### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 02-19-19					of Building rella Den			r (2)		A TANK	ECD '	2 c	00.	in	1	The state of the s
Agencies Notified	Type Notification Initial			Street A 40 De	Address forest A	ve.				101	FEB	<del>- b</del>	20	19	144	=1
DEP DOL	Amended Amendment #			1052.0	ate, Zip Co Hanover		7936									- 107 - G
DOH DCA	Emergency (in justification)  Cancellation	ncluding			of Contact Caravella	a				Tel	ephone N 73) 884	Numb	er			
				FAC	ILITY INFO	ORMA	TION									
Name of Facility Where Apartment Building	Abatement is Taking	Place (	3)						of Facility School (K-	12)						
Street Address 3091 Edwin Ave.								F	Subchapte Other (i.e. petc.)				build	ings,	home	es,
City (5) Fort Lee								Squa	re Feet	# of	Floors		BI	dg. A	ge	
County (6) Bergen					Code (7) USE ONLY			Curre	ent Use (Pri	or if bei	ng demo	lished	i)			
Name of Monitoring Firm N/A	Hired by Building O	wner (8)		ASC	M No.		- V C C C C C C C C C C C C C C C C C C		atement Co tracting L		(9)					
Street Address								Addre								
City, State, Zip Code									Cip Code / NJ 0708	37						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none N 216-9	0.		License					
Start Date (10) 02-20-19		Schedul		npletion	Date (11)				HA Monitor tracting L							
Occupancy Status During	g Abatement (Check	Only Or	ne)				Street	Addres	ss							
Abatement Perform	ated During Entire Pe ed Outside of Norma							7th State, Z	t. ip Code							
Other - Describe: _	II That Apply						Unio	n City	NJ 0708	37						
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	іі і пат Арріу)		Renova Demolit					Mir	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					е	
		100	Locati	-									1		ment pe	i.
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		tos Co therm surf	escription ntaining N al system facing, VA miscellar	/laterial s insula T, or		(8	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Entire Pro	nerty	1.00	X	1	Dem	olitio	n Asbes	toe D	ehrie	Y 10-110-		X		-		
2.11.10 7 10	porty				Dom	Ontio	11710000	5103 D	CDIIS			Δ				
											1					
Name of Desistered Mars		JDEP W	<u> </u>													
0.52	Name of Registered Waste Hauler  Caravella Demolition Inc						c Yards aste 2000		Name of	Registe ESI	red Land	ITHI				
City, State E. Hanover, NJ 0793	36						osal Date 28-19		City, Stat Bethler		Ą					
Completed by Jaime Delgado		Title Proj.	Mana	ager.			Signature	•	d			Date 02-1	9-1	9		
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### State of New Jersey

(	JK 285	PAU	U)			to NJAC					ECF				
	te of Notification (1) /20/2019				Name o Aaror	f Building Duff	Owner/C	Operator (2	2)		FEB 2	, e 50.	1Q		
Ag	encies Notified	Type Notification			Street A	ddress						n 40	IJ	1	7 *
×	EPA	Initial								<u></u>	tions, process, as a second	* / *		4.0	
×	DEP DOL	Amended Amendment Emergency		_		ate, Zip Co ardsville		924		÷				!	
×	DOH DCA	justification) Cancellation				f Contact Stanko	vic				Telenhone	Number			
NIa		A b - t t ' T - 1 '	DI (	,	FACI	LITY INFO	ORMATI								200115-2
	me of Facility Where . /A	Abatement is Takir	ig Place (	3)						of Facility (4					
Str	eet Address								S x C		2) 8 (Other than k rivate & comme		dings,	home	es,
	y (5) ernardsville								Square 1,458	Feet	# of Floors		31dg. <i>A</i> 1964		
	unty (6) omerset					Code (7) USE ONLY)				t Use (Pric	or if being demo	olished)	Townson or Steel		***************************************
Na	me of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/I No.				ement Con CIndustr					
Str	eet Address							Street A 54 Mo							
City	y, State, Zip Code						City, Sta		Code 07871						
Pro	ject Manager for Mor	itoring Firm		Telepho	ne No.		Telepho 973-5			License 0133					
	rt Date (10) /21/2019		Schedul 3/4/20		npletion	Date (11)				A Monitor	ial				
Oc	cupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street A	ddress	5					
×	Facility Closed/Vac Abatement Perform	ated During Entire ed Outside of Norr	Period of a	Abaten / Hours	nent			54 Mc						PO 17	
	Other - Describe:						_			07871					
Sco	pe of Work (Check A	ll That Apply)													
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini	Enclosure ebag Proc					
			Is	Locati	ion			- Lineal	14011	-Lxempted	( ) and Non-i	lable Fit	Abate		:
	Location	5 (C) TO C	1	Normal	ly		Des	scription o	of			-	Ту	ре	
	Asbestos-Containing TO BE AB		Ma	ed Sole iintena	nce/			aining Ma systems i			Amount	77		Ē	ш
	In Facil		Cus	todial 8 (12)	Staff?	(1.6.	surfa	cing, VAT	, or	1011,	(Specify SF or LF)	Remova	Repair	caps	Enclosure
	(13)		Yes	10 00	1		other n	niscellane	ous)			oval	air	Encapsulate	sure
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first floor						JOINE CC		nd asso		a with	2,000 SF	X			
C - 1 C								eetrock							
	first floor	Dorch					tı	ransite			600 SF	X			
	.5														
	ne of Registered Was wark Carting	ste Hauler		1000	IJDEP W lauler ID		Cubic of Was	Yards ste			Registered Land		م داد:۱۱		
							12	active)		Grand (	Central Sani	iary La	natiil		
	v, State wark N.I					Dispos	sal Date		City, State						

Completed by Corey Stankovic

Title CEO

Date 2/20/2019

Signature

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

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Date of Notification (1)  Name of Building Owner/Operator (2)  Name of Building Owner/Operator (2)  Name of Building Owner/Operator (2)															
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Agencies Notified ⊠ EPA	Type Notificat	ion			100000000000000000000000000000000000000	Address oad Stree	et, S	uite 400					114		- 1
□ DOLWD				ı	City, St	tate, Zip Co	ode								
⊠ DOH	Amendmer				Bloc	omfield, N	J 07	7003							
DCA (NJAC 5:23-8)			luaing	+	Name	of Contact				Telephone Nu	mber				
(110/10 0.20 0)	☐ Cancellation				War	ren Spral	ke			908-670-5	711				
					FAC	ILITY INF	OR	MATION					-317		$\neg$
Name of Facility Where A	Abatement is Ta	king	Place	(3)					Type of Facility	(4)					$\neg$
Commercial									☐ School (K-12						- 1
Street Address									Subchapter 8			huil	dinac		
1200 Randolph Roa	ad- Building	14							Other (i.e., p. homes, etc.)		lercial	Duli	ulliga	,	
City (5)			MILE						Square Feet	# of Floors		Bldg	g. Ag	е	
Plainfield										100000000000000000000000000000000000000					
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pr	or if being dem	olished	i)			
Union															
Name of Monitoring Firm	Hired by Buildi	ng O	wner (	8) /	ASCM I	No.	Nam	e of Abateme	nt Contractor (9)						
Bio Terra Solutions	3						Al	LL PRO MA	NAGEMENT L	LC					
Street Address							Stre	et Address							
P.O. Box 1224							27	Outwater I	_ane						
City, State, Zip Code							City,	State, Zip Co	ode						
Union, NJ							G	arfield, NJ	07026						
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Tele	phone No.		License No.	2				
Rick Eustaquio				97	3-494	3762	97	3-928-4888		1188					
Start Date (10)	S	chedu	uled C	omple	ion Dat	e (11)	Nam	ne of OSHA M	onitor						
02 /25 /	_19_	03	3_/	31	_ / _	19	Al	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During	g Abatement (C	heck	only o	ne)			Stre	et Address							
☑ Facility Closed/Vacate	ed During Entire	e Peri	iod of	Abater	nent		27	Outwater I	Lane						
☐ Abatement Performed							City	State, Zip Co	ode	177					
Time of Abatement: _	AM	PM	1/	_PM-		AM	G	arfield, NJ	07026						
Scope of Work (Check a	II that apply)							V							
□ > 2 of or > 2 if			Про	novoti	00			☐ Full Cont	ainment with Ne	gative Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re 図 De						g Procedure						
								Non-Exe     Non-Exe	mpted (*) and No	n-Friable Proce	edure				
A CONTRACTOR				Locat Norma					-			Aba	teme	ent T	уре
Location Asbestos-Containing				d Sole		Ashe	etne (	Description of Containing Ma		Amount		Re	Re	En	En
TO BE AB		'		intena			, the	mal systems	insulation,	(Specify		Removal	Repair	cap	Enclosure
IN Facil	lity		Cus	todial (12)	Stan?			urfacing, VAT ner miscellane		SF or LF)		a l		Encapsulate	ure
(13)		İ	Yes	No	N/A	1	Ott	iei iiliscellarie	ous)					te	
Exterior				П		Weathe	rpro	ofina		300 SF		$\boxtimes$	П	П	
Exterior						rroutile	10.0	·g			_				
				_							-				100
											-			Ш	
Name of Registered Wa	ste Hauler			1.787	IJDEP \ lauler II		Cub	ic Yards of	-	stered Landfill		ıen			
Newark Carting					0283		Α	s Needed	3	ntral Sanitary	Lane	41111	()		
City, State Newark, NJ							7500.00	oosal Date BD	City, State Pen Argyl	. PA					
	Timo\	Tial					L.		· on rugy	,	Date				
Completed By (Print or	(ype)	Title		- N/I	200=			Signature	701 /	./			0		
Allen Monchik			roject	ıvıan	ager			Allen	Monche	e	2/2	1/1	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) 2/21/2019 The Arc of Bergen & Passaic Agencies Notified Type Notification Street Address 223 Moore Street **EPA** Initial DEP Amended City, State, Zip Code × DOL Amendment # Hackensack NJ 07601 × Emergency (including DOH Name of Contact justification) Telephone Number DCA Joe Notare Cancellation 908-686-7777 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Arc of Bergen & Passaic Street Address School (K-12) Subchapter 8 (Other than K-12) 231 Hillside Avenue Other (i.e. private & commercial buildings, homes, × City (5) etc.) Square Feet Teaneck # of Floors Bldg. Age 2,962 2 94 County (6) County Code (7) Current Use (Prior if being demolished) Bergen (STATE USE ONLY) assisted living residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Checkmark Industrial Street Address Street Address 54 Morgan Dr City, State, Zip Code City, State, Zip Code Sparta NJ 07871 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-570-2645 01334 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/22/2019 3/8/2019 Checkmark Industrial Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 54 Morgan Dr Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Sparta NJ 07871 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Location of Туре Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount (i.e. thermal systems insulation, Encapsulate Custodial Staff? In Facility (Specify Enclosure Remova surfacing, VAT, or Repair (12)SF or LF) (13)other miscellaneous) Yes No N/A First Floor X pipe insulation 20 LF

Name of Registered Waste Haule Newark Carting	er	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registere Grand Central	d Landfill Sanitary Landfill
City, State Newark NJ			Disposal Date	City, State	,
Completed by Corey Stankovic		Signature	Pen Argyl, PA	Date 2/21/2019	

(X	2564	P	AID		ICATION	OF ASB	ESTOS	ABATE		г			C		W		~ 1
Date of No 2/19/20	otification (1) )19					f Building arc of Be				;		-		n	7000 15 10	1	A COLUMN TO THE PARTY OF THE PA
Agencies EPA		Type Notification	1		Street A 223 M	ddress Ioore St	reet			\$ 6			EB .	<del>- 6</del>	2019		1 2 d f
EPA DEP DOL		Amended Amendmen	100	_		ate, Zip Co ensack î		01		1	- Fas	ent.					
DOH DCA		Emergency justification Cancellatio	)	Ī	Name of Joe N	f Contact atore							ne Nui 36-34		and the second		
					FACI	LITY INFO	ORMAT	ION	-								
The Arc	of Bergen	Abatement is Taki and Passaic	ng Place (3	3)					Тур	e of Facility School (K-	5 - 58 00000						
	dress Okout Avenu	ıe							×	Subchapte Other (i.e. etc.)					dings,	home	es,
City (5) Hacken	nsack									are Feet 192	# 0	f Floo	rs		ldg. A 08	ge	
County (6) Bergen						Code (7) USE ONLY	)		Curi	rent Use (Pr sisted livir	or if be	ing de	molish	ned)			
Name of N	Monitoring Firm	Hired by Building	Owner (8)		ASCN	/I No.		Name Che	of Ab	atement Co ark Indust	ntractor rial	r (9)					
Street Add	iress							Street 54 N		ess an Dr			7/2				
City, State	, Zip Code									Zip Code IJ 07871							
Project Ma	anager for Mon	nitoring Firm			Telepho	ne No.		Teleph 973-		No. -2645			ense N 334	0.			
Start Date 2/20/20			Schedule 3/1/20	ed Cor	npletion l	Date (11)				SHA Monitor ark Indust	rial						
Townson.		g Abatement (Che ated During Entire						Street 54 N		ess an Dr							
Abate	ement Perform r – Describe:	ed Outside of Non	mal Facility	Hour	S					Zip Code IJ 07871				4	=		
Scope of V	Vork (Check A	II That Apply)						-									
× ≥3 sf	or ≥3 If sf or ≥260 If	8		Renova Demoli				×	M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure	<del></del> .					
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Asbest	Location tos-Containing TO BE AB	Material (ACM)	Use	lorma d Sole intena	ly by		tos Cont		/lateria	al (ACM)		moun					ш
	In Facil (13)	ity	Cust	todial (12)	Staff?	(1.6.	surfa	systems cing, VA niscellar	T, or	0.		Specif F or Li		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A											ate	Ф
	first flo	or		X				insula			2	25 LF		X			
	basement						9" x 9	" floor	tiles		1	0 SF		Х			
Name of R	IN	JDEP W	/aste	Cuhic	Yards		Name of	Registe	ered I	andfill							
Newark	Carting			1732	lauler ID		of Was			Grand					ndfill		
City, State Newark,							Dispos	sal Date		City, Stat Pen Ar		A					
Completed Corey St			Title CEO				S	ignature	(	Harris	·		Da 2	te '19/20	019		

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

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Date of Notification (1)		and a state of the		N	(D. 11.11	0 "		(0)		11 11		Yn I	1 197	Ú.s	1
02/13/2019			Name o	of Building	Owner/0	Operator	(2)								
Agencies Notified	Type Notification			Street A	Address						FEB	20	201	}	1 1-4
✓ EPA	☐ Initial									, i					
DEP DOL	Amended Amendmen	#			ate, Zip C GSTON					7				- 17	
☑ DOH	Emergency justification)	(including	_		of Contact					Te	lephone Nu	mher	-	<u></u>	15.00
DCA	Cancellation				KROSS					10	repriorie iva	ITIDGI			
Name of Facility Where	Abatament is Takir	a Diago /	2)	FAC	ILITY INF	ORMAT	ION	-							
PRIVATE	Adatement is Takii	ig Place (3	)					_	of Facility	12 S					
Street Address			W. B. C.						School (K- Subchapte		ner than K-1	2)			
									Other (i.e. etc.)	private	& commerc	ial bui	dings	, hom	es,
City (5) LIVINGSTON NJ.								Squar	e Feet	10	f Floors		Bldg. A	Age	
County (6)				County	Code (7)			2000		2	ing demolis		79		
ESSEX					USE ONLY	)		YES		ioi ii be	ing demons	neu)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		1		ement Co				_	172,72	C.W. C=
N/A Street Address										VIRO	NMENTA	L LL(	). 		
Oli Oct / Iddi Coo								Addres 51 S	s ST. STR	EET					
City, State, Zip Code									p Code	la constant					
<u> </u>									ERGEN	NJ.					
Project Manager for Mon	itoring Firm		Telepho	ne No.			one No 776-0			License N	lo.				
Start Date (10) 02/16/ 2019		ed Cor 2019		Date (11)				A Monitor		2.					
Occupancy Status During	g Abatement (Chec	k Only On	ie)				Street					275			
Facility Closed/Vaca	ated During Entire I	Period of A	Abaten	nent				The second	th. STRI	EET					
Abatement Perform Other – Describe:	ed Outside of Nom	nal Facility	Hour	S			City, St NY.N	100	Code						
Scope of Work (Check A	Il That Apply)				200000		141.14	W 1 .						10112-1	
≥3 sf or ≥3 lf		□R	enova	ition				Full	Containm	ent with	Negative F	Pressu	re		
≥160 sf or ≥260 lf		X D	emoli	tion			×	iviii ii	i-Enclosur vebag Pro	1,500					
		1					×				d Non-Friab	le Pro			
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Location Asbestos-Containing		Use	d Sole	ly by	Asbes		scription aining M		(ACM)	А	mount				North Control
TO BE ABA		10	odial S		(i.e.		systems cing, VAT		tion,		Specify or LF)	Ren	Re	ncap	Encl
(13)	•		(12)				niscellan			0.	0. 2. )	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	U
Living room &	bedroom		Х			Joint	compo	und		15	50 LF.	х			
N															
Name of Registered Was	1 11	JDEP W auler ID		Cubic of Was	100 miles 100 mi				red Landfill						
TRI STATE	1	9951		TBD					NTERPRI	SE II	VC.				
City, State BRONX NY.						Dispos TBD.	al Date		City, Stat		RG OHIC	)			
Completed by		Title					ignature	12	· ·	/	Da Da				_
CARLOS ESQUIVEL	ARLOS ESQUIVEL MANAGER							Type	my from	nag	02	2/13/2	2019		

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Pr	int	Form

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Date of Notification (1)	44		1000		Building Ov zarnecki		perator	(2)			F	EB 2	6	2019	17110
	al ended		C		e, Zip Code		,				Prisate			· · · · ·	
X DOH just	endment # ergency (includification) ncellation	ding	N	lame of 0	zarnecki					Tele	phone N	umber			
Name of Facility Where Abatement Private Residence Street Address	t is Taking Plac	ce (3)		FACIL	ITY INFOR	RMATI	ON	Sc Sc	f Facility (4 chool (K-12 ubchapter ther (i.e. p	2) 8 (Othe	er than K-	12)	dinge	home	e .
City (5) Wallington									c.)		Floors	E	8ldg. /	Age	0,
County (6) Bergen County				County C	ode (7) SE ONLY)		_	Curren	t Use (Prio	or if beir	ng demoli	shed)		311	
Name of Monitoring Firm Hired by N/A	Building Owne	er (8)		ASCM N/A	No.		Spes	s Contr	ement Con acting L		(9)				
Street Address						-	164	Address Merilin State, Zip	e Avenu	e Unit	: C				
City, State, Zip Code  Project Manager for Monitoring Fire			17	elephon	ne No		Woo		Park. NJ	0742	4 License	No.			
		adular.			Date (11)		973-	807-63			01383				
Start Date (10) 03.01.2019 Occupancy Status During Abatem	03.	.02.2	019	piction			Spe		racting L	LC					_
Facility Closed/Vacated During     Abatement Performed Outsic     Other – Describe:	ng Entire Perio	d of A	batem	ent		_	City, S	State, Zip	e Avenu Code Park, No						
Scope of Work (Check All That Ap ≥3 sf or ≥3 if × ≥160 sf or ≥260 lf	oply)		enova emoliti					Mini	Containm i-Enclosure vebag Pro- i-Exempte	e cedure				ure	
Location of		N	Locati	y		De	escriptio	n of						temen Type	t I
Asbestos-Containing Material  TO BE ABATED In Facility (13)		Mai	d Sole ntenar odial S (12)	ice/ Staff?		therma surfa		Material ns insula AT, or ineous)		(	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No X	N/A			VAT			7	00SF	X		X	
Name of Registered Waste Haule Spes Contracting LLC	H	JUDEP W lauler ID 038075	No.	of W	707-1500		G.R.O	.W.S	ered Lan	dfill					
City, State Woodland Park, NJ				TBD	osal Dat		City, Sta Morris		PA	Date					
Completed by Branislav Pavlov		ct ma	anager				1				02.19	.201	19		

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ncies Notified	19 / 19			Ling	a Cos	itas & Er	ic Mina	sm/f		1 1		1 14 47774	1	-781	H
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DOLWD	Amendad Amendment #			City	/, State	, Zip God	49			ļ L.	1007		۲.		-
DH38 DCA	De Emergency (in	-	no			, NJ 070	143				elaphon's Numbe		_		+
(NJAC 5:23-8)	justification)			Na	me of (	Contact				1	sighton a schriss		10.4	.,	-
(**************************************	Cancellation		12		yca K			-	-	_					_
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eet Address	-		-						N Or	her (l.s., priv	Other than K-1 2) ate and commerce	al buildi	nga,		
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entclair, NJ 07043													-		_
writy (6)			W-9-0-	10	County C	Code (7) (S	TATE LASE	E OWTA)	Cume	at Usa (Prior	if being demolish	nea)			
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ime of Monitoring Fire	hired by Building	Own	टर (है)	A5	CM No				ant Cal	tractor (9)					
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rest Address						1	Street Ac					-			
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ty, State, Zip Code	200						City, Sta								
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roject Manager for Mo	nitoring Firm			Teloph	one No		Telaphor				01127				
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tart Date (10)					n Date										
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ccupancy Status Dur	ng Abatement (Ch	eck c	nly on	a) h-t	1		4,		e. Phase	d, Bidg #3	ÆE.				
Feoility Closed/Vac Abatement Perform	ated During Entire	Perio	o or A acility	Hostit	- Dass	ribe	20-21 V	ste, Zip	Code	a, mary was	35				_
Time of Abalament	ASA-	PM	, and the second	PN		W	Fair La	n- 141	DIATE	,					
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>3 af or >3 if > 160 sf or >280 if		E P		nolition			. 50	Mini-Er Glovet	_		Tent with Negativ	ie Pressi	<b>etu</b>		
] ≥ 160 stor ≥ 280 if		L	_1 Det	UĐING		1.7		Non-E	comp4	d (7) and No	n-Friable Proces	UN C	1	-	
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Local	ion of	1		crmati d Sole			Da Istos Gon	escription	g gë Astoria	ACM)	Amount	R	Repair	Enc	-
Asbestos-Containi	ng Matenal (ACM) ABATED	1	Ms	ntenar	nse/	1,1)	a. Marris	al avaterr	is insu	ation.	(Specify	Remova	THE REAL PROPERTY.	sche	1
	city	- 1	CHRE	පත්ස් S (12)	staff?		BUSTS	miscalls	AT. OT		SIF or LF)	1		Encapsulate	1
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	adam Lienige						1	aD	- 4	RRF. In					
Gr Tech LLC					00337	93		sal Date		City, State					-
City State								BD		fullytown,	PA	oly, make an area			_
Lance and the second		1 Tible		-			- Constitution of the Cons	Signature	-	water your mean of		Date			
Wayne, NJ 07470	MT		520					A . The state of t	. 19	100	-				
Action was a construction of the	or Type)	1					t		Ma.	the who	saal .	02/19/1	9		
Wayne, NJ 07470	or Type)	Ow	ner						-	dec Wen Lactivities	rael	02/19/1	9		

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

CK 3035 PAI	D	NOTI	FICATIO	ON OF AS	BESTOS	ABATE	EMENT (0)	Г		, in			W?	
Date of Notification (1) 2-16-2019			Name Petru	of Buildin Isic Plur	g Owner/ mbing 8	Operato Heati	r (2) ng, L	LC	11:	i E	EB .	2 o	2016	3
Agencies Notified Type Notification  EPA Initial			Street	Address _afayett							ED .		2019	)
DEP Amended Amendmen			City, S	tate, Zip ( ide Parl	Code					1 statet.				
■ DOH     □ DCA     □ DCA     □ Emergency justification)     □ Cancellation		g		of Contac Petrusi					100000	lephone N 01-723-0	umber			
Name of Facility Where Abatement is Takir	n Place	(3)	FAC	ILITY IN	FORMAT	ION	T	. =		· ·				
Private Building	g ridoc	(3)					Туре	of Facility (4 School (K-1)						
Street Address 1565 Center Avenue							×	Subchapter Other (i.e. pretc.)	8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	ies,
City (5) Fort Lee, NJ 07024							Squa 300	are Feet	# o	f Floors		Bldg. A	Age	
County (6) Bergen			County (STATE	Code (7) USE ONL	Y)		Curre	ent Use (Prio	r if bei	ing demolis	shed)		2000	
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.				atement Cont vironment			LC			
Street Address						Street	Addre	ss						
City, State, Zip Code						City, S	tate, Z	ia Avenue						
Project Manager for Monitoring Firm		1	Telepho	one No.		Teleph		y, NJ 0730 o.	)4	License	No.			
Start Date (10)	Schadul	ed Cor	mulation	Date (11)		201-3				01174				
2-16-2019	2-17-2	019	ripieuori	Date (11)				HA Monitor vironmenta	al Se	rvices, L	LC			
Occupancy Status During Abatement (Chec			everand and			Street 235 V		ss ia Avenue						
<ul> <li>Facility Closed/Vacated During Entire F</li> <li>Abatement Performed Outside of Norm</li> <li>Other – Describe:</li> </ul>	eriod of all Facility	Abaten y Hours	nent s			City, St	tate, Z	ip Code						
Scope of Work (Check All That Apply)						Jerse	y Cit	y, NJ 0730	)4					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	I Containmer ni-Enclosure ovebag Proce n-Exempted	dure				۵	
	1000	Locati										Abate	ment pe	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbes	tos Conta	cription aining M	aterial	(ACM)	ıΑ	mount	-	1 9		
TO BE ABATED In Facility (13)		todial S (12)		(i.e.	thermal surfac	systems ing, VAT iscelland	insula F, or	ition,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Deller	Yes	No	N/A			insula							ate	e)
Boller room	Boiler room								50	0 SF	Х			
											+			
Name of Registered Waste Hauler	125,000	JDEP W		Cubic			Name of Re	egister	ed Landfill				-	
Green Environmental Services, LLC		100000000000000000000000000000000000000	auler ID )34889		of Was 4 Disposi			Fairless I	andi	fill				
City, State Jersey City, NJ	Jersey City, NJ							City, State Morrisville	e, PA	Α .				
Completed by Liliana Serrano	Title Office	Man	ager		Si	gnature	(10	2) See	† 5) <sup>—</sup>	To 2-	te 16-20	)19		

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

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Date of Notification (1) 2/19/2019	Check #3328				Building Owner nts Catholic			- 1 - 1		FEB	26	201	9	1 12
	Type Notification			Street Ad	ddress st 13th Stree	et		,	ļ.,			a-6		**2
EPA DEP	Initial Amended		-	City, Stat	te, Zip Code		- 1000				· (14, 14, 1)			063
☑ DOL	Amendment			157	ne, NJ 0700	2								
	Emergency (justification)	(including	T	Name of	Contact				Telep	hone Nur	nber			
DOH DCA	Cancellation			Sister	Rita Fritzen		201-443-8384							
		<b>5</b> 1 (6		FACIL	LITY INFORMA	TION	-							
Name of Facility Where Al		g Place (3	1)				Тур	e of Facility (4	.)					
All Saints Catholic A	cauemy						×	School (K-12 Subchapter 8		than K 1	2)			
Street Address 19 West 13th Street							H	Other (i.e. pr				lings,	home	s,
								etc.)	Т ш _ с г	loors	I D	Ida A	~~	
City (5) Bayonne							100000000	are Feet 000	3	-10015	100000	ldg. A 0+	ge	
County (6)				County C	Codo (7)			rent Use (Prio		n demolish	100	<b>.</b>		
Hudson				(STATE U	ISE ONLY)		Sc	hool		7.0	icu)			
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCM	No.			atement Cont	tractor (	9)				
N/A								ces Corp						
Street Address						DOM: OF STREET	t Addr	ess Street						
0'4 01-4- 7'- 0-4-														
City, State, Zip Code						100000000000000000000000000000000000000		Zip Code erg, NJ 070	93					
Project Manager for Monit	oring Firm			Tolophor	ao No		hone			License N	0			
Project Manager for Monit	oning Firm		Telephone No.			1 222		-1700		01074	U.			
Start Date (10)				mpletion [	Date (11)			SHA Monitor						
2/20/19		2/21/2						above						
Occupancy Status During	Abatement (Chec	k Only Or	ne)			Stree	t Addr	ess						
Facility Closed/Vacat	ted During Entire	Period of	Abater	nent		0.1	01.1	7: 0 1					_	
Abatement Performe Other – Describe: S		nai Facility	Hour	S		City,	State,	Zip Code						
Scope of Work (Check All	That Apply)													
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					ull Containme Iini-Enclosure		Negative r	riessu	l e		
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Location Asbestos-Containing I		Use	ed Sole	ely by	Asbestos Co	Descriptio		ial (ACM)	An	nount			m	
TO BE ABA		2,5	intena	ince/ Staff?	(i.e. thern	nal systen	ns insu	ulation,	(Sp	pecify	Re	Z	nca	Enc
In Facilit	У	Cus	(12)			rfacing, V. er miscella			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	Othe	ii iiiiooiie	aricous	,			/al	-	late	ire
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Name of Registered Wast			1 6	Hauler ID	No. of V	Vaste		2000 A 20						
Tri-State Transfer As				TBD Minerva Enterprises inc										
City, State Bronx, NY						posal Dat D	te	City, State Waynes		ОН				
Completed by		Title	Title S			Signature /// Date								
Gina Betances		Office Manager				Qual 2/19/2019			019					

Feb. 20. 2019 07:18 AM A. Mac Contracting

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Newark Certing, Inc.		0	icie y suky d (609	No. , Cubis	Phu/	"	Grand (			Lan			
Newerk, N.J. 07108					2071	200	Pen Ar					PER PROPERTY AND P	
Contracts by R. McDonald	Pre	ident			113		PA	7	THE R. P. LEWIS CO., LANSING, MICH.	1	ك	110	3

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### State of New Jersey

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

City   State   Address   Street Addre	NOCA				(Pursua	ant to	NJAC 8:60 and 5:1	16)					
Agencies Notified PPA Doubles Notified PPA DOUBLES DOLA (NUAC 5 23-8) DIA (NUAC 5 23	Date of Notification	(1)			Name of	f Build	ing Owner/Operator (2	)			-	-	1
Approves Notified DNA					1								15
EPA   Initial DUINO   Characterist   Emergency (including justification)   Characterist   Emergency (including justification)   Characterist   Emergency (including justification)   Characterist   Emergency (including justification)   Name of Contract   Mr. Mincheal Shelton   FACILITY INFORMATION   FACILITY INFORMATION   School (N12)	02 /	20 /	19										
EPA   Initial DUINO   Characterist   Emergency (including justification)   Characterist   Emergency (including justification)   Characterist   Emergency (including justification)   Characterist   Emergency (including justification)   Name of Contract   Mr. Mincheal Shelton   FACILITY INFORMATION   FACILITY INFORMATION   School (N12)													
DOLIVO   Amended   Amend	THE STATE OF	The second secon	cation		Street A	ddres	S						
DHSS CNAC (NJAC 5-22-8) CNAC (NJ	Committee of the commit	200											
DCA (NJAC 5 22-8)   Emergency (including justification)   City, State, Zip Code   PHtman NJ 08071   Name of Contact   Mr. Micheal Shelton   Tidephone Name of Facility Where Abatement is Taking Place (3)   School (Nf.2)   City State, Zip Code   PHtman NJ 08071   Tidephone Name of Facility Where Abatement is Taking Place (3)   School (Nf.2)   City of Facility (4)   School (Nf.2)   City of Facility (4)   School (Nf.2)   City of Facility (5)   City of Facility (5)   City of Facility (6)   City of Facility (7)   City of Facility (8)   City of Facilit			nent#		1								
Cancellation  City, State, Zip Code Pitman NJ 08071  Resident  Street Address  Street Address  City (5)  County (6)  Clounty (6)  Clounty (7)  Clounty (7)  Clounty (8)  Clounty (9)  Clounty (10)  Cl	DCA				1								
City, State, Zip Code	(NJAC 5:23-8)												
Pitman NJ 08071   Telephone Nimber of Costact   Mr. Micheal Shelton   Telephone Nimber of Costact   Mr. Micheal Shelton   Telephone Nimber of Costact   Mr. Micheal Shelton   Telephone Nimber of Costact   Telephone Nimber of Costact   School (K12)   School (K12)   Subchapler 8 (Other Inan K12)   Subchapler 8 (Other		Cancellatio	n	_	City Sto	to 7in	Codo						
Name of Facility Where Abatement is Taking Place (3)   Telephone Number													
Mr. Micheal Shelton   FACILITY INFORMATION   Type of Facility (4)   School (K12)   School (K12		_				_			Teleph	one Numb			
Name of Facility Where Abatement is Taking Place (3)  Resident  Street Address  City (5)  Pitman NJ 08071  County (6)  Gloucester  Name of Monitoring Firm Hired by Building Owner  Name of Abatement Contractor (6)  Graham—Tech Environmental Service, LLC.  Street Address  Street Add									Tresept				
Name of Facility Where Abatement is Taking Place (3)  Resident  Street Address  City (5)  Pitman NJ 08071  County (6)  Gloucester  Name of Monitoring Firm Hired by Building Owner  Name of Abatement Contractor (6)  Graham—Tech Environmental Service, LLC.  Street Address  Street Add											-		_
School (R12) Other (i.e., private and commercial buildings, homes, etc.)  Sitest Address  City (5)  Sitest Address  City (5)  Square Feet   \$to of Floors   Bidg, Age   1935  Country (6)   1935  Country (7)   1935  Country (7)	Name of Facility Wh	ere Abateme	nt is Taking Pl	ace (3)			THE ORDER	Type of Facility (4	1		_	-	
Sitheet Address  City (5) Pitman NJ 08071  County (6) Pitman NJ 08071  County (6) Pitman NJ 08071  County (7) Pitman NJ 08071  County (8) Pitman NJ 08071  County (9) Pitman NJ 08071  County (8) Pitman NJ 08071  County (9) Pitman NJ 08071  County Code (7)/SEATE USE OUL!) Pitman NJ 08071  County (9) Pitman NJ 08071  County Code (7)/SEATE USE OUL!) Pitman NJ 08071  County Code (7)/SEATE USE OUL! Pitman NJ 08071  Abbelment Profounce (9) Pitman NJ 08071  Abbelment Profounce (9) Pitman NJ 08071  Abbelment NJ 08071  Abbelment NJ 08071  Abbelment NJ 08071  Abbelme				(-)					,				
Street Address  City (5)  Pitman NJ 08071  County (6)  Gloucester  Name of Monitoring Firm Hired by Building Owner  Name of Monitoring Firm Firm Telephone No.  Street Address  958 Jackson Rd  City, State, Zip Code  Mays Landing, NJ 08330  Project Manager for Monitoring Firm  Telephone No.  603-561-1901  Name of OSH-Monitor  Graham-Tech Environmental Services, LLC.  102								Subchapter 8 (Oth			ENCORPORTO DO COMO		
City (5) Pitman NJ 08071 County (6) Gloucester Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.  Street Address  988 Jackson Rd City, State, Zip Code Namys Landing, NJ 08330 Telephone No. Glephone No. Glephone No. Glephone No. Glephone No. Glephone No. Glephone No. Graham-Tech Environmental Services, LLC.  10 2 / 21 / 19										mercial bui	ldings,		
Square Feet # of Floors   1800   1   1935	Street Address							nomes,	etc.)				
Pittman NJ 08071  County (6) Gloucester  Name of Monitoring Firm Hired by Building Owner  Street Address  Street Address  Street Address  Street Address  Street Address  State Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  Graham-Tech Environmental Services, LLC.  Occupancy Status During Abatement (Check only one)  Facility Closed-Nocated During Entire Period of Abatement  Abatement Parformed Outside of Mormal Facility Hours - Describe  Time of Abatement: TAM-11:30 PM  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  24 sf or 25 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  25 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  26 sf or 260 if Demoition Glovebag Procedure  Non-Exempted (2m)  Normally (i.e., thermal systems insulation, surfacing, VT, or other miscellaneous)  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste								1					
Pittman NJ 08071  County (6) Gloucester  Name of Monitoring Firm Hired by Building Owner  Street Address  Street Address  Street Address  Street Address  Street Address  State Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  Graham-Tech Environmental Services, LLC.  Occupancy Status During Abatement (Check only one)  Facility Closed-Nocated During Entire Period of Abatement  Abatement Parformed Outside of Mormal Facility Hours - Describe  Time of Abatement: TAM-11:30 PM  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  23 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  24 sf or 25 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  25 sf or 23 if Renovation MiniEndosure  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  26 sf or 260 if Demoition Glovebag Procedure  Non-Exempted (2m)  Normally (i.e., thermal systems insulation, surfacing, VT, or other miscellaneous)  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste	City (5)							Square Feet	# of F	loors	Blda A	ne er	
County (6)   County Code (7)(STATE USE ONLT)   Current Use (Prior if being demolished)   Resident	Pitman NJ 0807	1								10013	0.000 TO 0000	5.00	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.  Street Address  Street Address  958 Jackson Rd  City, State, Zip Code Mays Landing, NJ 08330  Telephone No. 609-561-1901  Name of OSHA Monitor Graham-Tech Environmental Services, LLC.  102 1/21 1/19 02 7/22 1/19  Coccupancy Status During Abatement (Check only one) Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement - ZAM-11:30PM PM AM  City, State, Zip Code Mays Landing, NJ 08330  Stored Address 958 Jackson Rd  City, State, Zip Code Mays Landing, NJ 08330  Stored Address 958 Jackson Rd  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ZAM-11:30PM PM AM  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure Asbestos-Containing Material (ACM) IN Glovebag Procedure  Location of Norn-Exempled (7) and Non-Frieble Procedure  Location of N	County (6)				County	Code	(7)(STATE USE ONLY)			demolished		-	
Street Address   Stre	Gloucester						****	Particular State of the Control of t			,		
Street Address	Firm Hired by	Building Owr	er /	ASCM No		Name of Abatement (	Contractor (9)						
Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (12)  Scheduled Completion Date (13)  Scheduled Completion Date (14)  Scheduled Com	(8)						Graham-Tech Er	nvironmental Se	rvice, L	LC.			
Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (12)  Scheduled Completion Date (13)  Scheduled Completion Date (14)  Scheduled Com	Street Address						Street Address						
City, State, Zip Code    City, State, Zip Code   Mays Landing, NJ 08330	Olicel Address												
Telephone No.   Telephone No.   Go9-561-1901   License No.   Go9-561-1901   Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor   Graham-Tech Environmental Services, LLC.   O2	City State Zip Code	,									-		
Telephone No. 609-561-1901 Clicense No. 01158  Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor  Graham-Tech Environmental Services, LLC.  Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement ZAM-11:30PM PM AM  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure 23 of or ≥3 if Renovation MiniEnclosure 2160 of or ≥260 if Demolition Glovebag Procedure  Location of Normally Understood of Normally Understood Society by Maintenancer Custodial Staff?  Location of Asbestos-Containing Material (ACM) Society Namintenancer Custodial Staff?  Yes No N/A  Asbestos Tape Insulaton  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill	ony, otalo, Ep ood							VJ 08330					
Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Name of OSHA Monitor  Graham-Tech Environmental Services, LLC.  Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ZAM-11:30PM PM. AM  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure 21 sf or ≥3 if Renovation MiniEnclosure 21 so sf or ≥260 if Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Location of Normally Used Solely by Minitenance/ Custodial Staff?  Custodial Staff?  Yes No N/A  Asbestos Tape Insulaton  Asbestos Tape Insulaton  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill	Project Manager for	Monitoring Fi	rm	Tele	phone No.			10 00000	lio	ense No			_
Scheduled Completion Date (11)    Scheduled Completion Date (11)   Name of OSHA Monitor   Graham-Tech Environmental Services, LLC.   O2					***************************************								
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM PM AM  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure 23 sf or ≥3 if Renovation MiniEnclosure 2160 sf or ≥260 if Demolition Glovebag Procedure Non-Exempted (") and Non-Friable Procedure  Location of Normally IN Facility (13)  Location Normally IN Facility (13)  Yes No N/A  Asbestos Tape Insulation  Asbestos Tape Insulation  Asbestor Scope Insulation  Re mo val Rep air location of caps location of containing Material (ACM) (Specify SF or other miscellaneous)  Re mo val Rep air location re location re location re location of caps location re location	Start Date (10)		Scheduled Co	mpleti	on Date (1	11)	Name of OSHA Monit	tor					
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM PM AM  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure 23 sf or ≥3 if Renovation MiniEnclosure 2160 sf or ≥260 if Demolition Glovebag Procedure Non-Exempted (") and Non-Friable Procedure  Location of Normally IN Facility (13)  Location Normally IN Facility (13)  Yes No N/A  Asbestos Tape Insulation  Asbestos Tape Insulation  Asbestor Scope Insulation  Re mo val Rep air location of caps location of containing Material (ACM) (Specify SF or other miscellaneous)  Re mo val Rep air location re location re location re location of caps location re location							Graham-Tech Er	nvironmental Se	rvices, l	LLC.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/PM_PM_AM  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure 23 sf or ≥3 if Renovation MiniEnclosure ≥160 sf or ≥260 if Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Re mo Re mo Val air	02 / 21	/ 19	02 /	22	/ 19								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/PM_PM_AM  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure 23 sf or ≥3 if Renovation MiniEnclosure ≥160 sf or ≥260 if Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Re mo Re mo Val air						_							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/PM_PM_AM  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure 23 sf or ≥3 if Renovation MiniEnclosure ≥160 sf or ≥260 if Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Re mo Re mo Val air	Occupancy Status D	uring Abatem	ent (Check or	ly one	)		Street Address						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM PM-AM  City, State, Zip Code Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure 23 sf or ≥3 if Renovation MiniEnclosure 26 of or ≥260 if Demolition Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Asbestos Tape Insulation  Yes No N/A  Asbestos Tape Insulaton  Normally SqFt  Re mo val air	Facility Closed/Vaca	ted During Er	ntire Period of	Abaten	nent								
City, State, Zip Code  Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure  Part Renovation Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) In Facility (13)  Remo Remo Rep aps ion other miscellaneous  Normally Secription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Remo Rep aps ion oval  Remo Rep aps ion oval  Yes No N/A  Asbestos Tape Insulaton  Normally Secription of Asbestos Tape Insulaton  Remo Rep aps ion oval  Remo Rep aps ion oval  Remo Rep aps ion oval  Normally Secription of Asbestos Tape Insulaton  Normally Secription of	Abatement Performe	ed Outside of	Normal Facilit			ре							
Mays Landing, NJ 08330  Scope of Work (Check all that apply) Full Containment with Negative Pressure 23 sf or ≥3 lf Renovation MiniEnclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Ves No N/A  Asbestos Containing Material (ACM) Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Rem Rep air ulat e procedure  Yes No N/A  Asbestos Tape Insulaton  Asbestos Tape Insulaton  Normally SqFt  Rem Rep air ulat e procedure  Yes No N/A  Name of Registered Landfill	Time of Abateme	nt: <u>7</u> AM- <u>11:3</u>	80PM/P	M	AM		Oite Otata Tia Oada					-	
Full Containment with Negative Pressure  23 sf or ≥3 lf Renovation MiniEnclosure  ≥160 sf or ≥260 lf Demolition Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) Normally  IN Facility  (13)  Yes No N/A  Asbestos Tape Insulaton  Asbestos Tape Insulaton  Name of Registered Waste Hauler  Name of Registered Landfill  Name of Registered Landfill								1100000					
Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation MiniEnclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  IN Facility (13)  Yes No N/A  Asbestos Tape Insulaton  Asbestos Tape Insulaton  Asbestos Tape Insulaton  Fig. SqFt  Name of Registered Waste Hauler  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill	Scope of Work (Cha	ok all that and	ahe)			-	iviays Landing, N	10 08330					_
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes  No N/A  Asbestos Tape Insulaton  Yes  No N/A  Asbestos Tape Insulaton  No SqFt  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Non-Exempted (*) and Non-Friable Procedure  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Abatement Type  Abatement Type  Re mo val  Rep air  Val  Name of Registered Landfill  Name of Registered Landfill			10 - 0 10 10 10 10 10 10 10 10 10 10 10 10 1	ative P	rassiira								
Non-Exempted (*) and Non-Friable Procedure    Non-Exempted (*) and Non-Friable Procedure													
Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Asbestos Tape Insulaton  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Remonstial to the model of the mod						odura							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Asbestos Tape Insulaton  Asbestos Tape Insulaton  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Removal  Remo													
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Asbestos Tape Insulaton  Yes No N/A  Asbestos Tape Insulaton  Asbestos Tape Insulaton  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Abatement Type  Abatement Type  Abatement Type  Re mo val  Rep aps ulat representation of the properties of the					e Flocedi	li e							
TO BE ABATED IN Facility (13)  Seed solely by Maintenance/ Custodial Staff? (12)  Was No N/A  Yes No N/A  Asbestos Tape Insulaton  Asbestos Tape Insulaton  NJDEP Waste Hauler ID No  Name of Registered Landfill  Name of Registered Landfill			M) Non	nally					Amount				
Sasement    Name of Registered Waste Hauler   Name of Registered Landfill	TO BE AB	ATED	Used S	olely by	y	1 1	(i.e., thermal systems	insulation,		Abatem	ent Type		
Yes No N/A  Asbestos Tape Insulaton  SqFt  NJDEP Waste  NJDEP Waste  Rem aps air vilat e los re  SqFt  Name of Registered Waste Hauler  NJDEP Waste  Rem aps air vilat e los re  Rem aps air vilat e l			Custodi	al Staff		1							
Yes No N/A  Asbestos Tape Insulaton  SqFt  NJDEP Waste Hauler	(15)		(1	2)		_	outer miscendill					_	_
Yes No N/A  Asbestos Tape Insulaton  SqFt  NJDEP Waste  Lauler ID No  Registered Waste Hauler  NJDEP Waste  Lauler ID No  Name of Registered Landfill  Name of Registered Landfill										1000000	Ren		Enc
Yes No N/A  Basement  Asbestos Tape Insulaton  SqFt  SqFt  NJDEP Waste Hauler ID No Wheete												ulat	losu re
Asbestos Tape Insulaton  SqFt  NJDEP Waste  Lauler ID No  Waste Hauler  NAME of Registered Waste Hauler  NAME of Registered Landfill  Name of Registered Landfill			V	l No.	Laura	-			-	-	+	е	
Name of Registered Waste Hauler  NJDEP Waste  Cubic Yards of  Name of Registered Landfill  Hauler ID No.  Wester			Yes	No	N/A	_					_		
Hauter ID No. Waste	Basement					Asbe	estos Tape Insulato	n 8/4	SqFt				
Hauter ID No. Waste													
Hauter ID No. Waste											+-		
Hauter ID No. Waste			-	-	+	_					+	_	_
Hauter ID No. Waste	Name of Building	1A/a-t-11					la ii ii ii						
	-												

City, State		Disposal Date	City, State
Completed By (Print or Type)  Vernice Graham	Title President	Signature	L Date Olovig
ASB-41 MAY 11 * Do not use this	s form for asbestos licensure exempted a	activities.	0009 019 111

ECFIV

FEB 2 6 2019

### State of New Jersey

NOCK					BESTOS ABA 3:60-7 and 12:			E	0	F	7
10010		1,	uisuain			Owner/Operato	r (2)				1
Date of Notification (1)				THE VALLEY HOSPITAL							
2 / 20 /19				Stree	Address				EB	26	201
Agencies Notified Type Notifie	cation			223 N	ORTH VAN D	IEN AVENUE					
	Notifica	5000		City, State, Zip Code							
	ded Not ellation	tification	n #5	RIDGEWOOD, NEW JERSEY 07652							
X DOH On He	old			Name of Contact Telephone Number							
DCA EMER	RGENC'	Y NOTI	FICATIO		RGE GANCSC	DS .	201-447-8141				
Name of Facility Where Abatement is	Taking	a Diago	FA	CILITY IN	FORMATION	Time of Foot	i.b., (4)				
Name of Facility where Abatement is	Taking	g Place	(3)			Type of Facil					
VALLEY HOSPITAL						Subcha	pter 8 (Other than K				- 1
Street Address							e. private & commo	l. bldg:			
670 WINTER AVENUE						Square Fee 50,000	t # of Floors			. Age 0+	
City (5) Coun	ty (6)		T	Count	y Code (7)	7 (20 to 20	Prior if being demo	lished)	1	W.00	
					ASCM No.	ABANDONE				100 =	
COLDEN CORPORATION							Itement Contractor		ON		
Street Address						Street Addres		2112111			$\neg$
131 VARICK STREET, SUITE 1022							ROCK ROAD				
City, State, Zip Code NEW YOR	K. NEW	YORK	10013			City, State, Z	EW YORK 10901				
Project Manager for Monitoring Firm			phone N	lumber		Telephone No		ense N	umbe	r	
JIM MIADES			435-356			845-369-7500		1			
Expected State Date (10) 6 / 7 /18	So	hed. C		on Date (* 30	1 <b>1)</b> /19	Name of OSI EMSL #1150					- 1
Month Day Year		Month		Day	Year	EWICE #1100					
Occupancy Status During Abatement (  X Facility Closed/Vacated Dur				ntomont		Street Addres	SS BTH STREET				
Abatement Performed Outsi					cribe:	307 WEST 30	SINSINEEL				
네			7AM-3:3			City, State, Z					$\neg$
Scope of Work (Check all that apply)				Г	X Full Conf	 tainment	NEW YORK, NEW	V YOH	IK.		
Demolition	X Re	enovatio	on	İ	X Mini Enc	lo,					
>3SF OR LF X >160 SF OR 260 LF				[		g Procedure ble Procedure					
Location of		Is Loca	tion T		escription of A		T	ΔΙ	oatem	ent Ty	/ne
Asbestos-containing		ormally	VINVENER COMMON AND ADDRESS OF	Co	ntaining Mater	rial (ACM)	Amount				
Material (ACM)	١,,	solely			(ie. Thermal s		(Specify	REMOVAL	REPAIR	ENCAPS	ENCLOS
TO BE ABATED in Facility (13)	IVI	aint/Cus Staff (			ulation, surfac r other miscell		SF or LF)	NA A	교	PSI	
	Ye	s No	N/A							F	UR.
1ST FLOOR THROUGHOUT			X J	OINT COM	MPOUND	COMPLETE	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101	-		x c	EILING T	LES	COMPLETE	1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			x v	AT & MAS	STIC	COMPLETE	1,450 SF	X			
1ST FLOOR ROOM 182			ХВ	OILER IN	SULATION	COMPLETE	100 SF	X			
1ST FLOOR ROOM 182			х в	OILER BE	REECHING	COMPLETE	80 SF	x			
1ST FLOOR ROOM 180			XF	OOF HAT	CH TAR	COMPLETE	2 SF	x			
1ST FLOOR THROUGHOUT			X P	IPE INSU	LATION	COMPLETE	136 LF	X			
1ST FLOOR THROUGHOUT			X F	IBERGLA	SS CEILING I	NSULATION/GI	UEDABS 17,478 SI	FX	COM	IPLET	E
ADDITION TO SCOPE:											
1ST FLOOR NORTH WEST CORNER			A	CM DEBF	RIS		500 SF	x			
Name of Registered Waste Hauler	0.000	DEP W		ubic Yard	s of Waste	Name of Reg	istered Landfill				
EARTHWATCH WASTE SYSTEMS Hauler ID No. 464 FRANKLIN STREET 16227					700	CUMBERLAN	ID COUNTY LAND	FILL			
City, State Disposal Date					City, State					-	
BUFFALO, NY 14202 Completed by (Print or Type)	Title		6	/07/18 - 12	2/30/18 Signature	HARRISBUR	G, PA		1/2	9 1	1/4
		OR OF	OPERA		Jigilatule /		>   Dail	4	12	01	191
					7	00		6		1	1

	3		OITA	tate of New Jersey N OF ASBESTOS ABA NJAC 8:60-7 and 12:1	120-7)		3	2	1	81		
Date of Notification (1)				Name of Building C THE VALLEY HOSP		2)			65			
10 / 5 /2018				Street Address		11111		2 2	r ,	2550		
Agencies Notified Type Notific	ation			223 NORTH VAN D	IEN AVENUE		FEI	3 2	6 2	2019		
	Notification		1	City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652								
X DOH X On Ho	ld			Name of Contact Telephone Number								
DCAEMER	GENCY	NOTIFIC										
Name of Facility Where Abatement is	Taking	Place (3		ILITY INFORMATION	Type of Facility	v (4)				-		
Name of Facility Where Abatement is	raking	lace (o			School (K							
VALLEY HOSPITAL					X Other (ie.	er 8 (Other than K private & commcl						
Street Address 670 WINTER AVENUE		Square Feet 50,000	# of Floors		Bldg.	Age )+	1					
City (5) Count	County Code (7) (STATE USE ONLY)	Current Use (Page ABANDONED	rior if being demol	ished)								
Name of Monitoring Firm Hired by Bu	uilding O	wner (8	)	ASCM No.	Name of Abate	ement Contractor	r (9)	211				
COLDEN CORPORATION Street Address					Street Address	IMENTAL CORPO	JRAIII	JIN				
131 VARICK STREET, SUITE 1022		313 SPOOK RO										
City, State, Zip Code		City, State, Zip	Code W YORK 10901									
Project Manager for Monitoring Firm	, NEVV Y	Teleph		ımber	Telephone Nun		ense N	umbei		-		
JIM MIADES		347-43			845-369-7500							
Expected State Date (10)	Sch		pletio	n Date (11)	Name of OSHA	Monitor						
6 / 7 /18 Month Day Year	l M	3 onth		30 /19 Day Year	EMSL #11506							
Occupancy Status During Abatement ((  X Facility Closed/Vacated During Abatement Performed Outsi	ing Entiré	Period			Street Address 307 WEST 38T							
	DAY -FRI				City, State, Zip	Code NEW YORK, NEV	V YOR	K				
Scope of Work (Check all that apply)  Demolition   >3SF OR LF	X Rer	ovation		X Full Cont X Mini Enc								
X >160 SF OR 260 LF					ble Procedure				1			
Location of		Locatio		Description of A				atem	ent T			
Asbestos-containing Material (ACM)		mally us solely by		Containing Mater (ie. Thermal s		Amount (Specify	REMOVAL	REPA	ENCA	NO.		
TO BE ABATED	11	nt/Custo	148 100	insulation, surface		SF or LF)	S	AIR	AP	0		
in Facility (13)		Staff (12		or other miscell	aneous)	*	AL.		PSUL	ENCLOSUR		
1ST FLOOR THROUGHOUT	Yes	No N	I/A JC	DINT COMPOUND	COMPLETE	25,000 SF	×					
1ST FLOOR ROOMS 100 & 101	1 2	\ \ \ \	C	EILING TILES	COMPLETE	1,500 ŞF	X					
1ST FLOOR ROOMS 101 & 102		>		AT & MASTIC	COMPLETE	1,450 SF	Х					
1ST FLOOR ROOM 182		>	В	DILER INSULATION	COMPLETE	100 SF	X					
1ST FLOOR ROOM 182		)	В	OILER BREECHING	COMPLETE	80 SF	X					
1ST FLOOR ROOM 180		)	R	OOF HATCH TAR	COMPLETE	2 SF	X					
1ST FLOOR THROUGHOUT		<b>)</b>	PI	PE INSULATION	COMPLETE	136 LF	X					
1ST FLOOR THROUGHOUT		)	FI	BERGLASS CEILING I	NSULATION/GLU	JEDABS 17,478 S	FX	COV	1PLE	TE		
ADDITION TO SCOPE:												
1ST FLOOR NORTH WEST CORNER			A	CM DEBRIS		500 SF	х					
Name of Registered Waste Hauler NJDEP Waste Cubic				ubic Yards of Waste	Name of Regis		ANIDE	-11.1				
ASBESTOS TRANSPORTATION CO. INC. Hauler ID No. 2 MORICHES MIDDLE ISLAND ROAD 1A-371				700	GRAND CENT	RAL SANITARY	LANDI	TILL				
City, State				sposal Date	City, State	OWNSHIP, PA			9	,		
SHIRLEY, NEW YORK 11967 Completed by (Print or Type)	Title		[6/	07/18 - 12/30/18 Signature	A GANAFIELD I	Da	te //	10	-/	0		
BENJAMIN SANCHEZ	DIRECT	OR OF C	PERA		$\langle \rangle$		10	7	//	8		

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) THE VALLEY HOSPITAL /2018 Street Address Agencies Notified Type Notification 223 NORTH VAN DIEN AVENUE 26 **EPA** Initial Notification City, State, Zip Code DEP Amended Notification #3 RIDGEWOOD, NEW JERSEY 07652 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** GEORGE GANCSOS 201-447-8141 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) VALLEY HOSPITAL Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 670 WINTER AVENUE 50,000 40+ City (5) County (6) County Code (7) Current Use (Prior if being demolished) **PARAMUS** BERGEN (STATE USE ONLY) ABANDONED Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) COLDEN CORPORATION PAR ENVIRONMENTAL CORPORATION Street Address Street Address 131 VARICK STREET, SUITE 1022 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code NEW YORK, NEW YORK 10013 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JIM MIADES 347-435-3561 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6 / /18 3 30 EMSL #11506 /19 Month Day Year Month Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR ENCAPSUL **ENCLOSUR** Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR THROUGHOUT X JOINT COMPOUND 25,000 SF 1ST FLOOR ROOMS 100 & 101 **CEILING TILES** 1,500 SF 1ST FLOOR ROOMS 101 & 102 VAT & MASTIC 1,450 SF X 1ST FLOOR ROOM 182 **BOILER INSULATION** 100 SF X 1ST FLOOR ROOM 182 Х

BOILER BREECHING

**ROOF HATCH TAR** 

PIPE INSULATION

Cubic Yards of Waste

Disposal Date

6/07/18 - 12/30/18

Signature

X

NJDEP Waste

1A-371

DIRECTOR OF OPERATIONS

Title

1ST FLOOR ROOM 180

ADDITION TO SCOPE: 1ST FLOOR THROUGHOUT

City, State

1ST FLOOR THROUGHOUT

SHIRLEY, NEW YORK 11967

Completed by (Print or Type)

BENJAMIN SANCHEZ

Name of Registered Waste Hauler

2 MORICHES MIDDLE ISLAND ROAD

ASBESTOS TRANSPORTATION CO. INC. Hauler ID No.

80 SF

2 SF

136 LF

GRAND CENTRAL SANITARY LANDFILL

Name of Registered Landfill

City, State PLANFIELD FOWNSHIP, PA

FIBERGLASS CEILING INSULATION/GLUEDABS 17,478 SF X

X

X

Date

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

Date of Natification				Name of Building	D	(0)				
Date of Notification	(1)	Name of Building Owner/Operator (2) THE VALLEY HOSPITAL FEB 2 6 2010								
8 /	2 /2018			Street Address				L.	4 /	1714
Agencies Notified	Type Notificatio	n		223 NORTH VAN D	EN AVENUE		hilm .			
DEP X DOL X DOH	Cancellati	Notification	#2	City, State, Zip Code RIDGEWOOD, NEV					-4.	· · · · · · · · · · · · · · · · · · ·
DCA	On Hold EMERGE	NCY NOTIF		The state of the s	GEORGE GANCSOS 201-447-8141					
Name of Facility MI	h Ab-4	. 5:	FACI	LITY INFORMATION						
VALLEY HOSPITAL	here Abatement is Ta		Type of Facilit	(y (4) (-12) er 8 (Other than	K_12\					
						private & commo		s., ho	mes,	etc.)
Street Address 670 WINTER AVENU	JE		Square Feet 50,000	# of Floors		Bldg	g. Age 0+			
City (5)	County (6	County Code (7)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	rior if being demo	olished		·U+			
PARAMUS	BERGEN	7.1	(	STATE USE ONLY)	ABANDONED	nor if being demo	Diisi ieu	)		
Name of Monitoring COLDEN CORPORA Street Address	g Firm Hired by Buildi ATION	ng Owner (	ASCM No.	PAR ENVIRON	ement Contracto IMENTAL CORP		ON			
131 VARICK STREE	T. SUITE 1022		Street Address 313 SPOOK R							
City, State, Zip Code		EW YORK 1	0013		City, State, Zip					
Project Manager for I			hone Nur	nber	Telephone Nun		ense N	lumbe	F.	
JIM MIADES			35-3561		845-369-7500	111	01			
Expected State Date 6 /	e (10) 7 /18	Sched. Co	mpletion	Date (11) 30 /19	Name of OSHA EMSL #11506	Monitor				
Month D	Day Year	Month		Day Year	and the first state of the stat		7.1			
X Facility CI	uring Abatement (Checolosed/Vacated During Ent Performed Outside o	Entire Period	of Abate cility Hou	rs - Describe:	Street Address 307 WEST 38T	H STREET				
	escribe. WONDAT	-FRIDAY //	4IVI-3:30 F	-IVI						
					City, State, Zip	VEW YORK, NE	W YOR	K		
Scope of Work (Chec Demolition >3SF OR X >160 SF (	n X	Renovation	i		inment o , Procedure	Code NEW YORK, NE\	W YOR	K		
Demolition >3SF OR X >160 SF 0	n X	Renovation  Is Locati		X Mini Encl Glovebag X Non-Friab	ainment  o ,  Procedure ble Procedure	Code NEW YORK, NEV			ent T	vpe
Demolition >3SF OR X >160 SF (  Loca Asbestos	n X LF OR 260 LF ation of t-containing	Is Locati	on ised .	X Mini Encl Glovebag X Non-Friat Description of As Containing Materi	ainment o , Procedure ble Procedure bbestos- al (ACM)	NEW YORK, NEV	A	batem		
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Demolition >3SF OR >160 SF 0  Loca Asbestos Materia TO BE in Face	n X LF OR 260 LF ation of s-containing al (ACM) ABATED	Is Locati normally u solely b Maint/Cust Staff (12 Yes No	on ised y odial 2) N/A	X Mini Encl Glovebag X Non-Friat Description of As Containing Materi (ie. Thermal sy insulation, surfaci	ainment o, Procedure ble Procedure bestos- al (ACM) stems ng, VAT,	Amount (Specify	A	batem		
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Demolition >3SF OR X >160 SF (  Loca Asbestos Materia TO BE in Fac	n X LF OR 260 LF ation of s-containing al (ACM) ABATED cility (13)  JGHOUT S 100 & 101	Is Locati normally u solely b Maint/Cust Staff (1: Yes No	on ised yy odial 2) N/A X JOII X CEII	X Mini Encl Glovebag X Non-Friat Description of As Containing Materi (ie. Thermal sy insulation, surfaci or other miscella	ainment o, Procedure ble Procedure bestos- al (ACM) stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL X	batem		
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Demolition >3SF OR X >160 SF (  Loca Asbestos Materia TO BE in Fac  1ST FLOOR THROU  1ST FLOOR ROOMS 1ST FLOOR ROOM 1ST FLOOR ROOM 1ST FLOOR ROOM	n	Is Locati normally u solely b Maint/Cust Staff (1: Yes No	on ised by odial 2) N/A Z JOII X CEII X VAT X BOI X BOI	X Mini Enclosion of Astronomy (ie. Thermal sy insulation, surfaction of the or other miscella or other	ainment o, Procedure ble Procedure bestos- al (ACM) stems ng, VAT,	Amount (Specify SF or LF) 25,000 SF 1,500 SF 1,450 SF	REMOVAL X X X X	batem		
Demolition   >3SF OR     > 160 SF ()   Loca     Asbestos     Materia     TO BE     in Fac     1ST FLOOR THROU     1ST FLOOR ROOMS     1ST FLOOR ROOM	n X LF OR 260 LF ation of s-containing al (ACM) ABATED sility (13)  JGHOUT S 100 & 101 S 101 & 102 182 182 180	Is Locati normally u solely b Maint/Cust Staff (1: Yes   No	on ised by odial 2) N/A X JOII X VAT X BOI X ROO	X Mini Enclosion of Astronomy States of Containing Materia (ie. Thermal sy insulation, surfaction of their miscella of the Materia of Compound LING TILES	ainment o, Procedure ble Procedure bestos- al (ACM) stems ng, VAT,	Amount (Specify SF or LF) 25,000 SF 1,500 SF 1,450 SF 100 SF	REMOVAL X X X X X	batem		
Demolition >3SF OR X >160 SF OR Loca Asbestos Materia TO BE in Face  1ST FLOOR THROU  1ST FLOOR ROOMS 1ST FLOOR ROOM 1ST FLOOR ROOM 1ST FLOOR ROOM 1ST FLOOR ROOM 1ST FLOOR ROOM 1ST FLOOR ROOM 1ST FLOOR ROOM 1ST FLOOR ROOM 1ST FLOOR ROOM	n	Is Locati normally u solely b Maint/Cust Staff (1: Yes   No    NJDEP Wa Hauler ID N	on ised by odial 2) N/A X JOII X VAT X BOI X ROO iste Cub	X Mini Enclosion of Astronomy States of Containing Materia (ie. Thermal sy insulation, surfaction of their miscella of the Materia of Compound LING TILES	lainment o , Procedure obe Procedure sbestos- al (ACM) stems ng, VAT, aneous)	Amount (Specify SF or LF) 25,000 SF 1,500 SF 1,450 SF 100 SF 80 SF 2 SF	REMOVAL X X X X X X	REPAIR		
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>3SF OR X >160 SF (Control of the control of the co	n X LF OR 260 LF ation of s-containing al (ACM) ABATED sility (13)  JGHOUT S 100 & 101 S 101 & 102 182 182 180  Waste Hauler PORTATION CO. INC. LE ISLAND ROAD	Is Locati normally u solely b Maint/Cust Staff (1: Yes   No    NJDEP Wa Hauler ID N	on ised by odial 2) N/A CEII X VAT X BOI X ROC	X Mini Enclosion of Astronomy States of Waste 100 Mini Enclosion of Astronomy Materia (ie. Thermal sy insulation, surfaction of other miscella of other miscella of other miscella of the misc	Procedure sbestos- al (ACM) stems ng, VAT, ineous)  Name of Regist GRAND CENTI	Amount (Specify SF or LF)  25,000 SF  1,500 SF  1,450 SF  100 SF  80 SF  2 SF	REMOVAL X X X X X X X X	REPAIR		

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

		1.		Name of			Operator	(2)	1,112	-	10.0	- 11	
Date of Notification (1)					Name of Building Owner/Operator (2) THE VALLEY HOSPITAL								
6 / 7 /2018				Street Ad					-	EB	2	b 0	010
Agencies Notified Type Notification	n			223 NOR	TH VAN DI	EN AV	/ENUE	1 20 30					414
EPA Initial Noti DEP X Amended X DOL Cancellati	Notifi	7275	า #1	RIDGEW	e, Zip Code OOD, NEW		SEY 07652		Park.		-		-11,
X DOH X On Hold EMERGE	NCY I	ITOV	FICATI	ON GEORGE	Name of Contact Telephone Number ON GEORGE GANCSOS 201-447-8141								
			F	ACILITY INFOR	MATION								
Name of Facility Where Abatement is Ta	king l	Place	(3)			Туре	of Facilit	y (4)					
VALLEY HOSPITAL					School (K-12) Subchapter 8 (Other than K-12)								
Street Address						X	Other (ie.	private & com					
670 WINTER AVENUE				uare Feet 50,000	# of Floor	rs			. Age 0+				
City (5) County (6	nty (6) County Code (7)							1 1 1 1 1 1 1 1 1		- 13	4	U+	
PARAMUS BERGEN	"			(STATE US			ent Use (Pr NDONED	rior if being de	molish	ied)			
Name of Monitoring Firm Hired by Build	ing O	wner	(8)		SCM No.			ment Contra	ctor (9	1)		_	
COLDEN CORPORATION	•					PAR	ENVIRON	MENTAL CO	RPOR	, ATIO	N		
Street Address							et Address						
131 VARICK STREET, SUITE 1022						313 5	SPOOK RO	OCK ROAD					
City, State, Zip Code	-10000						State, Zip						
NEW YORK, NE	=VV Y			Number				W YORK 1090					
JIM MIADES		1				Land of the	hone Num	112000	Licens	e Nu	mbe	r	
Expected State Date (10)	Sch		435-35	ion Date (11)		845-369-7500 1101 Name of OSHA Monitor							
6 / 7 /18	Scrie	3		30	/19		e of USHA L #11506	ivionitor					
Month Day Year	onth Day Year Month Day Year												
Occupancy Status During Abatement (Chec X Facility Closed/Vacated During B Abatement Performed Outside of X Other - Describe: MONDAY	Entire f Norr	Perio	d of Abacility F	lours - Describ	э:	307 \	State, Zip	H STREET					
Scope of Work (Check all that apply)  Demolition  3SF OR LF  X >160 SF OR 260 LF	]Reno	vatio	n	X X	Full Conta Mini Enclo Glovebag Non-Friab	, Proce	it dure	IEW YORK, N	IEW Y	ORK			
Location of	ls	Locat	tion	Descr	ption of As					Aha	tem	ent T	vne
Asbestos-containing		17.00	used	Contair	ning Materia	al (AC		Amount	12				
Material (ACM)		olely		The same of the sa	Thermal sys			(Specify	1.7		REPAIR	ENCAPSUL	ENCLOSUR
TO BE ABATED in Facility (13)		t/Cus taff (1	todial		on, surfacir			SF or LF	)   \{	3	E	PS	0
in racility (13)	Yes		N/A	or oth	er miscella	neous	)		F	2		Ë	I Ç
1ST FLOOR THROUGHOUT	. 55	110		IOINT COMPO	UND			25,000 SF	×	1			~
1ST FLOOR ROOMS 100 & 101			X C	CEILING TILES	8			1,500 SF	X	$\neg$			
1ST FLOOR ROOMS 101 & 102				/AT & MASTIC				1,450 SF	X				
1ST FLOOR ROOM 182			X	BOILER INSUL	ATION			100 SF	x				
1ST FLOOR ROOM 182			X	BOILER BREE	CHING		,	80 SF	X				
				ROOF HATCH	TAR			2 SF	x				
						51.255				$\neg$			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD  NJDEP Waste Cubic Hauler ID No. 913				Cubic Yards of 100	Waste			L ered Landfill RAL SANITAR	Y LAN	IDFIL	.L		
City, State NEWARK, NEW JERSEY	*			Disposal Date 6/07/18 - 12/30/	18	City,	State TO	OWNSHIP, PA	١	10		,	
Completed by (Print or Type) BENJAMIN SANCHEZ  DIRE	СТО	R OF			ature /	S	$\langle \times \rangle$		Date &	9/	7/	18	

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

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Date of Notification (1)						Building (	Owner	Operator	(2)		3 /	Ü	5	W
9500						LEY HOSE	TIAL		. 4	17		3		
5 / \09 /2018 Agencies Notified Type Notifica	tion				eet Ad	dress TH VAN D	IENI AN	(ENUIE	11.				****	
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EMERC	ENCY	NOT		WANTED STATE OF THE PARTY OF TH		GANCSO	S		201-447-8	3141	W.		D 01 15	-
Name of Facility Where Abatement is	aking	Place	(3)	FACILITY	INFOF	RMATION	Type	of Facilit	by (4)					
•	5		(0)			4	Туре	School (K	(-12)					
VALLEY HOSPITAL								Subchapt	ter 8 (Other	than K-	12)			
Street Address							X	Other (ie.	private & co	ommcl.	bldg	s., ho	mes,	etc.)
670 WINTER AVENUE								uare Feet 50,000	# of Flo	oors			g. Age	9
City (5) County	(6)			Cou	nty Co	ode (7)			rior if being	domeli	- b - d		40+	
PARAMUS BERGE	N					E ONLY)		NDONED	nor ir being	demon	snea	)		
Name of Monitoring Firm Hired by Bui COLDEN CORPORATION	ding C	wner	(8)		A	SCM No.	Nam	e of Abate	ement Cont	ractor	(9)			
Street Address									MENTAL C	ORPO	RATI	ON		
131 VARICK STREET, SUITE 1022								t Address	OCK ROAD					
City, State, Zip Code							City,	State, Zip	Code			_		
NEW YORK, Project Manager for Monitoring Firm	NEW Y								W YORK 10					
JIM MIADES		7	pnon- 435-3	e Number				hone Nun	nber	Licer	se N	umb	er	
Expected State Date (10)	Sch			etion Date	(11)			69-7500 of OSHA	Monitor	1101				
6 / 7 /18		3	3	30		/19		_ #11506	VIVIOLITOI					
Month Day Year Occupancy Status During Abatement (Ch	M M	onth	1	Day		Year								
X Facility Closed/Vacated During	eck on Entire	y one Perio	e) ad of A	hatement			100000000000000000000000000000000000000	t Address	H STREET					
Abatement Performed Outside	of Nor	mal F	acility	Hours - De	escribe	e:	307 4	VES1 301	I SIKEE!					
X Other - Describe: MONDA	Y -FRII	DAY	7AM-3	:30 PM			City,	State, Zip		and the second		100		
Scope of Work (Check all that apply)					IV	Full Conta		. 1	NEW YORK	, NEW	YOR	K		
Demolition	Ren	ovatio	n		X	Mini Enclo	mmen ).	t.						
>3SF OR LF X >160 SF OR 260 LF						Glovebag	Proced	dure						
X >160 SF OR 260 LF Location of	La	1	41		IX	Non-Friab								
Asbestos-containing		Loca mally				ption of As			Amou	nt		aten	ent T	
Material (ACM)		olely				hermal sy		""	(Speci	ifv	REMOVAL	REPAIR	II Z	N.
TO BE ABATED			todial	ir		on, surfacii		Γ,	SF or L	.F)	Ò	AF	₽	15
in Facility (13)	Yes	taff (	12) N/A		or oth	er miscella	neous)				AL.	20	ENCAPSUL	ENCLOSUR
1ST FLOOR THROUGHOUT	1165	INO	X	JOINT CO	MPO	LIND	/ I		05 000 05			_	-	D
1ST FLOOR ROOMS 100 & 101			X	CEILING :					25,000 SF		X	_	-	$\vdash$
1ST FLOOR ROOMS 101 & 102			х	VAT & MA					1,500 SF		X X	_	-	$\vdash$
1ST FLOOR ROOM 182			Х	BOILER II					1,430 SF		X		-	$\vdash$
1ST FLOOR ROOM 182			Х	BOILER B	Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annua	S 1 2 2 3 1 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			80 SF		X			$\vdash$
1ST FLOOR ROOM 180			X	ROOF HA									-	$\vdash$
	1			NOO! 11A	TOIT	IAN			2 SF	-	X			$\vdash$
Name of Registered Waste Hauler	NJDI	EP W	aste	Cubic Yard	ds of V	Naste	Name	of Regist	ered Landfill					
NEWARK CARTING	100	er ID		Cubio ruii	100	ruoto	GRAN	ID CENTE	RAL SANITA	RYLA	NDFI	П		-
369 RAYMOND BLVD City, State		913		Di										
NEWARK, NEW JERSEY				Disposal D 6/07/18 - 1		18	City, S	tates	OWNSHIP, F	٥٨ -	1	1	77	
Completed by (Print or Type)   Title		2 05	OBC		Signa			WELD IC	ANNINOMIP, F	Date	19	1	10	$\prec$
DIF	ECIO	\ UF	UPE	RATIONS		10	110	0		1-1	1	/	0	- 1

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Date	of No	tificati

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Date of Notification (1)					Name of MERCH	of Buil K SHA	ding Ow RP & DC	ner/C	Operator (2 CORP.	2)	FEB	2	6 20	119
2 / 21	/19				Street	Addres	S			0000 DV00 414				
Agencies Notified T	ype Notification							NUE,	P.O. BOX	2000, RY28-414		-		- 12
EPA X	Initial Notifica	ation itificatio	on		City, St RAHW	tate, Zi AY, NI	p Code EW JER	SEY (	7065					100
X DOL	Cancellation On Hold		1510	A TION	Name	of Con	tact OHNSON	J		Telephone Numbe 732-594-7746	r			
DCA	EMERGENC	Y NOI	IFICA	TION	ILITY INF									
Name of Facility Where Ab	stomont is Takin	n Plac	e (3)	FAC	ALITY IINI	OI tivir	THOIT	Туре	of Facility					
Name of Facility Where Ab	atement is rakin	g	(0)						School (K	-12) 2 (Other than K-1	12)			
MERCK SHARP & DOHME	CORPORATION				555			X	Other (ie.	er 8 (Other than K-1 private & commcl. # of Floors	bldgs.,	home	es, etc Age	:.)
Street Address								Sq	uare Feet 8,900	1 1		39		
126 EAST LINCOLN AVENU		0 ADD			Count	Code	(7)	Curr	ont Hea (P	rior if being demolis	hed)			
City (5)	County (6)				(STATE	USE C	NLY)	BES	FARCH LA	ABORATORY AND	OFFIC	CE FA	CILI	-
Name of Monitoring Firm I	UNION Hired by Building	a Own	er (8)		(0.17.11		M No.	Nam	ne of Abate	ement Contractor	(9) ⊃∧⊤ı∩	N		
ENVIRONMETAL HEALTH	INVESTIGATION	IS, INC	).	V.			104	PAF	et Address	MENTAL CORPO	AHO	14	_	
Street Address								313	SPOOK R	OCK ROAD				
655 WEST SHORE TRAIL			-	_				City	State, Zip	Code				
City, State, Zip Code	SPARTA, NEW	JERSE	Y 078	371				SUF	FERN, NE	W YORK 10901	nse Nu	mber		
Project Manager for Monitor		T	eleph	one N	lumber				ephone Nur	1101				
WILLIAM S. KERBEL, CIH		9	73-72	9-564	19	44\		Nar	-369-7500 ne of OSH					
Expected State Date (10)		Sched.	. Con 2 /		on Date ( 21/	(11)	19	AM	ERISCI LA	BORATORIES INC		#1	1480	
2 / 15 Month Day	/19 Year	Mont			Day		Year							_
Occupancy Status During A	Abatement (Check			of Ab	atement			117	eet Address EAST 301	TH STREET				
Abatement Perf X Other - Describe	ormed Outside of	NOTHIC	11 rau	HILLY I	louis Do				y, State, Zip NE	W YORK, NEW Y	ORK 1	0016		
Scope of Work (Check all to Demolition	that apply)	Renov	ation				Mini End	olo ,		gative Pressure				
x >3SF OR LF						X	Gloveba	g Pro	rocedure					
>160 SF OR	260 LF		- 47				otion of A					atem	ent T	уре
Location o		norm	ocation		c	contain	ing Mate	rial (A	ACM)	Amount	REMO	REPAIR	ENCAPSUL	ENCL
Asbestos-conta Material (AC			lely b			(ie. T	hermal s	systen	ns	(Specify SF or LF)	5	A	¥	12
TO BE ABA		Maint			ir	nsulatio	on, surfa er misce	cing, '	VAI,	31 01 11 /	OVAL	۳ ا	US	OSUR
in Facility (	13)	Yes	aff (12	2) N/A		Of Oth	er misce	nanco	,40)			_	-	P
	Macong-Massa.	165			DOORS					42 SF	X			_
1st FLOOR STORAGE CI	LOSET	-	-	Х	DOORS									
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											+	-	+	+
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											+	+	+	+
		1				- 3						1	+	+
		+-	-											
Name of Registered Was	ste Hauler		EP W er ID		Cubic Ya	ards of	Waste	11.	YCOMING	gistered Landfill COUNTY RESOU	RCE M	IANA	GEME	NT
FREEHOLD CARTAGE,	INC.		1593					4	47 ALEXAI	NDER DRIVE/ROU	TE 15			_
825 HIGHWAY 33 City, State					Disposal	Date		C	ity, State,	ERY , PA 17752			1	,
FREEHOLD, NEW JERS	SEY				02/15-28		nature	11/	1/1/	D	ate	2/	211	10
Completed by (Print or T	una\ Titl	e RECTO	ROF	OPE	RATIONS			11	1		0	4	011	1
BENJAMIN SANCHEZ	וטן	LUIU	., 01	J. 2				1	110	)		/		

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

				(Purs	uant to	NJAC 8:6	0-7 and 12:12	wner/Operat	or (2	2)	EB	26	2019	3
Date of Notification (	1)					MERCK	SHARP & D	OHME CORF	).		LD	- 0	2013	
2 /	5 /19					Street A	ddress		201/	0000 DV00 414				: 1
Agencies Notified	Type Notific	ation							SOX	2000, RY28-414				$\dashv$
EPA DEP	x Initial I			ion		City, Sta RAHWA	ate, Zip Code V, NEW JEF	RSEY 07065		trist t				
X DOL	On Ho	old	OY NO	TIFIC	ATION:		f Contact	N		Telephone Numbe 732-594-7746	r			
DCA		IGEN	51 140	111 10	FAC	St. 100000000	ORMATION							
Name of Facility Wh	ere Ahatement is	Takir	ng Pla	ce (3)		ILIT I III		Type of Fa						
Name of Facility Wit	ere Abatement is			•				School			0)			
MERCK SHARP & DO	OHME CORPORA	MOITA						X Other	napte	er 8 (Other than K-1 private & commcl. I	z) oldas.	. hom	es, etc	2.)
								Square F		# of Floors		Bldg.	Age	
Street Address 126 EAST LINCOLN	AVENUE - RIII F	ING 8	RO ADE	)				8,900		1		39	9	
	Coun		30 ADE		T	County	Code (7)	Current Us	e (Pr	ior if being demolis	hed)	25.5	CILI	
City (5) RAHWAY	UNIO	N				(STATE U	ISE ONLY)	RESEARC	H LA	BORATORY AND	OFFI	JE F	ACILI	_
Name of Monitoring	Firm Hired by B	uildin	g Owr	ner (8	)		ASCM No. 104	Name of A	BON	ment Contractor ( MENTAL CORPOR	RATIC	N		
ENVIRONMETAL HE	ALTH INVESTIG	OITA	VS, INC	S			104	Street Add		INILITY IL COLL C.				
Street Address	FDAIL							313 SPOC	KR	OCK ROAD				
655 WEST SHORE  City, State, Zip Code	IHAIL							City, State	, Zip	Code				
City, State, Zip Code	SPARTA,	NEW .	JERSE	EY 07	871			SUFFERN	, NE	W YORK 10901	se Nu	ımher		
Project Manager for			T	eleph	one N	umber		Telephone		1101	136 140	1111001		
WILLIAM S. KERBE	L, CIH				29-564		41	845-369-7 Name of C						
<b>Expected State Dat</b>			Sched	l. Cor 2 /		on Date (1 28/	19	AMERISC	LA	BORATORIES INC		#1	1480	
2 /	15 /19 Day Year		Mon			Day	Year							
Ossupancy Status F	uring Abatement	(Chec	k only	orte)				Street Add		H STREET				
To alliby C	locad/Vacated Du	ring -	ntire H	'erioa	of Aba	atement	oribo:	111/ EAST	301	H STREET				
Abateme	nt Performed Outs	side o	-FRID	al Fa	M-3:3	ours - Desi n PM	unde.	City, State	, Zip	Code	2018			
X Other - D	escribe: WON	IDAI	-111107	y	0.0					W YORK, NEW YO	ORK 1	0016		
Scope of Work (Che	eck all that apply)	1.000							n Ne	gative Pressure				
Demolition	on	X	Renov	vation		H	Mini End	ag Procedure						
x >3SF OF						7	Non-Fri	able Procedu	re					
>160 SF	ation of		le l	ocati	on T	De	escription of	Asbestos-					ent Ty	
	s-containing			nally L	999	Co	ntaining Mate	erial (ACM)		Amount	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	rial (ACM)			olely b		. ()	(ie. Thermal	systems		(Specify SF or LF)	Ó	\ĕ	AF	5
то в	ABATED		Maint			ins	ulation, surfa r other misce	lcing, VA1,		31 01 21 )	A	] J	US	US
in Fa	cility (13)		Yes	aff (1		0	I Other misce	maricodo)			,			R
			165	140		20000				42 SF	X			
1st FLOOR STORA	GE CLOSET				X	DOORS				5	1			
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	9						I f 1A/ 1 -	Nama	Rec	istered Landfill				+
Name of Registere	d Waste Hauler		1	EP W	2007	Cubic Yard	ds of Waste	LYCOM	NG (	COUNTY RESOUP	CE N	ANA	GEME	NT:
FREEHOLD CART	AGE, INC.			ler ID 1593			9. 7	447 ALE	XAN	IDER DRIVE/ROUT	E 15			
825 HIGHWAY 33 City, State				1000		Disposal D	Date	City Cto	to					
FREEHOLD, NEW	JERSEY					02/15-28/2	2019	MONTG	CHIVIE	RY PA 1752	te	5	,-	0.
Completed by (Pri	nt or Type)	Titl	е	ND 05	OPE	PATIONS	Signature	14	_	$\times \setminus \setminus \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid $		7-0	51	7
BENJAMIN SANC	HEZ	IDIF	HECIC	JH UF	UPE	RATIONS						0		

K1329	NOT	(Purs	TION Of uant to	of New Je F ASBEST NJAC 8:60	OS Al	12:120)	)	(m)		CF		7			
Date of Notification (1) 2/15/2019				uilding Owi		erator (	(2)			FEB 2	ü 201	9	24.5		
Agencies Notified Type Notification			eet Add						;	Territorian		24 12.1	£	1	
EPA X Initial Amended Amendment #				, Zip Code k NJ 076	66			1	2.00				1 =1	am .	
□ Emergency (ir     □ DOH justification)     □ DCA    □ Cancellation	ncluding	100000	me of Couglas	ontact Fernance	dez				Tele	phone Nur	nber				
			FACILI'	TY INFOR	VIATIO	N		(E 10) (4)							+
Name of Facility Where Abatement is Taking Douglas Fernandez Street Address	Place (3)						Lyp	e of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri	) R (Othe	er than K-12 commerci	2) ial build	ings,	hom	ies,	
City (5)								etc.) uare Feet	# of	Floors	BI	dg. A	ge		
Teaneck County (6)		Co	ounty Co	ode (7)			Cur	rrent Use (Prior	r if beir	ng demolis	hed)				-
Bergen			TATE US	SE ONLY) .					an otor	(0)					-
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.				batement Cont operty Main							
Street Address						Street 105		ress Riper Aver	nue						
City, State, Zip Code								, Zip Code NJ 07011							
Project Manager for Monitoring Firm		T	elephon	e No.		Telepl	hone	No.		License I	No.				
1 Tojost Managor to memory				)-1- (44)		-	1202/10	9-9008 SHA Monitor		01336					- 1
Start Date (10) 03/02/2019	Scheduled 03/12/20		oletion D	ate (11)				2							į
Occupancy Status During Abatement (Chec						Street	t Add	Iress							
Facility Closed/Vacated During Entire In Abatement Performed Outside of Norm Other – Describe:	Period of Abnal Facility I	ateme Hours	ent		_	City, S	State	e, Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	X Re	enovati emolitio	ion on					Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				ıre		
		ocatio										Aba	teme Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maii Custo	ormally I Solely Intenant I Sodial S (12)	y by ice/ taff?	Asbesto (i.e. t	os Con herma surfa	escription ntaining al system acing, V miscella	Mate ns in AT,	erial (ACM) sulation, or	(	Amount (Specify (F or LF)	Removal	Repair	Licapodiace	Taxanculate	Enclosure
A 412-	Yes	No X	N/A	Ve	rmic	ulite Ir	nsula	ation	3	350 SF	X	+	+	+	
Attic				70					118 14 18 1						
													_	1	
					6 : :	- V - 1		No	Dogio	tered Land	Hill				
Name of Registered Waste Hauler TBD		H	JDEP V auler ID BD	The state of the s	of W		3	Waste	Man	agement		rless	s La	ndfil	1
City, State					Disp	osal Da	ite	City, Sta Morris		PA 1906	57				
Completed by Darko Raloski	Title Proje	ect Ma	anagei	r		Signate	ure C	1			Date 2/15/	201	9		

check# 13440



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

GAC Project # 060-18			(1 413	<u> </u>	2. 0.00-7 and 12.120-7)	127					F		7 6	
Date of Notification (1)	ary 20, 2	0110			Name of Building Owne	r/Oper	ator (2)		Lagrana and and	SE M		U 1	7	
Agencies Notified	11 y 20, 2	Notification	n Type		RUTGERS, THE S	IAI	E UNI	VERS	HYC	)F N	J		- 1	
<b></b>		<b>X</b> Initial		ation	ENVIRONMENTAL	HE/	ALTH	& SA	FETY	БЕ	4.6	RÊH	Ŝ)	
□ EPA		□Amend	led Noti	ification#	74 STREET 1603,	BLD	G 411	6. LIV	INGS	TON	CA	MPU	IS .	
□ DCA		☐ Emer	gency (	including	City, State, Zip Code									
X DOL	DED	justifi	cation)	-	PISCATAWAY, NJ	0885	54		J		9.0	3117	2.54	
☑ DEP- No Longer REQUII ☑ DOH	KED	□ Cance	lled		Name of Contact	1.11.50 - 2.11.50 <b>4</b> 83	1000	Tele	phone N	Vumb	er	(4 .5) 		
LAI DON					MICHAEL F. SMIT		۱V.	848	-445-2	2550				
				540V IT / 10	HEALTH & SAFET	Υ								
Name of Facility Where Abater	ment is Tal	king Place (3)		FACILITY IN	FORMATION Type of Facility (4)									
MEDICAL SCIENCE B					School (K-12)									
					Subchapter 8 (other that	an K-12	٥١							
Street Address	4.000000				Other (i.e. private & co			linas h	omae a	itc )				
RBHS NEWARK CAM	PUS								g. Age:		+ ve	ars		
City (5)	County (6	)	County	Code (7)	1						,			
NEWARK	ES	SEX		Use Only)	Current Use (prior if beir	ng dem	olished	): AC	ADEMI	С				
Name of Monitoring Firm Hired	by Bldg. C	Owner (8)	ASCM	No.	Name of Contractor (9)					-			-	
ATC			0009	8										
Street Address					GREENWOOD ABA	TEME	ENT C	ONSL	JLTAN	NTS,	INC			
3 TERRI LANE					Street Address									
O ILINI LANE					511 MAIN STREET									
City, State, Zip Code					City State, ZipCode									
	08016				BUTLER, NJ 07405									
Project Manager for Monitoring	Firm	Telephone	Number		Telephone Number			Licen	se Numi	ber				
BRIAN R. KEARNEY		609-386	-8800					12002020	East.					
Scheduled Start Date (10)		Schodulad	Completic	on Date (11)	973-492-0477			0084	10					
03/01/2019		03/04		on Date (11)	Name of OSHA Monitor ENVIROVISION, IN	C								
Occupancy Status During Ab	atement (	2222	20 5070		Street Address	U								
☐Facility Closed/Vacated Du				nt	20-21 WARGARAW	ROA	D BI	DG# 3	S5E					
☐Abatement Performed Out	side of No	rmal Facility	Hours -				,	J U	,0_					
Describe:					City, State, Zip Code									
Other- Describe: Schedu		- 5AM (24 I	HOURS	&	FAIRLAWN, NJ 074	10								
WEEKENDS AS NEEDEL	(د													
Scope of Work (Check all that a	apply)													
						JFull C	Contain	ment w	ith Neg	ative	Pres	sure		
□≥ 3 sf or >3 If			1	X Renovation			-Enclos							
<b>⊠</b> ≥ 160 sf or ≥ 26	60 If			Demolition	[	Glov	e bag F	rocedu	ire / Wr	ap &	Cut			
								and No			rocec	dure		
Location of Asbestos-Containin Material (ACM) in Facility (13)	•	cation Normal y by Maint./Cu		Description of Asl	pestos Containing Material		Amour		Abate	ment	Type			
Material (NOW) III acility (13)		9 (12)	istodiai	VAT, or other mis	nal systems insulation, surfac	ing,	(Special or LF)	y SF	Remov	e Re	oair E	ncap I	Enclose	
	YES		NA		, , , , , , , , , , , , , , , , , , , ,									
G506 B		X		VAT			515	SE.	X					
				7741		-	010	01	IZI	_	-			
						-				+				
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID #	Cubic Yards of Waste:	10 C	v	Name	of Regi	stered	Lan	dfill		
See Hauler Below #1 & 2	2	See Belov	The second secon		Subject and Sof Waste:	10 0			O.W.S.				11	
Hauler #1) Greenwood Abaten	nent Const	ıltants, Inc	Butler, N	NJ 07405		Dispo	osal Dat	e		City	State			
NJDEP # 12561				DESIGN PERSON				-		-	-	ord N	lill	
Hauler #2) Newark Carting, In NJ DEP # 4509	ic., Newar	k, NJ 04509				03	/04/20	119				sville,	Pa	
110 DEF # 4509								10000		1906 215-	7 736-1	700		
Completed by (Print or Type) Title					Signature			Date		574 N. C.		97.000 		
RAYMOND C. PEDALI	777	ENIOR P	ROJEC	T	Raymond C. Pe	0/1			uary 2	20. 2	2019	)		
	I N	MANAGER	1		Daymona O. Te	aaun	(					977/		



State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) February 20, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ6 2010 Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA □ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA □ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED **□**Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WOODBURY HALL, BLDG# 8329 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/04/19 03/02/2019 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □ > 3 sf or >3 lf Renovation ■ Mini-Enclosure  $\ge$  160 sf or  $\ge$  260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut XX Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Apt 255 - Kitchen X VAT X 200 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 5 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill

Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 03/04/2019 NJ DEP # 4509 19067 215-736-1700

Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT February 20, 2019 Raymond C. Pedalino MANAGER

Ver	105	DA	N				NEW JERSEY BESTOS ABATEMEN	Toh	nn	1. 17		
Date of Noti	W.J					NT TO NJA	C 8:60-7 AND 12:120-7 Building Owner / Ope	(2)	00	07		
_ 02 /	22 / 19						INSTITUTE OF TECH					7
/	/					Street Ad	dress		1		- 11 1	ini in
Agencies N	otified Type of N	otific	ation			1 CASTLE	POINT ON HUDSON					
$\overline{\square}$	EPA 🗹	Initia		91		10/10/00 PM (0.00) (0.00) (0.00)	e, Zip Code			p= = - (	2 0	111
	□		nded			_	N, NJ 07030			FEB 2	2 6 201	9 112
V	DOH		ndm			Name of				ne Numbe	er	Fire-
	DOL		rgen cella		/ justification	ROBERT	MAFFIA		201-216-	3542		
					F	ACILITY IN	FORMATION			1,5.		- u.
	cility Where Abatem			ing	Place (3)		Type of Facility (4)	′-12\				
Street Addre								er 8 (Other	than K-1	2)		
	OINT ON HUDSON							., private &				
					4-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			mes, etc.)				
City (5) HOBOKEN	County (6 HUDSON	)			County Code	(7)	Square Feet 50,000	# Of Floor	rs 3	Building	g Age 40+	
							Current Use (Prior if	being dem	olished)	I		
Name of Ma	nitoring Firm Hired	h. D	lala.	0	/0\	TACCHI NO	MULTI PURPOSE	C	(0)			
	ENVIRONMENTAL	руъ	iag.	OWN	er (o)	ASCW NO	Name of Abatement	Contractor	(9)			
							NORTHSTAR CONTE	RACTING G	ROUP, IN	IC		
Street Addre							Street Address					
1600 Route							00 M/III: DI					
City, State, 2 Union, NJ 07							32 Williams Parkway City, State, Zip Code					
	r. For Monitoring F	irm			Telephone Nu	mber	City, State, Zip Code	Š				
MIKE NEHLS					908-688-7800		East Hanover, NJ 079	936				
Sheduled St	tart Date (10)	Sch	ed. C	omp	letetion Date (1	11)	Telephone Number		License	Number		
03/	18 /19		05	_ /		19				123	5121212	
/	/				/		973-884-8682			0	0860	
	Status During Abat acility Closed/Vaca						Name of OSHA Moni NORTHSTAR CONTR		POLID IN	IC.		
	batement	teu D	umi	, LIII	ile Peliou oi		Street Address	VACTING C	ROOF, IN	10		
	batement Performe	d Ou	tside	of N	ormal Facility		Oli cet Address					
	lours - Describe:						32 Williams Parkway					
☑ o	ther - Describe: _				M		City, State, Zip Code					
2	1 (0) 1 41171 (		I-FRI	_			East Hanover, NJ 079	936				
Scope of W	ork (Check All That	Appi	y)									
	emolition		1		Renovation	7	Full Containment wi	th Negative	Pressure	e		
□ ≥	3sf or >3lf		_			V	Mini - Enclosure					
✓ ≥	160 sf or ≥260 lf						Glovebag Procedure					
						V	Non-Exempted (*) ar	nd Non-Fria	ble Proce	dure		
Lo	cation of	_	Is	_		Descript	ion of		Abateme	nt Type		
	os Containing	Lo	ocatio	on	As	sbestos - C			R	I	İΕ	E
Mat	erial (ACM)	No	orma	lly		Material	(ACM)	Amount	E	R	N	N
	BE ABATED	222	Used			.e., therma		(Specify	M	E	C	C
li ii	n Facility		Solel				facing, VAT,	SF or LF)	1000	P	A	L
	(13)		y Mai nanc		or	other misc	ellaneous)		V A	A	P S	L O S
		633	istod	55 Tenr					l î	R	Ü	Ü
		100.00	aff (1						_		L	R
		YES	NO									
2ND FLOOR			4	the same of the same	PIPE & FITTIN			450 LF	V			
	RESTROOMS		V	-	MIRROR MAS	TIC		30 SF	V			
2ND FLOOR 2ND FLOOR		14	121 12	4	MASTIC			810 SF	V			1 4
EZNU FLOOK			1141		VAT/MASTIC			2,600 SF	1			

NJDEP Waste Cubic

Hauler ID No. Yards

PROJECT MANAGER

Title

30534 of Waste

Date

Disposal

Name of Registered Landfill

Signature

Date

02/22/19

FAIRLESS LANDFILL

City. State MORRISVILLE, PA

Completed by (Print or Type) STEVEN STILES

EAST HANOVER, NJ

City, State

ASB-41

Name of Registered Waste Hauler

NORTHSTAR CONTRACTING GROUP, INC.

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	N b te Cu	Is ocat orm: Use Sole y Ma enan usto taff (	ally d ly in- ce/ dial 12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I	E N C A P S U L	E N C L O S U R
	YES	AND PERSONAL PROPERTY.	N/A						
2ND FLOOR		V		VAPOR BARRIER	4,000 SF	V			
1ST FLOOR		1		PIPE & FITTING	400 LF	<b>V</b>			
1ST FLOOR		V		HEAT SHIELD	375 SF	4			
1ST FLOOR RESTROOMS				MIRROR MASTIC	25 SF	<b>V</b>			
1ST FLOOR		V		VAPOR BARRIER	4,000 SF	7			
BASEMENT		V		PIPE & FITTING	685 LF	V			
BASEMENT		1		CEILING TILE/MASTIC	860 SF	<b>V</b>			
BASEMENT		1	Щ	VAPOR BARRIER	4,000 SF	4			
BASEMENT		7		VAT/MASTIC	2,525 SF	V	П	ΙП	П
BASEMENT		V		MIRROR MASTIC	60 SF	7			
SUB BASEMENT		1		PIPE & FITTING	140 LF	7			
SUB BASEMENT		ĪV		VAPOR BARRIER	1,800 SF	1			
EXTERIOR		7		FLASHING	390 SF	V	П		П
EXTERIOR		1		CAULK	1,079 LF	1			
EXTERIOR		1		TAR	50 SF	<b>V</b>			
							IП	ΙП	П

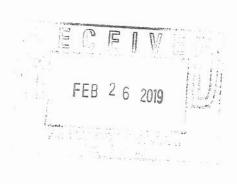


STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

CLECK #4 0063

Date of Notification (				Name of	Building O	wner / Ope	erator (2)						
06_ /07_	/18					z Internation			臣	( E	1 1	N/	
/ /					Street Ac	ddress			l=	4.3 K	- 11	14 =	7, 1, 1,
Agencies Notified	Type of N	otifica	tion		2211 Rou	ite 208 Nort	:h	1.00					111
☑ EPA		Initia				te, Zip Cod		4.7	1.50				111 11
DEP	✓	Amer				New Jersey	y, 07410			FFR 2	262	019	116
☑ DOH			ndment		Name of			1.6	Telepho	ne Num	ber		1
☑ DOL	lH			// justification	PETER V	ILLANO			201-794-				e de la companya del companya de la companya del companya de la co
		Canc	ellation						Louis				
				F	ACILITY IN	NFORMATIO	ON			1			2
Name of Facility Whe	ere Abatem	ent is	Taking	Place (3)		Type of E	acility (4)	-					
Mondelez Internationa		ione io	raking	1 1400 (0)		Type of F	actifity (4)						
							School (F	(-12)					
Street Address						1 -		ter 8 (Other	than K-1	2)			
2211 Route 208								., private &					
								omes, etc.)					
City (5)	County (6	)		County Code	(7)	Square F	eet	# Of Floor	s	Buildir	ng Age		
Fairlawn	Bergen			ľ			00,000		3				
						Current U	lse (Prior if	being dem	olished)	T	4	+ 0	
N						Bakery							
Name of Monitoring I	Firm Hired	by Blo	dg. Own	er (8)	ASCM NO	) I							
AET			(5)		1								
								RACTING G	ROUP, IN	IC.			
Street Address 907 Doolittle Drive						Street Ad	dress						
City, State, Zip Code							- D - I						
Bridgewater, NJ 0880	7						s Parkway						
Project Mngr. For Mo		irm		Telephone Nu	mhor	City, State	e, Zip Code	1					
Eric Houseknecth	mitoring r	11111		908-218-1108	mber	Fact Hand	ver, NJ 079	126					
Sheduled Start Date (	(10)	Scher	d Comp	letetion Date (1	11)	_	e Number	730	License	M			
06 // 25	/ 18		06	24	19	Telebilotti	e Number		License	number			
I — // — /	/	-	/	/		973-88	34-8682			1	00860		
Occupancy Status Du	upancy Status During Abatement (C				-	_	OSHA Moni	itor			30000		
Facility Clo	Facility Closed/Vacated During							RACTING G	ROUP IN	C			
Abatement	t					Street Add				-			
				ormal Facility		The state of the s							
Hours - De						32 William	s Parkway						
☑ Other - Des	scribe:	7:00A	M - 3;30	PM			, Zip Code						
						East Hano	ver, NJ 079	36					
Scope of Work (Chec	k All That	Apply)	į.								1		
☐ Demolition		1	7	D									
☐ ≥3sf or >3l		1	4	Renovation		Mini - End	ainment wi	th Negative	Pressure	)			
☑ ≥160 sf or							Procedure						
								id Non-Fria	hle Droce	duro			
						HOII EXCII	ipica ( ) aii	ia Non-i na	DIE FIOCE	uure			
Location of			ls		Descript	ion of			Abateme	nt Type			
Asbestos Contai	ining	Loc	cation	As	bestos - C				R	I	E	ΙE	
		Nor	rmally		Material	(ACM)		Amount	E	R	N	N	
TO BE ABATE	<u>D</u>		sed		e., therma			(Specify	M	E	С	C	
in Facility		1	olely			facing, VAT	Γ,	SF or LF)	0	Р	Α	L	
(13)		0.000	Main-	or	other misc	ellaneous)			V	Α	P	0	
	tenance/								Α	1	S	s	
	Custodial								L	R	U	U	
	Staff (12)										L_	R	
2ND FLOOR OVEN#7				ROLLER GASH	/ETC			00.05			-	_	-
2ND FLOOR OVEN#7				TRANSITE	(LIS			80 SF	<u> </u>		-		
2ND FLOOR OVEN#7		_	7 0	GASKET				100 SF	\[\sigma\]		+-	-	
2ND FLOOR BAKE SH	IOP		7	PIPE & FITTIN	G			4,000 SF 60 LF	✓		-	4	-
Name of Registered V				NJDEP Waste	-	Name of D	Registered		✓				
NEWARK CARTING Hauler ID				Yards	GROWS	cystered	Landilli						
NORTHSTAR CONTRA	ACTING G	ROUP.	INC.		of Waste	3							
City, State					Disposal	City. State							
NEWARK, NJ					Date		PA 19067						
EAST HANOVER, NJ							17						
Completed by (Print of	r Type)	8		Title			Signature	1	/		Date		
Stave Stiles							$V_{t}$	K	7				
Steve Stiles	i rojoci ivi						Dite	servi	tev			02/22	/19

Location of Asbestos Containing  TO BE ABATED in Facility (13)	b te	Is ocati orma Use Sole y Ma enan- ustoo taff (	ally d ly in- ce/ dial	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I	E N C A P S U L	E N C L O S U R
	YE	NO	N/A						
MEZZANINE		1		PIPE & FITTING	4 LF	V			
DC WAREHOUSE		4		PIPE & FITTING	6 LF	J			
1ST FLOOR BAKERY		V		PIPE & FITTING	5 SF	1			
BOILER ROOM		1		BOILER JACKET	10 SF	1			
DC CHARGING AREA		J		PIPE & FITTING	15 LF	1			
BOILER ROOM		V		PIPE & FITTING	4 LF	1			
DC WAREHOUSE		1		PIPE & FITTING	100 LF	1			
						П		Th	



## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 2:00 and 5:00)

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de .	17-23	0	[F	a	87.77	
1	1=	11	20	H	W	
1.7	-	1.23	-	13	12	

<u>40091</u>	LLL	U		(Fu	rsua	III to NJ	AC 8:60 and 5:	16)				MITTER OF	
Date of Notification (1) 2 /	22 /	40					ng Owner/Operator			= n 0			Miles State of
		19	-		MI	. Joseph	Bascio	/ Job	#1608-210	er ohi	6#44	59	
Agencies Notified	Type Notific	cation			Stree	et Address							+
☐ EPA  ☑ DOLWD	☐ Initial	a a							benesia a				rum Si
☑ DHSS	Amende Amendm				City,	State, Zip	Code						3-1
□ DCA	☐ Emerger		ıdina		Pa	Imyra, N	J 08065						
(NJAC 5:23-8)	justificat	ion)	9		Nam	e of Conta	ct		Telephone N	Number			
	☐ Cancella	ition			Nic	ck Mullar	key						
					FA	CILITY II	NFORMATION					14	
Name of Facility Where A		Taking P	lace (	3)				Type of Facility					
Street Address	Ly							School (K-1	2)	( 10)			
Olicel Address								Subchapter Other (i.e., p	orivate and com	(-12) imercial	buildin	ngs,	
City (5)								homes, etc.	)			5 -,	
Palmyra								Square Feet	# of Floors		Bldg. A	Age	
County (6)								1700	2		85 +	F	
Burlington					Cou	nty Code (	7)(STATE USE ONLY)			nolished	)		
	I Caralla D. T.							Residential					
Name of Monitoring Firm Horizon Environme		ding Owr	ner (8)	A	SCM	No.	Name of Abatem		500				
	ntai						Asbestos an	d Mold Service	es, Corp.				
Street Address							Street Address						-
PO Box 316							3859 Sylon E	Boulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Thorofare, NJ 08086							Hainesport, I	NJ 08036					
Project Manager for Moni	toring Firm			Telepi			Telephone No.		License No				
Dave Flanigan						-0800	609-702-0400	)	00862				
Start Date (10)	40	Schedule					Name of OSHA M						_
_3_/_4_/					_ / .	19	EMSL Analyt	ical, Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	d During Entir	e Period	of Ab	ateme	ent		200 U.S. Rou	te 130 North			V.		
Abatement Performed Time of Abatement:	Outside of No	ormal Fac	cility H	lours	- Des	cribe	City, State, Zip Co	ode					
			'	-IVI	_	AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf		$\boxtimes$	Reno	vation	1		⊠ <del>Full-Gont</del>	<del>ainment-wit</del> h Neg losure	jative Pressure	ENC	losur	20	
≥160 sf or ≥260 lf			Demo				☐ Glovebag	Procedure				()- <del>()</del>	
							☐ Non-Exer	mpted (*) and No	n-Friable Proce	dure			
Location of				cation mally			Water to the second of		:	A	batem	ent T	ype
Asbestos-Containing N		) [	Jsed S			Asha	Description of stos Containing Mat			Z	D D	m	ш
TO BE ABAT	ΓED		Mainte				, thermal systems i		Amount (Specify	Removal	Repair	ncap	Clo
IN Facility (13)		0	ustod (1	1ai Sta 12)	an?	20	surfacing, VAT,		SF or LF)	Val	=	Encapsulate	Enclosure
(,-)		Ye			N/A		other miscellaned	ous)				ate	(0
Kitchen				-		Floor Ti	lo.		200.05		-		
			+=			11001 11	16		200 SF			Ш	П
				ال									
				] [						Г	П	П	П
			Г	7 [	П		11.5						=
Name of Registered Waste	Hauler				DEP V	Vaste	Cubic Yards of	Name of Regist	torod Landell			Ш	Ц
Waste Management				Hau	ler ID		Waste	GROWS La					
City, State				17	7273		Disposal Data		nulli				
2009-1-1000 V-200 1-200 V-2							Disposal Date 3/6/19	City, State	DA 46000				
Lafayette, NJ							3/0/13	Morrisville,	PA 19067				
Lafayette, NJ	) I	Title						,					
Completed By (Print or Typ		Title	- ^				Signature	1		Date	n .	0	
		Title Office	e Cod	ordin	ator			0		Date 2	.2-1	9	

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

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1/34	[ Free [	0.77
11	lies [	N/I
1 79	15-0	1377
	Committee 1	1 1 1
	C	CEI

CK5090	I A			(P	ursua	nt to NJ	AC 8:60 and 5:1	6)				*** **-				
Date of Notification (1)					Nam	e of Buildir	g Owner/Operator	(2)	FEB	2 6	20	119	- 111			
	22 /	19	9		NJ	TA	/ Job #	1710-2243	Chk. #5292				l lea			
Agencies Notified	Type Notific	cation			Stree	t Address			Addition	(2)	1.5,75.4	1000				
☐ EPA  ☑ DOLWD	☐ Initial				11	urnpike	Plaza		The second secon							
☑ DOLWD	Amende Amendn		ŧ		City,	State, Zip	Code									
□ DCA	☐ Emerge			- а	Wo	odbridge	e, NJ 07095									
(NJAC 5:23-8)	justificat	ion)		3	1 1 1 2 1 1 1 2	e of Contac	7.72		Telephone Num	ber						
	Cancella	ation			Ro	bert Won	nelsdorf	732-442-8600								
N					FA	CILITY IN	FORMATION	1								
Name of Facility Where A		Takin	g Place	(3)				Type of Facility (4)								
NJTA MUB - E - Hig	ntstown							School (K-1	2)							
Street Address								Other (i.e.,	8 (Other than K-12) private and commer	) cial b	uildin	as.				
Milepost 67 S - NJ T City (5)	urnpike							homes, etc	.)	5707016170		J-1				
East Windsor/Hight	ctown							Square Feet	# of Floors Bldg. Age							
County (6)	Stown				I Carr	ah . O = d = /2	V/07475 1/05 04/1/4	20,000	1		unk	own				
Mercer					Cou	nty Code (/	)(STATE USE ONLY)		rior if being demolis	hed)						
Name of Monitoring Firm	Hired by Ruil	dina (	Juner	/Q\	ASCM	Me	This see a fine of	Office & Sh	, č							
Horizon Environmen		unig (	OWNE	(0)	ASCIVI	NO.	Name of Abateme	이 없는데 이번 시간 사람들이 보고 있다.	N							
Street Address							Street Address	nd Mold Services, Corp.								
PO Box 316							3859 Sylon B	oulevard								
City, State, Zip Code							City, State, Zip Co									
Thorofare, NJ 08086	i						Hainesport, N									
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.	_	_					
Dave or Steve Flanig	gan			8	56-848	-0800	609-702-0400		00862							
Start Date (10)					tion Da		Name of OSHA M	lonitor					_			
3_/_4_/_					/ .	19	EMSL Analyti	ical, Inc.								
Occupancy Status During							Street Address						-			
☐ Facility Closed/Vacated	During Enti	re Pe	riod of	Abate	ment		200 U.S. Rout	te 130 North								
Abatement Performed (	Outside of No AM-	ormal PN	Facility	/ Hou	rs - Des	cribe	City, State, Zip Co									
						CIVI	Cinnaminson									
Scope of Work (Check all	that apply)						XWHILE	E COMPUNENT KEMOVAL  atainment with Negative Pressure								
□ ≥3 sf or ≥3 lf			☑ Re				☐ Mini-Encl	nclosure								
☐ ≥160 sf or ≥260 lf			∐ De	molitie	on		☐ Glovebag	Procedure								
			Is	Loca	ion	I	□ Non-Exer	ripted (*) and No	n-Friable Procedure	1						
Location o			١	lorma	lly		Description of	f			_	ent T				
Asbestos-Containing M TO BE ABAT		1)		d Sole intena	ely by nce/		stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure			
IN Facility			30000 760	odial	Staff?	(I.e.	<ul> <li>thermal systems is surfacing, VAT.</li> </ul>		(Specify SF or LF)	lova	air	apsu	nso			
(13)				(12)	Τ		other miscellaned		0. 0. 2. /	-		Encapsulate	re			
0.14" 1 10" 1 0		50	Yes	No	N/A	100000										
3 Windows-Whole Cor	nponent R	em)				Window	Glazing		72 SF							
					$\boxtimes$					$\boxtimes$						
					$\boxtimes$						П					
			П						-							
Name of Registered Waste				JDEP V	Vaste I	Cubic Yards of	Namo of Danie	stored Landell		Ш	Ш	Ш				
Waste Management			11000	auler ID	No.	Waste	Name of Registered Landfill  Grand Central									
City, State				17273		Disposal Data										
Lafayette, NJ							Disposal Date 3/7/19	City, State	lo DA							
Completed By (Print or Typ	ne)	Title						Penn Argy								
Kimberly Trumbetti	,	2107-22-22		COPP	linator		Signature	11	Dat			19				
Kimberly Trumbetti Office Coordinator								1/	0	7-2	2-	11				

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

B & G proj. #:

2019-39

Check # 9160

				_		-				-						
Date of Notification	(1)	Na	me of Buil	lding Own	er/Operator (2)	)			CEI	1	7					
10 12 1/12 12	1/119		/lichaela	Fizzari					157 151 D		100					
Agencies Notified	Type Notificati	on Stre	eet Addre	ss								Ħ				
L EPA	X Initial		67701						EB 26	20	19		1			
☐ DEP		City	y, State, Z	ip Code				<del>- i - j -</del>				+				
X DOL	Amenda		Bloomfie		7003			l-max-		117						
₩ DOH	_		ne of Con	tact				Telephone	Number	75.0 157.00			, 2019 · 0			
☐ DCA	Cancella	ition	Michael	a Fizzar	i											
				FAC	ILITY INFORM	IATION										
Name of facility wh	ere abatement is	s taking plac	e (3)				T	Type of Facility (4								
Michaela Fizz	ari						School (K - 12) Subchapter 8 (Other than K-12)									
Street Address		<del></del>							Private/Com			2)				
							1	A STATE OF THE PARTY OF THE PAR	Homes, etc. # of Floors	_	DIA	g. Ag	70			
City (5)		County	(6)			Cour	nty Code (7)		Diu	g. Ag	Je					
10070 0 VAR							e use only)	Current Use (Pr	ior if being o	— l	lished	1)				
Bloomfield, N	IJ 07003	Esse	ex .				(State use only)  Current Use (Prior if being demolished) residential									
Name of Monitoring	g Firm Hired by I	Bldg. Owner	(8)		ASCM No.		Name of Abatement	Contractor (9)								
-	5						B & G Restorati	on, Inc.								
Street Address							Street Address 105 Ryerson R	oad								
City, State, Zip Cod	Δ						City, State, Zip Code			_	-	-				
Oity, State, Zip Cod	C						Lincoln Park, I	NJ 07035								
Project Manager for	Monitoring Firm		Ph	one Numb	er		Telephone Number	*****	License No	ımbe	er					
							(973)696-6869		003	78						
Scheduled Start Da	te (10)	Sched.	Completic	n Date (1	1)		Name of OSHA Monitor B & G Restoration, Inc.									
03/04/2019		03/06	6/2019				Street Address	on, me.		_		7				
Occupancy Status I	During Abatemer	nt (Check on	ly one)				105 Ryerson Re	oad								
Facility closed							City, State, Zip Code									
Abatement pe Describe:	erformed outside	of normal fa	cility hour	S-		_	Lincoln Park N	1.07035								
Other-Describ						- 11	LINCOILL AIK, IN	In Park, NJ 07035								
Scope of Work (ch	7000000					_	rap & cut		<b>-</b>							
Demolition	X	Renovation				1000	ull Containment w/neg	jative pressure [	Gloveba							
>3 sf or >3 lf	X	≥160 sf or ≥					lini-enclosure	L	Non-frial	R I		1				
Location of	talalaa	Is location by mainten						Amount		e	R e	E n	E			
asbestos-cor material to be		staff(12)			material		sbestos-containing	(Specify S	F or I	m	pa	c	C			
abated in fac	ility (13)	Yes	No	N/A				LF)		v e	i	р	L			
basement				X	VAT & ma	astic		400 sf		X						
									]							
										1			빆			
						\A/= -1-	IN STATE OF THE ST	1 4611			Ш	Ц,				
Registered Waste F B & G Restoral	P Hauler I 9563	D# (	Cubic Yards of 5	vvaste	Name of Registered Grand Central											
City, State Lincoln Park, N				Disposal I	Date 3/07/2019		City, State Pen Argyl, PA									
Completed by (Print or Type) Title Signature									Date			-				
Gordana Luna Secretary/Treasurer						(	Gordana Luna		02/22/2	201	9					

## State of NJ

B & G proj. #: 2019-41

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

-								Chec	K# 916	7								
Date of Notification	(Table )		Name o	of Building Ov	g Owner/Operator (2)													
10 12 1/12 12	1/1191				stitute of Tec		logy		ECENV									
Agencies Notified	Type Notif	fication	Street A			111101		- 45		!- !J	197	Ľ.	13					
∐ EPA	X Initi	ial	1.5000000000000000000000000000000000000		hts, 333 ML	K BI	vd						1 1					
∐ DEP	111221 12 <u>2222</u> 1		_	ite, Zip Code		IN DI	vu.,		FFR	20	201	)	[] []					
X DOL	Ame	endment		ark, NJ 07									A STATE					
X DOH			Name of					Telénh	one Num	ner								
☐ DCA	☐ Can	cellation	And	rew P. Chr	ist PF			100	1	et e								
			l —		CILITY INFORM	/ATIO	ON .	(973	596-5	770								
Name of facility who	ere abateme	nt is taking	place (3)					T of F - 179	(4)									
NJIT - Faculty			(a) (iii)	3)				Type of Facility	ool (K - 1	2)								
Street Address									hapter 8				)					
120-142 Bleek	er Street							X Othe Bldgs	./Homes	etc.	ercia	I						
City (5)		C	ounty (6)			Co	ounty Code (7)	Square Feet	# of Flo	ors		Bldg. /	Age					
Newark, NJ 07	7102-1982	2 E	ssex			0.000	tate use only)	Current Use (	Prior if be	ing de	molis	hed)						
Name of Monitoring	Firm Hired b	by Bldg. Ov	vner (8)		ASCM No.	_	Name of Abatement	Ontro etc. (0)										
Omega Enviro	nmental S	Services	Inc.		n/a	=/=												
Street Address					B & G Restoration, Inc. Street Address													
280 Huyler St	reet						105 Ryerson R	oad										
City, State, Zip Code South Hacken	cook NJ	07000				-	City, State, Zip Code					-	-					
							Lincoln Park, N	NJ 07035										
Project Manager for M Geiser Fajardo		rm		Phone Numb			Telephone Number		Licens									
Scheduled Start Date				201-489-			(973)696-6869 Name of OSHA Monit			0378								
03/04/2019	(10)	1 2222		etion Date (1	1)		B & G Restoration											
			3/22/2019				Street Address	511, 1110.			-		-					
Occupancy Status Du							105 Ryerson Ro	ad										
Facility closed/v Abatement perfo	acated durir ormed outsid	ng entire pe de of norma	riod of aba	atement.			City, State, Zip Code	le										
Describe: Other-Describe:			an radinty in															
Scope of Work (chec		also)				-	LincolnPark, NJ	07035					-					
Demolition	K an that app		ion			_	wrap & cut											
>3 sf or >3 lf							Full Containment w/nega	tive pressure	Glove	bag pr	oced	ure						
	X				T	Ш	Mini-enclosure		X Non-	riable	oroce	dure						
Location of asbestos-contain	ning	by main	tenance/cu	y used solely ustodial						R	R	E	E					
material to be		staff(12)	)		Description material (A	n of a	sbestos-containing	Amount (Specify S	For	m	р	n c	n					
abated in facility	(13)	Yes	No	N/A		,		LF)		o v	a	a p	L					
Room 404				T X	VAT			594 sqft		e	r	Р	<del> </del>					
Room 405				X	VAT			462 sqft		X	片	片	쓔					
oom 407				X	VAT		202	462 sqft		X	片	H	卄					
Room 415				X	VAT			154 sqft		X	片	H	卅					
Room 414 & Roon				X	VAT			396 sf & 6	38 sf	X	H	H	=					
legistered Waste Haul B & G Restoration	NJE	EP Hauler 19563	r ID# Cu	ibic Yards of W 30	aste	Name of Registered La Grand Central	andfill		ا تت		<u> </u>							
ity, State Lincoln Park, NJ			Disposal Da 03/04/1	ate 9 - 03/23/19		City, State Pens Argyl, P												
Completed by (Print or Type)					Signature	_		`	Date									
Gordana Luna		Secreta	ry/Treas	surer			Gordana Luna	02/22/2019										

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

0101 #2573

	A AMERICA	- disciple		,			0.00 ana 0.1	10)	CVIL H	5	) 0	>			
Date of Notification (1)	222				Nam	e of Buildir	ng Owner/Operator	(2)			-				
/	22 /	1	9		Ve	erizon Co	mmunications		F	N	7				
Agencies Notified	Type Notifi	cation	1		Stree	et Address				11-	U V		5 .		
⊠ EPA					15	East Mo	ntgomery St	1. 4. 5.					111		
☑ DOH	☐ Amende		4			State, Zip			FEB	26	201	1	111		
□ DCA	Amendr Emerge				Pi	ttsburgh,	PA 15212	Ţ.	i		201	,	Art.		
(NJAC 5:23-8)	justifica		iiciuuiii	A		e of Contac		*	Telephone Num	her		ā	-		
122	☐ Cancella	ation			Ar	thony Po	orta		412-633-402	*					
					F4	CILITYII	NFORMATION		112 000 402		**	-			
Name of Facility Where A	batement is	Takin	g Place	(3)	.,,	CILITI	VI OKWATION	Type of Facility	(4)						
Verizon Herbertsvill				(-)				School (K-1)							
Street Address								Subchapter	8 (Other than K-12	2)					
411 Van Zile Road								Other (i.e., p	rivate and comme	rcial b	uildin	js,			
City (5)								homes, etc.							
Brick								Square Feet +-20,800	# of Floors	В	ldg. A	75			
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	,	2		+-50	). 			
Ocean					000	inty Code (	I NOTATE USE UNLT)	Verizon	rior if being demoli	shed)					
Name of Monitoring Firm I	Hired by Bui	Idina (	Owner	(8)	ASCM	l No	Name of Abatem	N. Carriera extensi							
TTI Environmental,		9	O 111101	(0)	ACON	1140.		VIRONMENTA							
Street Address							Street Address	VIRONIVIENTA	L, INC.						
1253 North Church S	Street						1123 BEAVE	DOTRECT							
City, State, Zip Code															
Moorestown, NJ 080	157						City, State, Zip Co								
Project Manager for Monit				Tal	ephone	No	BRISTOL, PA	19007	1						
Kris Smith	ornig i nin					3-8218	Telephone No.		License No.						
Start Date (10)		Schoo	Juled C			ate (11)	215-788-6040		00509						
3/11/						19	Name of OSHA N								
						19		VIRONMENTA	L, INC						
Occupancy Status During							Street Address								
☐ Facility Closed/Vacated ☐ Abatement Performed (	Outside of N	ire Pe	riod of	Abate	ment		1123 BEAVE								
Time of Abatement:	AM-	PI	M/5:00	лои РМ- <b>1</b>	:00AM	scribe	City, State, Zip Co					1110000			
					100/ 1101		BRISTOL, PA	19007							
Scope of Work (Check all t	that apply)						M F. II O.						ž		
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re	novat	ion			ainment with Neg	gative Pressure						
≥160 sf or ≥260 If			☐ Der	noliti	on		☐ Glovebag	Procedure							
			1-				∐ Non-Exe	mpted (*) and No	n-Friable Procedu	re					
Location o	f		100	Loca lorma			Danairi			Ab	ateme	ent T	уре		
Asbestos-Containing M	aterial (ACM	1)	Use	d Sol	ely by	Asbe	Description of stos Containing Mar		Amount	Re	Re	En	En		
TO BE ABAT				ntena	ince/ Staff?	(i.e	., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure		
IN Facility (13)			Oust	(12)	Otan :		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	sure		
A.1.2.6			Yes	No	N/A		other miscellanet	ous)				ate			
Basement Power Area					$\boxtimes$	VAT/Ma	stic		526 SF			П	П		
Basement Meter Room	1					VAT/Ma	stic		120 SF						
Cable Vault Frame Are	а					VAT/Ma	stic		10 SF						
			П			-									
Name of David 1994						Vaste	Cubic Yards of	Name of Dazi-	torod I andfil		Ш	Ц	П		
SERVICE TRANSPORT GROUP, INC.						No.	Waste	Name of Regist MINERVA L							
City, State							Disposal Date	City, State							
Yardley, PA							TBD	WAYNESB!	IIRG OU						
Completed By (Print or Typ	e)	Title					Signature	WATTESB							
Dillan DeCaro	20 <b>.</b>	000 (FS:00)	stimate	or				no Para	/ Ou Dat		) ¬	10	i		
							1 1 1 1 1 1 1 1 1 1 1 1	4 1/ 101 AL	1 1 111	1 -	1 1 -	-1			

APPROVED BY: PAID

### State of New Jersey

Franklin Meyer, NOTIFICATION OF ASBESTOS ABATEMENT NJ DOL, 2/22, 3:15 pm (Pursuant to N.J.A.C. 8:60 and 12:120)

Chk#3522

														(	1		1	1	XX	_
Date of Notification (1)							ner / Opera							C.	F	II	NA			
Agencies Notified Type Notifi	cation						oodb	rido	ge, Dept o	of Pu	ıbli	c Work	S		PROPERTY.	.1.7	H <sub>el</sub>	11	127	477
EPA	Jation		- 1		-		ess i Stre	et							í					
☐ DEP ☐ Initia	al						& Zip		e	-1/00			*		1	FEB	2	6	2019	1
	ended			Wo	od	bric	lge, N	1J 0						1 14		1 1		0	2013	
	ergency		- 1				ontact					77			111,000	Tele	phor	ne N	lumb	ber
☐ DCA ☐ Can	cellation			Mr.	De	nni	s Her	nry				Ý.,	732	-738	-13	11	e i la			
				F	AC	ILIT	Y INF	FOR	MATION					77			R7 = 1	123.4	Eddin et	
Name of Facility Where Abatem	ent is Taking F	Place	e (:	3)					Type of Facility (4)											
Vacant Residence Street Address		-	_					_	School (K-12)											
31 Auth Avenue									Subchapter 8 (Other than K-12)											
or Addi Avenue								ŀ	Other (i.e. private & commercial buildings, homes, et							etc.)				
City (5)	County (6)	10	Co	unty	C	ahr	(7)	Square Feet # of Floors Bldg. Age												
Iselin	Middlesex	County Code (7)						-	Current Use (Prior if being demolished)											
	maaiooox								Residenti		101	i being (	uemoi	131160	1)					
Name of Monitoring Firm Hired	by Building Ow	ner (	(8)	D).		ASC	CM No	_	Name of At		men	t Contra	ctor (	9)						
<b>Environmental Connection</b>								440	Bristol En					0)						
Street Address									Street Addr	ress					-90		1,1			
City, State & Zip Code				-5-6-50					1123 Beav											
Trenton, NJ 08010									City, State &											
Project Manager for Monitoring	Firm	Tel	len	hon	e N	lumi	her		Bristol, PA 19007 Telephone Number License Number											
Dominick Dercole		Telephone Number 609-392-4200							(215) 788-					005		INUIIII	JEI			
Scheduled Start Date (10)	Scheduled Cor	ompletion Date (11)							Name of OS			nitor					-			
2/26/19				/19				-	Bristol En		nn	ental l	nc.							
Occupancy Status During Abate  Facility Closed/Vacated	ment (Check of	nly c	one	e) of ^!	201		n f		Street Addr											
		nal Hours – 7am to 3pm							1123 Beav City, State 8						-					
Describe:	atolac of North	iai Hours – /am to 3pm							Bristol, PA											
Facility Occupied During	Abatement 7/	AM to 3:30 PM							3113101, 1 7	A 13	001									
Scope of Work (Check all that a	pply)												- 1111 - 200		-					
≥3 sf or ≥3 lf		_	,	_							]	Full Co			with I	Nega	ive F	res	sure	)
≥3 \$1 01 ≥3 11 ≥160 sf ≥260 If			]			vatio			Mini-Enclosure											
2100 31 2200 11		$\boxtimes$	لا	De	HIIC	IILIOI	11		☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Pro						D==	a a al.				
Location of		-	s l	_oca	tion	1			Description of Amount Abate											
Asbestos-Containir	g	No	rm	nally	Us			A	Asbestos-Containing					(Spe		-	Tual	51110	2111	ype
Material (ACM) TO BE ABATED				olely		2.2		,.	Material (ACM)					SF or	LÉ)		77		En	E
in Facility				ena dial					(i.e., thermal systems sulation, surfacing, VAT								Remova	Repair	cap	Enclosure
(13)				(12)					other misce							- 1	oval	air	Encapsulate	sure
		Yes	s	No	I	I/A													te	10
Kitchen				$\boxtimes$					Linole	um				250	SF		<b>X</b> [			
Kitchen & Living Room		Ц	Ц	$\boxtimes$				(	Glue Dot N	Vlast	tic			800	SF					
		$\perp$	Ц	님	Ц	4														
		뉘	Н	H		_										-   [				Ц
		님	H	뭐	+	+					100						4	4	님	님
Name of Registered Waste Haul	er		Ш	N.		P V	Vaste	Cut	oic Yards	N:	ame	of Regi	istoro	dlan	dfill					
									Vaste	140	airie	, or riegi	318181	u Lall	willi					
Service Transport Inc.			20	99	0		2 C	u Yd	M	ine	rva Lai	ndfill								
City, State									posal Date			State								
Yardley, PA				le:					7/19	W	ayı	nesbur	g, OF	1						
Completed By (Print or Type)  Gino Pizzigoni				10000	tle	204			nature	0				1		Da				
Onio i izzigolii		Project Manager					1	Sino	LL	20	31981	Mi	19	K	2/	22/	19			
		_				-90		1			1.	10	- 1	V						

PAID

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

Chu#3524

Date of Notification		Nam	e of F	Buildin	na Ov	vner / Onera	tor (2)		* * *	17 6		7 0	2	1			
	2/22/19			Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS													
Agencies Notified	Type Notific	cation				dress					1 14-1	<del>Part A</del> proposes o			7.7	127	
⊠ EPA		-				Stre					111		0.00			111	
☐ DEP ☐ DOL	Initia	77				& Zip					1 1	FE	B 25	201	9	1140	
Ø DOL		ended				, NJ 0		4			4					104	
DCA DCA		ergency cellation				Contac		Proteina - 2200				Property	Teleph			per	
	L Can	cellation	,	Johr	nny I	De Lo	os Sa	antos				fre re-	347-8	86-6	714		
N 65 W				FA	CILI	TY IN	<b>IFOF</b>	RMATION				-		· · · · ·		-	
Name of Facility WI	nere Abatem	ent is Taking F	Place (3	3)				Type of Fac									
Verizon - Leonia Street Address	Central Of	tice						School									
502 Main Street								Subchapter 8 (Other than K-12)									
JUZ WAITI Street							-	Other (i.e. private & commercial buildings, homes, e									
							- 1										
City (5)		County (6)	ICa		0-1-	/7\		Square Fee	# of Flo	ors		Bldg. A	ge				
Fort Lee			100	unity	Code	(7)		2000			3					723	
I OIL LCC		Bergen						Current Use (Prior if being demolished)									
Name of Monitoring	Firm Hirad I	y Building Our	205 (0)		IAC	ONANI	_	COMMUNICATIONS  D. Name of Abatement Contractor (9)									
USA ENVIRONME	ENTAL MA	NAGEMENT	INC		AS	CM No		BRISTOL I	atemen	t Contra	ctor (9)						
Street Address								Street Addre		ONWEN	HALI	NC					
8436 ENTERPRIS						1123 BEAV		RFFT									
City, State & Zip Co						City, State &											
PHILADELPHIA P		12						BRISTOL,	PA 190								
Project Manager for MARK JENKINS	Monitoring F	irm	Telep			ber		Telephone N			L	icense	Number				
Scheduled Start Dat	o (10)	0-1-11-10	215-3				_	215-788-6040 00509  Name of OSHA Monitor									
3/18/2019		Scheduled Cor	1/5/20		te (11	1)							restricter Valider				
Occupancy Status D		ment (Check or	4/3/20	) 19				BRISTOL E		ONMEN	ITAL II	VC					
Facility Close	ed/Vacated I	During Entire P	eriod o	f Aba	ateme	ent		Street Addre 1123 BEAV		DEET							
Abatement F	Performed O	utside of Norma	al Hou	rs –	7am t	o 3pm		City, State &									
Describe:	5:00 PM -	1:30 AM						BRISTOL, I									
Facility Occu	pied During	Abatement					- 1	J. (10 1 0 L, 1	A 150	707							
Scope of Work (Che	ck all that ap	ply)					-										
≥3 sf or ≥3 lf									$\boxtimes$	Full Con	tainme	nt with N	Negative	Pres	ssure	;	
≥160 sf ≥260			$\bowtie$		ovatio			Mini-Enclosure									
□ 100 31 ≥ 200	/ 11			Dem	nolitio	n					Bag Procedures						
Lo	cation of		lo I	ocati		_		D :::		Non-Exe							
	s-Containing	a	Norma				Д	Description sbestos-Con			nount	Ab	atem	ent T	ype		
Mate	rial (ACM)	1		lely b			, ,,	Material (A				pecify or LF)			т		
	E ABATED		Mainte				(i.e	(i.e., thermal systems					Re	Z.	nca	Enc	
111	Facility (13)		Custo	diai S (12)	taff?		insul	lation, surfac	cing, VA	T			Remova	Repair	Encapsulate	Enclsoure	
	()				N/A		01 0	other miscell	aneous	,			<u>a</u>	-	late	īe	
Basement Power	Room							VAT/Mas	tio		0.4	00.05					
				H	H			VAITIVIAS	uc		2,1	00 SF		H	H	님	
			ĦŤ	Ħ	H					-			$\dashv$	H	H	H	
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Name of Registered		NJE	EP V	Vaste	Cub	oic Yards	Name	of Regis	stered L	andfill							
SEDVICE TRANSF			ıler ID	No.	of Waste												
SERVICE TRANSP		209	90		20		MINE	RVA LA	NDFII	_L							
City, State ARDLEY, PA						posal Date	City, S										
							TBI		WAY	NESBU	RG, O	H		8.7			
Completed By (Print or Type) PATRICK T. DeCARO								nature		~ ~	- 10	m.	Date				
				Esumator				atrick	TI	)e(a	100/	SIL	2/22/	2019			
					1/6	WULL	- 1 . 1.	1	100/	U'							

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

PAID

(Pursuant to N.J.A.C. 8:60 and 12:120)

CWL#3525

Date of Notification (1) 2/22/2019					Owner / Operato			ا م <u>ا</u>	3 1	N/I				
Agencies Notified Type Notification			Add		INDIVICATION	<u>.                                    </u>		1 1 1	1 5 1	- 11	177			
Ĭ EPA /					venue									
☐ DEP ☐ Initial	C	ity, S	State	& Zip	Code				EED '	) ^	2010	-		
□ DOL     □ Amended	IV	/lillb	urn,	NJ 07	041				FEB 2	- 6	2019	1		
	N	lame	of C	ontact			i	Teleph	one N	lumb	er			
☐ DCA ☐ Cancellation	J	ohn	ny D	e Los	Santos			France.	347-88	6-67	14	100		
			CILIT	Y INF	ORMATION				17	· · · · · ·	erter			
Name of Facility Where Abatement is Taking F	Place (3)	)			Type of Facility (4) School (K-12)									
Verizon - Millburn Central Office Street Address						50	20.	25 020						
386 Millburn Avenue					Subchapter 8 (Other than K-12)									
300 Miliburii Avenue					Other (i.e. private & commercial buildings, homes, etc.)									
					Square Feet		# of Floor		Dide A			allere buller		
City (5) County (6)	Cou	nty C	Code	(7)			# of Floors		Bldg. Ag	je				
Millburn Essex	Cou	iiity C	Joue	(1)	20000			3	J					
ESSEX					Current Use			nolisnea)						
Name of Monitoring Firm Hired by Building Own	ner (8)		ASC	CM No				r (O)		W. W. TV				
USA ENVIRONMENTAL MANAGEMENT,	INC.		700	SIVI INO	BRISTOL E									
Street Address				1,000	Street Address		OTHINE ITT	TE IIVO						
8436 ENTERPRISE AVE					1123 BEAV	ER ST	REET							
City, State & Zip Code					City, State &									
PHILADELPHIA PA 19153	T=				BRISTOL, F		007							
Project Manager for Monitoring Firm MARK JENKINS	Teleph			ber ·	Telephone No			License						
Scheduled Start Date (10) Scheduled Con	215-3			`	215-788-604	0.721.00	21.5		005	19	_			
The property of the contract o	4/16/20		e (11	)	Name of OSH BRISTOL E			AL INC						
Occupancy Status During Abatement (Check o			-		Street Address		JINIVILIA 17	AL INC						
Facility Closed/Vacated During Entire F	eriod of	f Aba	teme	ent	1123 BEAV		REET							
Abatement Performed Outside of Norm	al Hour	rs - 7	am t	o 3pm	City, State & .									
Describe: 5:00 PM - 1:30 AM					BRISTOL, F	7/11								
Facility Occupied During Abatement														
Scope of Work (Check all that apply)										<del></del>	7			
≥3 sf or ≥3 lf					Full Containment with Negative Pres							\$		
≥160 sf ≥260 lf			ovatio		Mini-Enclosure									
2 100 SI 2200 II		Dem	olitio	n	Glove Bag Procedures Non-Exempted and Non-Friable Proc									
Location of	le Le	ocatio	on											
Asbestos-Containing	Norma				Asbestos-Conf			Amount (Specify	Ab	ateme	ent I	/pe		
Material (ACM)		ely b			Material (AC			SF or LF)			ш	_		
TO BE ABATED	Mainte				(i.e., thermal systems					R	nca	nc		
in Facility (13)	Custoo		taff?		insulation, surfac				Removal	Repair	Encapsulate	Enclsoure		
(13)		12) No	N/A	1	or other miscella	aneous	5)		<u>a</u>	"	late	ē		
Basement HSB/Store room				-	Vat/Mast	io		405.05						
Basement Boiler Room		H	H	-	Vat/Mast			195 SF		H	H	H		
Basement Air Dryer Room		H	H		Vat/Mast			220 SF		H	님	H		
Basement Ventilating Equip. Room		H	H		Vat/Mast			250 SF 532 SF		H	님	님		
		H	Ħ		Vacintast	.10		332 31		H	H	H		
	mi	T	Ħ						ᅥᅥ	H	H	Ħ		
Name of Registered Waste Hauler		NJE	DEP \	Naste	Cubic Yards Name of Registered Landfill									
SEDVICE TRANSPORT OF OUR INC		100000000000000000000000000000000000000		O No.	of Waste	A SACRET AND A SAC								
SERVICE TRANSPORT GROUP, INC.		209	990		11	MINERVA LANDFILL								
City, State YARDLEY, PA					Disposal Date	City, S		0.011						
Completed By (Print or Type)		Title			TBD	VVAY	NESBUR	G, UH	15					
PATRICK T. DeCARO		Comment of the	: imat	or	Signature		00	1-	Date 2/22/	2040				
					Patrick	_ T.	1200	ano 19	2 2	2015	e e			
					100 .00			1 1						