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Date of Notification (1) 01-06-17				of Building nouth U			r (2)				3.10.0			AII	***************************************
Agencies Notified Type Noti				Address Cedar Av	/enue					ASBE	STC	S (CON SIN	TRO)L 8
DEP Ame	nded			ate, Zip C											-
I I Eme	ndment # rgency (including	_		Long Br		NJ 077	64-1	898							
	ication) cellation			of Contact rt L. Cor					Te	ephone	Numb	DE:			
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Name of Facility Where Abatement Monmouth University: Edison			е			1	Туре	of Facility (100						
Street Address 400 Cedar Avenue		0421.0000 0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				×	School (K-1 Subchapter Other (i.e. p	8 (Oth			buil	dings	, hom	es,
City (5) West Long Branch							(2)	etc.) are Feet ,000	# 0	f Floors			lldg. <i>A</i>	Age	
County (6)				Code (7)	0		Curr	ent Use (Pri		ng demo	lishe		300		
Monmouth	.:!d:== 0 (0)		- Control of the Cont	2000000-17200001110				demic		(0)					
Name of Monitoring Firm Hired by B Briggs Associates	uliding Owner (8))	0004	M No. 1				atement Cor Environme							
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City, State, Zip Code Bordentown, NJ 08505				-				Zip Code NJ 07072			_				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	CONTRACTOR OF THE PARTY OF THE		7	License	e No.				
Mike Hoodak				298-552		201-9	7007.U7000			00756	5				
Start Date (10) 01-23-17	Schedul 03-31-		mpletion	Date (11)		Name Even		HA Monitor nc.							
Occupancy Status During Abatemen	t (Check Only Or	ne)				Street		ss kson Ave							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: The Floor wil	of Normal Facility	/ Hours	S	nent		City, S	tate, Z	ip Code		01					
Scope of Work (Check All That Apply	()					Long		SHA Class			ific \	/aria	ance		
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	Is	Locat	ion						()				Abate	ment	
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City, State Shirley, NY / Bronx, NY					Dispos TBD	al Date	7	City, State Waynes		OH 44	688				
Completed by Richard Doran	Title Proie	ct Ma	nager		S	ignature	1	DT	1_		Date 01-0	6-1	7		

Print Form

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Date of Notification (1) 01-6-17				Building ((2)			J	AN	1 2	20	17	
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DOH Justification Cancellation		-	Name of Brain C	Contact	113 073	930	-		Tele	ephone I	Numb	er			
<u> </u>			FACIL	ITY INFO	DRMATI	ION			-5.			i.			
Name of Facility Where Abatement is Taking	g Place (3)						Тур	e of Facility (4)						
Private Home Streef Address							•	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			ouild	ings,	home	es,
City (5) Wayne							Squ	uare Feet	# of	Floors		BI	dg. A	ge	2.9517
County (6) Bergen		T	County C	ode (7) ISE ONLY)			Cui	rrent Use (Prid	or if bei	ng demo	lishe	1)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		batement Cor ontracting L		(9)					
Street Address						Street 522		17. J. T.				-77.2			
City, State, Zip Code						E1000000000000000000000000000000000000		Zip Code ity NJ 0708	7						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 201		No. -9603		License 01206					
Start Date (10) 01-18-17	Schedule 01-20-1		npletion [Date (11)		0.000		SHA Monitor ontracting L	LC		-				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F			nent			Street 522									
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	3			130000		Zip Code ity NJ 0708	37						
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	Is	Locat	ion				***************************************					9		ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lorma d Sole ntena odial ((12)	nce/ Staff?		tos Con thermal surfa	scription taining N I system cing, VA miscellar	Mater s ins	r	(5	mount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
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Attic		X			Ve	ermicul	ite		38	50 SF	2	2			
Name of Registered Waste Hauler Delfa Contracting LLC			JDEP W lauler ID 35240	No.	Cubic of Wa 10			Name of Tullytov				OVE	ery F	acili	ty
City, State Union City, NJ				Dispo 01-23	sal Date 3-17)	City, Stat Tullytov		4						
Completed by Jaime Delgado	Title Proj.	Man	ager.			Signature	12	F.			Date 01-		7		

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Date of Notification (1) 01-6-17		Name of Building Owner/Operator (2) Caravella Demolition JAN 1 2 2017													
Agencies Notified Type Notification EPA DEP Amended Amendment #			City, Stat	Idress orest Ave e, Zip Cod anover N	le	36			Annual construction and the construction of th	ASB	EST(OS C	NOS SINC	TRO	8
Emergency (in justification) DCA Cancellation		_	Name of Brain G	Contact	40 07 9				Tele	phone	Num	er			
Name of Facility Where Abatement is Taking Private Home Street Address City (5) Wayne	Place (3)		FACIL	ITY INFO	RMATIC	ON		of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri etc.) re Feet) (Othe vate 8	er than comm	nercial		ings,		s,
County (6) Bergen			County C	ode (7) ISE ONLY)			Curre	nt Use (Prior	if beir	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building Ov N/A Street Address City, State, Zip Code	vner (8)		ASCM	No.		Delfa Street 522	Addres 7th St			(9)					
Project Manager for Monitoring Firm		T	Telephor	ne No.		Teleph				Licens 0120	se No.				
01-16-17)1-17-1	7	pletion [Date (11)		Delfa	Con	HA Monitor tracting LL	.C						
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enoval emoliti					Min	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure	20				e	
	A 200	Location	1000										Participant	ment	
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City, State Union City, NJ					Dispos 01-20	al Date -17		City, State Tullytow		4					
Completed by Jaime Delgado	Title Proj.	Mana	ager.		S	ignature	12	7			Date 01-) 06-1	17		

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DOH justification) Cancellation	7			f Contact Glesias					Tel	ephone I	Numibe	er 1			
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Street Address City (5)							Sau	Subchapter of Other (i.e. pretc.) are Feet	ivate						∋s, ———
Wayne													dg. A	ige	
County (6) Bergen				Code (7) USE ONLY)		Curr	ent Use (Prio	r if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	Л No.				atement Cont ntracting LL		(9)	-				
Street Address						Street 522			A-200 V 100						
City, State, Zip Code						10.5355		Zip Code y NJ 07087	7						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201				License 01206					
Start Date (10) 01-16-17	01-17-	17	npletion	Date (11)				HA Monitor itracting LL	.C						8
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Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hours	3		_	1.7		ip Code y NJ 07087	7						
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≥160 sf or ≥260 lf	Contraction of the last of the	emolit					Mi Gl	ni-Enclosure ovebag Proce on-Exempted	dure	879				Э	
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City, State Jnion City, NJ					Dispos 01-18-	al Date -17		City, State Tullytown	n, PA						
Completed by Jaime Delgado	Title Proj. I	Vlana	iger.		Si	gnature	1	D			Date: 01-06	5-1	7		

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1/4/2017 Paramount Assets Agencies Notified Street Address Type Notification ASBESTOS CONTROL & 142 Broad Street LICENSING **EPA** × Initial City, State, Zip Code DEP Amended × DOL Amendment # Elizabeth NJ Emergency (including Name of Contact Telephone Number DOH justification) Richard Dunn DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Property School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age Paterson NJ 2500 +50 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Clerk Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A N/A ACM Solutions Services LLC Street Address Street Address N/A 1435 51st Street City, State, Zip Code City, State, Zip Code N/A North Bergen NJ 07047 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A N/A 201-552-9685 01320 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/14/2017 Iris Environmental Laboratories 1/25/2017 Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union NJ 07803 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff?

	(12)					SF or LF)	mova	epair	psula	dosure
Yes	No	N/A					-		ite	(G)
		х		Tar paper under \	/At	26SF	Х			
		X	9:	x9 brown floor tile	(vat)	26SF	x			
		x		tar paper under V	AT	205SF	х			
		x		9x9 green vat		205SF	x			
	Н	lauler ID No		Cubic Yards of Waste				1		
				Disposal Date			Bethle	hem	PA	
Title Presi	dent			Signature	en il			7		
	Yes	Yes No	Yes No N/A X X X X NJDEP Was Hauler ID No 04509	(12) Yes No N/A X X X X NJDEP Waste Hauler ID No. 04509	Yes No N/A X Tar paper under V X 9x9 brown floor tile X 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Yes No N/A X Tar paper under VAt X 9x9 brown floor tile (vat) X tar paper under VAT X 9x9 green vat NJDEP Waste Hauler ID No. 04509 Disposal Date City, Stat 2335 A Title Signature	Yes No N/A X Tar paper under VAt 26SF X 9x9 brown floor tile (vat) 26SF X 9x9 brown floor tile (vat) 26SF X 1 205SF X 9x9 green vat 205SF NJDEP Waste Hauler ID No. 04509 Cubic Yards of Waste Name of Registered Landfile (SES Bethlehem Rd II) Disposal Date City, State 2335 Applebutter Rd Title Signature	Yes No N/A X Tar paper under VAt 26SF X X 9x9 brown floor tile (vat) 26SF X X tar paper under VAT 205SF X X 9x9 green vat 205SF X NJDEP Waste Hauler ID No. 04509 Disposal Date City, State 2335 Applebutter Rd Bethlet	Yes No N/A X Tar paper under VAt 26SF X X 9x9 brown floor tile (vat) 26SF X X tar paper under VAT 205SF X X 9x9 green vat 205SF X X 9x9 green vat 205SF X NJDEP Waste Hauler ID No. 04509 Disposal Date City, State 2335 Applebutter Rd Bethlehem Title Signature Date	Yes No N/A X Tar paper under VAt 26SF X X 9x9 brown floor tile (vat) 26SF X X tar paper under VAT 205SF X X 9x9 green vat 205SF X NJDEP Waste Hauler ID No. 04509 Disposal Date City, State 2335 Applebutter Rd Bethlehem PA Title Signature SF of LF) Buil Buil Buil Buil Buil Buil Buil Buil

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Date of Notification (1)					Nan	ne of Buildin	ig O	wner/Operator (2)	III	11 .14	N 1	2	2017	7	
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□ DOH	Amendm				7	lassboro,										
DCA	☐ Emerger justificat		cluding	3	_	ne of Contac					Telephone N	dumb	or			
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	Caricella	1011					VEO	RMATION		_	-		3			
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326 Delsea Drive No	ortn								homes, etc	c.)						
City (5)									Square Feet		# of Floors		BI	dg. A	ge	
Glassboro		N 14 - T-1							1,200		2			80		
County (6)	County (6) Gloucester				Co	unty Code (7	7)(ST	ATE USE ONLY)	Current Use (F	Prior	if being der	nolist	ed)			
Gloucester			9		Office											
Name of Monitoring Firm	Hired by Buil	lding O	wner ((8)	ASCI	И No.	Na	ame of Abateme	ent Contractor (9)						
Mgmt. & Environme	ntal Consu	ıltina	Servi	ces			7		onmental, LL							
Street Address							-	reet Address								
PO Box 341							1000000	623 Cutler Av	(ADUA							
City, State, Zip Code																
	4.5						1	ty, State, Zip Co								
Chesterfield, NJ 085				T				Maple Shade	, NJ 08052							
Project Manager for Monit	oring Firm			1	ephon		1 00	lephone No.			License No).				
Bill Weisgarber				1000		8-4070		856-755-0099			00842					
Start Date (10)		Schedu	ıled C	omple	etion D	ate (11)	Na	me of OSHA M	lonitor							
/		1	/	1	7_ /	17	1	EMSL Analyti	ical, Inc.							
Occupancy Status During	Abatement (Check	only c	ne)			Sti	reet Address								
☐ Facility Closed/Vacated							1	200 Route 13	0 North							
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Scope of Work (Check all	that apply)					-17		M Full Cont	-1		D					
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Mini-Encl	ainment with No losure	egai	ive Pressure	3				
_ ≥160 sf or ≥260 lf			☐ De					☐ Glovebag	g Procedure							
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IN Facility			Cust		Staff?	(1.0		surfacing, VAT,			SF or LF)		val	=	Encapsulate	Enclosure
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					1593	9	_ 1			iiiu	Journey Lo	ar ruii				
City, State								posal Date	City, State							
Freehold, NJ							1	/17/2017	Newburg,	, PA						
Completed By (Print or Typ	oe)	Title						Signature				Date				
Christina Lynch		Vic	e Pre	eside	ent of	Operation	าร	1/ 1/2h=		_		1	110	11	7	
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Date of Notification (1) 08/16/2016	Line Service		Name Hone	of Building	g Owner/ nternati	Operator onal	(2)				JA	N	2	2017	7
Agencies Notified Type Notification X	" 2		115 T	Address Tabor Ro	ode				The same of the sa	AS	BES L	TOS	COI	VTR IG	OL 8
DOL Amendment Emergency (justification) Cancellation			Name of Glen	s Plains of Contact Stock	t				Te	lephor	ne Nu	mber			
Name of Facility Where Abatement is Taking Plastic Tech Lab/EBiz Building Street Address	J Place (3	3)	FAC	CILITY INF	ORMAT	ION		of Facility (4	2)						
101 Columbia Road City (5)							×	Subchapter Other (i.e. pretc.)	rivate	& com	merc	ial bui			ies,
Morris Township							33,4		2	f Floo			Bldg. / 56	Age	
County (6) Morris				Code (7) USE ONLY	n		Curre Vac	ent Use (Prio ant/Tech L	r if bei .ab	ing de	molis	ned)			
Name of Monitoring Firm Hired by Building C Assessment Resources & Technology	wner (8) gy (AR	RT)	ASC N/A	M No.				tement Cont onmental							
Street Address 111 John Street Suite 538						Street /		ss eens Plaza	a Sou	uth					
City, State, Zip Code New York, NY 10038								ip Code d City, NY	′ 11	101		11/21			
Project Manager for Monitoring Firm Paul Ottens			Telepho	one No. 85-0266	i	Telepho 718-3	one N	0.	• •	Lice	nse N 3675	0.			
	Schedule			Date (11)			of OSH	A Monitor		20	3013				
Occupancy Status During Abatement (Check	Only On	e)				Street A	Addres	SS							
Facility Closed/Vacated During Entire Postalement Performed Outside of Normal Other – Describe:	eriod of A al Facility	Hours	nent			City, St	ate, Zi	p Code NJ 07002							
Scope of Work (Check All That Apply)								110 07 002							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Secretaries .	enova emolit				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	dure					e	
Location of		Locati			5								Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use: Mai	d Sole ntenar odial S (12)	ly by nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Ma systems bing, VAT niscellane	aterial insula , or	(ACM) tion,	(S	mount pecify or LF		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Discount										ite	Ф
				Please	see at	tached	quar	ntity list							
重															
Name of Registered Waste Hauler ATC		Н	JDEP W auler ID 1310		Cubic Yof Was	te		Name of Ro							
City, State Shirley, NY 11967		- 1-1	d: :-		Dispos 08/20/	al Date /2016		City, State Waynesh	urg.	OH.	4468	38		4	
Completed by Aric Domozick	Title VP				Si	gnature	(**			Dat		017		

Print Form

M-6 Plasti	ics Tech Lab/Ebiz			
			Q	uantities
Floor	Location	ACM	SF	LF .
1at Floor	Throughout	Pipe Insulation/Fittings		600
1st Floor	Boiler Rooom	Breeching	95	
1st Floor	Boiler Rooom	Pipe Insulation/Fittings		242
1st Floor	Boiler Rooom	Duct Insulation	10	
1st Floor	Throughout	VAT/Mastic	5931	
		Totals	6036	842
2nd Floor	Throughout	Pipe Insulation/Fittings		140
2nd Floor	Throughout	VAT/Mastic	865	
		Totals	865	140



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Ag	encies Notified	Type Notification		Street A	ddress	7-10-1110000		ASBEST	OSC	CON	TRO	1 &
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×	DOL	Amendmen Emergency			, NJ 07110							
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							School (K-		6)			
Str	eet Address							r 8 (Other than K-1 private & commerci		dinas	home	20
-							etc.)	private a commerci	ui cuii	umgu,	, 1101111	,
	y (5)						Square Feet	# of Floors	E	Bldg. A	\ge	
N	utley											
	unty (6) SSEX			County (Code (/) USE ONLY)		Current Use (Pr	ior if being demolis	ned)			
Na	me of Monitoring Firm	Hired by Building	Owner (8)	ASCN	/ No.	Name	of Abatement Co	ntractor (9)				
C	ompetent Supervi	sor	20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Aca	demy Construc	ction Inc.				
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Oit,	7, Otato, 2.p 0000					0.1000	wa, NJ 07512					
Pro	ject Manager for Mon	itoring Firm		Telepho	ne No.	Telepi	hone No.	License N	lo.			
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Sta	rt Date (10)		Scheduled Co	ompletion	Date (11)	Name	of OSHA Monitor					
	/19/17		01/26/17			Sam	ne as above					
Oc	cupancy Status During	Abatement (Che	ck Only One)			Street	Address					
×	Facility Closed/Vaca			mon ^t								
Ê	Abatement Performe Other – Describe:					City, S	State, Zip Code					
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×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		× Renov			>	Mini-Enclosur Glovebag Pro	cedure				
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	(13)	ð.	(12)		niscella		,	SAO	pair	sula	JSUT
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	rce/		estos Containing Mater e. thermal systems ins surfacing, VAT, or other miscellaneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		ite	Ø
Basement			Х		Pipe Insulation		15 LF	Х		X	
Name of Registered Waste Hauler Academy Construction Inc.		H	JDEP W auler ID 34422	200	Cubic Yards of Waste 3		Registered Land	ifill			
City, State Totowa, NJ					Disposal Date TBD	City, Stat					
Completed by Filip Geleski	Title Supe	ervisor			Signature F	his Del	2 1	Date 01/09/	17		
ASB-41 (R-06-08)			* Do not use	e this form for	asbestos licens	ure exer	npted	activi	ties.		

no 93401	14108-	Noti	S	tate of Ne	ew Jerse BESTOS	ABATE	MENT		Jan S			5_	J ₩	<u> </u>
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01/06/2017	200			Loranz		Operator	(2)		beri	besi.				
(A200e)	Notification		Street /	Address						ASBE				OL 8
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× DOH jı	Emergency (includ ustification) Cancellation	ing		of Contact Loranzo					Tel	ephone	Numbe	r		
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City (5) Tenafly, NJ 07670								re Feet	# o	f Floors		Bldg N/A	. Age	
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Name of Monitoring Firm Hired b	by Building Owner	(8)	ASCI	M No.		The state of the s		tement Contr ement,Inc.	actor	(9)		-		
Street Address						Street /		ss gren Avenu	ie					
City, State, Zip Code								ip Code J 07512						
Project Manager for Monitoring F	Firm		Telepho	ne No.		Teleph 973-3				License 01311				
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Name of Registered Waste Haule D&S Abatement, Inc.	si	F	IJDEP W lauler ID 0996		of Was	//a		Name of Re Waste Ma						
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CK 3914

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

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Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1)				f Building Owner4 ECCCAN			KSIT						
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DOL Amendment Emergency (— L	}	1001,	177	. 0	7640	1					
DOH justification)			Name of	Contact				Tel	ephone Num	ber			-
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Name of Facility Where Abatement is Taking F	Place (3)		FACI	LILI INFORMA	TION	Type	of Facility (4)					
OBAL HAU	- B	CD	9				School (K-12	2)					- 1
Street Address 262 SOUTH	Min	< T	-	• •			Subchapter 8 Other (i.e. pri			buildin	gs, ho	mes, e	tc.)
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Name of Monitoring Firm Hired by Building O	10.000		ASCN				ement Contra)				
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NOTIFICATION OF ASBESTOS ABATEMENT MO#19730000845 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 / 17 01 Bodan Bokosiuk Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ☐ EPA ✓ Initial LICENSING □ DOLWD Amended City, State, Zip Code Amendment # X DHSS Elmwood Park, NJ 07407 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Evon Petruchkowich **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Elmwood Park, NJ 07407 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. License No Telephone No. 01127 973-638-1777 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 18 / 17 01 / 19 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure □ Renovation >3 sf or >3 If > 160 sf or >260 If Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 110 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Date Signature lewic Wena 01/09/17 N.Jevtic Owner ASB-41

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Amax Contracting LLC City, State Woodland Park NJ 07424 Completed by Hauler ID No. 0f Waste 3 cy Disposal Date 02-05-2017 Morrisville PA Signature Date	Name of Registered Wasta Hauler		NID	FP Wasta	Cubic	Yarde	Nam	e of Regist	ered I and	fill			
City, State Woodland Park NJ 07424 Completed by Disposal Date 02-05-2017 Morrisville PA Date	1070				200			878	or ou Land	com:			
Woodland Park NJ 07424 Completed by Title O2-05-2017 Morrisville PA Date	Amax Contracting LLC		003	6184	3 су		Gro)WS					55-30
Completed by Title Signature Date			2000		2.75		///		0-1				
	Woodland Park NJ 07424						1/1	rrisville P	A				
Tome Masiarkov Project Manager 01-09-2017	The state of the s	10.000000000000000000000000000000000000			5	Signature	10	()			004	7	
	I ome Maslarkov	Project	Mana	ager		1	ue			U1-U9	-201	/	

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Date of Notification (1) 1/4/17				of Building C Tomaind		/Operator	r (2)			7)_[5 (5	E [\mathbb{V}	[5
Agencies Notified Type Notificatio	n		Street	Address						1		(8)			
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DCA Cancellation			Brunc	o Tomaino)							the state of the		3	OL
N	6 %		FAC	ILITY INFO	RMA	TION	-							J.30	-
Name of Facility Where Abatement is Tak home	ng Place (3	5)						of Facility (
Street Address							×	School (K-1 Subchapter Other (i.e. p	8 (Oth				dings,	home	es,
City (5)					_			etc.) ire Feet	# 0	f Floors		TB	ldg. A	ae	
Chatham							220		2			12.53	0	9	
County (6) Morris				Code (7) USE ONLY)	_		Curre	ent Use (Pri	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		5 A S S S S S S S S S S S S S S S S S S		itement Cor ronmenta		10000	LLC				
Street Address						100000000000000000000000000000000000000	Addre Box 4	ss 83, 4 E G	ate D	rive					
City, State, Zip Code						3 (5.0)		ip Code I, NJ 074	18						
Project Manager for Monitoring Firm			Telepho	one No.			none N 764-2			Licens	se No),			
Start Date (10) 1/13/17	Schedule 2/1/17	ed Cor	mpletion	Date (11)		Name	of OSI	HA Monitor						- 1000	
Occupancy Status During Abatement (Che	ck Only Or	ie)				Street	Addre	SS	10-00-0			-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: basement	Period of A	Abaten Hours	nent s		۵,	City, S	State, Z	ip Code				<u> </u>			
Scope of Work (Check All That Apply)			-									-			
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	enova emolit				×	Mir Glo	ll Containme ni-Enclosure ovebag Prod n-Exempted	e cedure						
	le	Locat	ion			- Long		LXCIIIptoc	/ / /	3 14011-1	TIGOR		V	ment	
Location of	l N	Jormal	lly		ח	escription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intena odial s (12)	nce/ Staff?	(i.e. t	s Co herma surf	ntaining M al systems acing, VA miscellar	Material s insula T, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A												
Basement			X		pip	e insula	tion		10	00 LF		Х			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubi	c Yards		Name of F	Registe	red Lan	dfill				
Freehold Cartage			lauler ID 5939	1200000	of W	aste		Wester	2000 C						
City, State Freehold, NJ				100	Dispo TBD	osal Date)		City, State Birdsbo		Ą					
Completed by A. Scott Higgins	Title Presi	dent				Signature	1		_		Date 1/4	e /17			

		1		ICATION	ate of New I OF ASBE to NJAC 8	STOS	ABATE			Le.	ck	_	/	6	0(0[
Date of Notification (1) 1/6/17					f Building C Group L		Operator	(2)		T	77	E (G	6		E
Agencies Notified	Type Notification		-	Street A							JJ-					
_					roadway					1		1	3. 3.3	4 0	200	17
× EPA DEP	X Initial Amended		ŀ		ate, Zip Coo	le				1		-	337	1 1	<u> </u>	3.3
X DOL	Amendment			Bayon	nne, NJ (0700	2			1						
X DOH	Emergency justification)				f Contact					Tele	phore	SHE	\$ºfo	SC	ONT	ROL
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Name of Facility Where A	hatement is Takin	g Place (3	3)	FACI	ILITY INFO	RMA	TION	Type	of Facility (4)	-						
rame of racing rivers		9 , , (,	-,						School (K-12)							
Street Address									Subchapter 8	(Othe						
957, 959, 961, 963,	& 965 Broadw	ay							Other (i.e. privetc.)	ate 8	comm	ercia	l bui c	lings,	home	s,
City (5)									re Feet	# of	Floors		В	dg. A	ge	
Bayonne								2200		2				2		
County (6)					Code (7) USE ONLY)			Curre	nt Use (Prior	if bei	ng dem	olishe	ed)			
Hudson Name of Monitoring Firm	Llicad by Dull-line	Ours /01		ASCN			Man	of Ab-	tement Contra	antor	/Q)					
Name of Monitoring Firm	mired by Building	Owner (6))	ASCIN	VI INO.				ronmental S			LLC				
Street Address								Addres		-					-	
							PO	Box 4	83, 4 E Gat	e D	rive					
City, State, Zip Code							City, S	State, Z	ip Code							
							Glen	wood	I, NJ 0741	3						
Project Manager for Monit	oring Firm		2	Telepho	ne No.		100	none N			Licen	se No).			
0		0 1 1 1		1	D 1 (14)			764-2			703					
Start Date (10) 1/16/17		3/16/1		npletion	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During	Abatement (Chec	CENORES &	8		1111-1111		Street	Addres	ss			0=1111				
Facility Closed/Vacat	3		10	nent			0.1001	7100101								
Abatement Performe Other – Describe: Section 2	d Outside of Norn					_	City, S	State, Z	ip Code							
Scope of Work (Check All	That Apply)							W.					-		-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mir Glo	I Containmen ni-Enclosure ovebag Proced n-Exempted (dure					2	
		le	Locat	ion	T					,				-	ment	
Location	of		Norma	lly		D	escription	of						Ту	pe	
Asbestos-Containing N	Material (ACM)		ed Sole aintena			os Co	ntaining N	Material			mount		70		g	m
TO BE ABA In Facility		Cus	todial	Staff?	(i.e.)	surf	al system acing, VA	T, or	ation,	SF	pecify or LF)		Remova	Repair	cap	Enclosure
(13)			(12)			other	miscellar	neous)					oval	air	Encapsulate	sure
		Yes	No	N/A											e e	
See Attached	Sheet			х		Se	e Attacl	hed					х			
											VA					
Name of Registered Waste	e Hauler		Victor III	NJDEP W Hauler ID	2000	Cubi of W	c Yards		Name of Re	giste	red La	ndfill				
Freehold Cartage			1000	5939	. 10.	TBE			Western	Berl	ks Lar	ndfill				
City, State Freehold, NJ						Disp	osal Date)		City, State Birdsbord	o, P/	4					
Completed by		Title	20111				Signature	e A				Dat				
A. Scott Higgins	ident					1		_		1/6	6/17		0.00			

ABS ENVIRONMENTAL SERVI

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

ASBESTOS CONTROL & LICENSING

957, 959, 961, 963, & 965 BROADWAY BAYONNE, NJ

ASBESTOS ABATEMENT

Scope of Work ~ 957 Broadway (Former Hardware Store)

Roof Flashing

300 SF

Debris

100 SF

Pipe Insulation

15 LF.

Scope of Work ~ 959 Broadway

Black Roofing

1000 SF

Tan Brick Siding

1500 SF

(rear and north side)

Scope of Work ~ 961 Broadway

Tan Floor Tile & Mastic

20 SF

Ceiling & Wall Plaster

220 SF

(entrance hallway)

Back Lower Roof

240 SF

Scope of Work ~ 963 Broadway

Flat Roofing

1250 SF

Scope of Work ~ 965 Broadway

Pipe Insulation

300 LF 25 SF

(hasement) (first floor)

Linoleum Off White Joint Compound

320 SF

(first floor living room)

Entire Roof

1800 SF

(includes lower roof)

Exterior Siding

1200 SF

(brick - right side & upper front)

720 SF

(scalloped siding in back)

1,200 SF

(on the left side)

ABS Environmental

P.O. Box 483 Glenwood, NJ 07418 PHONE FAX E-MAIL (877) 434-6041 (973) 764-9676 absenv@warwick.net

U.S.A.

Web

www.absenvironmental.com

CK1056

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

Print Form

Date of Notification (1)			Name of Building Owner/Operator (2)							IAAI 4	1 1	2047	1
1/9/16			Name Doug	of Buildir glas Phi	ng Owner Ilibosiar	/Operato	(2)	tone		AN 1	- 8	017	
Agencies Notified Type Notificatio	n			Address									
EPA DEP Amended Amendmen		e 	City, S Para	state, Zip mus, N	Code J 07652				ASBE	STOS LICE	CON NSIN	ITRC G)L &
DOH justification Cancellation)	9	Name	of Contact	ct			Т	elephone	Numbe	٢		1,000
Name of Facility Where Abatement is Tak	ng Place ((3)		CILITY IN			Type of F	acility (4)					
Residential Home		2007-000		210450000			- <u> </u>	ool (K-12)					
Street Address							Subo	chapter 8 (Oter (i.e. private	her than & comm	K-12) ercial b	uilding	s, hom	nes,
City (5) Paramus							Square Fe	eet #	of Floors		Bldg.		
County (6) Bergen			County (STATE	Code (7) .Y)		Current U	se (Prior if be atial Home	eing demo	olished)			
Name of Monitoring Firm Hired by Building Competent Supervisor	Owner (8))	ASC	M No.	-	Name		ent Contracto		-			
Street Address						Street	Address N. Midlan						
City, State, Zip Code						City, S	tate, Zip Co	ode					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No.	NJ 07663	Licens	e No.			
Start Date (10) 1/18/16	Schedule	ed Co	mpletion	Date (11)		00-3184 of OSHA M		01305	5			
Occupancy Status During Abatement (Che		4											
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	ment 's				Address ate, Zip Co	de							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	П.					-	1						_
≥160 sf or ≥260 lf	MATERIAL PROPERTY.	Renova Demoli				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	Is	Locat	ion				THOIR EXC	u Noi-Fi	lable 17	C-10	e ement		
Location of Asbestos-Containing Material (ACM)		lorma d Sole				scription					T	/pe	
TO BE ABATED In Facility (13)	Mai Cust	intena odial ((12)	nce/ Staff?	Asbe (i.e	thermal surfa	systems cing, VAT niscellane	aterial (ACN insulation, , or eous)	(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A									ite	Ф
Dasement		X				VAT		70	00 SF	x			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Varde	Mari	no of Desire		CH CH			
Newark Carting		Н	auler ID 4509		of Was			ne of Registe I Landfill	red Land	Till			
City, State Newark, NJ					Dispos	al Date		State hlehem, P	A				_
Completed by Richard Cristofol	Title Presio	dent				ignature		1	1	Date			
	1.3010					Min			1/9/16				

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Fair	,	0		
JAN	1	2	2017	11

Date of Notification (1)			_	1			10)	7	AN	12	201	17
1 / 5	, 4	7				ding Owner/Operator						
					Wayne Se	enior Citizens Rui	nnymede Cor	p / Job #1502	-195	9.Ch	k. 45	83
Agencies Notified Type I ☐ EPA ☐ Init	Notification	1	1		eet Addres			ASBE	LICE	S CC ENS	<u>NTI</u> NG	30
☑ DOLWD ☐ Am	nended					ymede Drive						-
	endment #		_	- 1	y, State, Zi							
DCA Em	ergency (i	nclud	ing	-	Vayne, N.							
	tification)			1000000	me of Cont			Telephone Nu	mber			_
	Tochation				incy Bru			(_		6		
Name of Facility Where Abateme	-4 (- T.1)			F	ACILITY	INFORMATION						
Edward Sisco Sr. Citizens	Village	ig Pla	ce (3)				Type of Facilit	y (4)				
Street Address	village						School (K-	12)				
100 Runnymede Drive							☐ Subchapte	r 8 (Other than K-	12)	huila	lla a a	
City (5)							homes, etc	:.)	leiciai	Dulid	ings,	
Wayne							Square Feet	# of Floors		Bldg	. Age	
County (6)						-	9000	1		40		
Passaic				Co	unty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being demo	lished)		
Name of Monitoring Firm Hired by	Building (Tumo.	- (0)	100			R-2					
Criterion Laboratories	building (Jwnei	(8)	ASC	M No.	Name of Abateme						
Street Address					- 4		d Mold Servic	es, Corp.				
3370 Progress Drive, Suite	1					Street Address			-			_
City, State, Zip Code	0					3859 Sylon B						
Bensalem, PA						City, State, Zip Co						
Project Manager for Monitoring Fire	m		1-			Hainesport, N	1J 08036					
Mike Panepresso	m		1.0	ephone		Telephone No.		License No.	-		-	-
Start Date (10)	School	ulad C			4-1300 ate (11)	609-702-0400		00862				
1/20/17	onitor		-									
Occupancy Status During Abateme	mt (Ob - 1			0_/		EMSL Analyti	cal, Inc.					
Facility Closed/Vacated During	Entire Pori	only	one)			Street Address						
a Aparement Performed Outside of	of Normal F	Facilit	Abate	ment	aarib a	200 U.S. Rout						
						City, State, Zip Co						
cope of Work (Check all that apply	HIFT /	Inc	ISH	1F7,	100.	Cinnaminson,	NJ 08077					
						□ Full Conta	imme and it last					
3 ≥3 sf or ≥3 If 3 ≥160 sf or ≥260 If	Ę	Re	novat	ion		☐ IVIIII-Encid	ainment with Neg osure	gative Pressure				
	L	_ De	moliti	on		☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure						
		İs	Locat	ion		⊠ Non-Exem	pted (*) and No	n-Friable Procedu	re			
Location of		N	lorma	lly		Description of	.		Ab	atem	ent T	уре
Asbestos-Containing Material (A TO BE ABATED	CM)	Use	d Sole	ly by	Asbes	stos Containing Mate	rial (ACM)	Amount	Re	Re	四	П
IN Facility				Staff?	(i.e.	, thermal systems in	sulation.	(Specify	Removal	Repair	cap	Eliciosure
(13)	-	1	(12)	_	-	surfacing, VAT, o other miscellaneou	us)	SF or LF)	la		Encapsulate	sure
nite 805 906 900 040 000 0		Yes	No	N/A							ite	
nits 805, 806, 809, 810, 905, 9 18 & 910					Popcorr	n Ceiling (1 " stri	approx. 5 SF		П	\boxtimes	Г	
				\boxtimes				ner unit			П	F
AME UNITS AS ABOVE					Floor Til	e & Mastic (14 SF	140 SF				H	
	tered Wasto Houles											_
me of Registered Waste Hauler		N.	Vaste	Cubic Yards of Name of Registered Landfill						Ш		
Carnevale Disposal			uler ID	No.	Waste GPOWe Landsu							
City, State 17297						5 Disposal Date	City, State					
lamilton, NJ						12/23/16	Morrisville, PA 19067					
npleted By (Print or Type)	Title					Signature	mornsville,	LW 19001				
imberly A. Trumbetti	Offic	ce Co	ordi	nator		Signature		Date				
41						TXVII.		1	-5-	20	17	
4.4						101111						

State of New Jersey

	TIFIC	CATI	ON O	e of New F ASBE o NJAC	ESTO	ey S ABATI and 5:16	EM	IENT	1 1441	123	047				
Date of Notification (1)								Operator (2			UAN.		UII.	F04	-
1 /	5 /	17			Stavo	la Const	tructio	on Mainte	nai	nce /J	ob #1612-2146	5 Ch	k. #4	584	
Agencies Notified	Type Notificati	ion		S	treet Ad	Idress					ASBESTO			L&	
EPA	⊠ Initial				175 D	rift Road	d			L	LIC	ENSIN	3	ARRIVA DE	
⊠ DOLWD	☐ Amended			С	ity, Stat	e, Zip Co	de								
☑ DHSS	Amendmer	- 10 (40 h)			Tintor	n Falls, I	NJ 077	724							
□ DCA	☐ Emergency justification		ding	N	lame of	Contact					Telephone Num	ber			
(NJAC 5:23-8)	☐ Cancellation				Thom	as Bran	ch				(-		P		
	100-100				FACIL	ITY INF	ORM	ATION							
Name of Facility Where	Abatement is Ta	aking Pl	lace (3)					100	pe of Facility (
Stavola Bound Bro										School (K-12)	(Other than K-12	2)			
Street Address									×	Other (i.e., pr	ivate and comme	rcial buil	dings		
Chimney Rock Roa	ad / 810 Thon	npson	Aven	ue						homes, etc.)					
City (5)									1 3	quare Feet	# of Floors	1	g. Age		
Bound Brook									1 00	20,000	1	5	0		
County (6)					County	Code (7)	(STATE	USE ONLY)			or if being demol	ished)			
Somerset						U-ser-			10	Office/Garag	je				_
Name of Monitoring Firm	n Hired by Build	ding Ow	ner (8)	A	SCM N	0.				Contractor (9)	0				
Horizon ENvionrm									d N	Mold Service	s, Corp.				-
Street Address								Address							
PO Box 316								9 Sylon E					_		
City, State, Zip Code								State, Zip C							
Thorofare, NJ 080	86							nesport,	NJ	08036	I Lineman No				
Project Manager for Mo	nitoring Firm				hone N			hone No.			License No.				
Dave & Steve Flar	nigan				6-848-0	1.63		-702-040			00002		-		-
Start Date (10)		Schedul						of OSHA							
1 /18	/17	1	_ / .	20	_ / _	17	10.000	ISL Analy	tica	ai, inc.					
Occupancy Status Duri	ng Abatement (Check	only or	ie)			1992/1992/1992	t Address							
☑ Facility Closed/Vaca	ted During Enti	ire Perio	od of A	baten	nent	0.00	l			130 North					
Abatement Performer	ed Outside of N _AM	lormal F PM/	acility	Hours _PM	s - Desc	kribe VM		State, Zip C		e NJ 08077					
Scope of Work (Check	all triat apply)	32									gative Pressure				
		ĵ	Ren	ovatio nolitio				☐ Mini-En	ag l	Procedure					
≥160 sf or ≥260 lf		ı	_ Dei	HOILIO				⊠ Non-Ex	kem	pted (*) and N	on-Friable Proce				
			676714	Locati	988000000							Ab	atem		
Location		2-250		ormal d Sole				Description	of	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
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TO BE A			Cust		Staff?		su	irfacing, VA	AT, C	or	SF or LF)	<u>n</u>		ulat	Te .
(13	3)	-		(12)	NI/A		othe	er miscellar	neo	us)				Ö	
			Yes	No	N/A			212	-		400 SF		П	П	П
Exterior						Transit	te Par	ieis			400 01				
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														Ш	Ш
				П											
	looto I loules				I IDEB I	Waste	Cub	ic Yards of		Name of Reg	istered Landfill				-
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.							Was			Grand Ce					
Waste Managem	ent				17273	3	Disr.	osal Date		City, State					
City, State							1 2	20/17		Penn Arg	ıyle, PA				
Lafayette, NJ							.,,		-1			Date			
Completed By (Print o	r Type)	Title	;					Signature	1		Date 1 - 15 - 17				

ASB-41 MAY 11

Kimberly A. Trumbetti

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

1-5-17

Office Coordinator

EDS16-318 NO CK

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Page 1	of		<u>U</u>	5	Ц	\mathbb{V}	L	
			JAN	1	2	2017	_	

Date of Notification (1) 1-5-2017					Operator ional H		School Dis	strict				12	20	1/	
Agencies Notified Type Notification I EPA			Street A 162 K	ddress nickerbo	cker F	Road				AS				ONT	ROL
DEP X Amended Amendment		_ [ate, Zip Co rest, NJ		,									
Emergency (justification) DCA Cancellation	including		Name o	f Contact Aullen					Te	lephone	Numl	per			
Name of Facility Where Abatement is Taking Demarest High School	g Place (3	3)	FACI	ILITY INFO	ORMAT	ION		of Facility (2000						
Street Address 150 Knickerbocker Rd								School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			build	dings,	home	es,
City (5) Demarest								are Feet 000 +	# 0	f Floors			ldg. <i>A</i> 0+	\ge	
County (6) Bergen				Code (7) USE ONLY		_	Curre	ent Use (Pri	or if be	ing dem	olishe	d)			
Name of Monitoring Firm Hired by Building O Westchester Environmental	Owner (8)		ASCN 0012			Name GL G		atement Cor o, Inc	ntractor	(9)					
Street Address 307 North Walnut Street						1000000	Haml	ourg Tpke	:						
City, State, Zip Code West Chester, PA 19380						Bloom	ming	Zip Code dale, NJ (7403	0					
Project Manager for Monitoring Firm Paul F. McCaa				31-7545		X-200	710-	9725		Licens 01084		ē			
Start Date (10) 1-13-2017 at 4pm	1-15-20)17	npletion	Date (11)		Name GL G		HA Monitor , Inc							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F		2005 2007 - 200	ent			Street 140 h		ss ourg Tpke							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:					_			ip Code dale, NJ (7403	016					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	× R		·			Full Containment with Negative Pressure									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						e.			
		Locati												ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	d Solel ntenar	y by		os Cont	scription aining M systems	lateria			mount	Ī			En	Ш
In Facility (13)		odial S (12)	1	(i.e.	surfa	cing, VA niscellan	T, or			Specify or LF)		Removai	Repair	Encapsulate	Enclosure
Auditorium Air Handler	Yes	No X	N/A		Asbes	pestos Fittings				39	-	ζ.			-
Name of Registered Waste Hauler		1 (20.07)	JDEP W auler ID	200	Cubic	77	27.00	Name of I	Registe	red Lan	dfill				
GL Group, Inc			33034		of Was	25/25/10		Grand (al Sanit	tary	Lan	dfill		
City, State Bloomingdale, NJ					Dispos TBD	sal Date		City, State Pen Arg	yl, P				_==118#1		
Completed by Elena Solakov	Title President					ignature	<u>E</u>	lerm Sol	lullo		Date 1-5-		7		

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Date of Notification (1)	Name of Building Owner/Operator (2)							CHECK #	2021	10	AI	12	000	45)	
Date of Notification (1) 1/5/2017	1/5/2017						r (2)		1	-	OF	\$ CT 15	1 2	CUI	Ø.
Agencies Notified Type Notification EPA Initial			Street A	ddress laremor	nt Ave	nue			and the same of th	ASE	BES	TOS	CO	NTR	OL 8
DEP Amended Amendmen	t #	_ [ate, Zip Co / City, N		05		1100000				1 1	MSII	113	************
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			The state of the s	LITY INF		TION	A2 11 F8		<u> </u>						
Name of Facility Where Abatement is Takir REVEREND DR. ERCEL F. WEBI	ng Place (3) B SCHOC	DL -	PS 22				Тур	e of Facility School (K-							
Street Address 264 Van Horne Street								Subchapte Other (i.e.	er 8 (Oth	er than & comr	K-12	2) al bui	ldings	, hom	ies,
City (5) Jersey City							110000000000000000000000000000000000000	etc.) are Feet 000+	# 0	f Floors	5	2	Bldg	Age	
County (6) Hudson			County (Code (7) USE ONLY)		Curr	rent Use (Pr		ing den	nolish			-	
Name of Monitoring Firm Hired by Building Ahera Consultants Inc	Owner (8)		ASCM 0057			Name GL G	of Ab	atement Co	ntractor	(9)					
Street Address PO Box 385			0001			Street	Addre		niko						
City, State, Zip Code Oceanville, NJ 08231-0385						City, S	tate, 2	Zip Code	•						
Project Manager for Monitoring Firm John Smoyer			Telephon		2	Teleph	one N		07403	Licen).			
Start Date (10) 1-7-2017	Scheduled	Com	22	552-183 Date (11)	<u> </u>	100000000000000000000000000000000000000	of OS	HA Monitor		0108	4				
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Other – Describe:	al Facility H	lours			_			ip Code dale, NJ (07403						
Scope of Work (Check All That Apply)	-														
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GL Group, Inc	uler ID N 33034	lo.	of Was	100000000000000000000000000000000000000		Name of F Grows	\eyisier	ed Lan	uIIII						
City, State Bloomingdale, NJ		100.			and a section	sal Date		City, State				-			
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Date of Notification (1) 1/5/2017			N.	ime of Buildin ersey City F	g Owner	Operato	r (2)	cneck	# 3 0	בהל	V.d.	拟	
Agencies Notified Type Notification	П		St	reet Address 16 Claremo					1.	 .		1	-
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DOH Justification Cancallation	11	aing	Ne	me of Contact	t			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	!/\ (\ / ! Telechon	e Numb	er.	100	<u> </u>
Name of Facility Where Abatement is Tak	ng Plac	Se (3)		FACILITY INF	FORMAT	TON	Type of Faci	10.10					
REVEREND DR. ERCEL F. WEB	B SCI	HOOL	- PS	22	_		Type of Fac School						
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City (5) Jersey City County (6)							Square Feet 50,000+		of Floor			Age	
Hudson			Cou	inty Code (7)	,		Current Use (-	eing den	nolished			
Name of Monitoring Firm Hired by Building Ahera Consultants Inc	Owner	(8)		SCM No.		Name	Abatament	Contracto	or (9)		···		
Street Address PO Box 385				-		Street	roup, Inc						
City, State, Zip Code						140 H	amburg Tu						
Oceanville, NJ 08231-0385 Project Manager for Monitoring Firm			Tole:	share to		Bloom	ingdale, N.	J 07403	1				
John Smoyer Start Date (10)			(60)	phone No. 9) 652-1833	3	Telepho 201-7	na No. 10-9725		Licens 0108				
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cope of Work (Check All That Apply)							ingdale, NJ	07403					
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pper Closet adjacent to the Gym	Yes	Na	N/A							wat	聚.	ынае	Sure
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										-			
May of Panis	gistered Waste Hauler NIDE					ALONE D. L.							
ILLE OF MEDISTALED ANDREW HEIREL	GL Group, inc Haul					N/DEP Waste Cubic Yards Name of Waste O033034 TBD Grows				M			
Group, Inc		City, State Bloomingdale, NJ					Disposal Date City, Sta						
Group, inc	-) isposal (Date	City, State Morrisy				_		

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check # 26	22			
Page 1 of 1	II JAN	12	2017	111/

F =			Name of Building Owner/Operator (2)						1111		JAI	1 1	2	2017	1
Date of Notification (1) 1-6-2017				of Building apo Colle			1000000	/		2					1000
Agencies Notified Type Notification X EPA Initial				Address Ramapo \	Valle	y Road				ASB			COI		DL 8
DEP X Amended Amendment				ate, Zip Co /ah, NJ 0)					CT-TREASURE PAGE	and the party of t			
Emergency (i justification)	ncluding			of Contact					Tele	phone	Num	ber			
▼ DCA				Mayer-C	_	TION									
Name of Facility Where Abatement is Taking Elm Building College Park Apartme	Place (3	3)	· no		OT CHAIR	. HOIL	Тур	e of Facility (505						
Street Address 505 Ramapo Valley Road							×	School (K-1 Subchapter Other (i.e. p	8 (Other				dings	, hom	es,
City (5) Mahwah							Squ 7,0	etc.) are Feet 50	# of F	Floors		- 1	Bldg. /	Age	
County (6) Bergen				Code (7) USE ONLY)		Curi	rent Use (Pri	or if being		olish				
Name of Monitoring Firm Hired by Building O USA Environmental Management, I			ASCI 0011	M No.			of Ab	atement Cor							
Street Address 344 West State Street			100.	· 		Street	Addre	ogen vilanoses	nike						
City, State, Zip Code Trenton, New Jersey 08618						City, S	tate,	Zip Code dale, NJ 0							
Project Manager for Monitoring Firm William Weisgarber, Jr.	7.10-2		Telepho	one No. 56.8101		Teleph 201-7	none N	No.		Licens			CE16-9110		
Start Date (10)	Schedule	ed Con		Date (11)			of OS	SHA Monitor		0100					
Occupancy Status During Abatement (Check						Street						-			-
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						City, S	tate, 2	burg Turn		er i en	<u>CHICAGO</u>		- 7 15-	<u> </u>	
Scope of Work (Check All That Apply)						PIOOI	Bloomingdale, NJ 07403								
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	Renova Demoliti	77.7			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						6		
		Locati				S 183 We		Z. Z	() a.i.a.i				Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	y by nce/		os Co therma surf	escription ntaining M al systems acing, VA miscellan	lateria insul T, or	ation,	(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
Apartments A-H	100	X	19073	Drvwa	all an	d Joint (Com	pound	28,62	28 SF		X			
Apartments A-H		X						·	15,50		_	X			
Apartments A-H		X						ings	3,80	2 SF		X			
Name of Decisions d Markette.		1 61				., .									
Name of Registered Waste Hauler GL Group, Inc		Ha	JDEP W auler ID 133034	No.	of Wa			Name of F Minerva	~	d Land	dfill				
City, State Bloomingdale, NJ						osal Date		City, State Waynes)H					
Completed by Elena Solakov	Title President					Signature Elem Stulio Date 1-6-2017					7				

GL16-004 Palm				FICATIO	State of New Jerse N OF ASBESTOS at to NJAC 8:60 an	ABATE		0110	ck # 2	623			W	
Date of Notification (1) 1-6-2017					of Building Owner/ apo College of			/	1		AN	12	201	1
Agencies Notified EPA	Type Notification Initial			505 F	Address Ramapo Valley	Road				ASBES		S CC ENSI		ROL
DEP X DOL	Amended Amendment Emergency	(includin	g	Mahv	tate, Zip Code vah, NJ 07430 of Contact				1 ==	laubara N.				
X DOH X DCA	justification) Cancellation			100000000000000000000000000000000000000	Mayer-Costa				l le	lephone Nu	mber	į.		
N 65 W 111				FAC	ILITY INFORMAT	ION								
Name of Facility Where A			(3)				Тур	e of Facility	<i>(</i> 4)					
Street Address 505 Ramapo Valley		nento					×		er 8 (Oth	er than K-1 & commerc		ildings	s, hon	nes,
City (5) Mahwah							Squ 7,0	are Feet 50	# 0	f Floors	- 1	Bldg. 47	Age	
County (6) Bergen				County (STATE	Code (7) USE ONLY)		Col	lege Apa	rtment		hed)			
Name of Monitoring Firm USA Environmental			3)	001	M No. 12			atement Co	ontractor	(9)				
Street Address						Street			-					
344 West State Stre	eet					140	Ham	burg Turi	npike					
City, State, Zip Code Trenton, New Jerse						AT00 A 00		Zip Code dale, NJ	07403					
Project Manager for Mon William Weisgarber				Telepho 609.6	one No. 56.8101		elephone No. License 01-710-9725 01084							
Start Date (10) 1-23-2017		Schedu 3-8-20		npletion	Date (11)	Name GL G		HA Monito	r					
Occupancy Status During	Abatement (Chec	k Only O	ne)			Street								
Facility Closed/Vaca	ited During Entire F	Period of	Abaten	nent		140 H	laml	ourg Turr	npike					
Abatement Performe Other – Describe:	ed Outside of Norm	al Facilit	y Hours	3				Zip Code	07100					
Scope of Work (Check Al	That Apply)					Bloomingdale, NJ 07403								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Toronto Contraction of the Contr	Renova Demolit			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e			
Loostian	of		s Locati Normal		_							Abate	ement	t
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	ed Sole aintena stodial S (12)	ly by nce/	Asbestos Conta (i.e. thermal surfac		ateria insul r, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						=		ate	e e	
Apartments	s A-H		X		Drywall and	Joint C	Comp	oound	ound 28,628 SF X					

Stud/Joist Adhesive

Resilient Floor Coverings

X

X

Apartments A-H

Apartments A-H

15,500 LF

3,802 SF

X

X

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. GL Group, Inc Minerva 0033034 TBD City, State Disposal Date City, State Bloomingdale, NJ Waynesburg, OH TBD Completed by Title Signature Date Elen Stullow Elena Solakov President 1-6-2017



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	JAN	12	2017	

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Date of Notification (1)	10/17			Nam	e of Buildir	g Owner/Operator	(2) Molinar					
Agencies Notified	Type Notifi	cation		Stree	et Address		TOTHICI	ASBE				ROL
EPA DEP	☐ Initial			to Kristine					LICE	:NSI	NG	
DEP DOL	Amenda Amenda			City,	State, Zip 0							
⊠ DOH	☐ Emerge	ncy (includ	ng				s Landing, N.					
DCA DCA	justifica Cancella			Name	e of Contac			Telephone Nun	nber		1	
						seph Angelone	<u> </u>					
Name of Equility Whore	A batamant is	Takina Dia	(2)	FA	CILITY INF	ORMATION	(F 19	745				
Name of Facility Where		Residen	200 CHARLES				Type of Facility					
Street Address		residen	ııaı				School (K-1:	8 (Other than K-	12)			
							Other (i.e., p	rivate & commerc	cial buil	dings	6,	
City (5)				1100-1200-140			Square Feet	# of Floors	В	ldg. A	Age	
()	Mays I	Landing,	NJ 08				1600	. 1	_ _	60)+/-	
County (6)	tlantic				nty Code (ONLY)	7) (STATE	Current Use (Pr	ior if being demo	ished)			
Name of Monitoring Firm		ldina Owne	r T	ASCM	- No	Name of Abatem	ent Contractor (9)				_
101	MECS	9 0		, 100111	110.		ens Environr		es. It	ıc.		
Street Address						Street Address					-	=
	PO Box	x 341					PO E	322 Box 322				
City, State, Zip Code		211.005				City, State, Zip C						
	osswicks,	NJ 085					Allentown	n, NJ 08501				
Project Manager for Mon	itoring Firm		1775	phone	No. 8-4070	Telephone No.	0.0600	License Ne.	0040	2		
Start Date (10)		Scheduled				(609) 25 Name of OSHA N			0049	3		_
1/19/17		ocheduled	1/20/		ate (11)	Name of OSFIA N		ECS				
Occupancy Status Durin	g Abatement	(Check on		1 /		Street Address						-
☐ Facility Closed/Vacate							PO B	Sox 341				
Abatement Performed			lity Hou	rs		City, State, Zip Co						_
Other - Describe:							Crosswick	s, NJ 08515				
Scope of Work (Check a	Il that apply)					□ Full Con	tainment with Neg	native Pressure				
x ≥3 sf or ≥3 lf			Renovat			☐ Mini-End	losure	gative r ressure				
≥160 sf or ≥260 lf		П	Demolitic	n		☐ Gloveba	g Procedure mpted (*) and No	n-Friable Procedu	ıre			
			Location								ment	
Location of	of		Nomally d Solel			Description of				Тур	oe	
Asbestos-Containing M			intenan Custodia			os Containing Mate		Amount			ш	_
TO BE ABAT IN Facility	ᄄ		Staff?	al.	(i.e.,	thermal systems in surfacing, VAT,	or	(Specify SF or LF)	Rem	Repair	ncap	ncl
(13)			(12)			other miscellaneo			Removal	oair	Encapsulate	Enclosure
		Yes	No	N/A					-		ite	е
Heater Ro	om	×				Transite		80 sf	×			
Name of Registered Was	te Hauler			JDEP \	54 (CO CO C	Cubic Yards	Name of Regis	tered Landfill				
Stevens Environm	nental Ser	vices, In	c.	auler ID 182	292	of Waste 1 CU		GROWS Lat	ndfill	ę.		
City, State		-				Disposal Date	City, State	\				
0	Allentow					1/20/17	1-1	Morrisville,	PA			_
Completed By Mahlon E. Ster	vens	Title	roject	Man	2000	Signature	~ V/ /	Date	1/10	/17		
SP 41	V C113	<u> </u>	TOJEC	ivial	lagei	-1-/1/			1/10	// 1 /		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

0119.100	_	(P	ursuant	to NJAC 8	3:60 ai	nd 12:12	0)		pre l						
Date of Notification (1) 01/10/2017				of Building (emy of the					The second secon		JA	A STATE OF THE STA	12	20	17
Agencies Notified Type Noti	fication			Address illside Av	(00110					1	2507	-01	2.00	7 A 1 T	DOL
□ EPA □ Initia □ Ame □ DOL □ Ame	l nded	-	221/22/10	ate, Zip Co					_	ASI	BEST L			ING	HUL
	ndment #			rest, NJ		7						Cherter with			
	rgency (including ication) cellation	,		of Contact ge Balland	e				Telej	phone	Numb	er			
Name of Facility Where Abatement	in Tables Disease		FAC	ILITY INFO	RMAT	TION								**	
Academy of the Holy Angels		3)					200000	of Facility (
Street Address 315 Hillside Avenue								School (K-1 Subchapter Other (i.e. p	8 (Other			ouilo	lings,	hom	es,
City (5) Demarest								etc.) are Feet	# of F	Floors		В	ldg. A	\ge	
County (6) Bergen				Code (7) USE ONLY)			Curre	ent Use (Prid	or if being	g demo	lished)			
Name of Monitoring Firm Hired by B WCD Group LLC	uilding Owner (8)	ASCN 0014					atement Con	tractor (9	9)					
Street Address 23 Route 22, Suite B26						Street	Addre	- A			American D. Comp. D				
City, State, Zip Code Pennington, NJ 08534						City, S	state, Z	Zip Code J 07011					-		
Project Manager for Monitoring Firm Mike Garambone	ž		Telepho	ne No. 30-0007		Teleph 973-			1000	License					
Start Date (10) 01/24/2017	Schedul 03/17/		pletion	Date (11)		100		HA Monitor		7	-				
Occupancy Status During Abatemer	t (Check Only O	ne)				Street	1000000								
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: occupied	Entire Period of of Normal Facility	Abatem y Hours	ent		_	City, S	tate, Z	ip Code	-						
Scope of Work (Check All That Appl	y)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoliti				×	Mir	II Containme ni-Enclosure ovebag Proc on-Exempted	edure					۵	
		Locati											Abate	ement	
Location of Asbestos-Containing Material (A	177.5	Normall ed Solel		Ashasta		scription						Т	Ty	pe	
TO BE ABATED In Facility (13)	' Ma	intenar todial S (12)			herma surfa	itaining M I systems icing, VA miscellan	insula T, or		(Sp	ount ecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	W
1st & 2nd fl perimeter		X		Sp	-	on firep		ng	6,00	0 SF	X				
1st & 2nd fl perimeter		X				eiling tile				0 SF	Х				
Basement, 1st & 2nd fl		X			Flue	insula	tion		400	SF	х				
Basement 1st & 2nd fl Name of Registered Waste Hauler		X	IDEE:		7	ting ins	ulatio			LF	x				
Newark Carting Inc		Ha	JDEP W auler ID 3409		of Wa	Yards ste		Name of F							
City, State Newark, NJ					Dispo	sal Date		City, State Betleher							
Completed by Voytek Roszkowski	Title Presi	dent			3	Signature	2	shor	Slec		Date 01/1)/2	017		

Print Form



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Date of Notification (1)					Name	of Building	OW	ner/Operator (2)	+	1	AN 1	2	2017	-
01 /	09 /	17						150	nvironmental	Proto	ction				
							Deb	artificiti Of L	invironmental		L				
Agencies Notified	Type Notifica	ation				Address					ASBES)L &
⊠ EPA ⊠ DOLWD	Initial □ Amended							treet, PO Bo	x 420	ļ		LICEN	1011	<u>u</u>	
⊠ DOH	Amendme				City, S	State, Zip C	Code								
□ DCA	☐ Emergend	_			Tre	nton, NJ	086	25							
(NJAC 5:23-8)	justification	on)			Name	of Contact	t			Telep	hone Nur	mber			
	☐ Cancellat	ion			Jos	eph Maio	0					1			
		VIII			FAG	CILITY IN	FOF	RMATION							\neg
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)		•			-
Residential									☐ School (K-12						
Street Address									Subchapter 8						
									Other (i.e., property homes, etc.)	rivate a	nd comm	ercial b	uildin	gs,	
City (5)									Square Feet		Floors	T E	ldg. A		
Liberty Township, N	J.I								Square reet	# 01	10015	[D	iug. F	ige	
County (6)					Cour	ty Codo /7	1/STA	TE USE ONLY)	Current Use (Pri	or if ho	ina doma	liobod	_		
Warren					Cour	ity Code (7	JOIA	IL OOL ONLY)	Guirein Ose (Pfi	or ir be	ing delilo	nisneu)			
Name of Monitoring Firm	Hired by Ruila	ling O	wner /	8\ T	ASCM	No	Ma	ma of Abatama	ent Contractor (9)				*		
USA Environmental		-	wher (٥,	0011		555		NAGEMENT L						
Street Address	manageme	-111			0011	12			NAGEWENT	LC					
344 West State Stre	04						-	eet Address	reaction .						
City, State, Zip Code	et							7 Outwater							
							1 .	, State, Zip Co							
Trenton, NJ 08601				T				Sarfield, NJ	07026	1					
Project Manager for Monit	toring Firm			(30000000000000000000000000000000000000	phone			ephone No.			ense No.				
01 10 1 (10)					9-656			73-928-4888		1	188				
Start Date (10)						te (11)	1	me of OSHA M							
01 /19 /					_ / _	1/	A	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During	7.0			2.15.50			Stre	eet Address							
☐ Facility Closed/Vacate						22	2	7 Outwater	Lane						
Abatement Performed Time of Abatement:	Outside of No	ormal I	Facility	Hour	s - Des	cribe	City	, State, Zip Co	ode						
Time of Abatement			<i>''</i>			AIVI	G	arfield, NJ	07026						
Scope of Work (Check all	that apply)						•				NO 2000 Jan 2000 a				\neg
☐ >3 sf or >3 lf			☐ Rei	novati	on			☐ Full Cont Mini-Enc	ainment with Neg	ative P	ressure				
≥160 sf or ≥260 lf			☑ De					☐ Glovebag	Procedure						
								☐ Non-Exe	mpted (*) and No	n-Friab	le Proced	dure			
1				Locat iorma								A	aten	nent T	уре
Location (Asbestos-Containing N	7.7	,		d Sole		Ashe	etne	Description of Containing Ma		Δ	mount	Re	Re	n n	m m
TO BE ABA	TED	'		intena				rmal systems			Specify	Remova	Repair	cap	Clos
IN Facilit (13)	У		Cust	odial (12)	stair?			surfacing, VAT		SF	For LF)	Va.]	Encapsulate	Enclosure
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		-					_	ssoc. Joint	•		400 SF		12		빌
103 and 105							100		Floor Cover		40 SF				Ш
001 and 002		_					4000000	s Siding (Tra		(64 SF				
Roof								lashing at C			10 SF				
Name of Registered Wast	te Hauler				JDEP \ auler II		Cub	oic Yards of	Name of Regis				***		
ATC	<u> </u>			1	SW-2		3335000	ste Is Needed	Minerva Er	nterpri	ises				
City, State						-		posal Date	City, State						\neg
Shirley, NY							Т	BD	Waynesbu	rg, Ol	1				
Completed By (Print or Ty	rpe)	Title						Signature	-	1		Date /	,	,	-
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Date of Notification (1)					Name	e of Buildin	g Ov	wner/Operator (2)	3	W	12	201	7
	6 /	17					_		1512-5097 CH	neck #8857				
Agencies Notified EPA	Type Notific				- 3/-1/03/-5	t Address e Johns o	n 8	Johnson Pla	aza	ASBES		S CC NSI		ROL
☑ DOLWD ☑ DHSS		(T)	2		1000	State, Zip (
☐ DCA	☐ Emerger		- cludin	g				c, NJ 08933		1				
(NJAC 5:23-8)	justificat Cancella				8550958	of Contac	t			Telephone Numb	per			
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Name of Facility Where A	hatament is	Tokino	, Dloor	(2)	FA	CILITYIN	IFO	RMATION	Type of Facility	(4)			-	
J & J Guest House	Datellielit is	Iakiiig	Flace	= (3)					School (K-12					
Street Address							-		☐ Subchapter 8	(Other than K-12)				
11 Landing Lane									Other (i.e., pr homes, etc.)	rivate and commer	cial b	uilding	js,	
City (5)		2.7.11	-				_		Square Feet	# of Floors	ТВ	ldg. A	qe	
New Brunswick, NJ	08933								•		l mass			
County (6)					Cou	nty Code (7)(ST)	ATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex									Commercial					
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	-		ent Contractor (9)					
EHI								AbateTech, Ir	1C.		W. Tarket			
Street Address 655 West Shore Tra							1	reet Address	DO Boy 25					
City, State, Zip Code								30 Maple Ave ty, State, Zip Co	W W-38 More-Selection		_			
Sparta, NJ 07871								Lumberton, N						
Project Manager for Monit	orina Firm			Tele	phone	No		lephone No.	10 00040	License No.				
Laura Wieczezak	ormig r mirr					-5649	1111111111111	309-265-2107		00529				
Start Date (10)		Sched	uled C			ite (11)		me of OSHA M						
1/_4_/	17	1	/	9	/	17/	E	EMSL Analyti	cal					
Occupancy Status During	Abatement (Check	only	one)		/	Str	eet Address			-			
☐ Facility Closed/Vacated							2	200 Route 13	0 North					
Abatement Performed Time of Abatement:					s - Des			y, State, Zip Co						
	\	W	ÖrK	na	Sout	117/1	(Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)			0				☐ Full Conf.	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			Re					Mini-Encl	osure					
			∐ De	molitio	n			Glovebag Non-Exer		n-Friable Procedur	е			
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Location of		.		Norma d Sole				Description of		**************************************	R	R	Щ	Ш
Asbestos-Containing M TO BE ABAT		1)	Ma	intena	nce/			Containing Mat ermal systems i		Amount (Specify	Removal	Repair	ıcap	Enclosure
IN Facility			Cus	todial (12)	Staff?	,	5	surfacing, VAT,	or	SF or LF)	val		Encapsulate	sure
(13)		Ī	Yes	No	N/A	1	ot	her miscellaned	ous)				ite	
Future Kitchen/Bathro	om Areas					Pipe Ins	sula	tion		150 LF	×			
Storage Room						Floor til	е			100 SF				
Storage Room						Linoleu	m			100 SF				
1 st Floor			П		П	Vapor E	Barri	ier Mastic		14 SF	[X]	П	П	П
Name of Registered Waste	Hauler			35.55	JDEP \		_	bic Yards of	Name of Regist	ered Landfill	5	_		
AbateTech, Inc.	onoorn.1242-00705			1.000	auler II	O No.	Wa	And the second of the second o	G.R.O.W.S.		01000			
City, State					18750			posal Date	City, State					
Lumberton, NJ								/9/17	Tullytown,	PA				
Completed By (Print or Typ	e)	Title						Signature	A	Dat	e i	1	_	
Gwendolyn Trumbet	ti	Op	erati	ons (Coordi	nator		OV	$M^{\mathbb{Q}}$		1/1	2	7	

ASB-41 MAY 11

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Date of Notification (1)					Name	e of Buildin	g Owner/Operator ((2)	JAN JAN	12	20	1/	let
1/	5 /	17			Demonstration 1975		구시 강이라가 아이트를 잃었다면 비를 잃었다. 이 나가 없었다.		#1612-5095 Ch	eck :	#878	4	
Agencies Notified	Type Notific	ation			Stree	t Address		XV	ASBESTO	SC	TNC	ROL	. &
⊠ EPA	☐ Initial				16	00 Haddo	n Avenue		LIC LIC	ENS	ING		
⊠ DOLWD					City,	State, Zip 0	Code						
□ DHSS	Amendm				Ca	mden, NJ	08103						
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		auding	ŀ	Name	of Contac	t	-	Telephone Numb	er			
V 121 12 21 21 21	☐ Cancella				Wa	It Wenne	r		, 1				
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is 7	Taking	Place	(3)				Type of Facility	(4)			0	
Our lady of Lourdes	Medical C	enter						School (K-1)					
Street Address									8 (Other than K-12) private and commerce		ilding	js,	
1600 Haddon Avenu	ie							homes, etc.					
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
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County (6)					Cou	nty Code (7)(STATE USE ONLY)	and the second	rior if being demolis	ned)			
Camden							T.,	Hospital					
Name of Monitoring Firm I	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abateme)				
TTI Environmental							AbateTech, I	nc.					
Street Address	011						Street Address	DO D 25					
1253 North Church	Street						30 Maple Ave						
City, State, Zip Code Moorestown, NJ 080	157						City, State, Zip Co						
Project Manager for Monit				Tol	ephone	No	Telephone No.	40 000-40	License No.				-
Jim Guilardi	oring r iiiii			-		-8800	609-265-2107	•	00529				
Start Date (10)		Schedu	ıled C	-		ite (11)	Name of OSHA M						
1_ / _ 3_ /						17	EMSL Analyt						
Occupancy Status During		-					Street Address						
☐ Facility Closed/Vacated	The state of the s		-	4.150	ment		200 Route 13	0 North					
☐ Abatement Performed						scribe	City, State, Zip Co	ode		-			
Time of Abatement:	AM	PM	1/	_PM		AM	Cinnaminsor						
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf			⊠ Re	novat	ion ·		☐ Full Con	tainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf			☐ De					g Procedure					
						T	∐ Non-Exe	mpted (*) and No	on-Friable Procedur	_		- · · T	
Location of	of.			Loca Iorma			Description of	of.				ent Ty	
Asbestos-Containing N		1)			ely by		stos Containing Ma	terial (ACM)	Amount	Rem	Repair	inc	inc
TO BE ABAT				intena odial	snce/ Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air	sde	Enclosure
(13)	<i>(</i>		802000000	(12)			other miscellane		01 01 11)	-		Encapsulate	Ге
			Yes	No	N/A								
Morgue						Pipe Ins	sulation		400 LF				
Morgue Bathroom				\boxtimes		Pipe Ins	sulation		40 LF				
Trash Room				\boxtimes		Pipe Ins	sulation		40 LF				
Hall adjacent to Trash	Room					Pipe Ins	sulation		50 LF				
Name of Registered Waste	e Hauler			4 93	IJDEP		Cubic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.					lauler I 1875		Waste 15	G.R.O.W.S	. Landfill				
City, State					.070		Disposal Date	City, State				200	
Lumberton, NJ							1/13/17	Tullytown,	PA				
Completed By (Print or Typ	pe)	Title					Signature	1	Dat		ı,		
Gwendolyn Trumbet	ti	Op	erati	ons	Coord	inator		mu		5		7	

BESTOS ABATEMENT C 8:60 and 5:16)

Date of Notification (1)					Nam	e of Buildin	g Ov	vner/Operator (2)	IL JAN	16	20	11	launta launta
	3 /	17			Jo	hnson &	Joh	nson / Job#	1512-5097 C	heck # 8855			University	
	Type Notific	ation			Stree	et Address				ASBEST			ROL	. &
The state of the s	☑ Initial				Or	ne Johnso	on &	Johnson Pl	aza	LIC	CENS	ING		
□ DOLWD □ □	Amended Amendm	7-			City,	State, Zip (Code)						
1777				1	Ne	w Bruns	wick	, NJ 08933						
(NJAC 5:23-8)	justificati			,	Nam	e of Contac	t			Telephone Num	ber			
	☐ Cancella	tion			Ky	le Niper						,		
					FA	CILITY IN	IFO	RMATION						
Name of Facility Where Ab	atement is	Taking	Place	(3)					Type of Facility					
J & J Guest House									School (K-1	2) 8 (Other than K-12	٥١			
Street Address										rivate and comme		ilding	s,	
11 Landing Lane									homes, etc.					
City (5)									Square Feet	# of Floors	Bl	dg. A	ge	
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County (6)					Cou	nty Code (7	7)(STA	ATE USE ONLY)		rior if being demoli	shed)			
Middlesex									Commercia	ıI				
Name of Monitoring Firm H	ired by Build	ding Ov	wner ((8)	ASCN	No.	1		ent Contractor (9)				
H&S Services								AbateTech, I	nc.					
Street Address								eet Address						
PO Box 365							3	30 Maple Ave	. PO Box 25					
City, State, Zip Code								y, State, Zip Co						
Berlin, NJ 08009				-				umberton, N	IJ 08048					
Project Manager for Monito	ring Firm				ephone		11.00	lephone No.		License No.				
Jim Proctor						9-2432		609-265-2107		00529				
Start Date (10)						ate (11) 17	0.00	me of OSHA M EMSL Analyti						
Occupancy Status During A		Check of	only o	ne)			Str	eet Address						_
☐ Facility Closed/Vacated					ment		2	00 Route 13	0 North					
☐ Abatement Performed O							City	y, State, Zip Co	ode					
Time of Abatement:	AM	PM/		_PM		_AM	Concess.	innaminson						
Scope of Work (Check all th	at apply)													
☐ >3 sf or >3 lf		5	⊠ Re	novat	ion			☐ Full Cont	ainment with Ne	gative Pressure				
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Location of Asbestos-Containing Ma		0	Use	d Sol	ely by	Asbe	stos	Description o Containing Ma		Amount	Rer	Repair	Enc	Enc
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Future Kitchen/Bathroo	m Areas	[\boxtimes		Pipe Ins	sula	tion		150 LF	×			
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Name of Registered Waste I	Hauler			1000	IJDEP			oic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.				F	lauler I 1875		Wa		G.R.O.W.S	. Landfill				
City, State								posal Date	City, State					
Lumberton, NJ							1.	/9/17	Tullytown,	PA				
Completed By (Print or Type	e)	Title		V - 100				Signature	1	Da	ite _	1.	_	
Gwendolyn Trumbetti		Ope	erati	ons (Coord	inator		0	mit		1/3	11	1	

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Date of Notification (1) Name of Building Owner/Operator (2) 17 Johnson & Johnson / Job # 1512-5097 Check # 8855 1 / ASBESTOS CONTROL & Type Notification Street Address Agencies Notified LICENSING **⊠** EPA ☐ Initial One Johnson & Johnson Plaza □ DOLWD M Amended City, State, Zip Code Amendment #1 **⊠** DHSS New Brunswick, NJ 08933 ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Kyle Niper **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) J & J Guest House ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 11 Landing Lane homes, etc.) # of Floors Square Feet Bldg. Age City (5) New Brunswick, NJ 08933 Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Commercial Middlesex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AbateTech, Inc. EHI Street Address Street Address 30 Maple Ave. PO Box 25 655 West Shore Trail City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Sparta, NJ 07871 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 973-729-5649 609-265-2107 00529 Laura Wieczezak Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 1 / 9 / 17 **EMSL Analytical** 1 / 4 / 17 Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/__PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ⊠ Renovation ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf ☐ Glovebag Procedure ☐ Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Repair Encapsulate Remova Enclosure Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes N/A No X 150 LF \boxtimes Pipe Insulation Future Kitchen/Bathroom Areas Ш M П 100 SF П X Storage Room П Floor tile M 100 SF Storage Room \boxtimes Linoleum П Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. G.R.O.W.S. Landfill AbateTech, Inc. 18750 12 Disposal Date City, State City, State Lumberton, NJ 1/9/17 Tullytown, PA Completed By (Print or Type) Signature Date

Gwendolyn Trumbetti

Operations Coordinator

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					Nomo	of Building	Owne	er/Operator (2)	1 1 1	AN 12	20		11-				
Date of Notification (1)			&G / Job			8858				locanon								
Agencies Notified	Type Notificati	ion				Address Hadley	Pose		ASBESTOS CONTROL & LICENSING									
⊠ EPA ⊠ DOLWD	☐ Amended			-		TURNSWINE TO ELECTRICAL		4	Sect 10 to 2 2 2 2 3 3 4 5									
☑ DOLWD	Amendmen	nt#		- 1	City, State, Zip Code South Plainfield, NJ													
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(NJAC 5:23-8)	Nome of Contact										Telephone Multiper							
					FAC	ILITY IN	OR	NOITAN										
Name of Facility Where	Abatement is Ta	king Pla	ice (3	3)		Type of Facility (4)												
PSE&G- Union	School (K-12) Subchapter 8 (Other than K-12)																	
Street Address		☐ Subchapter 8 (Other than R-12) ☐ Other (i.e., private and commercial buildings,																
1133 Springfield R				homes, etc.)														
City (5)			Square Feet	# of Floors	BI	dg. Ag	е											
Union, NJ 07083																		
County (6)						ty Code (7)	(STAT	E USE ONLY)	Current Use (Prior if being demolished) Substation									
Union																		
Name of Monitoring Firm) A	SCM N	No.	Name of Abatement Contractor (9)														
Health and Safety				Ab	ateTech, I													
Street Address								Street Address										
PO BOX 365							30	Maple Ave	. PO Box 25									
City, State, Zip Code		City, State, Zip Code																
		Lumberton, NJ 08048																
Berlin, NJ 08009 Project Manager for Monitoring Firm Telephone No.								Telephone No. License No.										
Jim Proctor			6-452-	9576-0400		9-265-2107	•	00529										
	27.57	ion Dat	1000000	Nam	e of OSHA N	OSHA Monitor												
Start Date (10) 1 /19 /		EMSL Analytical																
		Street Address																
Occupancy Status During Abatement (Check only one)								200 Route 130 North										
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describ							City, State, Zip Code											
Time of Abatement:		AM	7.00	31	n, NJ 08077													
							0,	mammoo.	,,									
Scope of Work (Check a	ili that apply)								tainment with Neg	jative Pressure								
≥3 sf or ≥3 lf Renovation							☐ Mini-Enclosure ☐ Glovebag Procedure											
☐ ≥160 sf or ≥260 lf ☐ Demolition								⊠ Non-Exe	empted (*) and No	n-Friable Proce	edure							
Is Local												ateme	ent Ty	уре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED Norr Used S Mainte					ly			Description	of		70	R	Щ	ᄪ				
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Exterior						Stucco				25 SF	[X			Ш				
			1	П														
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Name of Desistered We		JDEP !		Cuh	ic Yards of	Name of Regis	stered Landfill											
Name of Registered Waste Hauler AbateTech, Inc.					auler II	D No.	Was	ste	G.R.O.W.S. Landfill									
City, State					10100			osal Date	City, State	Someth, M								
Lumberton, NJ							1/	20/17	Tullytown,	, PA								
Completed By (Print or Type) Title								Signature	0 /	Date								
Gwendolyn Trumbetti Operations Coordinator								MUX 1/10/11										

ASB-41 MAY 11

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

C'hecil#4412 Emergency letter Attache As per Inspector Ray D

Date of Notification					Name of Building Owner/Operator (2)											
(1) 01/10/2017		Hackensack University Medical Center E G E V E														
Agencies Notified	Street Address 30 Prospect Avenue															
□ EPA		30 Prospect Avenue														
□ DEP	☐ Initial ☐ Amended		Γ	City, State, Zip Code JAN 12 2017												
₫ DOL	Amendment ☐ Emergency	-	-	Hackensack, New Jersey 07601												
Ď DOH	justification)			Name o	f Contact		Telephone Number									
□ DCA	☐ Cancellation	r.		Ken H	laber			1	1 11-				⊸ 5			
		FACI	LITY INFO	ORMAT	ION	1-00		100	THE PERSON NAMED IN							
Name of Facility Where				Type of Facility	(4)											
Conklin Building		School (K-12)														
Street Address	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes,															
30 Prospect Avenue							etc.)									
City (5)								Square Feet # of Floors Bldg. Age								
Hackensack					68,657				1953							
County (6)					Code (7) USE ONLY	1		Current Use (Prior if being demolished)								
Bergen					OSE ONET		_	Health care & Buiness								
Name of Monitoring Firm		ASCN	/I No.		Name	ne of Abatement Contractor (9) Degmor										
Omega Environme	ental Services						Envi	rironmental Services LLC								
Street Address								t Address								
280 Huyler Street						511 Canal Street										
City, State, Zip Code	City, State, Zip Code															
So. Hackensack,			New York, NY 10013													
Project Manager for Mon		Telepho	ne No.		Telephone No. License No.											
Getser Fajardo			189-870	0	(212) 431-0696 01150											
Start Date (10)	ed Cor	mpletion	Date (11)		Name	ne of OSHA Monitor										
01/12/2017	/201	7			Ome	ega Laboratories, Inc.										
Occupancy Status During Abatement (Check Only One)						Section Control Contro										
☐ Facility Closed/Vacated During Entire Period of Abatement						280 Huyler Street										
□X Abatement Performed Outside of Normal Facility Hours I Other – Describe: 4:00 PM to 4:00 AM							City, S	State, Zip Code								
Other - Describe: 4.00_		So. Hackensack, NI 07606														
Scope of Work (Check A					_ Full	ll Containment Procedure										
Apply) □≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Renov							X Mir	Mini Enclosure								
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						on-Exempted (*) and Non-Friable Procedure										
	Laant	ion			Abatement											
ls Loc Location of Norm						Do		o.f				Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Main Custo			d Sole		Asbes		Description of os Containing Material (ACM)			mount			m			
						thermal systems insulation,			(Specify		Re	R	nca	Enc		
			(12)				cing, VA miscellar		SF or LF)		Remova	Repair	Encapsulate	Enclosure		
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		Yes	No	N/A												
Conklin Basement Pharmacy			X		VAT				100	SF	X					
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