding Owner (B)	ASCI	M No.		Name ASS	of Abatement (BURED ENV	Contracto	r (9) ENTAL	SER	VIC	ES	INC	
Street Address 1012 INDUSTRIAL DRIVE						Street	Address CLEMS RUI							
City, State, Zip Code WEST BERLIN NJ 08091						City, S	State, Zip Code _LICA HILL N							
Project Manager for Monitoring Firm MATT DEPALMA			Telepho 856-8	one No.)	Teleph	none No. -304-4676		Licens 0114					
Start Date (10) 02/20/2019	Schedu 02/20	uled Cor 0/2020	npletion	Date (11)		S. 00000000000	of OSHA Monit	or	0114					
Occupancy Status During Abatement (7/4/2004/2004		52 <u>87 - 1 (1980 - 1987) - 1986 (1</u>				Address			-				
Facility Closed/Vacated During Er	tire Period of	Abaten	nent			200	RT. 130 NO	RTH				Ų		•
Abatement Performed Outside of Other – Describe: UNITS VACAN	IT DURING A	BATEN	IENT				tate, Zip Code NAMINSON	NJ 080	77			14		
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≥160 sf or ≥260 lf		Renova Demoli				V	Full Contain Mini-Enclos	ure		ve Pres	sure	9		
				,		✓	Glovebag P Non-Exemp			riable F	roc	edure)	
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(13)		(12)				niscellan		3	F or LF)	- XOLIOVO	2000	Repair	Encapsulate	Enclosure
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						OR TI		50	00 SF	X			222	
					M	IASTIC	>	50	00 SF	X				
N														
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL	SERVICES	H	JDEP W lauler ID 034895	No.	of Was		12.000	of Registe RVA L						
City, State MULLICA HILL NJ						al Date 0/2020	City, St WAY	ate NESBU	IRG, OI	Н		*		
Completed by RON SWANSON	Title GEI	VERAI	_ MAN	AGER	S	ignature	Xuxen h	Wano	911	Date 02/1	1/2	019		

PAID

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

FEB 2 5 2019

Date of Notification (1)		Name of Bu	ilding Owner/Operato		STRUCTI	ON		i.e	
Agencies Notified Type Notifica	tion	Street Addr	ess	-74 57		Arte dans		-	=
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DOH justification	m)	Name of Co	ptact -VEAW 1		Telephone Num	ber			
			INFORMATION						=
Name of Facility Where Abatement is Ta	aking Place (3)	FACILITY	THE COUNTRY	Type of Facilit	y (4)				-
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Street Address			3000 K		private & commerci		lings,		
·City (5)	14			Square Feet	# of Floors		dg. A		
AVALON		T 0 1 : 0	In (7) (STATE	1500	Prior if being demok		0	_	_
County (6) CAPE MAY		USE ONLY	e (7) (STATE		ACART	34100)			_
Name of Monitoring Firm Hired by Buildir	ng Owner	ASCM No.		nent Contractor (**** SEE ON CHI				
(8) N/A			Street Address	CM(0	INC				=
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City, State, Zip Code			City, State, Zip C	Code PLE SH	HADE N	T (8	050	>
	Tole	ephone No.	Talanhona No		License No.			2	=
Project Manager for Monitoring Firm	1 616	apriorie no.	856-77	9-0472	01	37.	1		_
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Abatement Performed Outside of Norr	nal Facility Hour	rs	City, State, Zip C	Code	a a				
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Renovati ☐ Demolitio	n.	Gloveb	ag Procedure	on-Friable Procedu	re		22	
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Street Address								Addre		1 361	voics,	LLC				
100000000000000000000000000000000000000									os Drive, PC) Box	483					
City, State, Zip Code									ip Code	DOX	100					_
							100000000000000000000000000000000000000		i, NJ 074	18						
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph				Licen	se No				
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Start Date (10)		Scheduled	Con	pletion	Date (11)		Name	of OSH	HA Monitor							_
2/27/19		3/8/19														
Occupancy Status Durin	g Abatement (Che	ck Only One)					Street	Addres	SS			12.00				
Facility Closed/Vac	ated During Entire	Period of Ab	atem	ent												
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility H	ours				City, S	tate, Z	ip Code			-201				
						_										
Scope of Work (Check A	II That Apply)	-						-								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- December of	nova					Ful	I Containme	ent with	Negati	ive Pr	essu	re		
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Asbestos-Containing		Used 9			Asbes	tos Cont	taining M	laterial	(ACM)	А	mount	1			_	
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(13)	ity	(12)				cing, VA' niscellan			SF	or LF)		Remova	Repair	apsi	Enclosure
		Yes	No	N/A			mooman	codoj					val	Ē.	Encapsulate	ure
orawl an	000	100	-													
crawl sp	ace			X		pipe	insulat	tion		15	50 LF		X			
												-				
Name of Registered Was	te Hauler		0.00	JDEP W		Cubic	Yards		Name of F	Registe	red Lan	ndfill				
ABS Environmental	Services			auler ID 0424	No.	of Was	ste		Grows/F			- mattl				
City, State			10	1424		TBD	and Dete									
Glenwood, NJ						TBD	sal Date		City, State		DΛ					
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A. Scott Higgins		Preside	ent			1 5	ignature		11			Date		·		
		Joilac							11			2/1	8/19			

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	res FE	5 25	201	9	45
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Type of Facility (4)				
School (K-1 Subchapter Other (i.e. p	2) 8 (Other than h rivate & comme	(-12) ercial buil	dings	, hom	es,
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Current Use (Price	or if being demo	olished)			
nome	tractor (0)				
Abatement Con nvironmenta		LC			
ddress					
ate Drive, PO	Box 483				
te, Zip Code					
ood, NJ 074	18				
ne No.	License	e No.			
64-2276	703				
OSHA Monitor					
idress			, , _ (, 0) ,		
e, Zip Code					
Mini-Enclosure Glovebag Proc			cedur	e	t
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erial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
4	-				
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on	30 SF 10 LF	X			
on on					

Date of Notification (1) 2/18/19					of Building		Operator	r (2)		LCh		g [7			
Agencies Notified	Type Notification	,	_	Street A	eth Hur	nter						7 . !!	- 11	19				
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Name of Facility Where A	batement is Taki	ng Place (3	3)					Туре	of Facility (4	4)								
home									School (K-1									
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01. (5)							33		etc.)	iivato	u comm	icroidi	Dunc	migs,	HOH			
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ivarile or ivionitoring Firm	mired by Building	Owner (8)		ASCN	∕l No.				itement Con ronmenta									
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0.0007.100.000							127 (017) (017)		ss Drive, PO	Roy	183							
City, State, Zip Code						-			ip Code	DUX	400					-		
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Project Manager for Moni	toring Firm		- 1	Telepho	ne No.	_		none N	AL PARKE COUNTY	10	Licen	sa No						
(72)								764-2			703	30 140						
Start Date (10)		Schedule	ed Con	npletion	Date (11)		Name	of OSI	HA Monitor		-							
4/17/19		4/24/19	9															
Occupancy Status During	Abatement (Che	ck Only On	e)				Street	Addres	SS					1-1:-0:				
Facility Closed/Vaca Abatement Performe Other – Describe: b	d Outside of Nor	Period of A mal Facility	batem	nent			City, S	State, Z	ip Code					-1-11-11				
Scope of Work (Check All	That Apply)	-																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- Contraction -	enova emolit				×	e rui	l Containme		n Negati	ve Pre	essur	е				
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Location			lormali d Sole				scription					+		ıy	pe			
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(13)		-				other r	niscellan	neous)					oval	air	Encapsulate	sure		
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basement boil	basement boiler room					pipe	insula	tion		1	0 LF		х					
basement stora	age room			Х		pipe	insula	tion		5	0 LF		х					
Name of Registered Wast	e Hauler		1 1 2 2 1 2	JDEP W			Yards		Name of F	Registe	ered Lar	ndfill						
ABS Environmental S	Services		1000000	auler ID 0424	NO.	of Was	ste		Grows/F	airle	SS							
City, State		Marcal PAC		L. Carrier	sal Date	2011	City, State											
Glenwood, NJ			TBD			Morristo		PA										
									Date									
Completed by A. Scott Higgins		Title				S	ignature)	//			Date	Date 2/18/19					

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Date of Notification (1) 2/18/19				of Building Santoro	Owner/	Operato	r (2)		,,,,,	F		3 11	M	,
Agencies Notified Type Notification	n		Street	Address					118	1		- 11	10	- 174.50
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DOH justification	1)			of Contact					Tel	ephone N	Number		near	
DCA Cancellation	on			Santoro						_00_		1		- 101
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	ILITY INF	ORMAT	ION	Type	e of Facility (4)			s tiki	nive as	
home	3	(-,					1,75							
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							×	Other (i.e. p				ilding	s, hom	ies,
City (5)							Sau	etc.) are Feet	# 0	f Floors		Bldg.	۸۵٥	
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Morris			(STATE	USE ONLY	r)		hor			ng donne	nomou			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.		Name	of Ab	atement Con	tractor	(9)				
								ironmenta			LC			
Street Address						Street	Addre	ess			1000			
						4 E	Gate	Drive, PO	Box	483				
City, State, Zip Code								Zip Code						
						Gler	woo	d, NJ 074	18					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph				License	No.			
Charles (40)						973-	764-	2276		703				
Start Date (10) 3/5/19	3/19/1		mpletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Addre	ss	110					
Facility Closed/Vacated During Entire	Period of	Abater	nent											
Abatement Performed Outside of No. Other – Describe:	mal Facilit	y Hour	5		_	City, S	tate, Z	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	×	Renova	ation			×] ₌	II Containme	nt with	Manatina		7000		
× ≥160 sf or ≥260 lf	-	Demoli					Мі	ni-Enclosure	iit witti	ivegative	riess	ire		
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Asbestos-Containing Material (ACM)		ed Sole		Asbes	tos Cont	scription aining M	0.07073	L(ACM)	A	mount		T		
TO BE ABATED In Facility		aintena stodial S		(i.e.	thermal	systems	s insul	ation,	(S	pecify	Re	R	nca	En
(13)		(12)				cing, VA niscellan			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
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Altonom		-	X		111	oor the	k 		24	0 SF	X			
		L												
Name of Registered Waste Hauler		100000	JDEP W		Cubic			Name of R	Registe	red Land	fill			
Tonys Cleanup & Hauling		10000	lauler ID 7787	No.	of Was	ste		Chrin Br	other	s Sanit	ary La	ndfil	1	
City, State					Dispos	al Date		City, State						
Bridgewater, NJ					TBD			Easton,						
Completed by	Title	2000 00			S	ignature				1	Date			
A. Scott Higgins	Pres	ident						///			2/18/1	9		

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) Agencies Notified Type Notification 四边边 Street Address , EP.4 Initial DEP Amended DOL City, State, Zip Code Amendment ≝ Emergency (including DOH justification) Ė DCA Name of Contact Cancellation B c. Tres Telephone Number Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION 926 Street Address Type of Facility (4) FI School (K-12) Subchapter 8 (Other than K-12) City (5 Other (i.e. private & commercia) buildings, homes, etc.) County (6) Square Feet # of Floors Bldg Age County Code (7) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code 1212 Gilli City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) License No. Scheduled Completion Date (11) 657-346-01070 Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Street Address Other - Describe: Scope of Work (Check All That Apply) City, State, Zip Code ≥3 sf or ≥3 If ≥160 sf or ≥260 if □ _ Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure O Glovebag Procedure Non-Exempled (*) and Non-Friable Procedure Is Location Lecation of Asbestos-Committing Material (ACM)
TO BE ABATED Normally Used Solely by Description of Asbestos Containing Material (ACM) Abatement Maintenance in Facility Type Custodial Staff? (i.e. thermal systems insulation, surfacing (13)Απουπε (12)Eneupsulate VAT. or (Specify Removul Repair other miscellaneous) SF or LF) Ves No N/A of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. Name of Registered Landfill of Waste 20547 Disposal Date City, State 150 K Resident. Signature 7-06-08)

Do not use this form for aspestos licensure exempted activities.

Date of Notification (1)	PALD	State of NOTIFICATION OF A (Pursuant to NJ	New Jersey SBESTOS AB: AC 8:60 and 12:	ATEMENT		CF	N V
2/8/19		Name of Building	9 Owner/Operati	15			
Agencies Notified Type N	lotification	Street Address	teve	Thorne		FEB 25	2019
TE DEP TO A	itial mended nendment #	City, State, Zip Co	de /	,,,	rijet.		- 1-1
DOH Jus	nergency (including	Name of Contact	rf NJ	08403			
	acellation	Besner FACULTUIN	2		Telephone N	imher (, , ,	_
Name of Facility Where Abatement is	Taking Place (3)	FACILITY INFO	DRMATION	Type of Facility (4)			
Street Address City (5)				School (K-12)	Other than K-12,)	
Log Dark				Other (i.e. priva	ne & commercia	d buildings, ho	mes, etc.)
County (6) At lande		County Code (7)			# of Floors	Bldg. Ag	ge
Name of Monitoring Firm Hired by Build	iing Owner (8)	(STATE USE ONLI) ASCM No.		Current Use (Prior if b		i)	
Street Address		TIOCIA NO.	_ I stale	Abatement Contractor	(9) 1110-11 /	447 (TIX7)	110
City, State, Zip Code			1212	Dizlivas	Ch No	<u>947 9 11767 1</u> 9	
Project Manager for Monitoring Firm			City, State	e, Zip Code	T Si	<u> </u>	
Start Date (10)		Telephone No.	Terebuone	: 1/O"	License No.	<u>073</u>	
3/1/19	Scheduled Compi	letion Date (11)	Name of O	SHA Monitor	EVA	70	
Occupancy Status During Abatement (Check	Only One)	[]	Street Addre				ĺ
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Abatement al Facility Hours						
Scope of Work (Check All That Apply)			City, State, 2	Zip Code			
☐ ≥3 sf or ≥3 lf .☑ ≥!60 sf or ≥260 lf	Renovation Demolition		10000	uli Containment with No ini-Enclosure ovebag Procedure	egative Pressure		
	Is Location	1	☑ No	n-Exempted (*) and No	n-Friable Proce	dure	
Lecation of Asbestos-Conmining Material (ACM) TO BE ABATED	Normally Used Solely by Maintenance	Asbestos Conra	ecipuon of			Abatement Type	
in Facility (13)	Custodial Staff? (12)	V diethiet zyster	ns insulation, su AT, or iscellaneous)	ACM) Amo (Special SF or	ify =	Enempsulate Repair	Ench
Outsie	Yes No N/	A C			\var	aidate	
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ame of Registered Waste Hauler							j
AN JOE U.C.	NJDEP W Hauler ID 2094	No. OF Waste	ls N	ame of Registered Land	<u> </u>		
ov, State DELATICO NI I	7 (0.84)	Disposal Da		UM of P			
indicated by	rue V. Ricadent.	1.5. Signan	D	July town	Date Date		
41 (R-06-08)	and sectify		多		2/19	1/14	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

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Date of N	otification (1):		Name	of Bui	lding C	Owner/Operator (2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	į.					
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GDOL	(including		Javier		ruot.				201-455-4						
□ DOH □ DCA	justification) ☐ Cancellation														
						FACILITY INFO	Andrew Control								
Name of I	Facility:							of Facility ((4):						
263 Route	e 202							ool (K-12) chanter 8 (Other than K-	12)					
City/ (5)		County	(6):		Count	y Code (7):			ate & commo		uildings, ho	mes, et	c.)	*	
Flemingto		Hunterd			08822	, (,	Saua	re Feet:			# of Floor	rs.			
											# 011100i				
							Bldg.	. Age ent Use: W	Iorehouse						
Name of l	Monitoring Firm	n Hired l	by Build	ing O	wner:	ASCM No.:			ment Contra	actor (9):				
	l Environmenta		o) 2 ana	5		1.05.50.50.50.50	177				,				
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	liam Street						Stree	t Address:	329 DL0	auw	ау				
City, Stat	te, Zip Code:						City,	State, Zip	Code:						
East Ora	ange, NJ 07017	7					New	ark, NJ	07104						
	Ianager for Mor		Firm:			Telephone No.:	Telep	ohone No.	:	Lice	nse No.:				
Inno Ob	iorah					201-954-6359	(973)	350-0101	l	012	15				
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2/09/19		AV-227A	28/19						al Laborato	ries					
	y Status During A Closed/vacated D							t Address: West 36 th	: Street, Suit	te 203					
	ent Performed Ou						City,	State, Zip							
□ Other Describe:								*							
The second second second	Work (Check all the	hat apply)):						500000	-1	12.20	12.12	10 100		
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	Location of			Locat ormal		De	scripti	ion of						ype	
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	(ACM)			ntena		surfa	cing, V	VAT, or	ation,	A	mount	Rei	R	Encapsulat	Enclosure
T	O BE ABATED)		ıstodi Staff		other	miscel	llaneous)		(5	Specify	Removal	Repair	aps	los
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City, Sta	ate: NY 10474			Disp	osal D	ate:		City, Sta	ate: burg, OH 4						
Complet					Title	:	Signa	iture:		.000	Date:				
	u Oraegbunam				Vice	President	e		The same of the sa		2/08/201	19			



State of New Jersey

1X 1/20				OF ASBI				ENT						1/3	17			
Date of Notification (1) 02.18.2019				f Building of f Garfiel		Operator	(2	2)	11		F	EB	2 5	201	9			
Agencies Notified Type Notification			Street A		1													
X EPA X Initial Amended Amendment #			City, State, Zip Code Garfield, New Jersey 07026							F.,								
Emergency (in				f Contact	ociscy	01020			-	Tel	ephon		e Number					
X DOH justification) X DCA Cancellation				d Walis						(97	73) 3	40-2	(000	(553	0			
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	ORMATI	ON	Т	ype of F	acility (4)								
Garfield Public Library							E		ool (K-1									
Street Address 500 Midland Avenue									chapter er (i.e. p					dings,	home	es,		
City (5) Garfield							4	Square F	are Feet					lge				
County (6) Bergen			County Code (7) (STATE USE ONLY)					Current C Renova		or if bei	ng de	molis	hed)					
Name of Monitoring Firm Hired by Building O McCabe Environmental Services	wner (8)		ASCM No. 00118				Name of Abatement Contractor (9) Spes Contracting LLC											
Street Address 464 Valley Brook Road								et Address Meriline Avenue										
City, State, Zip Code Lyndhurst, New Jersey 07071								City, State, Zip Code Woodland Park, New Jersey 07424										
Project Manager for Monitoring Firm John H. Chiaviello	- 1	Telepho 201-43		Telephone No. 973-807-6330					License No. 01383									
						Name of OSHA Monitor Spes Contracting LLC												
Occupancy Status During Abatement (Check	Only On	e)	Street Ad					Address Meriline Avenue										
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem Hours	ement urs City, S					te, Zip Cand Pa	ode		7001	074	24	-				
Scope of Work (Check All That Apply)						7700	Juli	allu Fa	ark, ive	W Jei	sey	0742						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	≥3 sf or ≥3 lf × Reno						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						re					
		Locati												Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormall d Solel intenar odial S (12)	ely by nce/ Staff? Asbestos Containing (i.e. thermal system				ng Material (ACM) ems insulation, VAT, or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A												e			
1st Floor Men's Bathroom			X	Pipe Insulation/Fi							-F/2F		X		X			
Basement Hallway Ceiling			X	X Pipe Insulation/F				ittings		2L	F/4P	С	X		Х			
(Beneath Women's Bathroom)													-	_				
Name of Registered Waste Hauler Spes Contracting LLC		Н				laste			3.R.O.	ne of Registered Landfill								
City, State Woodland Park, New Jersey 07424			Disposal Date TBD					0.1	ity, Stat Iorrisv		Α							
Completed by Branislav Pavlov	Title proje	ct ma	nager		8	Signature Date 02.						te .18.2017						

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Date of Notification (1)					Name	of Building	Owner	Operator (2)	The second secon				- 1			
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						Johnson											
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Private house Sweet Address									Type of Facility School (K-1) Subchapter	• 12	2)	listin m					
511 400		_			100000000				homas, stc.)	caczei cu	nernå					
City (5) Dover, NJ 07801									Square Feet	# of Floors	Bio	Bidg. Age					
					Coun	ty Cade (7)	STATE	ISE ONLY)	Current Use (Pr	ior if being demo	liahad)		-				
Name of Monitoring Fire	direct by Bu	iden C	100007	hs I	ASCM	No.	I Manager				_						
		1.4m. 10 2-	111-41 1	"	Mark	reu.	Name of Abahament Contractor (9) Gt Tech LLC										
Street Address							CONTRACTOR OF THE PERSON NAMED IN	Address									
						576 Valley Rd #283											
					City, State, Zip Code Wayne, NJ 07470								200				
Project Manager for Moi	hitoring Firm			Tele	phone	No.	Telepi	38-1777		License No.							
Start Date (10)								of OSHA N	Monitor	log Mari	-	COMPONI					
					1	19	Enviro	vision Co									
Occupancy Status Durin	ng Abatement	(Check	only o	no)	71		1	Address									
Abatament Performs	of Outside of	Morroal	Pacting.	e House	PR & Flore	scribe	20-21	Wagazaw	Road, Bldg .#	35E							
Time of Abatement:	AM	P	A/	PH		MA		awa, NJ C									
Scope of Work (Check a	I (nat apply)		-	Service of the servic	-		12 0011	Gleen L	p and decontami	nation with negat	ve presi	HITE		Constant or			
23 af or >3 lt 2 160 af or 280 lf				novat			8	Mini-En	o Procedure	Tent with Negati	ve Presi	Hnd					
		E CONTRACTO	10	Loca	flag	7	L _{so.}	Non-Exe	empted (*) and Re	on-Friable Proces	MANAGEMENT OF THE PARTY OF THE	!					
Locatio	n of			Momma	Hy		6	esoription	of		-	edem	1	-			
County (6) Mortis Name of Manitoring Firm Hired by Building Clyner (Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) Scheduled C				suces,	Asbe	etos Co	ntaining Ma	eterial (ACM) Insulation.	Amount (Specify	Resmoval	Repair	Encaptulate	Enclosuse				
IN Faci	Hity		Cus	10dial (12)	Staff?	1 10.5	\$40 0	scing, VAT	ī, or	SIF or LF)	NOV.	air	prad	196			
(13)			Ven	T	T	1	othe	miscellane	8048)		1		9	-			
Basement			- Carrier Inc.	No	N/A	Pipe ins	Y .*			10 LF	150	-		1			
	asement D D									_	ᆜ	<u></u>	블				
Crawl space					8	Pipe ins	ulation			60 LF		Ш					
					10							Ш					
Ame of Sectional Manie Variet																	
									te Hama of Regi								
Gr Tech LLC City, State					00337	85		SD Code	T.R.R.F. Inc			Administracy.					
								sal Date	City, State								
Wayne, NJ 07470 Completed By (Print or	Tubal	Tiba				-	-	3D Sonetura	Tullytown, P		Det :						
N.Jevtic	. /						1	PELLIEN CLEV	Heate Wen	1	Date						
N.Jevtic Owner									- 00001	707	12/15/19		_				

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

Date of Notification (1) 02-14-19 Agencies Notified Type Notification EPA Initial		Nama of E))	17					2.527 			
<u> </u>	100		Building Ov evelopme			(2)	e		FEB	2 5	2019				
I I FPA I I I I I I I I I I I I I I I I I I I	1.8%	Street Add 1214 Ar	dress nderson	Ave.			90 E1		ust,			1			
DEP Amended DOL Amendment #			e, Zip Code e, NJ 072				1	£*		2000		- 41	1 1 1 1 2 2		
Emergency (including justification) DCA Emergency (including justification) Cancellation	1000	Name of 0						100000000000000000000000000000000000000	phone Nu 1) 486-0						
DCA Cancellation			ITY INFOR	RMATI	ON			1							
Name of Facility Where Abatement is Taking Place (3)	171012				Тур	oe of Facility (1)							
Private Home							School (K-1		s than V 1	2)					
Street Address						r	Subchapter Other (i.e. p	rivate 8	commerc	د) ial build	ings,	home	s,		
City (5)						Sq	etc.) uare Feet	# of	Floors	BI	dg. Ag	ge	_		
Palisades Park															
County (6) Bergen		County C (STATE U	ode (7) SE ONLY)			Cu	rrent Use (Prid	or if bei	ng demolis	hed)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM	No.				batement Cor		(9)						
N/A					Delta		ontracting L	LC.							
Street Address						7th St.									
City, State, Zip Code							State, Zip Code on City NJ 07087								
Project Manager for Monitoring Firm		Telephon	e No.		Telepi		No. -9603		License I	No.					
Colored di		lotion F	20to (11)				SHA Monitor		01200						
Start Date (10) Schedul 02-25-19 02-28-		Del					fa Contracting LLC								
Occupancy Status During Abatement (Check Only Or	ne)				Street 522										
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe:	Abatem y Hours	nent			City, S	State	, Zip Code City NJ 0708	27							
Scope of Work (Check All That Apply)					Offic)II C	nty No 07 oc								
≥3 sf or ≥3 lf	Renova Demolit						Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e			
l.	s Locati	ion									Abate				
Location of Lie	Normal		A a b a a b		Description of Containing Material (ACM)				mount		Туре				
TO BE ABATED	aintena stodial ((12)	Staff?		herma surfa		ns in: AT, d	sulation, or	(5	Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
Yes	No	N/A										TO .			
1st Floor/ Kitchen	X				VAT				00 SF	X					
Exterior	х				Siding	3		2,0	000 SF	х					
										-	-				
No. of Decision of Microb Header		NJDEP W	lacte	Cubi	c Yards		Name of	Regist	ered Land	<u> </u>					
Name of Registered Waste Hauler Delfa Contracting LLC		Hauler ID 3524	No.	of Wa	aste 20		Tullyto	wn Re	esource		ery F	acili	ty		
City, State Union City, NJ					osal Dat 2-28-19										
Completed by Title	ect M	anager			Signatu	re	1		- N	Date 02-14-	19				

CK 2801 PAID

- YOUNGED		THE RESERVE		Contractor of
17-3	(3)		n	T 77
1 -3	10 000	1	-	11/1
1		11	11	1

Date of Notification (1) 02/15/19	0.00	Name of Building Owner/Operator (2) FEB 2 5 2019)								
Agencies Notified	Type Notification			treet Add						-					1	-			
Agericles Notified					derson /	lve.				Cirren		· · · ·			i)	-			
EPA DEP	Initial Amended				e, Zip Code				-		- 1-		farit						
X DOL	Amendment #_	0	Cliffside Park, NJ 07010																
DOH DCA	Emergency (inc justification) Cancellation	luding	1 33	ame of (Contact D'Antonio	Telephone Number 973-726-0488													
☐ DCA				97	3-726	-048	 			_									
Name of Facility Where	Abstament is Taking P	lace (3)	Tie -	FACIL	ITY INFOR	RMATIC		Type of	Facility (4	4)					- 10/02	-			
Private House	Abatement is Taking P	iace (3)						_	theol (K-1										
Street Address								Su	bchapter	8 (Othe	er than	K-12)							
							l l	ot etc	her (i.e. p	rivate 8	comm	nercial	buildir	ngs, h	omes	5,			
City (5)								Square		# of	Floors		Bld	g. Ag	e				
Bogota																			
County (6)				ounty Co	ode (7) SE ONLY)		(Current	Use (Prid	or if bein	ng dem	olishe	d)						
Bergen			1								(0)				***************************************				
Name of Monitoring Fire		ner (8)		ASCM	No.				ment Cor Construc										
Competent Super	VISOT						Street A			,uon n						-			
Street Address									46 Suite	e 14									
City, State, Zip Code							, State, Zip Code												
ony, onto, zip oodo							otowa NJ 07512												
Project Manager for Mo	onitoring Firm		T	elephon	e No.		Telepho					se No							
35						973 832 4244 01379													
Start Date (10)	14 1000	chedules 3/11/1		pletion D	Date (11)		me of OSHA Monitor ame as above												
02/25/19					eet Address														
Occupancy Status Duri	ng Abatement (Check (Only One)			1	Street P	Adoress	i										
Facility Closed/Va Abatement Perfor	cated During Entire Per med Outside of Normal	riod of Al Facility	atem Hours	ent			City, Sta	ate, Zip	Code										
Other - Describe:						-													
Scope of Work (Check	All That Apply)	POST SELECTION OF THE PARTY OF																	
23 sf or ≥3 tf		-	enovat				X		Containm		n Nega	tive Pr	essur	Э					
≥160 sf or ≥260 lf			emoliti	on			X	Glov	-Enclosur /ebag Pro	cedure									
								, Non	-Exempte	d (*) ar	d Non-	-Friabl							
		200.000	ocatio	200020									Abatement Type						
Locati			ormall Sole		0 - 1 4		Description of				Amount								
Asbestos-Containin		Maii	ntenar	nce/			ontaining Material (ACM) all systems insulation, facing, VAT, or			F 8	Specify		R	ਹ	Enca	En			
In Fa	cility	Custo	odial S (12)	Staff?		surfa				S	F or LF	-)	Remova	Repair	Encapsulate	Enclosure			
(1)	3)			Т		ouver	r miscellaneous).						/al	4:	flate	Jre			
		Yes	No	N/A							×					-			
See at					Pin					1/1	A 4 1		V		v				
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TUROUGHOS	T CEILING			X PUASTER						5,00	0 3		/		4	-			
THEODING T INALES					X PLASTER						7.000 57								
Name of Registered Waste Hauler				JDEP W lauler ID		Oubic of Wa	oic Yards Name			of Registered Landfill									
Academy Constru	ection Inc		6 E32	34422			Fairless Landfill												
City, State Totowa NJ				Disposal Da TBD					Date City, State Morrisville, PA										
Completed by		Title					Signaturé	11	4 1	/	-	Da	ite						
John Geleski		PM	N=0											15/19					