B & G proj. #: 20

2017-02

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

*** EMERGENCY ***

Check #J8/1881 1 2017

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Date of Notification	(1)	1	Name o	of Building Own	ner/Operator (2)		THE STREET	1		els.We		
0 1 1 1/10 15	1/11/7			ntic Health S					ASBES	TOS CC)NTF	ROL	_ &
Agencies Notified	Type Notific	ation	Street A	ddress				-		JOENSI			
☐ EPA	X Initial		100	Madison Av	/enue								
☐ DEP			City, St	ate, Zip Code								_	
X DOL	Amen Amen	dment	Mor	ristown, NJ	07960								
X DOH		76-20-5	Name o	f Contact				Tel	ephone Nu	ımber			
☐ DCA	☐ Cance	lation	Mic	haelle DiGa	ınai			- 1					
			-	powier as	CILITY INFORM	ATIC	NNI						
Name of facility wh	ara abataman	t is taking	nloos (2)		JILIT INFORM	ATIC		Type of Fo	oilite (4)				
		is taking	place (3)					Type of Fa	School (K	- 12)			
Chilton Medica	al Center								Subchapte	r 8 (Other t	than k	(-12)	
Street Address		5.50								ate/Comme	ercial		
97 West Park	way							Square Fe	Idgs./Hom	Floors	В	ldg. A	Age
City (5)		C	ounty (6)	**************************************		Co	unty Code (7)	04.5.0				-3	3-
Pompton Plai	ns NI 0744	14 N	/lorris			(St	ate use only)	Current U			nolish	ed)	
Name of Monitoring					ACCMAN	L_,	I Name of Abstances	b 8)					
T&M Associa		blug. Ov	viiei (o)		ASCM No. 0145		Name of Abatement						
Street Address						B & G Restoration, Inc. Street Address							
11 Tindall Road						- 1	105 Ryerson F	Road					
City, State, Zip Code						-	City, State, Zip Code				-		
Middletown, I							Lincoln Park,	NJ 07035					
Project Manager for	Monitoring Fire	m		Phone Numb		_	Telephone Number	0	Lice	ense Numi	per		
Kevin Burns				732-676-4	PROCESSO.		(973)696-686 Name of OSHA Mon			00378		_	
Scheduled Start Date	e (10)	Sch	ed. Comp	oletion Date (1	1)		B & G Restorat	(MEA)					
01/06/2017		01	1/07/201	17			Street Address	1011, 1110.				-	
Occupancy Status D	uring Abateme	ent (Check	only one	e)			105 Ryerson R	oad					
Facility closed						- 1	City, State, Zip Code						
Describe:						_	LincolnPark, N.	1.07025					
Other-Describe			1 - 12.3	Jam		-	Ellicolli ark, No	07033					
Scope of Work (che	ck all that app	Renova	tion				T. 11 O 4-1-1-1-1						
>3 sf or >3 If							Full Containment w/neg Mini-enclosure	jative pressur		lovebag pr			
			or ≥260 If	ally used solely	,		wiini-enclosure		Пи	on-friable	R		Т
Location of asbestos-conta	aining	by mair	ntenance/			n of	asbestos-containing	Amoi	unt	е	е	E n	E
material to be abated in facili	ty (13)	staff(12	1		material ((Spec	cify SF or	m o	p a	c a	С
abated in racin	ty (10)	Yes	No	N/A						v e	i	р	L
Main Bldg 1st floo	or 2C			X	fittings ass	ocia	ted with fiberglass	49 fitt	ings	X			
								_					
										-		ᆜ	쁜
Registered Waste Ha	uler	IN.II	DEP Hau	er ID# C	ubic Yards of V	Vaste	Name of Registered	Landfill			Ш	Ц	
B & G Restoration			19563		5		Tullytown I		Recove	ery Cent	er		
City, State Lincoln Park, N.	J			Disposal D 01/09	ate /2017		City, State Tullytown, F					is.	
Completed by (Print or Type) Gordana Luna Title Signat Secretary/Treasurer				Signature		Gordana Luna		Dat 01	te 1/05/201	7			

State of NJ Notification of Asbestos Abatement 2017-02 3 & G proj. #: (Pursuant to NJAC 8:60-7 and 12:120-7) *** EMERGENCY *** Chook # 8188 Date of Notification (1) Name of Building Owner/Operator (2) ASBESTIOS CONTROL & 10 11 1/10 15 1/11 17 1 Atlantic Health System LICENSING Agencies Notified Type Notification Street Address ☐ EPA 100 Madison Avenue Initial OEP City, State, Zip Code DOL IN Amendment Morristown, NJ 07960 DOH Name of Contact Telaphone Number ☐ Cancellation DCA Michaelle DiGengi FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) Chilton Medical Center School (K - 12) Bubchapter 8 (Other than K-12) Street Address @ Other (Private/Commercial 97 West Parkway Bidge /Homes, etc. Square Feet | # of Floors City (5) Bldg. Age County (6) County Code (7) Pompton Plains, NJ 07444 (State use only) Morris Current Use (Prior if being demolished) Name of Mantaning Firm Hired by Bldg. Owner (8) Hospital (non sub 8) ASCM No. Name of Abstament Conspetor (8) T&M Associates 0145 B & G Restoration, Inc. Street Address Street Address 11 Tindall Road 105 Ryerson Road City, Stale, Zip Code City, State, Zlo Code Middletown, NJ 07748 Lincoln Park, NJ 07035 Project Manager for Monkoring Firm hone Number alephone Number License Number Kevin Burns 732-676-4000 (973)696-6869 00378 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor B & G Restoration, Inc. 01/06/2017 01/07/2017 Street Address Occupancy Status During Absternent (Check only one) Facility closed/vacated during entire period of abatement.

Abatement performed outside of a 106 Ryerson Road Abstament performed outside of normal facility hours-City, State, Zip Code Other-Describe: Work Shift 4:00pm - 12:30am LincoinPark, NJ 07035 Scope of Work (check all that apply) ☐ Demolition Renovation Full Containment w/negative pressure Glovebag procedure 2 >3 st or >3 H 2160 sf or ≥260 ff Mini-enclosure Non-friable procedure is location normally used solety Location of by maintenance/custodiel asbestos-containing Description of asbestos-containing E material to be staff(12) Amount e n abated in facility (15) material (ACM) m η (Specify 8F or P è Yes No N/A 0 Main Bidg 1st floor 2C fittings associated with fiberglass 49 fittings Registered Weete Hauter NUDEP Hauser IDA Gubic Yards of Waste | Name of Registered Landilli B & G Restoration, Inc. Tullytown Resource & Recovery Center City, State Disposal Date Lincoln Park, NJ

01/09/2017

Secretary/Tressurer

Stanature

Completed by (Print or Type)

Gordana Luna

Tullytown, PA

01/05/2017

Ciondana Som

B & G proj. #: 2017-03

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

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Date of Notification (1)	Name	of Building Ow	ner/Operator (2	2)							
10 11 1/10 15 1/11 17 1	Wo	od-Ridge Bo	ard of Educ	ation		ĀS	BESTOS	S CC	NTF	OL	&
Agencies Notified Type Notificati	on Street	Address					1100	1 100			
EPA Initial	540	Windsor Re	oad								
DEP _	City, S	state, Zip Code							7 - R.V.		
DOL Amendr	nent Wo	ood-Ridge, N	IJ 07075								
X DOH	50.00	of Contact				Telepho	ne Number		***********	000-00-	
DCA Cancella	ation Pe	ter Catania				.		ě			
		FAC	CILITY INFORM	OITAN	N						
Name of facility where abatement is	s taking place (3	3)				Type of Facility	(4)				-
Wood-Ridge High School (*					ol (K - 12)		1/	40)	
Street Address							hapter 8 (O (Private/C			-12)	
258 Hackensack Street						Bldgs	./Homes, e	tc.		J A	
City (5)	County (6)		T Co	unty Code (7)	Square Feet	# of Floor	S	DI	dg. A	ge
				(State use only) Current Use (Prior if being of					nolishe	ed)	
Wood-Ridge, NJ 07075	Bergen					non-sub 8				_	
Name of Monitoring Firm Hired by I	TO 100		ASCM No.		Name of Abatement C						
Environmental Remediation	on & Manage	ement inc			B & G Restoration	on, Inc.				_	
Street Address 20-10 Maple Ave., Bldg. 3	250				105 Ryerson Ro	oad					
City, State, Zip Code					City, State, Zip Code					_	
Fair Lawn, NJ 07410					Lincoln Park, N	J 07035					
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Number		License		oer		
Willie Morales		973-949-3	3523		(973)696-6869		00	378			
Scheduled Start Date (10)	Sched. Cor	mpletion Date (11)		Name of OSHA Monitor B & G Restoration						
01/06/2017	01/07/2	017			Street Address	, iiio.	-				-
Occupancy Status During Abatemen	t (Check only o	ne)			105 Ryerson Ro	ad					
Facility closed/vacated during	entire period of	abatement.			City, State, Zip Code						
Abatement performed outside Describe: 4:00 pm - 12:30	or normal facilit 3 am	y nours-			LincolnPark, NJ	07035					
Other-Describe:					LINCOINFAIR, NO	07033					
Scope of Work (check all that apply Demolition						··					
	Renovation				Full Containment w/nega Mini-enclosure	ative pressure	Gloveb				
>3 sf or >3 lf	≥160 sf or ≥260	mally used sole	L.I				14011-11	R	R	E	1
Location of asbestos-containing	by maintenance			ion of	asbestos-containing	Amount		е	е	n	E n
material to be	staff(12)		- material		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Specify LF)	SF or	m o	p a	c	C
abated in facility (13)	Yes 1	No N/A						v e	i	р	-
stairs by room 109, nurse closet		X	core drilli	ng in	existing studs	approx 6	0 holes	X			
kitchen şnack rm & storage rms					in 8 locations	total 7 sf		X			
Room 204, Guidance Storage										$\underline{\sqcup}$	
cust closet & back room by 209											부
	Luises	1-10"	Cubic Yards of	Mosts	Name of Registered L	andfill			Ш	Ц	
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Ha 1956		Cubic Yards of 5	vvaste		andfill Resource & R	ecovery	Cent	er		
City, State Lincoln Park, NJ		Disposal 01	Date /09/2017		City, State Tullytown, P			·			
Completed by (Print or Type)	Title		Signature		1		Date			1	
Gordana Luna	Secretary/Tr	easurer			Gordana Luna 01/05/2017						

B & G proj. #: 2017-03			estos Abatament 60-7 and 12:120-7)	D	EGEL TABOAN					
Date of Notification (1)	Name of Building O	wner/Operator (2)		III III		T				
011/05/117	Wood-Ridge B	pard of Educati	ion		T = 100 000	171701 0				
Agencies Notified Type Notification	Street Address				VICENSIN					
EPA X Initiat	540 Windsor R	Road		1 7	A FICEINDIN					
Dep -	City, State, Zip Code					_				
DOL Amendme	Wood-Ridge, I	NJ 07075		1317.1118	TAPPRILLD	1				
E DOH	Name of Contact			Talepho	ne Number					
DCA Cancellatio	Peter Catania		-							
	FA	CILITY INFORMA	TION							
Name of tability where shatement is to	iking place (3)			Type of Facility	(4)					
Wood-Ridge High School (No	n-suh 8\		1	X Scho	nol (K - 12)					
Street Address	71 000 07				hapter 8 (Other than K-12)					
258 Hackensack Street					· (Private/Commercia) ·/Homes, etc.					
City (5)	County (6)			Square Paet	# of Floors Bidg. A	ge				
Wood-Ridge, NJ 07075	Bergen		County Code (7) (State use only)	Current Use (Prior it being demolished)					
				non-sub 8						
Name of Mentoring Firm Hired by Bigg Environmental Remediation		ASCM No.	Næne of Abatement	10.5		-				
Street Address	a interioral month life		B & G Restorati	on, Inc.		THE REAL PROPERTY.				
20-10 Maple Ave., Bldg. 35E			105 Ryarson R	oad						
City State, Zip Code			City. State, Zip Code							
Fair Lawn, NJ 07410			Lincoln Park, f	NJ 07035	8					
Project Manager for Monitoring Firm	Phone Num		(973)696-6868	0.00						
Willie Morales	973-949-3		Name of OSHA Month		00378					
Scheduled Start Date (10) 01/06/2017	Sched, Completion Date (1	11)	B & G Restorati							
Occupancy Status During Abetement (C	01/07/2017		Street Address							
Facility closed/vacated during entire			105 Ryerson Re	ad	- P					
Abatement performed outside of no Describe: 4:00 pm - 12:30 er			Gity, State, Zip Code							
Other-Describe;			LincolnPark, NJ	07035						
Scope of Work (check all that apply)						_				
☐ Demofition ☑ Ren	ovation		Full Containment w/nage	stive pressure [Glovebeg procedure					
	st or ≥250 If		Mintendesurs	i	Non-friable procedure					
Location of asbestos-containing by	cortion normally used sole! maintenanoproustodia!	У			RRE	É				
material to be staf	H(12)	Description o material (ACI	f ascestos containing	Amount (Specify S	Ear Im p "	n				
shated in facility (13)	es No N/A	1	**/	LF)	0 0 0	C L				
stairs by room 109, nurse closet	X	core drilling in	existing stude	TARRY DI	holes W					
kitchen snack rm & storage rms			in 8 locations	total 7 sf		7				
Room 204, Guidance Storage				10101		Ħ				
cust close! & back room by 209				1		Ť				
Registered Wasts Hauter										
B& G Restoration, Inc.	NJDEP Hauler IDW C 19563	ubic Yards of VVset 5		andië Asourca & Po	covery Center					
City, Steta Lincoln Park, NJ	Disposal D	A PROPERTY AND ADDRESS OF THE PARTY AND ADDRES	City, State Tullytown, P.		STORY CEILEY					
Completed by (Print or Type) Title		Signature	The supplied of the supplied o		Date					
Gordana Luna Sec	retary/Tressurer		Grebera Luca		01/05/2017					

PL 10	2	
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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

# J -				()				11/111	410	سلس	-71	AAL
Date of Notification (1) JANUARY 4, 2017	rest fe		Name o	f Building Owner/	Operator	(2) A;B; K	URRE CO	NTACT	OR5	4	5	<u></u>
Agencies Notified Type Notification			Street A	ddreas		26 BR	ADLEY A	VENUE		7	200	ال
DEP Amended		_	City, Ste	ets, Zip Code		OCEA	NPORT, I	J 0/75	7		enheuren Greif	
DOH Emergency (lightflication)	incivaling	ノ	Name o	f Contact			Tel	phone No	uniber.	. 3 Y T	1	1
DCA Cerceration			2.39 -			URRE		다.			-	لد
Name of Facility Where Abstement is Takin	- Blanc /	21	FACI	LITY INFORMAT	ION	Type of Fac	The Cal	(U. J. U. 2)				
WOODBROOK SCI			g.t			Schoo	(K-12) apter 8 (Oth	ar than K-	121			
15 ROBIN ROAD						Other	(l.e. private i	k commen	cial buil			95,
City (5) EDISON, NJ 08820						Square Fee N/A	N/.			ildg. A	428	
County (8) MIDDLESEX			County (STATE	Code (7) USE ONLY)		Current Use	(Prior if bei	ng demoli:	shed)	_		
Name of Monitoring Firm Hired by Building N/A OUTSIDE UNDER GROUND			ASCA	M No.	Neme	of Abelemen		(B) FECHNO	OLOG	IES,	INC	Carlotton
Street Address			1	Strest	rest Address P.O. BOX 337							
City, State, Zip Coda				<u> </u>	City, 8	State, Zip Cod		EGYPT	ם נא ,	8533	,	
Project Manager for Monitoring Firm		Talapho	ine Na.		Telephone No. License No. 609-758-3365 0039						,	
Start Date (10) JANUARY 11, 2017			mpietion 12, 201	Date (11)	Name	of OSHA Mo		C TEC	HNOL	OGI	ES, I	NC
Occupancy Status During Abetement (Chec					Street	Address	P.	O. BOX	337	BEARING	~	*-out
Facility Closed/Vacated During Entire in Abatement Parformed Outside of Normal Other - Describe: NORMAL HOURS -	ai Facili	y Houn	ß.	IND WORK	City, 8	state, Zip Cod	ē	EW EGY		4J 08	533	
Scope of Work (Check All That Apply) 23 sl or 23 if 2160 sf or 2250 if		, Renova Demolii				Mirri-Encl	ainment with osure Procedure npted (*) an				â	
Location of		s Locat Normal	lly	De	scription	od.		1			ment pe	process 7000
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Cue	ed Sole sintena todial ((12)	nce/ Staff?	Asbestos Con (I.e. thermal surfa	taining N	faterial (ACM s insulation, T, or	(5	nount pecify or LF)	Removal	Reposir	Encars ulate	Enclosure
	Yes	No	N/A						+	-		
OUTSIDE-SEWER PIPE	,		X	6" TRANSIT	E CEN	MENT PIPE	26	6 LF	X	-		
					and the Control of th							
Nama of Registered Waste Hauler		LYN	JOEP W	Asia Cubio	Yanda	Nam	a of Registe	red Landf		1	-	
SAKOUTIS BROTHERS DISPOSAL	_ INC.	1	isular ID 1243		100		STE MAN			F P/	4	
City, State	more description	Disposal Date										
COLTS NECK, NJ	01/12/17 MORRISVILLE, PA							was and own				
Completed by STEVE SCHENKER	SIDE	NT	5	ignature.	Stebele 01/04/17							

Jan 05 2017 04:48PM NJ Asbestos Control 609.633.0664

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BEST REMOVAL INC

CK 3911

1/05/2017 12:52PM	2013297	448			BEST	REMO	VAL INC			PAG	E	82/84
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					State of New Jerse:	ψ,			111			3 4 4
		1		CATIO	N OF ASBESTOS I IN NJAC 8:60 an	ABATE		- #		JA		1 1 201
Date of Notification (1)					Building Owner(C	persier () , 9	9	_	7	r	1 /201
1/5/17					TELLICIA	(h)	UNIVERS	SITY	1			
Agencies Notified T	yps Notification			Street A			faral de		AS		TOS	~ 1 1
D EPA _E	Initial Amended		-		L62 S	<u> </u>	TAIN ST	MAN/ The	ADO		ICE	MSMG
DEP DOL	Amendment #		_	CIG, Du	LOD	1	NJ. 0	7644		- ,		
DOH	Emergency (in justification)	aribular	-	Name o	Contact	' '	160	Telephone Nam	- not			
d DCA	Cancellation		-		CHARLES		AdiAd	15				_//
Name of Facility Where Abate	want in Yahina St	00.0 (3)		FACI	LITY INFORMA	TION					- NEW COL	
OBAL		34	04		25.5		Type of Facility (
Street Address	. / / // -	- 4	0		- :		Substanter	2) 8 (Other than K-12)				
262	S. MA	IN S	7		1	55		rivate & commercial		ngs, ho	møt, é	★:.)
City (5)				-			Square Pest	# of Ploors		ilde. A	-	
LOA	71				** 5 3.		14850	2		-45	507	BAAS
County (6)	us.				Code (7) USE ONLY)		Current Use (Prio	r Lif being demolisher المرابع ال		7		
Name of Monitoring Firm His				ASC	M No.	Name	of Abstement Contr			-		
DetAIL ASS	CLATE	5		8	2000		st Removal I	nc _				
Street Address		-				1	Address					
300 = RAU City, State, Zip Code	DA AU	~				45 Cm 4	O South Rive	r Street	_			-
ENGCENO	D. N3	. 0	763	. 1		- 1	kensack, NJ	07601				
Project Munager for Monitorin	gFirm		-	Telepho	se No.	Teleph	one No.	Lioense N	۵.			_
A. VALENTINE			2	क्या ड	69-6708		201-329-744	1 00	388			
Start Dase (10)		Schedule				11/2/2017	OF OSHA Monitor	1				
Occupancy Status During Abai	ment (Chack On	ly One)	17	- '			nega Environ	Merrost	,		_	\dashv
Facility Closed/Vacased I	During Entire Peri	od of Abe	3799 RIGHT		17_	2	30 Huyler Str	tét			,	-
D Other - Describe:	itside of Normal P	acility Ho	m2				tate, Zip Code		_			
Scope of Work (Check All The	Andel					9	outh Mackens	ack, NJ 0760	0			_
23 x(or ≥3 lf	- cobbit	واسما	Lanoveti		,		But Familia	ni with Negative Pro				
□ ≥160 af = ≥260 if			lemalisi		~	-	Mira-Englosure	-	230419			
				LASER STRUCTURE		2°	Olovebeg Proce	dure (*) and Non-Friable	Proces	fure		
44		la	Location	70		,			T	Abate		
Location of	÷		d Salely			esoription			-	Ty	pe	
Astestos-Containing Mat TO SE ABATE		Mi	Limbedan	com ²			aterial (ACM) lation, surfacing,	Amount (Specify	×	_	g.	Et
m Facility (13)		CUE	(12)	tet?		VAT, or miscellar		BF or LF)	Removs	Repair	Елоцівний	Earclesuot
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MECHANICAL RO	and the		1.40	1414	T) I m 4 · · · ·			0 =	20	\vdash	-	
THE WAY TO THE 100	D-1 77 2	-		-	THEILMAL S	VETEL	IN SO LATION	, 9LE	×	\vdash	-	
		-							+-			
		-		-				<u> </u>	-			
Name of Registered Waste Hau	lae .		1 644	DEP W	181	0 .	151			Ш		
•				icier ID		Yards sto		Ingistered Landfill				
Best Removal Inc				171				linverva Ente	rprise	es, L	LC	
City, State Hackensack, NJ 07	601					19/	City, State			0	Complete State	
Completed by	041	Title			/	Signatura	/ Ways	esburg, OH 4	1468	<u> </u>		_
J. Maiorano			stime	tor		A -Br -marri	V Coio,	لصيم		5)	17	
May 2 St. 2 State of the State			-			-	1			1		
A3841 (R40-00)						(to not use this for	m for asbessos licens	Ture st	empied	activ	ties

CK 38579

DEGELVED DAN 11 2017

	tification of Asbe				NJAC 8:60-7 and 12:120-7)							
Date of Notification 0 1 0	6 1			Iding Owner/Operator RPORATE SERVICES (FEDERATED) ASBESTOS CONTROL & LICENSING								
Agencies Notified Type USEPA X DEP X DCA/DOL X DOH	of Notification Initial Notification Amended Cancellation	7 WE	et Address EST SEVENTI State, Zip Co CINNATI, OHIO	de	36500 P.							
		Nam	e of Contact			Telephone Number						
			Anello ILITY INFORI	BAATIO	N							
Name of Facility Where Abaten	nent is Taking Place		ILIT INFOR	MATIO	Type of Facility							
MACY'S WOODBRIDGE CENT	52				() School (K-12) () Sub-Chapter 8 (Other that	n K-12)						
Street Address					(X) Other (I.e. private & Con	nmercial						
ROUTE 1				SF o	buildings, homes, etc.) f Bldg.	I# Floor		Age	of Bldg.			
City	County	County	Code		1 MILLION +SF	3	3	, igo i	50+			
WOODDDDO		State us	e Only	Curre	ent Use (prior if being demolish	ed)		7				
WOODBRIDGE Name of Monitoring Firm Hired	UNION by Building Owner		ASCM No.	Nam	e of Abatment Contractor							
Traine or monitoring 1 mm 1 m od	by ballang officer		7.00.07.00	1,000	o orribatinont contractor							
PENNONI ASSOCIATES					CONSULTING CORP.							
Street Address				Stree	et Address							
515 GROVE STREET SUITE 1	В			2150	STANLEY TERRACE							
City, State, Zip Code				City,	State, Zip Code							
HADDEN HEIGHTS, NJ 08035				LINIC	ON, NJ 07083							
Project Manager for Monitoring		Telephon	e No.		phone Number	License Number						
TO BE DETERMINED Scheduled Start Date	Scheduled Com	BE DETER		908-687-1008 00575 Name of OSHA Monitor								
Concaded Clart Date	Concusios Com	JICHOIT DUTC		Name of Got IA Mornigor								
1 16 201		16 201	7		LANALYTICAL							
Month Day Year Occupancy Status During Abate	Month Da			Stree	et Address							
Facility Closed/Vacated [Ouring Entire Period		ent		WEST 38TH STREET							
X Abatement Outside Norm X Describe: 9:00PM TO 6:				City,	State, Zip Code							
X Describe: 9:00PM TO 6: Other - Describe:				NEW	YORK, NY 10118							
/A			7.4 									
Scope of Work (Checl Only One	9)		Abatement		d Containment with Negative Pres	an in a						
Demolition >3sf or >3lf					Enclosure	ssure						
X ≥ 160sf or ≥ 260lf					ebag Procedure							
Renovation		Ila I agati	on Normally	Non-	Friable Procedure Describtion of	I Amount to bo	IAbata	ment	Tuno			
Location of ACM Facility			on Normally Custodial Sta	aff	ACM to be	Amount to be Removed	Apare	ment	Type			
	***************************************	Yes		N/A	Removed	(Specify SF/LF)		Rep.	Enc.	Encl.		
3RD FL - OUTSIDE FITTING R		-		-	VAT & MASTIC	70SF	X	-				
3RD FL - CHECKOUT AREA BY 3RD FL - NEAR ESCALATOR	r ESCALATOR	-		-	VAT & MASTIC VAT & MASTIC	1660SF 300SF	X					
OND TE HE IN LOOKENTON				1	7.1. Q III. (C 110		<u> </u>					
N. (D. I. IW)					O. Lie Vilence i	Name of David						
Name of Registered Waste Hau TRI-STATE TRANSFER ASSOC		NJDE	P Waste ID N SW1896	가 많았다. 마리								
City, State Disposal Date												
BRONX, NY TBD					WAYNESBURG, OHIO	70		In .				
Completed By (Print or Type)					Signature	wer		Date				
ANITA SMOLAR GENERAL MAN					1 Court & A	10000	_		1/6/	17		



DECEIVED

JAN 11 2017

	Notification of A	sbestos	Abatem	ient (Pursua	nt to	NJAC 8:60-7 and 12:120-7) ===	be - 1			Transcale			
Date of Notification 0 1 0	6] [1 7			ng Owner/Operator PORATE SERVICES (FEDERATED) ASBESTOS CONTROL &									
Agencies Notified T X USEPA X X DEP	ype of Notification Initial Notification		AND DESCRIPTION OF THE	Address ST SEVENTH	H STR	EET		Ĺ	IOEN:	SING				
X DCA/DOL X DOH	Amended Cancellation	1		state, Zip Cod NNATI, OHIC		02								
			Name	of Contact			Telephone N	Number						
				ENRICH			-	s .						
Name of Facility NAME on Ale			FACIL	_ITY INFORM	MATIO	17.C.								
Name of Facility Where Aba MACY'S - LIVINGSTON MA		lace				Type of Facility () School (K-12) () Sub-Chapter 8 (Othe	rthan (/ 12)							
Street Address	ILL .				4	(X) Other (I.e. private &								
173 EISENHOWER PARKV	JAY				SEC	buildings, homes, etc.			ΙΔα	of Bldg.				
City	County	Ic	County C	nde	10, 0	1 MILLION +S	10000 000000	3	l vac	50+ 50+				
LIVINGSTON	MIDDLESE	S	State use		Current Use (prior if being demolished)									
Name of Monitoring Firm Hi				ASCM No.	o. Name of Abatment Contractor									
Pennoni Associates Inc.					A CR	CONSULTING CORP.								
Street Address						et Address								
					Journe	EL Address								
515 Grove Street Ste 1B					2150 STANLEY TERRACE									
City, State, Zip Code					City, State, Zip Code									
Hadden Heighte N.I. 00025						211 111 27222								
Haddon Heights, NJ 08035 Project Manager for Monitor	ing Firm	То	lephone	No		ON, NJ 07083	License Nun	-1						
l roject Manager for Monitor	ing riini	16	iebiione	NO.	Leiel	phone Number	License Nun	nber						
TO BE DETERMINED		TO BE I	DETERM	INED	908-	687-1008		00575						
Scheduled Start Date	Scheduled C					e of OSHA Monitor		00010						
	3.74334	100000			25									
	2017 3	15	2017		_	LANALYTICAL								
Month Day Ye Occupancy Status During Ab	ear Month	Day	Year		Stree	et Address								
Facility Closed/Vacate				nt	3071	WEST 38TH STREET								
X Abatement Outside N			batemen	11	_	State, Zip Code								
X Describe: 9:00PM TC					,	otato, alp oodo								
Other - Describe:					NEW	YORK, NY 10118								
Cooperative of the cooperation o	21				<u> </u>									
Scope of Work (Checl Only of Demolition	Jne)			Abatement N			Desseure							
>3sf or >3lf				^		Containment with Negative I Enclosure	Pressure							
X ≥ 160sf or ≥ 260lf						ebag Procedure								
Renovation						Friable Procedure								
No. 1997 MODERATED SE ROSAR		Is	Locatio	n Normally		Describtion of	Amount to be	e Ab	atemen	туре				
Location of ACM Facility		U		Custodial Staf	ff	ACM to be	Removed			0.0577				
MEGUANOIA, BOOM			Yes	NO	N/A	Removed	(Specify SF/I		m. Rep	. Enc.	Encl.			
MECHANCIAL ROOM		-			-	Spray-on Fireproofing	5000SF	X	_	-				
						Thermal Insulation	1400LF	X		-				
						Boiler Insulation	400SF	X	-	-				
		-				Tank Insulation	100SF	X						
							1		+	+				
Name of Registered Waste H				Waste ID No	0.	Cubic Yds waste	Name of Reg							
TRI-STATE TRANSFER ASS	SOC., INC.			SW1896										
City, State				al Date		City, State of Registered L	andfill							
BRONX, NY			TBD			WAYNESBURG, OHIO	A		do :					
Completed By (Print or Type)				Signature Date										
ANITA SMOLAR			ICENE	RAI MANAGE	FR		Y/MAY 1	1 // 1	1	1/6/	17			

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

	EVILOVIA IN	
C	ASBESTOS CONTRACTOR	
-	# 4800	17
0	+ Yard Services	3 5

Date of Notification (1)	1-1 1	617	N	00	f Building O			1.1		102	1	NAA	P	
Agencies Notified	Type Notification	DIT	S	_	aRK (tranc	hi l	emoliti	Un 1+ 7	arch	Je	RU	ice.	5
□ EPA	★ Initial		(1)		348	Hu	effvi	lle GR	entoch	Re	az			1
□ DEP	☐ Amended		C	ity, Sta	ate, Zip Cod		201	1 1	17 0	195	19	γ	. j	
DOL	Amendment #		- N	amero	f Contact	<u>Je</u>	wel	1 /	Telephon	e Num	her		17/	
DOH DCA	justification) □ Cancellation		1	Ma		Ranc	hi		Licebion	e ream	001			7
(5 10 100	AL I TILE	DI (0)		FACI	LITY INFO		N	os of Fosility	(4)					
Name of Facility Where	Abatement is Taking	1)	6	lina	(V	acant	() _	oe of Facility School (K-	~	3.0				
Street Address	1001117	1		11.6			4	Subchapte	r 8 (Other than				2000000000	
426	E Ashlan	nd Al	UE					etc.)	private & com			(0)		es,
City (5) Mag 0:	15	IT	. ,	28/	249		Sq	uare Feet	# of Floor	S	BI	dg. A	0.00	_
//agni	olla 1	VU			Code (7)		Cu	rrent Use (Pr	ior if being der	molishe	ed)	6:	5+	
(-	ander)			USE ONLY)				family	7	78 04	Visi a	5	
Name of Monitoring Firm		- 9 -		ASCN	No.			batèment Co	ntractor (9)	1		,		
Street Address	challe	7163			MA		Street Add	ress	chno	red	16.3	,	LA	16
P.O.	30x 33	37					P.0	. Box	337					
City, State, Zip Code		MT		20	523	2	City, State	Girani A	A A	7	A	06	2	2
Project Manager for Mor	RYPT,	NO	T	elepho	ne No		New Telephone		Licer	nse No	U			
Steve S	chenken				758-3	1000		8-33			3	19	4	
Start Date (10)	17 2017	Scheduled	Comp	letion			Name of C	SHA Monitor	1					
Occupancy Status During	17,2017	Jan Only One)), d	017		Street Add		hnolog	ies	L	nc		
Facility Closed/Vac				nt		İ		Box	337					
Abatement Perform					8		City, State	Zip Code	47 - 1944-1950					
Other - Describe:	II That Applied		-		1/1		New	Egypt	LN	0	85	53	3	
Scope of Work (Check A ≥3 sf or ≥3 if	ш ттас Арріу)	□ Ren	novatio	nn.				Full Containm	ent with Nega	itive Pr	essur	e		
≥160 sf or ≥260 lf			nolitio					Mini-Enclosur Glovebag Pro	re					
							×	Non-Exempte	d (*) and Non-	-Friable				
			catio			10	ě					Abate Ty		
Location Asbestos-Containing		Used S		by	Asbesto		ription of ining Mate	rial (ACM)	Amount	t			m	
TO BE AB	ATED	Maint Custod				hermal s	ystems ins	ulation,	(Specify SF or LF		Remova	Re	ncap	Enck
In Facil	ity	(12)				scellaneou		- 27		oval	Repair	Encapsulate	Enclosure
		Yes	No	<u>N</u> /A									œ _	
exterior L	Nalls			X	Sidi	195	hing	es "	2000	SIF	X			
	7.4					<u> </u>	J							
Liller of the Control														
	(*)					Out in it	2.40	I Nome of	Registered La	andfill				
Name of Registered Was			0.000	DEP Wuler ID		Cubic Y of Wast		1				,		ΛiC
	hnologies		1	70	00	Disposa	1 d	City, Sta	te Mana	gen	ient	0	= 1	M
City, State	2.104	UJ.			1	Jisposa -	20-1-		usville	P	A			
Completed by	34b1 1	Title	Α.	,		Sig	nature	SC 1	1	Dat	е	, ,	10:-	7
Steve Sche	n.Kee	Pres	ide	nt		6	Steere	e) DCKe	when	Ja	1	0, a	01.	+

											LIHIC	. 1 0
CK OF	577	N	(Pu	CATION rsuant	of New Jersey OF ASBESTOS A to NJAC 8:60 and	ABATEM d 12:120)) }		C		V	
Date of Notification (1)	1/4/17		ı	Name of	Building Owner/C	Operator (2 S.P	Bordon		JAN	1 1	2017	7
Agencies Notified	Type Notification		5	Street A	ddress	T	01/00	n l				
EPA DEP DOL DOH DCA	Initial Amended Amendment #_ Emergency (inc justification) Cancellation	luding		6	te, Zip Gode Contact Contact Cackis	rod 1	NJC	ASBE 76 3 1 Telephone Num	LIC	S CC ENSI		O
				FACI	LITY INFORMATI							
Name of Facility Where Street Address City (5)		lace (3)				Advantage Andread Engineer	Type of Facility School (K- Subchapte Other (i.e. etc.) Square Feet		ıl build	lings, h		
County (6)	The state of the s				Code (7) USE ONLY)		Current Use (Pri	ior if being demolish	ed)	400		
Name of Monitoring Firm	Hired by Building Ow	ner (8)		ASCN	/ No.		f Abatement Co Industries Ind					
Street Address							Box 915	<u> </u>				
City, State, Zip Code						Brick,	ate, Zip Code New Jersey					
Project Manager for Mon	nitoring Firm			Γelepho	ne No.	Telepho (732)	one No. 899-7499	License No 01196	o.			
Start Date (10)	14 50	hedule	d Com	pletion	Date (11)	Name o	f OSHA Monitor					
Occupancy Status Durin	ng Abatement (Check C	nly One	e) /			Street A	Address				118147.120	
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire Per ned Outside of Normal	iod of A Facility	batem Hours	ent		City, Sta	ate, Zip Code	· · · · · · · · · · · · · · · · · · ·				
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enovat emoliti				Mini-Enclosus Glovebag Pro					
			Locatio		Do	escription	of			Abater Typ		
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Mai Custo	d Solel ntenan odial S (12)	ly by nce/ staff?	Asbestos Con (i.e. therma surfa	taining Ma	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Radanal	Caclo	20	\$6301F	X			
					Mylmal	atio	\cap	504US L1	0			
					1,400							

NJDEP Waste Hauler ID No.

21602

Title President Cubic Yards

Disposal Date

of Waste

Date

Name of Registered Landfill

GROWS Inc.

City, State

Completed by

Eric Plackis

City, State

Name of Registered Waste Hauler

Brick Industries Inc.

Brick, New Jersey

CK 2	580	î		CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE				EG			<u> </u>	
Date of Notification (1)	115/17			W	f Building	Owner/0	Operator	(2) Dyl	e		JAN	demoh	20	17	23
Agencies Notified	Type Notification			Street A	ddress			U							
☐ EPA	Initial										ASBEST			ROL	&
DEP	Amended			City	ite, Zip Co	ode	1 /	1,7			T LIC	DENS	SING		
X DOL	Amendment Emergency			471	IRNV	1012	+1/	NJ	() /	1 (1				
П рон	justification)	(including	Γ	Name of	f Contact		1			Tele	ephone Nun	nber			
DCA	Cancellation			Eric P	lackis					200					
				FACI	LITY INF	ORMATI	ION							(550/15-2)	
Name of Facility Where A	batement is Takin	g Place (3	3)					Туре	of Facility ((4)					
								П	School (K-1	(2)					
Street Address	10	•						R	Subchapter	8 (Othe	er than K-12 k commercia		dings,	home	s,
City (5)	Mourst							5	re Feet		Floors		ldg. A		
County (6)	mouth				Code (7) USE ONLY)		Curre	ent Use (Pri		ng demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/I No.		The Control of the Co		stement Cou		(9)				
Street Address				4				Addre Box							
City, State, Zip Code			*****						ip Code w Jersey	08723					
Project Manager for Monit	toring Firm		T	Telepho	ne No.		(8.0	hone N			License No.	ο.			
Start Date (10)		Schedule	ed Con	pletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addre	ss						
Facility Closed/Vacar Abatement Performe Other – Describe:	ted During Entire I d Outside of Norn	Period of A	Abatem Hours	ent			City, S	State, Z	ip Code		<u> </u>				
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		Renova Demolit					Min	ni-Enclosur ovebag Pro	e cedure	Negative P				
		1			1			_ NO	III-Exemple	u () aii	1 NOII-I Hab	1	Abate		
		1975	Locati										Ту		
Location			Normal d Sole				scription							50-	
Asbestos-Containing I			intenar		Asbes	tos Con thermal	taining N	viateria e incul	I (ACM)		mount Specify	R		Encapsulate	ш
<u>TO BE ABA</u> In Facilit		Cus	todial S	Staff?	(1.0		cing, VA		uuon,		or LF)	Remova	Repair	ap	Enclosure
(13)			(12)			other r	miscellar	neous)				ova	a:	sula	Sur
		Yes	No	N/A								-		te	Ф
		100		1.07	4 1	-1				2.	1 1	1			
					asbe	STUS	> 10	e		u	20 Ct	8			
					100	8111	RHO.	^							
				-	1/1	3000	201.00	/							
		-		-								-			
Name of Registered Wast	e Hauler		100000	JDEP W			Yards		Name of	Registe	red Landfill				
Brick Industries Inc.				auler ID 1602	No.	of Wa	_	1_	GROW					-0.07 (4.11)	
City, State Brick, New Jersey						Dispo	sal Date		City, Stat	ie					
Completed by		Title				1 5	Signature	e /	2.11-		Da	te /	_ 1	2. 1	
Eric Plackis		Pres	ident					/	MIC			11	51	1	

THIIL FOITH

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

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

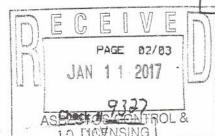
			(1		t to NJAC					CK.	Н О	24	18		
Date of Notification (1) 01/05/17		3 3 3 3 4 1 1		10000 10000	of Building ((2)			P (a 1		W	
	pe Notification				wood Ass	sociate	s			\prod	E (ا را	5 1	V	L
					Address Fairfield F	Rd. Suit	e 205								
EPA X	Initial Amended				tate, Zip Co		.0 200				J	AN	11	201	7
X DOL	Amendment				ield, NJ										
▼ DOH	Emergency justification)		9		of Contact		- 7			Telephe	ne Nu	mber			
DOH DCA	Cancellation			Andr	ew Vita					Telephe	SBE	STO	SCC	NTF	(OL
				FAC	ILITY INFO	RMATIC	N					LICE	ENS	NG	-
Name of Facility Where Abate	ement is Takin	ng Place ((3)		***************************************			Type of	Facility (4)						
Commercial Building								☐ Sc	hool (K-12)						
Street Address								Su	bchapter 8	(Other th	an K-1	2)			
277 Fairfield Rd, Room	1 # 219							Ot etc	her (i.e. priv	ate & cor	mmerci	al bui	ldings	, hom	es,
City (5)								Square		# of Flo	ors	1	Bldg. /	Age	
Fairfield								10,00	0	3		- 1	50+		
County (6)				County	Code (7)			Current	Use (Prior i	f being d	emolish	ned)			
Passaic				(STATE	USE ONLY)	-	-		nercial Bl						
Name of Monitoring Firm Hire	d by Building	Owner (8)	ASC	M No.		Name	of Abater	ment Contra	actor (9)					
n/a				n/a			Harn	nony C	ontracting	Inc					
Street Address								Address							
n/a							360	Palisad	e Ave						
City, State, Zip Code							City, S	tate, Zip	Code						
n/a							Garfi	eld, NJ	07026						
Project Manager for Monitorin	g Firm			Telepho	one No.		Teleph	one No.		Lice	ense N	0.			
n/a				n/a				60.602	7.4	01	255				
Start Date (10)			uled Completion Date (11) Name of OSHA Monitor Name of OSHA Monitor Harmony Contractir												
01/14/17		01/20/	5.50						ontracting	Inc					
Occupancy Status During Aba						,		Address	525						
Facility Closed/Vacated I Abatement Performed Or Other – Describe:	During Entire F	Period of	Abater	nent				Palisad							
Abatement Performed Or Other – Describe:	utside of Norm	nal Facility	y Hours	S		(ate, Zip (
	4.41.3						Garfi	eld, NJ	07026						
Scope of Work (Check All Tha	it Apply)	-					,	i .							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and and	Renova Demolit				H		ontainment	with Neg	ative P	ressu	re		
2100 St 01 2200 II		L	Jemoiii	uon				Glove	inclosure bag Proced	ure					
							×		xempted (*		n-Friab	le Pro	cedur	е	
			Locat											ement	
Location of			Normal ed Sole				ription					-	1 9	ре	
Asbestos-Containing Mate TO BE ABATED		Ma	intena	nce/		os Contain hermal sy				Amour	5.7	_		m l	ш
In Facility	•	Cus	todial S	Staff?	(1.6. 11	surfacir			",	(Specification SF or L		em?	Repair	cap	Enclosure
(13)			(12)			other mis	scellane	eous)				Remova	bair	Encapsulate	unsc
		Yes	No	N/A								-		te	Θ
Room 219				X		\/	/AT			300 S					
				-			711		-	000 0	1	X			
					,										
Name of Registered Waste Ha	uler		10000	JDEP W		Cubic Ya		N	ame of Reg	gistered L	andfill				-
Harmony Contracting			15000	lauler ID		of Waste	a	(GROWS	Landfill					
City, State			0	33137		TBD	Data								
Garfield, NJ						Disposal TBD	Date		ity, State Vorrisville	DA					
Completed by		Title	-				nature	1	VIOLISVIILE	, FA	Det	-			_
Kristina Caporino		11	etary					- 0	orino		Dat 01	/05/	17		
		0001				10	usi	4cla	Done		01	1001	17		

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

Date of Notification (1) 01/05/17					Name of Build		perator	(2)	11	201	
Agencies Notified EPA DCA		Notification ☐ Initial no ☐ Amende ☑ Emerge	tification d ncy notifi		Street Address 361 Hedge Row City, State, Zip Code Mountainside NJ	ž.	ASB		OS CO JENS		OL &
☑ DOL ☑ DEP ☑DOH		☐ Cancelle	d		Name of Contact: Joe Notare		Telephon	e Num	be <u>r</u>		
				FACILITY IN	FORMATION						
Name of Facility Where A Commercial Building Street Address	batement is	Taking Place	(3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (oth ☑ Other (i.e. private		uildings hon	nes et	c		
361 Hedge Row	Caush (C)		T 0	-0-1-(7)		.Age;55	-		1135 1		
City (5) Mountainside NJ	County (6) Union			y Code (7) Use Only)							
Name of Monitoring Firm N/A	Hired by Bld	g. Owner (8)	ASCM	No.	Name of Contractor (S BL Contracting ,Inc	9)					
Street Address					Street Address 5 Marguerite Lane						
City, State, Zip Cod					City State, Zip Code Towaco 07082						
Projec Manager for Monit	toring Firm	Telephone	Number		<u>Telephone Number</u> 973-901-0153		<u>License N</u> 01265	lumbe			
Scheduled Start Date (10) 01/06 17/2017	1	Scheduled 01/10/17	Completi	ion Date (11)	Name of OSHA Monit BL Contracting Inc.	tor					
Occupancy Status During Facility Closed/Vacat Abatement Performed Describe	ed During Er	ntire Period of	Abatem	ent	Street Address 5 Marguerite Lane City, State, Zip Code						
□Other - Describe:					Towaco, NJ 07082						
Source of Work (Check al	I that apply)	SITE III									
 ⊇ 3 sf or ≥ 3 ⊠ ≥ 160 sf or 				⊠ Renovation □ Demolition	ı E	Non Exampted a I Mini-Enclosure Blove bag Proced I Full Containment	ure				
Location of Asbestos- Containing Material (ACM Facility (13)) in Use		E) co raises:	Material (ACM)	sbestos Containing (i.e. thermal systems cing, VAT, or other	Amount (Spec LF)	ify SF or	l Cata	ve Rep	Type pair Enca	ap
Basement			X	Floor Tile		130 SF		X			
Name of Reg. Waste Hauler Waste Management of Pen	V90.5 133	NJDEP Waste 0036784	Hauler I	D#	Cubic Yards of Waste 3		Name of Re	gistere	d Landi	<u> </u>	
						<u>Disposal Date</u> 01/15/17			State town, I	PA	
Completed by (Print or Ty Nedo Vasilic	pe)	Title President	×		Signature Neilo Vos	Nic	Date 01/05/201	17			

01/25/2017 10:09 2012520321

AMAC



State of New Jersey NOTIFICATION OF ASSESTED ASATEMENT [Pursuant to NJAC 5:50 and 12:120]

Date of Myddication (1)	T-0-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Name o	Building Own	ner/Operator	(2)				1	
Agencies Notified Type Notification EPA Initial DEP Amended Amended Amendment Emergency (userseason)	(Induding	_	C.A.	its, 20 Code PRLSTA Contact	OT N	J 0707	2. Tatasana	/	<i>/</i>		
Name of Facility Where Abelianism in Takin Ou UNE Street Address City (5))	Til No.	DHU LITY INFORM	ATION	Offwer (i.e. p	2) 6 (Other than K-12 dvate & commercia	i bus			
CARLSTADT COUNTY 181 BERGEL			County (Code (7)		Square Feet 1650 Current Use (Pric	s of Places are if being demotion		G.		
Next and Monitoring Firm Hand by Building of Street Address	Swner (8)		ABCN	No.	A. M	of Abotement Con sec Contracting Address Vreeland Ava.					
City, State, Zie Code Project Manager for Monitoring Firm					CAy, 8 Midis	Italia, 20p Code and Park, N.J.	Andrew Miller of the State of t			·*·····	
Start Date (10)	Buhadula	d Corr	Telaphoi	ACCORDING MENT OF STREET	.201-	none No. 262-5841 at OSHA Manifor	Dicense No 00156				
Occupancy Status During Absternant (Chec Faulity Closed/Vacated During Entire F Abstraces Performed Outside of Nere Other - Describe:	a to bons	9)	//>		Street 280 1 City, 5	Address Address Huylor Street nate, Zip Code (Gnsbok, N.J. O	ntal Services inc). 			
2150 et or 2250 f		STOVE STOVE		A44		J Mini-Enclosure J Glavebag Proc					
Location of	N	Locati ornañ i Bolei	У		Descripson				Abel	ernant 194	1
Astronom-Contenting Motorial (ACIA) TO BE ASATED In Facility (13)	Made	rdenser odkal S (12)	108/	(i.a. there			Amount (5pecify 8f or LF)	Rismoval	Rapelr	Enterposeial a	Endoura
BASEMENT			X		VAT		600 32	X			
				www.com							
Name of Registered Weals Heuter Newark Carting, Inc. City, State		H	108P W kuler ID 1509	No. of	Nesda Wasan Dana Ropasi Dana	Grand (Registered Landfill Central Sanktary	Len	dnu		
Newark, N.J. 07106 Completed by R. McDonald	Tide Presi	dent			15/17	n Funda		1/9	di	<u> </u>	Witness Contraction of the Contr

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

CK490

Date of No	tification 12/30)/16		of Building Ov			por et	NEC		WE	
AgenciesNotifie EPA		fication gency Notificatio	Street	Address peedwell Av			12	5 1A1	1 1 1	2017	
DEP		Notification		tate & Zip Coo				L. 3391	1 1 1	7 935 3	Day No.
X DOL	Amei	nded Notification	Morris	s Plains, NJ	0795	0					
X DOH	Cano	ellation	Name	of Contact				ASBEST	Teleph	nne Min	ıb∕er
DCA		55.4	Brian	Midock			1				
			FA	CILITY INFO	ORMA	ATION					
Name of Facility		nent is Taking Pla s Credit Unior				of Facility (4) School (K-12)			: b)		
Street Address	140 9	peedwell Ave				Subchapter 8 (0 Other (i.e., priva			nge hoi	mas atc	
	140 3	peedwell Ave					# of Floors		Bldg. A		
City (5)		County (6)	County C	ode (7)	Joque	3,500	# 01110018	,	Diug. A	50+	
Morris	Dlaine	Morris	County C	ode (7)	Curr	ent Use (Prior if	hoina dom	aliahad\		30+	
INIOITIS	riallis	INIOTTIS				nmercial	being dem	iolistieu)			
Name of Manita	ring Circa Llicad	hu Duildin - Our	(0)	IA COM NI-			011	(0)	-		
Environmenta		by Building Own	er (8)	ASCM No.	Glob	e of Abatement oal Abatemen					
Street Address						et Address	72				
64 Broad Stre	2451200					Schoolhouse					
City, State & Zip Matawan, NJ						State & Zip Coo		24			
Project Manager		Firm T	elephone N	N. m.b.o.r		roe Townshi	p, NJ 088		N. mala a m		
Tom Geiger	TOT WOTHLOTTING		32-290-22			605-9062		License	007		
Scheduled Start	Date (10)	Scheduled Comp	letion Date	(11)	Nam	e of OSHA Mon	nitor		Second Co.		
1/2/1			1/3/17	\$11 - 60	-	oal Abatemen	t Service	s, LLC			
Occupancy State X Facility Clo	us During Abat osed/Vacated D	ement (Check on Ouring Entire Peri	ly one) od of Abat	ement		et Address Schoolhouse	Road				
Abatemen	t Performed Ou	itside of Normal F	acility Hou	* NOTE AND DESCRIPTION OF THE PROPERTY OF THE							
Describe:					Mon	roe Township	p, NJ 088	31			
Other - De	scribe:			wombe rownship, No 00031							
Scope of Work (Check all that a	apply)									
Demolition		X Renovation	1			Full Cont	ainment wi	th Negative	Pressur	е	
Large Proj	ect					Mini-Encl	losure				
Quantity is	≥ 3 SF or ≥ 3	LF ACM				X Glovebag	g Procedure	Э			
Quantity is	≥ 160 SF or ≥	260 LF ACM				Other:					
N	Location of estos-Containir laterial (ACM) D BE ABATED in Facility (13)	N	Is Location Is Location Is Location Is	sed , y e or (taff? ins	Asbes Ma (i.e., th sulatio	escription of stos-Containing terial (ACM) nermal systems n, surfacing, VA r miscellaneous	Sc L AT	Amount (Specify quare Feet o Linear Feet)	r (Spe	atement T cify: Rem Repair, capsulatio Enclosure	noval, on or
	Basement		N/A		TSIF	Pipe Fittings		12 LF	1	Remova	al
Name of Registe		iler N.	JDEP Was	te Hauler ID #	<i>‡</i> [Cu. Yds. of Wa		me of Regis			
Freehold Cart	age			18693		3		ımberland	Count	У	
City, State Freehold,	NJ					Disposal Date 1/4/17		y, State	1		
Completed By (P	Print or Type)	Title Manager				Signature				Date 12/3	0/17

State of New Jersey

0/2010	CU	I	NOT			[명 전하시기 - 이래() [7]	AC 8:60 and 5:1			AAA 4	4 (מר אחם	
Date of Notification (1)		-			Name	of Buildin	g Owner/Operator (2)		311 1	1 1	CU1/	-
01/	06 /	17	_		Meson and a		cking & Disposa		2	10	(, S		
Agencies Notified	Type Notific	ation			Street	Address			ASBES	LICEN	100	TRO)L 8
⊠ EPA	Initial				511	5 Belma	r Blvd.		1	LICEI	VOIIV	<u>u</u>	
⊠ DOLWD	Amended Amendm				City, S	State, Zip (Code						
☑ DOH ☐ DCA	⊠ Emergen		luding	,	Wa	II, NJ 077	727						
(NJAC 5:23-8)	justificati		idanię	•	Name	of Contac	zt		Telephone Nun	ber			
	☐ Cancella	tion			Doi	ug							
				- 0	FA	CILITY IN	NFORMATION						
Name of Facility Where A	Abatement is 7	Taking	Place	(3)				Type of Facility (4	4)				
Residence				107507				School (K-12)	27.50				
Street Address						-		☐ Subchapter 8	(Other than K-12				
								Other (i.e., pri homes, etc.)	ivate and comme	rcial bi	ııldıng	JS,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Sea Bright								1800	1		65	5-	
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being demoli		-		
Monmouth						,	,,	Residence	3				
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)			- 0-0	200	
N/A	545-666 (666) 146- 3 5 (166-66) 4 4			.				ntracting, Inc.					
Street Address						_	Street Address	3,		-			
							1889 Route 9	. Unit 61					
City, State, Zip Code							City, State, Zip Co	<u> </u>					
								New Jersey 087	755				
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Telephone No.	-	License No.				
							732-349-9932	!	00624				
Start Date (10)	5	Schedu	led C	omple	etion Da	te (11)	Name of OSHA N	lonitor					
01 / _09_ /	17	01	1/	1(_ / _	17	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (Check	only o	one)			Street Address						
□ Facility Closed/Vacate							1056 Stelton						
☐ Abatement Performed	Outside of No	ormal F	acility	y Hou	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: _	AM	PM	/	_PM	-	AM		New Jersey 088	54				
Scope of Work (Check al	that apply)							*					
≥3 sf or ≥3 lf		1	Re	novat	ion		☐ Full Cont	ainment with Nega	ative Pressure				
≥3 si oi ≥3 ii ≥160 sf or ≥260 lf			☑ Ne				Glovebag	Procedure					
							Non-Exe	mpted (*) and Non	-Friable Procedu	ire			
				Loca Norma						Ab	atem	ent T	ype
Location Asbestos-Containing		4)			ely by	Ashe	Description o stos Containing Ma		Amount	Re	Re	E	En
TO BE ABA	TED			intena	ince/ Staff?		e., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facili (13)	ty		Cusi	(12)			surfacing, VAT,		SF or LF)	/al		Encapsulate	ure
(13)			Yes	No	N/A		other miscellane	ous)				te	2000
exterior				\boxtimes		asbesto	os siding		1700 sf				
			П	П							П	П	П
					+					$+\Xi$			
			Ш	Ш							Ш	Ш	Ш
Name of Registered Was					JDEP \		Cubic Yards of	Name of Registe	ered Landfill		200		
Guardian Contracti	ng, Inc.				lauler II 20223		Waste 3	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Je	ersey						01/11/17	Tullytown, I	Pennsylvania				
Completed By (Print or Ty	/pe)	Title					Signature	//	/ D	ate /	1		
Nicholas Fernicola		Pro	oject	Man	ager)_	\ \	X	,16	11-	7	

CK 21954

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

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A	SBE		OS C)L &	

Agencies Notified Type Notification Street Address ONE MARKET STREET City, State, Zip Code ELMWOOD PARK, NJ 07407 Name of Contact ED KNAPICK STreet Address ONE MARKET STREET Telephone Number ED KNAPICK FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) SOUNDVIEW PAPER COMPANY Street Address ONE MARKET STREET City (5) ELMWOOD PARK County (6) County Code (7) Current Use (Prior if being demolished)	
DEP Amended Amendment # Emergency (including justification) Cancellation Type of Facility (4)	5,
Emergency (including justification)	\$,
Name of Facility Where Abatement is Taking Place (3) SOUNDVIEW PAPER COMPANY Street Address ONE MARKET STREET City (5) ELMWOOD PARK County (6) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) Square Feet # of Floors Bldg. Age	s,
SOUNDVIEW PAPER COMPANY Street Address ONE MARKET STREET City (5) ELMWOOD PARK County (6) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) Square Feet # of Floors Bldg. Age County Code (7) Current Use (Prior if being demolished)	s,
ONE MARKET STREET Other (i.e. private & commercial buildings, home etc.) City (5) ELMWOOD PARK County (6) County Code (7) Current Use (Prior if being demolished)	5,
ELMWOOD PARK County (6) County Code (7) Current Use (Prior if being demolished)	
BERGEN (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING	
Street Address Street Address 11 VREELAND AVENUE	
City, State, Zip Code City, State, Zip Code TOTOWA, NJ 07512	
Project Manager for Monitoring Firm Telephone No. Telephone No. 973-956-8700 License No. 00494	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/17/2017 SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One) Street Address	\neg
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code	
Scope of Work (Check All That Apply)	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Abatement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Type Type Type Type Type Type Type	Enclosure
Yes No N/A	
FIBER AREA 1ST & 2ND FLOORS X TANK INSULATION 300 SF X	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING NJDEP Waste Hauler ID No. 18743 Name of Registered Landfill Of Waste WASTE MANAGEMENT G.R.O.W.S	S .
City, State TOTOWA, NJ Disposal Date 1/27/2017 MORRISVILLE, PA	
Completed by VIVECA RAMOS Title PROJECT COORDINATOR 1/2/2017	

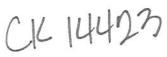
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Ck# 0245

			0.000								71 0						
Date of Notification (1)					Building (1	FI	G			V/ [
01/03/17					ake Cra	ine & l	=quipn	neni	LLC	Ш	<u> </u>	<u> </u>	=	ш		31	
Agencies Notified	Type Notification			Street A	ddress 19th St	, 4th F	Ī					直接	der Ar	24	117		
EPA DEP	Amended			City, Sta	ite, Zip Co	de	0.000	1000		14 6						L	
× DOL	Amendmen		_	New Y	ork, NY	1001	1				į						
X DOH	Emergency justification			Name of	Contact					Tele	ephone !	dumb	S C	ON	TRO	L&	
DOH DCA	Cancellation			Steph	en Guid	0				1		LIC	EN	SINC	<u> </u>		
				FACI	LITY INFO	DRMAT	ION	_		4)							
Name of Facility Where		ng Place (3	()					Ty	oe of Facility (1)							
Fire Damaged Buil	ding						-		School (K-1 Subchapter		or than K	(12)					
Street Address	ě.							R	Other (i.e. p	rivate 8	comme	ercial	build	ings,	home	es,	
1231 Kennedy Blv	d 								etc.)							-	
City (5)									uare Feet	# of	Floors			dg. A 0+	ge		
North Bergen									000		-	l'aba		0+			
County (6)				County (Code (7) USE ONLY)				rrent Use (Prid				1)				
Hudson		- (2)					l Mana		torefront / A	•		uy					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.				batement Con y Contracti		18 D						
n/a				n/a			Street			ilg ilic	,			-10:			
Street Address									isade Ave								
n/a									Zip Code								
City, State, Zip Code n/a							100.00		, NJ 07026								
Project Manager for Mor	itorina Eirm			Telephor	ne No		Teleph				License	e No.	V.			-	
n/a	illoring Firm			n/a	ne no.		1400000000		.6026		0125						
	Date (10) Schedu						1200000		SHA Monitor		0.120		-	-		-	
0.57 37	art Date (10) Sched 1/04/17 01/13						0.0000000000000000000000000000000000000		y Contracti	ng Inc)						
Occupancy Status Durin	g Abatement (Che						Street									\neg	
				atement 360 Palisade Av													
Abatement Perform	ed Outside of Non	mal Facility	Hours	city, State, Zip Code													
Other - Describe:				ours City, State, Zip Code Garfield, NJ 0702													
Scope of Work (Check A	II That Apply)						0575	383									
≥3 sf or ≥3 lf		☐ R	Renova	tion			Full Containment with Negative Pressure										
2160 sf or ≥260 lf			emolit	ion			-		Mini-Enclosure Glovebag Proc								
									Non-Exempted		d Non-Fr	riable	Prod	cedur	Э		
		le	Locati	ion									33		ment		
Location	of	N	Vormal	ly		De	scription	of				-		Ту	ре		
Asbestos-Containing	Material (ACM)		d Sole intena			tos Con	taining N	Mate	rial (ACM)		mount		_		щ	m	
TO BE AB. In Facil			odial S	All Control of the Co	(i.e.		system cing, VA				or LF)		Rem	Repair	icap	nclo	
(13)			(12)				niscellar			7.35.31			Remova	oair	Encapsulate	Enclosure	
		Yes	No	N/A									-		te	Φ	
DEBRIS TO BE S	10000		DERD	IS TO	DE CE	=DE	RATED										
		-	100000000000000000000000000000000000000							-	-	_					
AND DISPOSE			ANL	וסוט נ	OSEL	AS	SACM			-	_	-					
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Name of Registered Was	ste Hauler		90	IJDEP W lauler ID		100000000000000000000000000000000000000	Yards		Name of	Registe	red Land	dfill					
Unknown un						of Wa			Unknov	vn							
City, State							sal Date		City, State	9					- / -		
Unknown						10-10-50-00	nown	76	Unknown								
Completed by		Title				5	Signature	е			T	Date					
Kristina Caporino		Secr	etary				KIND	try,	Capori	14		01/	03/	17			
			- CONTRACTOR										-				

CK 2581			ICATIO	State of New Jers N OF ASBESTOS It to NJAC 8:60 ar	ABATE		P) <u>E</u>	C		\mathbb{V}	
Date of Notification (1)			f		Operator	r (2)	The state of the s		JAN	strate for	2017	9
Agencies Notified EPA DEP DOL DOH DCA Type Notification Type Notification Amended Amendment Emergency justification) Cancellation	(including	<u> </u>	City, S	Address Hete, Zip Code Hete, Zip Code Of Contact Plackis	- U	eights) / Tel	ASBE	TICE			OL 8
Name of Facility Where Abatement is Takin Street Address		(3)	FAC	ILITY INFORMAT	TION	Type of Facility School (K Subchapte Other (i.e.	-12) er 8 (Oth			ldings	, hom	es.
City (5) Lavalle He	٠					Square Feet		f Floors		Bldg.	Age Z	
County (6)				Code (7) USE ONLY)		Current Use (P	rior if bei NQ	ng demoli	shed)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	M No.		of Abatement Co Industries In		(9)				
Street Address						Address Box 915						
City, State, Zip Code						tate, Zip Code k, New Jersey	08723	,				
Project Manager for Monitoring Firm			Telepho	one No.		one No.)899-7499		License 01196	No.			
Start Date (10) 1617	Schedul	ed Con	npletion	Date (11)	Name	of OSHA Monito	r					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of	Abaten	nent			Address tate, Zip Code						
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	e cedure	•			е	
Location of		Locati Vormal		Do	scription	of					ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	Asbestos Cont (i.e. thermal surfa	taining M	aterial (ACM) insulation, Γ, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	163	140	1975	Plan.	hle		400	SF	8			
					1							
Name of Registered Waste Hauler Brick Industries Inc.		Ha	JDEP W auler ID 1602	No. of Was	ste (GROW	/S Inc.	red Landfil				
City, State Brick, New Jersey				Dispos	al Date	City, Stat	е				-	
Completed by Eric Plackis	Title Presi	dent		s	ignature	MRI		Da	ate S/	1	7	

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

n.	E	C			Print For	(m)
Ň		JAN	1	d-	2017	

Date of Notification (1)		T N	ame of	Building Owner/0	Operator	(2)	14	lani (_	-
JAN. 5, 2017				'SASWAY	porator	(2)		ASBES	TO	000	NITE	101
Agencies Notified Type Notification		St	treet A	ddress					LICE			100
☐ EPA ☑ Initial									and No.			
DEP Amended Amendment	#	Ci	ity, Sta EDISC	te, Zip Code DN, NJ 08837				-				
DOH justification) DCA Cancellation	(including			Contact ABRAHAMSO	DN		Tel	ephone Nun	nber			
BCA Cancellation				LITY INFORMAT								\dashv
Name of Facility Where Abatement is Takin MARY SASWAY PROPERTY	g Place (3)					Type of Facility	(4)					
Street Address						School (K-		er than K-12	1			
						Other (i.e. etc.)	private d	& commercia	al build		MINO MALVES	s,
City (5) EDISON						Square Feet 862 SF	1	f Floors	1	ldg. A 960	ge	
County (6) MIDDLESEX				Code (7) USE ONLY)		Current Use (Pr RESIDENC		ng demolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.	Name Finis	of Abatement Co shing Touch A	ontractor sbesto	(9) s Abatem	ent C	orp.	, Inc.	
Street Address						Address hompson Stre	eet					
City, State, Zip Code						tate, Zip Code It Long Branch	n, NJ 0	7764				
Project Manager for Monitoring Firm N/A		Te	elephor	ne No.		none No. 222.8372		License N 00040	0.			
Start Date (10) JAN. 17, 2017	Scheduled JAN. 18			Date (11)	Name N/A	of OSHA Monitor	r					
Occupancy Status During Abatement (Chec	k Only One))			Street	Address			-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	nal Facility H		nt		City, S	itate, Zip Code						_
Scope of Work (Check All That Apply)			-	X-200-01								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 1	novatio molition			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				9	
	Isl	ocation	,]			1 Non-Exempte) an	u Ivon-i IIab	T	Abate	ement	
Location of	No	rmally			scription				-	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	Solely tenanc dial Sta (12)	e/	(i.e. thermal surfa			(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	103	140	X		VAT		400	SF	X			
	-	-+			740170		200			_		
Name of Registered Waste Hauler Finishing Touch Asbestos Abateme	nt Corp.,	, Hau	DEP W uler ID 058	No. of Wa	Yards ste CY	100000000000000000000000000000000000000	f Registe LAND	ered Landfill FILL				
City, State WEST LONG BRANCH, NJ 07764				Dispo 1/18	sal Date /17	City, Sta	ate YTOWI	N, PA				
Completed by JOSEPH P. MILLER	Title PRES	IDEN	IT		Adultur My M	hrlle		Da 1/	te /5/17			

CK 0250

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

CK# 0250

			- N	lama of E	Building Owner	Operator	(2)		7						
Date of Notification (1) 01/06/17					nstruction L		(2)		In	E	C	15		\mathbb{V}	
Agencies Notified	Type Notification		S	Street Add	dress	America			I had	4					
_				1 Sears	s Dr					1	1 A 61	4	-	2047	
EPA DEP	Amended		0	City, State	e, Zip Code					61	JAN	1	ì	2011	
X DOL	Amendment		- 1	Parami	ıs, NJ										
X DOH	Emergency (including	N	Name of (Contact				Teleph	none N	EST	08	00	NTR	01 8
DOH DCA	Cancellation			Dan Co						AOD			181		
				FACIL	ITY INFORMA	TION	Type	of Facility (4)	i				date Caledonia		-
Name of Facility Where		g Place (3)					-								
Residential House							S	chool (K-12) ubchapter 8	(Other	than K	-12)				
Street Address								other (i.e. priv tc.)	rate & c	omme	rcial b				5,
City (5)							Square	640000000000000000000000000000000000000	# of F	loors			g. Ag	e	
Madison							3000	(Y	3			50	+		
County (6)				County C			1	nt Use (Prior		demol	lished)				
Morris			(STATE US	SE ONLY)			dential Ho						05.00	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			ement Contra)					
n/a				n/a		100000000000000000000000000000000000000		Contracting	g Inc						
Street Address							Addres								
n/a						000	,	de Ave							
City, State, Zip Code						100000000000000000000000000000000000000	State, Zi								
n/a								IJ 07026							
Project Manager for Mon	nitoring Firm			Telephon	e No.		hone No		1 53	icense					
n/a				n/a			460.60			01255)				\dashv
Start Date (10)		Scheduled		pletion D	ate (11)			A Monitor	a Inc						
01/17/17		01/31/1					1000	Contracting	y inc						-
Occupancy Status Durin	ng Abatement (Chec	ck Only One	e)				Addres	s ide Ave							
Facility Closed/Vac Abatement Perform	cated During Entire	Period of Al	patem	ent		707-20-00	State, Zi								
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility I	Hours					NJ 07026							
	and the state of t					Gai	neiu, i	10 0/020				-	_		-
Scope of Work (Check /	All That Apply)	-				F	X Full	0	Adala N	logotiv	o Dros	SOLIE!			
23 sf or ≥3 lf		Section 1	enova emoliti			Ė	Full Min	Containmer	it with i	vegauv	e Pres	Sure			
X ≥160 sf or ≥260 lf			FITIOIIL	1011		I	Glo	vehag Proce	dure	Non Fr	riabla I	Droo	odus		
				- 60		<u>L</u>	_1 Nor	n-Exempted	(*) and	NON-FI	nable i			ment	
		200-000	_ocati									•	Ту		
Location			ormal Sole			Descriptio		(ACM)	Am	ount				_	
Asbestos-Containin TO BE AB	g Material (ACM)	Mair	ntenar	nce/	Asbestos C	ontaining nal systen	ns insula	ation,		ecify		R	R	Encapsulate	Enclosure
In Fac		Custo	odial 8 (12)	Staff?	SL	rfacing, V	AT, or		SF	or LF)		Remova	Repair	ısdı	dos
(13)		(12)		oth	er miscella	ineous)					à	7	ilate	ıre
		Yes	No	N/A							-				
VARIOUS				X		DLET/P		:R	100	0 SF	×		_		
ON 1ST & 21	ND FLOOR				F	REMNA	VIS				-	-			
								-			+				
N	acta Hauler		I N	JJDEP W	aste Cu	bic Yards		Name of R	Register	ed Lan	ndfill				
Name of Registered Wa			10.00	lauler ID	No. of	Waste		GROWS	.53						
Harmony Contract	ing Inc		C	33137		3D									
City, State					10000	sposal Dat	te	City, State		٨					
Garfield, NJ					TE	3D		Morrisvi	ille, PA		Date	0.			
Completed by		Title	55			Signatu					01/		17		
Kristina Caporino		Secre	etary	'		Kry	stone	Capo	ins		01/	00/	. ,		

I THILL OTHER

CK 0249

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

	· •		(P	ursuant	to NJAC 8	:60 and	12:120	"	2k# 0	124	9				
Date of Notification (1)					of Building O		perator					77	ЛГ		
01/05/17 Agencies Notified	Type Notification				he Coli Gi Address	roup			40)-	EG	LS	<u> </u>			
-				1 Sea											
EPA DEP	Initial Amended		ł	City, Sta	ate, Zip Cod	de				JAI	4 4	1 20	117		
X DOL	Amendmen			Parar	mus, NJ 0	7652			Sect par						
X DOH	Emergency justification				of Contact				Telephone Number ASBESTOS CONTRO						
DOH DCA	Cancellation	n		Dan (Coli				A	SBESI	CEN	SING	HUL		
Name of Facility Whore	Abstament is Takir	ag Place (S	21	FAC	ILITY INFO	RMATIC	NO	Type of Equility (4)	L	lan I	<u> </u>				
Name of Facility Where Residential House		ig Place (3	·)					Type of Facility (4) School (K-12)							
Street Address								Subchapter 8 Other (i.e. privetc.)			uildings	, hom	es,		
City (5)								Square Feet	# of Floors		Bldg.	Age			
Madison	35-953							2000	2		50+				
County (6) Morris					Code (7) USE ONLY)		_	Current Use (Prior i Residential Ho		olished)		0.25			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCN	И No.		Name	of Abatement Contra	actor (9)						
n/a				n/a			Harr	nony Contracting	g Inc						
Street Address			10000					Address							
n/a								Palisade Ave							
City, State, Zip Code								tate, Zip Code							
n/a	e			-				ield, NJ 07026	1.,						
Project Manager for Mo n/a	nitoring Firm			Telepho n/a	ne No.			one No. 160.6026	Licens 0125						
Start Date (10)		Schedule	ed Cor		Date (11)		3 3	of OSHA Monitor	0120	,,,					
01/16/17		01/25/		iipiotioii	Date (11)			nony Contracting	Inc						
Occupancy Status Durin	ng Abatement (Chec	ck Only On	e)					Address	1000-						
	cated During Entire			nent			360	Palisade Ave							
Abatement Perform	ned Outside of Norn						City, S	tate, Zip Code							
Other – Describe:						-	Garf	ield, NJ 07026							
Scope of Work (Check A	All That Apply)						200	<u></u>							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova lemolit		*		×	Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	lure			re			
		le	Locati	ion				Tron Exemples (7 4.14 1.1411		50.50	ement			
Locatio	n of	N	lormal	ly		Desc	cription	of			Т	ype			
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED	Mai	d Sole intena odial S (12)	nce/	(i.e. th	s Conta	aining M systems ing, VA	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A								te	θ		
Basem	ent			x		Pipe I	nsulat	ion	100 LF	к					
Name of Registered Wa	ste Hauler		- N	JDEP W	faste	Cubic Y	/ards	Name of Re	gistered Lar	dfill					
Harmony Construct			Н	lauler ID 33137	No.	of Wast		GROWS	7 25-5000						
City, State Garfield, NJ						Disposa TBD	al Date	City, State Morrisville	e, PA						
Completed by Kristina Caporino	etary					Signature Date 01/0			e /05/17						

CK 443

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

Print Form

				(Pu	ursuant	to NJAC 8	8:60 and	12:120	0)			1	A A I	ৰ	2/	147	
	e of Notification (1)					Building (perator	r (2)		Lit	1 4	d id	- 1	_ </td <td>111</td> <td>in an</td>	111	in an
	-03-2017	T 11 115 11		_		Stevens	5				-			_	21.17		
Age	encies Notified	Type Notification			Street A	aaress					all control of the co	ASBES	STOS				L&
×	EPA	× Initial		-	City Sta	te, Zip Co	do						LIUL	NO	HAC	4	-
×	DEP DOL	Amended Amendment	#		-	ne NJ 0											
W-25	DOL	Emergency (_	- 17	Contact	1002				Tel	ephone N	umher				_
×	DOH	justification) Cancellation				Stevens	,				161	ephone iv	umbei	,			
Ш	DCA	Cancellation			SERVICE SERVICE SERVICE	Section States and		ON						_			
Na	me of Facility Where A	Ahatement is Takin	n Place (3)	FACI	LITY INFO	DRMAII	ON	T	pe of Facility (4	1)						
0.000	ivate Dwelling	Abatement is Taking	g i idoc (o	')					-	<u>, </u>	15						
100	eet Address								ŀ	School (K-1: Subchapter		er than K-	-12)				
Sile	eet Address								×					ildi	ngs,	home	s,
										etc.)	14.	f Floors		DIA	la A	70	
100000	/ (5)								180	quare Feet /A	N/.			N/	lg. Α	Je	
	ayonne NJ 07002					=\				***	2000		inh a d\	1 1/			
	unty (6)				County (Code (7) JSE ONLY)	i		1000	urrent Use (Pric		ng demoi	isnea)				
100	udson				\$0		S-10-1			rivate Dwell	1000						
140000	me of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.		100000000000000000000000000000000000000		Abatement Con		(9)					
Bi	oterrA Solution							577230000	* **	Contracting L	LC						
	eet Address							Street									
11	30 W Chestnut S	treet								X 734							
130,000	, State, Zip Code									e, Zip Code							
U	nion NJ 07083							Woo	odla	and Park NJ	0742	4	- Hunting				
Pro	ject Manager for Mon	itoring Firm			Telepho	ne No.		Telepl				License					
Ri	ck Eustaquio				973-49	94-3762		973-	-69	2-6298		01266					
Sta	rt Date (10)		Schedule	ed Con	npletion l	Date (11)		Name	of (OSHA Monitor							
01	1-13-2017		01-17-	2017				Ama	ax (Contracting L	LC						
Oct	cupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	t Ad	dress							
×	Facility Closed/Vaca	ated During Entire (Period of	Abaten	nent			POI	ВО	X 734							
	Abatement Perform	ed Outside of Norn	nal Facility	Hours	5			City, S	State	e, Zip Code							
	Other - Describe: _							Woo	odla	and Park nN	J 074	24					
Sco	ope of Work (Check A	Il That Apply)											2011				
×	≥3 sf or ≥3 lf		X	Renova	ition			>	×	Full Containme	ent with	Negative	e Pres	sure	9		
	≥160 sf or ≥260 lf		and the same of th	Demolit						Mini-Enclosure		370					
								ľ	×	Glovebag Prod Non-Exempted			iahle F	roc	edur	2	
-				0.001164*e07-64	0000-				_	Non-Exemples	() uii	u 11011 1 1	abio i			ment	
			1	Locat Normal				22. 33	17.2						Ту	ре	
	Location			ed Sole		Ashaa		scription		erial (ACM)	_	mount		T			
	Asbestos-Containing TO BE AB		2000000	intena						sulation,		Specify	1	0	Z)	inca	En
	In Facil		Cus	todial ((12)	Staff?		surfa	cing, VA	AT,	or	S	For LF)	1000	3	Repair	apsi	Enclosure
	(13)			(12)			other r	niscella	ineo	us)			2	5	ali.	Encapsulate	ure
			Yes	No	N/A											Ф	
	Basem	ent			Х		Pine	Insula	atio	n	2	00 LF	X				
	Dacom	0111			+ ~		p.c							-			
																	_
																- 17-3	
Na	me of Registered Was	ste Hauler		I	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Land	fill		-		
2.5				1 2 3 3	lauler ID	No.	of Wa			GROW							
	nax Contracting L			0	36184		4 CY				0.00						
	y, State							sal Date		Otty, Stat							
Wo	oodland Park NJ (07424						2-2017		Morrisv	ille P						
1	mpleted by		Title				5	Signatur	re	111	1	1	Date			,	
To	me Maslarkov		Proje	ect Ma	anager			/	/	re	1		01-0	3-2	017		

CV 3903		NOTIFI (P	CATIO	tate of New Jerse N OF ASBESTOS I to NJAC 8:60 an	ABATE	MENT	VIA US	. H	A1 23	1
Date of Notification (1) Agencies Notified Type Notification Agencies Notified Type Notification Amended Amendment (1) DOH Emergency (1) JUNE 100 JUNE			Name of PRS Street /	MARY RAddress ate, Zip Code OONACH of Contact CS BOING	Service E	r(2)	JAN 11	201 201		
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	ILITY INFORMAT	ION	Type of Facility	(4)		70.2	
Street Address City (5)				3		School (K- Subchapte Other (i.e. etc.) Square Feet	12) r 8 (Other than K-12 private & commercial # of Floors	al buile	dings,	
MOONACHIE	N:	<u>).</u>		7074		a 000	for if being demolish	ned)	80)
County (6)			(STATE	Code (7) USE ONLY)			HOUSE			
Name of Monitoring Firm Hired by Building O	wner (8))	ASC	VI No.		of Abatement Co	ntractor (9)			
Street Address					- Commence of the local division in the loca	Address BOX 81	+			
City, State, Zip Code				and the second s	City, S	State, Zip Code	6F N.D.	08	9S-	7
Project Manager for Monitoring Firm	<u></u>	T	Telepho	one No.	Telepi +21	hone No. 38x75	License N			
Start Date (10) 1	3	3/10	pletion	Date (11)	N	of OSHA Monitor	1110(
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other - Describe:	eriod of	Abatem	ent		P.(State, Zip Code	718 N.O. 06	385	7	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	各日	Renova Demolit	tion ion		Washing V	Mini-Enclosur				е
		Locati							Abate	emen pe
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	Normal ed Sole lintenar todial S (12)	ly by	Asbestos Con (i.e. thermal surfa		Naterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
	Yes	No	N/A		H10 2-177 -750C					
EXTERIOR BATHROON D'FLOOR			X X	WINDOU HOOR TIL	E (GROUT)?	2120 YF 246 S/F	X		
Name of Registered Waste Hauler NOVATEC NC			JDEP Wayler ID	No. of Wa	Yards ste	G.(-	Registered Landfill	70		
City, State CID BRIDGE NIO. (Completed by CARLOS AMELDA) 88 Title	1)	SIDE	131	sai Date	+ Moner	SOULE Day	e 5	5/1	7
ASB-41 (R-06-08)	l			- 1	* Do no	ot use this form fo	r asbestos licensure	exen	pted	activi

AMENDED START DATE

State of New Jersey

MENDED DUE TO CONTRACTOR KEEPING SCHEDULF FOR WORK TO		(Pursuant	to NJAC 8:60 a					JAN	11	20	17
Date of Notification (1) JAN 1, 2017		Name o	f Building Owne ine Laundron			s	dia maria				
Agencies Notified Type Notification		Street A	ddress rd Avenue				ASE	ESTO	S C ENS	ONT	RO
EPA Initial Amended Amendment			ate, Zip Code Ine, NJ 0775	3 .							
DOH Emergency (justification) DCA Cancellation	including		f Contact Monteforte			1	Telephone N	Tration -	h		
		FACI	ILITY INFORMA	TION							
Name of Facility Where Abatement is Taking Former Neptune Laundromat	Place (3)				Туре	of Facility (4) School (K-12)					
Street Address 116 3rd Avenue							(Other than K- rate & commer		dings,	home	s,
City (5) Neptune					Squa	are Feet 00 SF	# of Floors 2		ildg. A		
County (6) Monmouth			Code (7) USE ONLY)		Curre	ent Use (Prior mer Laundi	if being demoli romat	shed)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)	ASCN	И No.	Name Finis	of Aba shing	atement Contra Touch Asbe	actor (9) estos Abate	ment (Corp.	, Inc.	
Street Address					Addre	ess pson Street					
City, State, Zip Code				City, S Wes	State, Z st Lon	Zip Code ng Branch, N	NJ 07764				
Project Manager for Monitoring Firm		Telepho	ne No.		hone N		License 00040				
Start Date (10)	Scheduled	Completion	Date (11)			HA Monitor					
JAN. 2,2017		+,201	7	N/A		25.00					
Occupancy Status During Abatement (Chec				Street	Addre	SS					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility H	ours		City, S	State, Z	Zip Code					
Scope of Work (Check All That Apply)										-1/-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition			Mi Gl	ni-Enclosure ovebag Proce	t with Negative dure *) and Non-Fri			e	
	(0000000)	ocation				ZNOTTIFICAT	7		Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	mally Solely by enance/ lial Staff? 12)	Asbestos Co (i.e. therm	Description ontaining Mal system reacing, VA er miscella	Materia is insul AT, or	ation.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(1.5)	Yes	No N/A			,			<u>a</u>	-	late	IГе
MAIN FLOOR		X	2 L	AYERS	VAT		2080 SF	Х			
								-	-		
Name of Registered Waste Hauler		NJDEP V	Vaste Cut	oic Yards		Name of Pr	egistered Land	fill			
Finishing Touch Asbestos Abateme	nt Corp., I	Hauler ID 12058		Vaste		TRRF LA					
City, State WEST LONG BRANCH, NJ 07764				posal Date 3/17)	City, State TULLYT	OWN, PA				
Completed by JOSEPH P. MILLER	Title PRESI	DENT		Signatur	e/, /	11/11		Date 1/1/20	17		

CKOIII

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



Date of Notification (1)	10 . 20			Name	of Building	Owner/Operator (2)		LICEN	ISINO	G
	10 1 20				DEP	BUREAU	OF SITE	MANAGE	MEN	T	
Agencies Notified	Type Notification Initial				Address	TH	_		20		
⊕ bolwd	Amended			P.0	. ROX	420 5TH	FLOOR M.	AIL CODE:	4101-	051	7
⊡ bhss	Amendment #				State, Zip C			971			
DCA	☐ Emergency (ir justification)	cluding		Name	of Contact	NEW JE	TISEY O	Telephone Num	hor	-	
(NJAC 5:23-8)	☐ Cancellation					BUCHA	(1.)	Telephone Num	Dei		
						FORMATION	NAIU	<u>.</u>		4	
Name of Facility Where A	Abatement is Takin	Place (3)	FA	CILITIN	FORMATION	Type of Facility	(4)			
SCHENK C					D-#	220/02	School (K-12				
Street Address	CEHOEIC	ے د				83000 X	Subchapter	8 (Other than K-12			
1100 HADON	ANE						homes, etc.	rivate and comme	cial buildi	ngs,	
City (5)	1100.						Square Feet	# of Floors	Bldg.	Age	
COLUMB WOO	D BORDO	IGH					5.000	1	6	0	
County (6)				Cour	ty Code (7)	(STATE USE ONLY)		ior if being demolis			
CAMDEN C Name of Monitoring Firm	OUNTY						DRY CL	EANERS	۵		
				SCM	No.	Name of Abateme	ent Contractor (9)				
ACER ASS	OCIATES	LLC				ECOSERU	IICES, L	LC			
						Street Address	•			#	*
1012 INDUST	MIAL DRS	UE				401 WES	ot hencol	N HIGHWI	AY, SW	TE.	500
	3 81			40		City, State, Zip Co		2117	3577/		1
WEST BERLIN Project Manager for Monit	toring Firm	EKSE	Teler	phone	No.	EXTON, Telephone No.	P.A ITS	License No			
MATTHEW DI			-		1-1202	484-872-		01161			
Start Date (10)	Sched	uled Co	mplet	on Da	te (11)	Name of OSHA M	lonitor	Cirei			
0 123 1		21				EMSL					
Occupancy Status During	Abatement (Check	conly on	e)			Street Address				-	
☑ Facility Closed/Vacate	d During Entire Pe	riod of Al	baten	ent		200 Roi	ite 130				
Abatement Performed	Outside of Normal	Facility I	Hours	- Des	cribe	City, State, Zip Co	ode				
Time of Abatement:	PI	Λ/	PM		AM	Cinnar	unson,	NJ			
Scope of Work (Check all	that apply)						VALUE AND STATE ASSESS	1997 999			
≥3 sf or ≥3 lf		Ren	ovatio	ח		☐ Full Cont	ainment with Neg losure	gative Pressure			
≥160 sf or ≥260 lf		☑(Dem				☐ Glovebag	Procedure				
		lal	ocatio			™ Non-Exe	mpted (*) and No	n-Friable Procedu			
Location	of	1000000	mall			Description o	f		-	ment T	1
Asbestos-Containing N	Material (ACM)	Used			Asbes	tos Containing Ma		Amount	Ren Rep	Enc	Enc
TO BE ABA		Custo	tenar dial S		(i.e.	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	moval	apsi	losure
(13)	,		(12)			other miscellane		SF G LF)	=	capsulate	re
		Yes	No	N/A							
See Attached											

									1215		
Name of Registered Wast	a Hauler	اللا		DEP V	Vaeta	Cubic Yards of	Name of Regis	tored Landell		1 _	
			100000	uler ID		Waste So	GROW		11		
City, State	agement					Disposal Date	City, State	s landfi	11		
Camden, 1	D					TBD		ville RA			
Completed By (Print or Ty	no) Tille	Pilo.	TEC	TM	ANABE	Residence	IVIOVIIS	OTTES 184	ito		
	ALL	STATE	E Pa	WEI	r vac	- NI/2	D.L.	1 1 160	1,01,-	1	
PAT GARRISON) W	DEP	CI	DNTI	ZACTOI	2 Land	W. Stell	1	11011		

ecoservices, LLC

<u>ECEIVE</u>

JAN 1 1 2017

Location of	Is location normally		ited.)- 	Abasasas	T	laca remoti
Asbestos Containing Material (ACM) To Be Abated	used solely by Maintenance/	Description of Asbestos Containing Material (ACM)	Amount	ASBE		ent Type	8
In Facility	Custodial Staff? Yes No N/A	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	Removal	STOS C LICENS Repair	ING Encap	Enclosu
Various walls interior of building	na	joint compound on drywall	3200 sf*	×			
		*3200 sf represents the drywall area					
interior of building	na	floor tile & mastic	355 sf	×			
chimney inside	na	flue packing	2 ea	×			
roof	na	built-up roof	4700 sf**				
	**built up roc	of is under the pitched roof to be demolished prior to a	-				
		+					
							-