D&S Proj. #: 20-09 Date of Notification (1) [0 1 / 10 6 / 12 0 Agencies Notified Type Notification	Name o	(Pursi	cation of As parit to NJA ner/Operator (2	2 8 6 0	Abatement and 12:120)		ACRESTOS	3 20	TROL	Manage or control and an analysis of the second analysis of the second and an analysis of the second and an analysis of the second analysis of the second and an analysis of the second an
EPA Initial	Street A	Address	*****			-	LICE	-W211AC	X stratowosterian	
☐ DEP ☐ Amended	City Ch	ate, Zip Code								
Amendment #:		ey city, nj 07	206							
DOH (including	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is	f Contact	300			Telephone	Number		-	
DCA justification	Shar	rone Lawrer	ice							
Calicellation			ILITY INFORM	MATION						
Name of facility where abatement is	taking place (3)		ALTT IN ON	II THON		Type of Facility (4	.)			
	taking place (5)					School	(K - 12)			
Residential							pter 8 (Othe Private/Comr		12)	
Street Address						Bldgs./l-	lomes, etc.			
							of Floors	90	dg. Age	3
City (5)	County (6)			100000000000000000000000000000000000000	ity Code (7) e use only)	1,600 SF 0			ed)	—
jersey city	Hudson					Residential				
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)	-			
N/A					D & S RESTOR Street Address	ATION, INC.				_
Street Address					20 California A	VA				
City, State, Zip Code					City, State, Zip Code					
Oity, Otate, 21p oode					Paterson, NJ 0	7503				
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Number		License Nu			
					973-345-8020 Name of OSHA Mor		0116	09		
Start Date (10)	Sched. Com	pletion Date (11)		D & S Restorat					
01/09/2020	01/11/202	0			Street Address					
Occupancy Status During Abatemen					20 California A					
Facility closed/vacated during Abatement performed outside	entire period of a of normal facility	abatement. hours-			City, State, Zip Code	e				
Describe: Normal hours					Paterson, NJ 0	7503				
Scope of Work (check all that apply						Full Containment w	/negative pro	essure		
≥3 sf or >3 lf	Renovation				×	Mini-enclosure				
≥160 sf or ≥260 lf	Demolition				Ě	Glovebag procedur Non-Exempted (*)		ble proc	edure	
Location of	Is location norm		ely				F	R	E n	E
asbestos-containing material (acm) to be	by maintenance staff(12)	e/custodiai	Descrip materia		sbestos-containing	Amount (Specify S	For r	1 -	С	n
abated in facility (13)	Yes N	io N/A	materia	(/ (0141)		LF)		i	a p	L
basement			Pipe Insul	ation		50 LF				
Odsement										
							<u> </u> _	<u> </u>	片	H
	NJDEP Ha	ules ID#	Cubic Yards of	Waste	Name of Registere	ed Landfill				
Registered Waste Hauler D & S RESTORATION, INC.	13506	aulei iD#	1 yds.		TULLYTOWN	, RESOURCE RE	COVERY		-	
City, State		Disposal	Date		City, State	1 DA				
PATERSON, NJ 07503	T-11-		Signature		TULLYTOWN	N, PA	T Date			_
Completed by (Print or Type) BOGDAN JOLDZiC	Title PRESIDENT	•	Ber		p		01/06/20	20		
	* Do not use this		stos ficensure e	exempte	d activities.					

Check#/	087	NOTI		ATION	OF ASI	W Jersey BESTOS ABAT		DEG		\mathbb{V}	<u>L</u>	JN)
4nv-111	84		(P	ursuan	it to NUA	©8:60 and 5:1	6)	n)				
Date of Notification (1)				Name	of Building	Owner/Operator (2)	JAN	13	2020		
	/	20		Sai	nt Barnal	oas Medical Cer	nter					
Agencies Notified	Type Notifica	ation		Street	Address		and the same of th	ASBEST	OS CON	ITRO	1 &	
☐ EPA	☐ Initial			94 (Old Short	t Hills Road			CENSIN			- ATTENDED
⊠ DOLWD				City, S	State, Zip C	ode	GP400		2.000.000.000			
☐ DHSS	Amendme	_		Livi	ngston, l	NJ 07039						
(NJAC 5:23-8)	justification			Name	of Contact			Telephone Nu	umber			
(F) (20) 31 (20) (50) (50) (50) (50) (70)	☐ Cancellat	ion		Ror	Carvalh	o as agent		908-208-3	060			
				FAC	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking Place	(3)				Type of Facility	(4)				
Saint Barnabas Me							☐ School (K-12	5.0				
Street Address							Subchapter 8	(Other than K-				
94 Old Short Hills F	Rd.						Other (i.e., pr homes, etc.)		nercial bu	ııldıng	S,	
City (5)			100				Square Feet	# of Floors	BI	dg. Ag	ae	
Livingston							500,000	4	1000	68 +		
County (6)			F-52-17	Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem				
Essex					, ,	,,,	Hospital	g				
Name of Monitoring Firm	Hired by Build	ding Owner (8)	ASCM	No.	Name of Abateme	Control Programme					
Environmental Tac	and the second	,	•	N/A		MAK-B Pro, I						
Street Address						Street Address	7					
64 Broad Street						104 Market S	treet					
City, State, Zip Code						City, State, Zip Co	ode					
Matawan, NJ 07747						Garfield, NJ						
Project Manager for Mon			Te	lephone	No.	Telephone No.		License No.				
Tom Geiger	3			732-290		973-931-3293	3	01365				
Start Date (10)	15	Scheduled C				Name of OSHA N						
06 /15 /	19	06 /	_1	10_ / _		Same as abo			N.,			
Occupancy Status During	•					Street Address						
☐ Facility Closed/Vacate☒ Abatement Performed					:b - T:							
of Abatement:					inde i ime	City, State, Zip Co	ode					
Scope of Work (Check al	I that apply)											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De	nova molit			Mini-End Gloveba	tainment with Neg closure g Procedure empted (*) and No		dure			
				ation					Ab	atem	ent T	уре
Location		1122	lorm	ally dely by		Description of			Z)	Z,	ш	ш
Asbestos-Containing TO BE ABA		11		nance/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facili		Cust	2000	I Staff?	(1.0	surfacing, VAT		SF or LF)	va	=	lusc	Sur
(13)		Yes	(12 No	1		other miscellane	eous)				ate	to
Grd. Floor Lab Chase	е	Tes 🗆		N/A	Pipe fitt	tings		8 LF		\vdash	П	
5 th Floor Mechanical	Rm.		П		•	sulation		95 LF		ī	П	П
Ground Fl Old Mail					Pipe Ins			85 LF		H		
Ground Fr Old Wall	IXIII.				ripe ins	suration		03 LF				
Name of Registered Was	te Hauler		Ч	NJDEP \	Maste	Cubic Yards of	Name of Regis	torod Landfill			Ш	
Newark Carting, Inc		(-)		Hauler II	O No.	Waste 2	G.R.O.W.S					
City, State Newark, NJ		F1				Disposal Date Jan. 2020	City, State Morrisville	, PA			12	
Completed By (Print or T	ype)	Title				Signature	10-4		Date			
Kiril Nestorov		Project	Ma	nager		1	hh/		10		7 ,	7

Check A State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 15 1 3 2020 Agencies Notified Saint Barnabas Medical Center Type Notification ☐ EPA Street Address ☐ Initial Ø DOLWD ASBESTOS CONTROL & 94 Old Short Hills Road ☑ DHSS LICENSING Amendment #1 City, State, Zip Code DOCA ☐ Emergency (including (NJAC 5:23-8) Livingston, NJ 07039 justification) Name of Contact ☐ Cancellation Ron Carvalho as agent Telephone Number Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION 908-208-3060 Saint Barnabas Medical Center Street Address Type of Facility (4) 94 Old Short Hills Rd. ☐ School (K-12) Subchapter 8 (Other than K-12) City (5) Other (i.e., private and commercial buildings, Livingston County (6) Square Feet # of Floors Bldg. Age 500,000 Essex County Code (7)(STATE USE ONLY) 4 68 + yrs. Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc. Hospital ASCM No. Name of Abatement Contractor (9) Street Address N/A MAK-B Pro, Inc. 64 Broad Street Street Address City, State, Zip Code 104 Market Street Matawan, NJ 07747 City, State, Zip Code Project Manager for Monitoring Firm Garfield, NJ 07026 Telephone No. Tom Geiger Telephone No. 732-290-2217 License No. Start Date (10) 973-931-3293 Scheduled Completion Date (11) 01365 __06__/__15__/__19 Name of OSHA Monitor __06__ / __10__ / __20 Occupancy Status During Abatement (Check only one) Same as above ☐ Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe Time City, State, Zip Code Scope of Work (Check all that apply) \boxtimes \ge 3 sf or \ge 3 lf \square \ge 160 sf or \ge 260 lf Full Containment with Negative Pressure □ Renovation Mini-Enclosure ☐ Demolition ☑ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Removal TO BE ABATED Encapsulate Maintenance/ Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)SF or LF) (12)other miscellaneous) Yes No N/A Grd. Floor Lab Chase Pipe fittings 8 LF \boxtimes 5th Floor Mechanical Rm. X Pipe Insulation 95 X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Newark Carting, Inc. Hauler ID No. Waste G.R.O.W.S., Inc. 11222 City, State Disposal Date City, State Newark, NJ Nov. 2019 Morrisville, PA Completed By (Print or Type) Signature Kiril Nestorov Project Manager ASB-41

Check # 1059

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

10.	2/		(Pu	ırsuan	t to NJA	C 8:60 and 5:10	6)	1) 5 6 1	<u>s I</u>	W	L	1
Date of Notification (1)	70			Name	of Building	g Owner/Operator (2)	N				\mathbb{H}
05/	31 /	19				bas Medical Cer		L JAN	1 3 2	2020	Wall FT STATES AND A	W
Agencies Notified	Type Notifica	ation		Street	Address		-					
□ EPA				94 (Old Shor	t Hills Road		ASBESTOS	CON	TRO	_ &	-
⊠ DOLWD	☐ Amended	70		City, S	state, Zip C	Code		LICE	NSIM	TAMES OF THE PARTY	- Contract	Printerenomeno.
☑ DHSS ☐ DCA	Amendmanu Amergen			18		NJ 07039						
(NJAC 5:23-8)	justificati	icy (including on)	l		of Contact			Telephone Num	her			
	☐ Cancellat					o as agent		908-208-306				
						FORMATION		000 200 000			-147	
Name of Facility Where Al	patement is 7	Taking Place	(3)	170	21L11 11V	II OKWATION	Type of Facility (4)				-
Saint Barnabas Med			(-/				School (K-12					
Street Address							☐ Subchapter 8	(Other than K-12				
94 Old Short Hills R	d.						Other (i.e., pr homes, etc.)	ivate and comme	rcial bu	ilding	s,	*
City (5)							Square Feet	# of Floors	I DI	dg. A	70	
Livingston							500,000	4	4	68 +		
County (6)				Coun	tv Code (7)(STATE USE ONLY)		or if being demoli			y 1 3 .	-
Essex		-			.,	1011112 002 01121)	Hospital	or it being derrion	si icu)			
Name of Monitoring Firm I	lired by Build	ding Owner ((8)	ASCM	No.	Name of Abateme						
Environmental Tacti	cs, Inc.	43 P	.	N/A	. 15.0	MAK-B Pro, I						
Street Address						Street Address				-		
64 Broad Street						104 Market S	treet					
City, State, Zip Code						City, State, Zip Co						
Matawan, NJ 07747						Garfield, NJ (
Project Manager for Monit	oring Firm	1.5	Tele	phone	No.	Telephone No.	0.020	License No.				
Tom Geiger				32-290		973-931-3293	1	01365				
Start Date (10)	15	Scheduled C	2,000			Name of OSHA M		01000				
06 /15 / _	19	06 /	_10			Same as abo						
Occupancy Status During	Abatement (Check only o	one)			Street Address						
Facility Closed/Vacated	During Entir	re Period of	Abate	ment								
Abatement Performed of Abatement: 12AM-	PM/_	PM- <u>8</u> AN	/ Hour: Л	s - Desc	ribe Time	City, State, Zip Co	ode					
Scope of Work (Check all	that apply)	<u> </u>							****			
≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Full Cont	tainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf		☐ De	molitic	n		☐ Glovebag	g Procedure					
	1 11 12	-				☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re			
Location of	.f	1 100	Locat Norma						Ab	atem	ent T	ype
Asbestos-Containing N	laterial (ACIV	1) Use	d Sole	elý by	Asbe	Description o stos Containing Ma	of Iterial (ACM)	Amount	Re	Re	E	m
TO BE ABAT			intena Indial	nce/ Staff?		., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
(13)	1,010	- 000	(12)	Otan:		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
# VEX		Yes	No	N/A		other misochane	ous)				te	
Grd. Floor Lab Chase					Pipe fit	tings		8 LF				
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	7	П							17	F		
				17					1	ᆜ		닏
Name of Registered Waste	Hauler				21. /						Ш	
Newark Carting, Inc.		18 ,	100	IJDEP V lauler II 11222	No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S					
City, State				11666		Disposal Date	City, State					
Newark, NJ		(4)				6-20-19	Morrisville	, PA				
Completed By (Print or Ty	oe)	Title				Signature	0 1		ate		-	
Kiril Nestorov		Project	Man	ager		1/2 1	9/-/-		5-	71.	- 1	9

ASB-41 MAY 11

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

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K10598PAD		ITON	ICATIO	state of Ne N OF ASI t to NJAC	BESTOS	ABATE	MEN	vT ()	E (CE		\mathbb{V}	E	1	
Date of Notification (1) 01/07/2020				of Building ua Tuzm		Operato	r (2)		J	AN 1	3	2021)		
Agencies Notified Type Notification			300000000000000000000000000000000000000	Address	Idii		_							145	
EPA Initial								, :	ا دانداندان	STOS	(A)	Trif			
DEP Amended DOL Amendment	#			ate, Zip C din Lake		77447			-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	LICE					į
Emergency		-		of Contact		37417			Tol	enhone	Nicon				
DOH justification) DCA [Cancellation				ia Tuzm					1 160	eonone	inum	oer			
Name of Facility Where Abatement is Takir	a Dlage (2	1	FAC	ILITY INF	ORMAT	ION									
Residence	g Place (3)					Тур	oe of Facility (
Street Address							H	School (K-1 Subchapter		er than	K-12)				
							×	Other (i.e. p					dings,	hom	es,
City (5)							Squ	uare Feet	# of	Floors		В	ldg. A	ge	
Franklin Lakes								500	2						
County (6) Bergen County				Code (7) USE ONLY)			rrent Use (Pricesidence	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name	0.000	batement Con	tractor	(9)			-		
N/A								eral Const							
Street Address						Street					2000				
City, State, Zip Code								fton Ave, P	MB S	uite 2	18				
only, oralle, zip oode						100 SERVICE NO.		Zip Code NJ 07012							
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph				Licens	se No.				
						10 20		-0089		0069					
Start Date (10) 01/18/2020	Schedule 01/20/2		npletion	Date (11)		- Participation of the second		SHA Monitor eral Consti	uction	n, Inc					
Occupancy Status During Abatement (Chec	Conly One	e)				Street	Addr	ess							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A al Facility	baten Hours	nent					fton Ave, P Zip Code	MB S	uite 2	18				
Other – Describe:					_			NJ 07012							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	DOMESTICAL PROPERTY.	enova emolit				×	M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure						
	ls l	_ocati	on										Abater	nent	
Location of		ormali Sole				scription					-		Тур	e	
Asbestos-Containing Material (ACM) TO BE ABATED		ntenar	nce/		tos Conta thermal			al (ACM) lation,	17.000	nount pecify		Z	_	띩	щ
In Facility (13)	Cusic	(12)	otan r			cing, VAT		,		or LF)		Remova	Repair	Encapsulate	Enclosure
2	Yes	No	N/A		outer it	naochar	cous	'				val	=	ulate	ure
Basement	100		x	10	VA	AT Tiles	s		12	0 SF	-	7	-		-
											-		\dashv		-
					2.7						+		\dashv		
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Name of Registered Waste Hauler		0.0	JDEP W	7.00	Cubic '	Yards		Name of R	egister	ed Lan	dfill				\dashv
Service Transport Group		6993	auler ID 0990	No.	of Was	ite		Minerva	Land	fill					
City, State		1-1				al Date		City, State							
New Castle, DE					01/20	/2020	/	Waynes		OH 4	4688				
Completed by Milan Njezic	Title Vice F	resi	dent		/	gnature	1	1	- ^		Date 01/0	7/2	020		

CK#1333

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Invit 1	1301			(Pu	rsuan	t to NJA	C 8:	60 and 5:16	6)	FRE	I W	III.	1	
Date of Notification (1)	1001				Name	of Building	Own	ner/Operator (2	2)	y to y	11 15	lis.	7	
	09 /	20			San	tander B	ank,	N.A.	[[6]					A STATE OF THE STA
Agencies Notified	Type Notificat	tion		\neg	Street	Address				JAN 18	2020		1.0	7
⊠ EPA	☐ Initial				75 S	tate Stre	et		Ť				1	4
□ DOLWD				t	City, S	tate, Zip C	ode				0192 - 10 - +	148.6	3	- 1
□ DHSS	Amendme				Bos	ton, MA				er keletikan dan Keletika Kalanda		1-11		at.
☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		ing	ŀ	Name	of Contact				Telephone Numb	-	** PK 1881		
(140/10/03.25-0)	☐ Cancellati				Sus	an Peck				617-757-563	2			
					FAC	ILITY IN	FOR	MATION						
Name of Facility Where	Abatement is Ta	aking Pla	ice (3	3)					Type of Facility (4)				
Santander Bank									School (K-12)					
Street Address										(Other than K-12 ivate and commer		ldina	s	
8 South Main Stree	et								homes, etc.)	ivate and comme	Olai Dai	9		
City (5)									Square Feet	# of Floors	Bld	g. Aç	je	
Marlboro, NJ 07 74	16								2,500	1	4	5		
County (6)					Coun	ty Code (7))(STA	TE USE ONLY)	Current Use (Price	or if being demolis	shed)			
Middlesex														
Name of Monitoring Firm	Hired by Build	ing Owne	er (8)		ASCM I	No.	The particular of the particul		ent Contractor (9)					
Hillmann Consultir	ng				6225	2	J١	VN Restora	tion Inc					
Street Address							Stre	et Address	e vi					
1600 Route 22 Eas	t						4	7 Foster Ro	ad					
City, State, Zip Code							City	, State, Zip Co	ode					
Union NJ 07083							S	taten Island	NY 10309					
Project Manager for Mor	nitoring Firm			Tele	phone I	No.	Tele	ephone No.		License No.				
Mark Perlmutter				90	08-698	-9855	7	18-605-6256	5	00774			-300	
Start Date (10)	S	cheduled	Cor	mple	tion Dat	te (11)	Nan	ne of OSHA N	Monitor					
01 /17 /	_20_	_03	. / .	17	_ / _	20_	T	estor Tech						
Occupancy Status Durin	g Abatement (0	Check on	ly on	e)			Stre	eet Address						
□ Facility Closed/Vacat							1	0 59 Jackso	n Avenue					
Abatement Performe						cribe	City	, State, Zip C	ode					
Time of Abatement:	AMPM	7:00 PN	/I- <u>/:</u> U	<u>JU</u> A	IVI		L	IC NY 1110	1					
Scope of Work (Check a	ill that apply)							⊠ Eull Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		\boxtimes	Ren	ovati	ion			☐ Mini-End		jative i ressure				
≥160 sf or ≥260 lf			Dem						g Procedure	n Eriabla Bracadu	r0			
			le l	ocat	tion			□ NOII-EXE	empted (*) and No	II-Filable Flocedu	-	atem	ant T	vne
Location	n of			orma				Description (of			1		T
Asbestos-Containing		1			ely by			Containing Ma	aterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE AB					ance/ Staff?	(i.e		rmal systems surfacing, VAT		(Specify SF or LF)	3701	ai.	sde	uso
IN Faci (13)				(12)				her miscellane	2532333333	Si di Li)	=		ulat	Гe
()		Y	es	No	N/A				8				O	
Ground Floor]	\boxtimes		Joint C	omp	ound		4,170SF	\boxtimes			
Ground Floor				\boxtimes		Coveba	ase A	Adhisive		50LF				
Basement HVAC Ro	om													
			1											
Name of Registered Wa	ste Hauler			I	NJDEP	Waste		bic Yards of	Name of Regis	stered Landfill		-		
Newark Carting				F	Hauler II NJ-56		1	ste 0	Grand Cen	ntral Sanitary L	andfil	I		
City, State					140-00			posal Date	City, State			mic-pida.		
Newark, NJ							0	3/31 /20	Pen Argyl,	Pa				
Completed By (Print or	Type)	Title						Signature	a	D	ate /	/	9	
Ignatius Marraccir		1.000	ect	Man	nager				tie	and production and the second	11	9/	90,	20

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



Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)			
12 / 25 /	19		Sar	ntander E	Bank, N.A.		ECEI	WEIN	
Agencies Notified Type Notific	ation		Street	Address		1111			
☑ EPA ☑ Initial			75	State Str	eet		opposition in the second secon	PROPERTY.	THE STATE OF THE S
☑ DOLWD ☐ Amended			City, S	State, Zip C	Code		JAN 13	2020	11
☑ DHSS Amendm				ston, MA		[] []	H JAN L	CUZU 11.00	
DCA Emergen	icy (including on)	3	200	of Contac			Telephone Numb	er	+
Cancella			Sus	san Peck			617-757-563	211121 1.44	1
			FA	CILITY IN	IFORMATION		11.11.11.11	and the second second second second	- 1
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility	(4)		-
Santander Bank						School (K-12	600 FS		
Street Address							(Other than K-12)		
8 South Main Street							rivate and commer	cial buildings,	
City (5)						Square Feet	# of Floors	Bldg. Age	
Mariboro, NJ 07 746						2,500	1	45	
County (6)			Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)	
Middlesex									
Name of Monitoring Firm Hired by Build	ding Owner (8)	ASCM		Name of Abateme	ent Contractor (9)			
Hillmann Consulting			6225	52	JVN Restorat	tion Inc			
Street Address					Street Address				
1600 Route 22 East					47 Foster Ro	ad			
City, State, Zip Code			New York		City, State, Zip Co	ode			
Union NJ 07083					Staten Island	NY 10309	4		
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.		
Mark Perimutter			08-698		718-605-6256		00774		
Start Date (10) 5	Scheduled C				Name of OSHA M	Ionitor			
	02/		_ ′ -	20	Testor Tech				
Occupancy Status During Abatement (Street Address				
 ⊠ Facility Closed/Vacated During Entition ∑ Abatement Performed Outside of N 				e alte e	10 59 Jackso				
Time of Abatement: _AMPM				cribe	City, State, Zip Co				
Scope of Work (Check all that apply)					1				
≥3 sf or ≥3 If	⊠ Re	novat	ion			tainment with Neg	gative Pressure		
≥160 sf or ≥260 if	-	molitic	200			g Procedure			
			-		☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re	
	1	Locat			12	The state of the s		Abatement Ty	/ре
Location of Asbestos-Containing Material (ACM	1		ely by	Asha	Description o stos Containing Ma	No. and the second seco	Amount	Re Re	回
TO BE ABATED	Ma	intena		(i.e	thermal systems	insulation,	(Specify	Encapsu Repair Remova	Clos
IN Facility	Cus	(12)	Staff?		surfacing, VAT,		SF or LF)	Encapsulate Repair Removal	Enclosure
(13)	Yes	No	N/A		other miscellane	ous)		ate	
Ground Floor		\boxtimes		Joint C	ompound		4,170SF		
Ground Floor		\boxtimes		Coveba	se Adhisive		50LF		
Basement HVAC Room									
		П							П
Name of Registered Waste Hauler		IN	JDEP I	Vaste	Cubic Yards of	Name of Regis	stered Landfill		
Newark Carting		111	lauler II	O No.	Waste		itral Sanitary La	ındfill	
City, State			NJ-56	66	10 Disposal Date	City, State	, –		
Newark, NJ					02/09 /20	Pen Argyl,	Pa		
Completed By (Print or Type)	Title					I chi Aigyi,			
Ignatius Marraccino	Project	Man	2007		Signature			ite /	
ACD 44	Froject	ividil	ayer		1 your	Lin Mar	receive 1	2/25/19	

Inv#1/302

Print Form

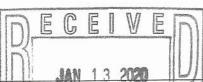
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

KNOW			(Pu	rsuant t	o NJAC 8	:60 and	112:120))	ii/\	•					111
Date of Notification (1) 1/6/20					Building Covalick)wner/C	perator	(2)			JAN	8 20	20		
Agencies Notified	Type Notification		5	Street Ac	dress				- 0	†			OH AND	. :	
EPA DEP DOL	Initial Amended Amendment Emergency		_	Glen R	te, Zip Coo Rock, NJ		2		e e e	Section .	LIGHT	uilVCi	(1 <u>, 1,</u>	<u></u>	
DOH	justification) Cancellation		1 8		Contact Covalick					feld	ephone No	ımber			
DCA	Cancellation			endress and	ITY INFO	RMATI	ON	120110		G , ,			-		-
Name of Facility Where	Abatement is Takin	g Place (3)	1 AOIL		Tunzer		Ту	pe of Facility (4)		7.3.2			
Residential Home									School (K-1	2)					
Street Address								×	Subchapter Other (i.e. p etc.)				ldings	, home	s,
City (5) Glen Rock								100	quare Feet 100	# of	f Floors		31dg. /		
County (6) Bergen			(County C	Code (7) ISE ONLY)			100	urrent Use (Prid tesidential H		ng demoli	shed)			
Name of Monitoring Fire Project Manager	m Hired by Building	Owner (8)		ASCM	No.		779355000000		Abatement Cor ges Abateme		(9)				
Street Address							Street 280		dress Midland Ave	ə.					
City, State, Zip Code									e, Zip Code Brook, NJ (7663					
Project Manager for Mo	onitoring Firm			Telephor	ne No.		Teleph 201-		e No. 0-3184		License 01305	No.			
Start Date (10) 1/7/20		Schedule 1/11/2		pletion [Date (11)		Name	of (OSHA Monitor						
Occupancy Status Duri	ng Abatement (Che	ck Only Or	ne)				Street	Add	dress						
	cated During Entire med Outside of Norr 8 A.M to 4 P.M					_	City, S	State	e, Zip Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		Renova Demoliti				2	×	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				re	
Lagati	on of		Locati Normal	5		De	scription	n of						ype	t .
Location Asbestos-Containin TO BE A In Fac (13	ng Material (ACM) BATED cility	Ma	ed Sole aintenar todial S (12)	nce/		tos Con therma surfa	taining N	Mate ns in AT, o	erial (ACM) isulation, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Baser	mont	103	X	140.4			VAT			6	05 SF	×	+	1	
Dasei	пен		^				VAI				00 01	^			
Name of Registered W All Stages Abatem			Н	JDEP W lauler ID 036592	No.	of Wa			1 AAC MOROCO (\$1.000,000)		ered Land al Sanita		andfil	I	
City, State Saddle Brook, NJ						Dispo TBD	sal Date	е	City, Star Pen Ar		PA				
Completed by Richard Cristofol		Title Pres	sident				Signatur	re A		4	· ·	Date 1/6/20	0		

nv-17	No	TIFIC	ATION	OF A	SBE	Jersey STOS ABAT 60 and 12:1	EMENT 20)	d回属	CE		\mathbb{V}	
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ate of Notification (1)	20		Mam			Owner/Operator	(2) WIESE		JAN 1	3 8	202	ĕ
- /_ //	Type Notification		Street	et Addr		AVII		144				-
gency Notified								4.0	DECTOR	000	TE	
EPA	D-Initial D Amended		City,	State,	Zp C	ode .	4	1	LICE	VISIN	G	
DEP	Amendment#	20	-	TEA	31,0	FUC. N	J. 076	66		NAME OF THE PERSONS ASSESSED.	2000200	No.
тоон	☐ Emergency (includin justification)	g	Nam	ne of Co	ontact			Telephone Nu	mher			
DCA	☐ Cancellation	-	1	(K.	W	IESEC						-
			FA	CILITY	MFC	RMATION						_
	Abatement is Taking Place			ALLO SIIS			Type of Facility	(4)				
MR.S	DAY ON VAC	SE(_			-	☐ School (K-12)					
treet Address						4	☐ Subchapter 8 ☐ Other (i.e. pri	(Other than K-1 vate & commen	ial building	s.		
			200	,			homes, etc.)	(30)	Bldg. A		_	_
âty (5)				; ;			Square Feet 2000.		19	45		
TEX	NECK		1=			OTATE HOT	Current Use (Pr	1	1	, _		-
County (6)	REEN			unity Co LY)	ode (/)	(STATE USE		IDENCE				
		- 1 64				Nama of Alaska	nent Contractor (9					-
Name of Monitoring Firm 8)	Hired by Building Own	H A	SCM No	• '			moval In	500				
						Street Address		Ų.		-		-
Street Address				100			th River	St				
City, State, Zip Code						City. State. Zip		טנ				_
ony, state, the code						A Section of the second section of the second section of the second section se	ack, N.J	. 07601				
Project Manager for Mo	nitoring Firm	Tek	ephone l	No.	•	Telephone No.		License No.				-
	.f						-7444 -	00388	3	=	_	_
Start Date (10)	Scheduled C	1				Name of OSHA		0-+01			coffi	
1/20/20		21	129	<u> </u>		Omega Street Address	Environm	ental				-
	ng Abatement (Check on						uyler St	11 16				
☐ Facility Closed/Vaca	ed During Entire Period	of Abate	ment			City, State, Zip		٠.				_
☐ Abatement Performe ☐ Other – Describe:	d Outside of Normal Fac ろ: ロントル イロ	S : O	DPM	-			ckensack	,N.J. (7606			
Scope of Work (Check					· ·		Containment with				27436	
D≥3sfor≥3lf				Renov		- 2 Min	i-Enclosure	Heyauve Fies				
2 ≥ 160 st or ≥ 260 ft				Demoi	lition	□ Glo	webag Procedure n-Exempted (*) an	d Non-Friable F	rocedure			
		Τ.	Location			F 160				1	ater	1897
		N	lonnally		2	7	6	500		П	Typ	
	tion of ing Material (ACM)	1	d Solely intenance		Asbe	Description estos Containing I	Material (ACM)	Amou		2	Rophir	1
TO BE	ABATED	C	ustodial		(i.e	e., thermal system surfacing. V		(Spec	iny . _F)	Removal	Q p	a relia
	acility 13)	İ	(12)	1	139	other miscella	- COS - COS - C			Val	=	SIMB
`	#~ . \$	V.		N/A		59					-	
		Yes	No				1021 43	Q.	SLF	120	1	
BASEME	ENT	-	-	1	HELL	THE 575101	, usulation	0 ,	3 - 1	11	1	
		+		\rightarrow				-		$\dagger\dagger$	7	T
		+	-							+	1	T
	to de Maria	IN	IDEP W	ecta LL	udor	Cubic Yards o	f Name of Rec	istered Landfill				_
Name of Registered V	waste Hauter loval Inc	1	No.		auti	Waste					حدين	
Dest Rell	LOVAL THE		171	.09		2/2	CUNBERI	AND COU	NIY LA	TWD	FI	1
City, State				1.007 (0.00)		Disposal Date	City, State	٥.	,			
2	ck , N.J. 0	7601				1/22/2	NEWBUR	CGH. I'H.	1722	14-		_
Hackensa	Table	7001				Signature	0		Date	1		

Inv-17208 Ch 753

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



Date of Notification (1) 1/8/2020					Name of Building Owner Richard Taddeo	Operator (2)	9771			hence	
Agencies Notified		Notification	Type		Street Address	AS	SBESTOS	CON	TROL	&	
☑ EPA □ DCA ☑ DOL □ DEP ☑DOH		⊠Initial Not ☐ Amended ☐ Emergen justification) ☐ Cancelle	d# cy notific	ation (including	City, State, Zip Code West Orange, NJ 0' Name of Contact All Kiswani	7052	Telephon	ne Num			
				FACILITY INF							
Name of Facility Where Al Private House Street Address	batement is T	aking Place (3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other xOther (i.e. private & co	than K-12)	linea han	ana oto	•)		
City (5) West Orange NJ 07052	County (6) Essex	-		Code (7) Use Only)	Sq. Feet: # 1800 of Floo Current Use (prior if bein	rs:1 Bldg. Age	: 51 years	old)		
Name of Monitoring Firm Consulting Services of An		. Owner	ASCM	No.	Name of Contractor (9) BL Contracting Inc.						
9 Glenside Trail					Street Address 5 Marguerite Lane						
Sparta NJ 07871					City State, Zip Code Towaco NJ 07082						
Project Manager for Monit Mike Chain	oring Firm	Telephone 732-921-92			Telephone Number 5 Marguerite Lane		License 01265	Numbe	<u>er</u>		
Scheduled Start Date (10) 01/18/ 2020)	Scheduled 02/10/2020		on Date (11)	Name of OSHA Monitoring	ng			W		
Occupancy Status During ☐ Facility Closed/Vacated ☑ Abatement Performed (Describe ☑Other – Describe: Mor	I During Entir Outside of No	e Period of Al rmal Facility I	oatement Hours -		Street Address City, State, Zip Code						
Source of Work (Check al	I that apply)										
≥ 3 sf o X≥ 160 sf	r ≥ 3 lf			⊠ Renovat □ Demolition	on .	I Mini-Enclosur Glove-bag Pro I Non-Friable F	cedure				
Location of Asbestos- Containing Material (ACM Facility (13)	l) in Use	ocation Norma d Solely by n/Custodial St S NO			sbestos Containing Materia nal systems insulation, or other misc.)		nt fy SF or	-	ement		iclose
Basement			X	Floor Tiles		750 SI	F	X			
Name of Reg. Waste Hau	ler	NJDEP Wa 0036784	ste Haule	er ID#	Cubic Yards of Waste 6		Name of		tered L	andfill	
DE COMBROUND INC	1) 10					<u>Disposal Da</u>	<u>ite</u>	CT	ity. Sta ully tov	<u>te</u> /n, PA	
Completed by (Print or Ty Nedo Vasilic	<u>/pe)</u>	<u>Title</u> Project Ma	nager		Signature Newly Vissi	-	Date 0	1/08/20	20		

Inv-17307	NOTIF (Pu	CAT(t to NJA	BESTOS ABATEN 8:00 and 12:120	D) ⁽¹	DEC	E 1 3	20	y [
Date of Notification (1)		Nam	ne of Buildi	ng Owner/Operator	(2)	MOUAL		Time Co		1
Agencies Notified Type Notification	n	Stre	et Address			ASBEST	OS CO	TNC	ROL	2
□ EPA ☑ Initial				249 W	BATE	LAUE LIC	DENS	ING	100	
DEP Amended Amendment	#	City,	State, Zip	Code VILLAS	W.T	08251				
☐ Emergency (injustification)		Nam	e of Conta		W(,)	Telephone Num	ber		. 1	=
DCA Cancellation				10Rtw						_
		FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is Takin	ng Place (3)				Type of Facilit					
Street Address					Subchapte	r 8 (Other than K-1)	2)	dinac		
					homes, etc					
City (5)	- MA		05	3204	Square Feet	# of Floors		dg. A	.ge	
County (6)			inty Code (E ONLY)	7) (STATE		Prior if being demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner	ASCN	No.	Name of Abatem		9) NC:				
(8) N/A		-		Street Address	LEMCO	INIC.				=
Street Address				369	S SPR	UCE AU				
City, State, Zip Code				City, State, Zip Co	SHAV	E W. T C	080	52		
Project Manager for Monitoring Firm	Tele	ephone	No.	Telephone No. 856-779	-0472	License No.	(
Start Date (10) Scher	duled Comple	etion Da	ate (11)	Name of OSHA N	Nonitor N K	ţ				
Occupancy Status During Abatement (Che	ck only one)			Street Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of Abate al Facility Hou	ment rs		City, State, Zip Co	ode	· · · · · · · · · · · · · · · · · · ·				ᅱ
Other - Describe:									_	=
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf	Renovati			Mini-Enc		egative Pressure				
∑≥160 sf or ≥260 lf	Demolitio	vn		Non-Exe	mpted (*) and N	on-Friable Procedu				_
	Is Location	,		Description of			A	Typ		
Location of Asbestos-Containing Material (ACM)	Used Soleh Maintenan	œ/		tos Containing Mate		Amount (Specify			Ē	m
TO BE ABATED IN Facility	Custodia Staff?	II.	(i.e.,	thermal systems in surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12)			other miscellaneou	us)		oval	air	ulate	ure
	Yes No	N/A	71) IN ALS ITT		775050	X	-	-	\dashv
SIDING		Λ		CANSITE		2750 SE	1			\dashv
							-			
Name of Registered Waste Hauler		JDEP V		Cubic Yards	The second secon	istered Landfill				
KLEMCO INC	🗓	auler IC) No. 24	of Waste		CMUA				_
City, State MAPLE SHADE N.	7 08	505	3	Disposal Date	City, State	BINE N	رزا			
						Date				

CK# 4974 INV-17305	r	voтг (Ри	rsuant	N OF AS	ev Jersey BESTOS ABATES 8:60 and 12:12	5) s	DE G	13	20		
Date of Notification (1) 6 - 20			Nam	e of Buildin	ng Owner/Operator	LEONA	ASBESTO	OS C	ONT	ROL	- &
Agencies Notified Type Notification BPA	:#_ (includir	ng	City,	State, Zip of Conta	ODD HAVEN	F N.J	O \$ 226 Telephone Numb	er		. 1	
			FA		FORMATION						
Name of Facility Where Abatement is Tak RESIDEW Street Address City (5)	CE			08	226	Other (i.e., homes, etc.) Square Feet	72) 8 (Other than K-12 private & commercial.) # of Floors	BI	dings, dg. A		
County (6) (APE WAY			USE	nty Code (ONLY)	7) (STATE		rior if being demolis	nea)			
Name of Monitoring Firm Hired by Building (8) N / A	Owner		ASCM	No.	((ent Contractor (9	INIC.				_
Street Address					Street Address 369	SSPR	UCE ALE				
City, State, Zip Code			St. Joseph J. Charles W. P. Ch	25	City, State, Zip C MAPL	SHAD	E W. TO	80	52		
Project Manager for Monitoring Firm			ephone		Telephone No. 856-779 Name of OSHA N		License No.	(_
Start Date (10) Sch. 2-1-20 Occupancy Status During Abatement (Ch. Facility Closed/Vacated During Entire F. Abatement Performed Outside of Norm	Period of	one) Abate	~- Z ement		Street Address City, State, Zip C	NIA					_
Cother - Describe: Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emolitic			☐ Mini-End	closure ag Procedure	egative Pressure	e			
	1	Locatio						P	baten Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Maii Ci	Solet ntenan ustodia Staff? (12)	y by ice/ il	Asbes (i.e.,	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation. or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	7.10	PANSITE		2500SE	X			
<u>SIDING</u>			_		Chie Jii C						
Name of Registered Waste Hauler			JUDEP V	No.	Cubic Yards of Waste	The state of the s	istered Landfill (M (ML	111			

KLEMM

City, State
MAPLE S

Completed By

INC

SHADE

M.5

Disposal Date

Signature

City, State

WOON BINLE

Hauler ID No.

08053

Title
PRESIDENT

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K 2510		ОТІРІС	ATON	te of New DF ASBE O NJAC 8	STOS	BATE	MENT	T	D).	EG		<u> </u>	<u>/ [</u>	A CONTRACTOR OF THE PARTY OF TH
Date of Notification (1) 1/9/20)4	100		Building O		perator	(2)			JAN	1.	3 20	20	Lam
Agencies Notified Type Notification EPA Initial	1	S	Street Ad	dress					***************************************	ASBEST	OS C		ROL	<u>z</u>
DEP Amended Amendmen		101		e, Zip Coo le, NJ 07				-				200 (100		Mile C
DOH Emergency justification Cancellation)		Name of Kimber	Contact ly Heller	r				Tel	ephone Nu	mber			
				ITY INFO		ON					7.1			
Name of Facility Where Abatement is Taki Residential Home	ng Place (3)	1					Тур	e of Facility (4 School (K-1)						
Street Address							×	Subchapter Other (i.e. p	8 (Oth			ldings,	home	es,
City (5)							Squ	etc.) uare Feet	100000	f Floors	1.6	Bldg. A		
Hillsdale County (6)		10	County C	ode (7)			20 Cur	00 rrent Use (Pric	2 or if be	ing demolis		65+/-		
Bergen			STATE U	SE ONLY)			Re	esidential H	ome	253				
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)		ASCM	No.				batement Con es Abateme		(9)				
Street Address						Street 280		ress /lidland Ave).					
City, State, Zip Code								Zip Code Brook, NJ 0	7663					1
Project Manager for Monitoring Firm			Telephon	ne No.		Telepl	hone	No.	7000	License N	No.			
Start Date (10)	Schedule	d Com	pletion D	Date (11)				-3184 SHA Monitor		01305				
1/18/20	1/22/20	3				Chanad	Λ -1 -1 -1							
Occupancy Status During Abatement (Che x Facility Closed/Vacated During Entire			ent			Street	Addi	ress						
Abatement Performed Outside of Nor Other – Describe:	mal Facility	Hours				City, S	State,	Zip Code						
Scope of Work (Check All That Apply)	ш.	82 (6				5	₹ .	- " 0		. N	D			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	× R	enova	tion ion			Ē		Full Containme Mini-Enclosure Glovebag Prod	e edure					
	_							Non-Exempted	1 (*) ar	nd Non-Fria	ble Pr		re emen	_
Location of		Locati Iormal			Dec	scription	n of						уре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intenar	nce/		os Cont	taining I	Mater	rial (ACM) ulation,		Amount Specify	2		Enc	En
In Facility (13)	Cust	odial S (12)	Staff?	V:32	surfa	cing, VA	AT, or	r		F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								1		ite	Ф
Basement		X				VAT			5	15 SF	X	-	-	
		<u> </u>												
Name of Registered Waste Hauler All Stages Abatement		Н	IJDEP W lauler ID 036592	No.	of Wa				-	ered Landf ral Sanita		andfill		
City, State			000002		30,98255	sal Date	9	City, Stat		ΡΔ				
Saddle Brook, NJ Completed by	Title				0.77	Signatur	e /	Tell Al	gyi, F		ate	49		
Richard Cristofol	Pres	ident				455			The second	-	1/9/2)		

Ch 2509	NO	OTIFIC	CATION Irsuant t	te of New OF ASBE o NJAC 8	STOS	BATE				G					The state of the s
Date of Notification (1) 1/9/20	274		Name of Susan	Building O D'Elia	wner/C	perator	(2)			JAN	1 3	20	EU		
Agencies Notified Type Notifi	cation	3	Street Ad	ldress					AS	BESTO	S C	THO	ROL	&	-
EPA Initial DEP Amer	ded			e, Zip Cod				LVG8640Hr/Lv8	Paylonsylve	LIC	ENS	ING	endominal	et et au en au	
	dment # gency (including			lle Park,	NJ 07	7662			T =		N.L				
DOH justific	cation) ellation		Name of Susan						i ei	ephone	Numi	er			
	T DI (0)		FACIL	ITY INFO	RMATI	ON	T	-6 F10b- /4	,						
Name of Facility Where Abatement is Residential Home	s Taking Place (3)						_	of Facility (4 School (K-12							
Street Address								Subchapter	8 (Oth			المانديط	nac	homo	
							<u> </u>	Other (i.e. pretc.)			erciai		2500		5,
City (5) Rochelle Park							255	757A	2	f Floors		65	dg. A	ge	
County (6) Bergen			County C	ode (7) ISE ONLY)				ent Use (Prio idential H		ng demo	olishe	d)			
Name of Monitoring Firm Hired by Br	uilding Owner (8)		ASCM	No.		Name		tement Con		(9)					
Project Manager		- Company						Abateme	ent						
Street Address						Street 280		ss dland Ave							
City, State, Zip Code								ip Code ook, NJ 0	7663						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 201-	none N 600-3			Licens 0130					
Start Date (10) 1/13/20	Schedule- 1/20/20		npletion [Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatemen	t (Check Only One	e)				Street	Addre	ss							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:					_	City, S	state, Z	ip Code							
Scope of Work (Check All That Appl	y)						1150					===			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure					2	
	ls	Locati	ion				1 110	ni-Exempled	() ai	u Mon-i	Habit		Abate	ment	
Location of	N	ormal d Sole	lly			scription					-		IУ	pe	
Asbestos-Containing Material (A TO BE ABATED	(Mai	ntena			therma	taining it I system icing, VA	s insul	I (ACM) ation,	(mount Specify F or LF)		Ren	Re	Encapsulate	Enclosure
In Facility (13)		(12)				miscellar			0	or Lr)		Removal	Repair	sula	osure
	Yes	No	N/A									and a		e	
1st FI		Х				Plaster			100	191 SF		X			
2nd FI		X				Plaster				148 SF	_	X			
2nd Fl		X			Pi	pe Wra	ар			37 LF		X			
Name of Registered Waste Hauler		I N	NJDEP W	/aste	Cubic	Yards		Name of	Regist	ered Lar	ndfill				
Newark Carting		F	Hauler ID 14509	1602250	of Wa	iste D		Grand (Centr			Lar	dfill		
City, State Newark, NJ					Dispo	sal Date	1	City, State Pen Arg		A					
Completed by Richard Cristofol	Title Presi	dent				Signatur			/		Date 1/9	e 0/20			

INV-1730	3			FICATION	ate of New J	SABAT			. P	r n	N/Z E
h40118)			, U	C'8:60-7 and		*	IID),LE	C		V E
Date of Notification (1) 01/10/20				Name of Bu Princeton U	iilding Owner/ University	Operato	r (2)		JAN	13 ;	วกาก
Month/Day/Year	Type Notific	otion		Street Add	ress			had bed	UMIT	10 6	2020
Agency Notified x EPA	77.47	itial		P.O. box 21					Electric managements.	versus et en e	-
x DEP		Notificati	on	City, State	, Zip Code			ASE	SESTO:	S CON ENSING	TROL &
DCA		mended		Princeton N				T-1	OWNERS AND VESTIGATIONS	-1401107	J
x DOH		Notificati ancellatio		Name of Co Robert Ote				Telephone Nu 609-258-1841	mber		
		ancennu.			Y INFORMAT	TION					
Name of Facility Where Abaten Princeton University Fine F		ng Place	(3)					(K12) oter 8 (Other			
Street Address Washington Road								i. e. Private & ngs, homes, etc		rcial	
washington Road								# of Floors	Bldg. /	\ge	
City (5)	C	ounty (6)		County Code	3 2	90000	4	70+	1)	
Princeton					(STATE USE ONLY	()	Current Use (Pri		Honsned	1)	
Name of Monitoring Firm Hire TTI environmental Inc	d by Buildin	g Owner	(8)		ASCM No.	A CONTRACTOR OF THE PARTY OF TH	of Abatement Con ated Specialty Con	tractor (9)			
Street Address						Street	Address				
1253 North Church Street						98 LaC	Crue Avenue				
City, State, Zip Code Moorestown NJ 08057				State, Zip Code Hills, PA 19342		,					
Project Manager of Monitoring Mike Keehn	Firm			Telephone 609-386-88		1 2 2 2 2	one Number 4-9622		Licenc 1103	e Numb	er
Scheduled Start Date (10) 01/20/20		Sche	d. Con	npletion Date 02/17/20	(11)		of OSHA Monitor ion Labs				
Month/Day/Year				onth/Dav/Yea	ır						
Occupancy Status During Abat Facility Closed/Vacated	During Ent	ire Perio	d of A	batement		3370 P	Address Progresive Drive				
X Abatement Performed C			cility				State, Zip Code lem PA 19020				
Hours - Describe:' Other - Describe:	:00 AM to	/:30 PM				Densai	CIII 1 A 17020				
Scope of work (Check all that a	nnly)					Ш	Full Containmen	t with Negativ	e Pressu	ıre	
Demolition Demolition	PP-37		X	Renovation	1		Mini - Enclosure				
>3 sf or >3 if							Glovebag Proceed				
x >160 sf or >260 lf						x	Non-Friable Pro		batemen	t Type	
		Is Location		Desc	cription of			A	Jatemen	E	E
Location of Asbestos - Containing		Normall		7/0 3/01/10/20	os-Containing		Amount	77		N	N
Material (ACM)		Used			rial (ACM)		(Specify SF or	E M	R	C	C L
TO BE ABATED		Solely			ermal systems , surfacing, VA	т	LF)	0	P	P	0
In Facility (13)		by Main tenance			miscellaneous)			V	A	S	S
(107		Custodia	ıl					A L	l R	L	R
	-	Staff (12	N/A					L	l K	L	E
Level a A20,A21,A22	1	es No	INIA	carpet glue	adhesive		9652sf	x			
Level A A14,A15,A16,A17,cor	ridor	x		carpet gluc	adhesive		10589sf	x			
Level a A14,A15,A16,A17 corr	idor	x		floor tile a	nd mastic		2115sf	x			
Name of Registered Waste Hau	ıler		11,237/5-32	EP Waste er ID No.	Cubic Yards of Waste		Name of Registe	red Landfill			
Robbinson Waste			1730		60		GROWS			- 1	
City, State Voorhees NJ					Disposal Dat As needed	e	City, State Morrisville PA			To.	
Completed By (Print or Type) Jack Tomasura			Title senio	or estimator		Signa	W Wilhil	N		Date 1/10	120
ABS-41						101	VI a	,			G4667

JUN 95

			Stat	e of Ne	w Je	rsey	Miles and a second	Che	ck # 1	16789		
Inv-175		(Pursua	ICATIO	N OF A	SBEST	s abatement and 12 120-7) wher/Operator		MEC	E		E	2
Date of Notification	(1)					ngham	Name and Address of the Address of t	IIK	والمحا	٠.		-
1/8/2020	•			37000				I A	N 13	202	0	100
Agencies Notified	Type Notificat	ion	Street	Addres	S			I L	,, ,			100
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[]DEP		1011		State,			227	ASBES	TOS C IGENS		OL	4
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[X]DOH	NOLITICAL		Name o	f Conta	act		Telephon	e Number				
1	[]EMERGENCY		Dai	zy Cı	unni	.ngham						
[]DCA	[]Cancellati	ion	I									
					ITY I	NFORMATION		t (A)				12-22-
Name of Facility When	e Abatement i	s Takin	g Plac	e (3)		-	Type of Facili					
Daizy Cunningh	am						[]School	(K-12) ter 8 (Other	than K	(-12)		
01 1 7 2 2 2 0							[X]Other (i.e., private	& CON	mer-		
Street Address							cial bu	ildings, hom	es, et	:c.)		
\$5							Square Feet	# of Floors	Bld	g. Ag	e	
Oi has	lc	ounty			Cour	nty Code (7)						
City					(ST	ATE USE ONLY)	Current Use (Prior if bein	g demo	olish	ed)	
Paterson	İ		0705	5								
Name of Monitoring F:	irm hired by E			M No.		Name of Abatem						
Owner (8)		187				AZTECH M	ANAGEMENT	, Inc.				
N/A						Street Address						
Street Address							topher St	•				
						City, State, Z						
City, State, Zip Code	9					Montclai	r, NJ 070	42				
									cense :	Numbe	r	11000
Project Manager for	Monitoring Fir	2200		e Numbe	er	Telephone Numb	er _8800		037:			
		N	A									_
Scheduled Start Date		1. Comp.			(11)	Name of OSHA M	onitor					
01 29 20	0 0	70년 개	30	20		N/A						
Month Day Ye Occupancy Status Dur	ear Mor	(Check	Day	Year		Street Address						
[X] Facility Clos	sed/Vacated Du	ring Er	ntire E	Period								
of Abatement	F				37	City, State, Z	in Code					
[]Abatement Per	rformed Outsid ribe:«OffHours	e or No Descri	pt»	delil	·Y	City, scate, a	ip code					
[]other - Desci	ribe: «Other Oc	cupancy	Desci	ript»			119					-
Scope of Work (Check	all that app.	ly)					Containment wi	th Negative	Pressu	ire		
			TT1 D = = 0	tion			Containment wi Enclosure	. CII Negacive	110000			
[X]>3 sf or []>160 sf or	≥3 lf or >260 lf			vation lition		[X]Glove	pag Procedure					
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	. 6		Is Locati			Descriptio	n of		R		EN	E
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TO BE AB			tenanc	e/	ir	sulation, surfa	acing, VAT,	LF)	VA	I	SU	S
In Facil			ustodi taff (or other misce	llaneous)		L	R	L	RE
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Basement				X	PID	e Insulati	011	1.0 ===		1		
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									111			
Name of Registered	Waste Hauler		JDEP V			bic Yards	Name of Reg	istered Landf	***			
AZTECH MANAG	EMENT, IN		1704	ID No.	of	Waste 1.0	Tri - S	o La Le			-	
City, State			5		Di	sposal Date	City, State					
Montclair, NJ	07042					01/31/20	Bronx,	NY, 1047	4			
MOHIOCIALL, NO				100			,	1/	Date		-	
Completed By (Print	or Type) Tit	tle				Signature		1/100		2020		
Constantine V	vivian Pr	resid	ent			1 130	Talno.	//wa	1			
21 Dovor St				227.00		(()	37 07 101					

1-17245 NOTIFICATION OF ASSESTOS AS (Pursuant to NJAC/8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Immaculate Conception High School 01/08/2020 Check #3529 ASBESTOS CONTROL & LICENSING Type Notification Street Address Agencies Notified 33 Cottage Place Initial **EPA** City, State, Zip Code Amended DEP Montclair, NJ, 07042 × DOL Amendment # Emergency (including Telephone Number Name of Contact justification) DOH 973-454-0767 Mr. Mulkinsky DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Immaculate Conception High School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 33 Cottage Place etc.) Bldg. Age Square Feet # of Floors City (5) 50+ 5.000+ 2 Montclair Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) School Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) N/A **EA Services** N/A Street Address Street Address 426 69th st N/A City, State, Zip Code City, State, Zip Code Guttenberg, NJ. 07093 N/A License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-916-8713 01074 N/A N/A Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) N/A 01/20/2020 01/22/2020 Street Address Occupancy Status During Abatement (Check Only One) N/A Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: 9:00am N/A Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A No Yes 1 LF X ACM Elbows & Insulation X Boiler Room 2 LF X Seems X Cafeteria

Cubic Yards

Disposal Date

Signature

of Waste

TBD

TBD

NJDEP Waste

Hauler ID No.

101278

Office Clerk

Date

01/08/2020

Name of Registered Landfill

Minerva Entreprise

Waynesburg, OH

City, State

EA Services Corp

Guttenberg, NJ

Michael Fajardo

Completed by

City, State

Name of Registered Waste Hauler

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

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Date of Notification (1) 1-7-20	- 17090	4			Building Ov thority of			(2)				99111	-, 0		
	ype Notification		3525	treet Add 41 Erie							ASB	ESTO LIC	OS O	ONT	ROL
EPA DEP DOL	Amended Amendment #				, Zip Code City, NJ		0				A				
× DOH × DCA	Emergency (in justification) Cancellation	cluding	19.555	ame of O							none Nun 595-488			32-20-325	
				FACIL	ITY INFOR	RMATI	ON								
Name of Facility Where Ab George Washington I		Place (3)						Тур	School (K-12))	12 d.C	18.			
Street Address Center Avenue and L	emoine Ave Br	idges						×	Subchapter 8 Other (i.e. privetc.)	vate & c	ommerci	al build			,
City (5) Ft. Lee								Squ 800	are Feet 00	# of FI	oors	92 92	dg. Ag 2	je	
County (6) Bergen				County Co	ode (7) SE ONLY)				rent Use (Prior dge Roadwa		demolish	ned)			
Name of Monitoring Firm H Port Authority of NY		wner (8)		ASCM	No.				batement Cont Developme			ic			
Street Address 241 Erie St					The second second		Stree 169		ress oln!Ave!Sui	te!204					
City, State, Zip Code Jersey City, NJ 0731	0				And the second				Zip Code Y 10454						
Project Manager for Monitor Uday Mehta			0.00	elephon 201-59			Teleph 917-		No. -7166		icense N 1620	lo.			
Start Date (10) 1/13/20		Scheduled 12/31/20		pletion D	Date (11)		1 1 1 1 1 1 1		SHA Monitor omero						
Occupancy Status During				ont			Street P.O.		ress c 780						
X Facility Closed/Vacat Abatement Performer Other – Describe:	d Outside of Norma	al Facility	Hours			_	3500		Zip Code od, NY 117	17					
Scope of Work (Check All	That Apply)						1	of the series		-					
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			Locati						1011 211011				Abate	ement /pe	
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Roadwa	lys		^		Cont				Turronto						
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Name of Registered Was	te Hauler		H	IJDEP W	No.	of W	ic Yards aste		Name of I		ed Landfi	11			
City, State			S	W2431	10	40 Disp	osal Dat	e	City, State Melville					-	
Shirley, NY Completed by		Title	D	oloct C	vocutive	1	Signatu	re	Merville	, 111	1933	Date 1/7/20	-		
Sanford Alper		Senio	ון ארו	oject E	xecutive	1			San James						

UN-1/6	284		Market	Sta	ate of New Jers	sey		í	popularity (ma					-	_
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					ITY INFORM	ATION									
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Street Address 3001 Woodbridge Ave.							() Su (X) Ot		er 8 (other				ldings	S,	
City (5) Edison, NJ 08837								re Feet		f Flo	ors	Bldg	g. Age	9	
County (6) Middlesex				County USE O	Code (7) (ST	ATE	Curre	nt Use	(Prior if b	eing	demo	lished)			
Name of Monitoring Fir	m Hired by I	Bldg. Ov	wner ·	ASCM	No.	Name	of Conti	ractor (9)						
Street Address							ONSTRI Address		N SERVI	CES,	LLC				
						300-2	State Ro	oute 17	South - S	Suite	#3				
City, State, Zip Code							ate, Zip IJ 0764								
Project Manager for Mo	onitoring Firr	n Tel	ephone N	Number		Teleph						Numb	er		
(8)						(973)68	85-9791	ı		01	191 "	A"			
Scheduled Start Date (01/24/2020		Sch		Completi 2/24/202	on Date (11) 20	1.55	of OSH		tor						
Occupancy Status Duri	ng Abateme	nt (Che	ck only o	ne)		Testor	Address			abe					-
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$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ () $\ge 160 \text{ sf or } \ge 260 \text{ lf}$) Renova) Demoli			() Min (X) Glo	i-Enclo	sure							
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(13)		Yes	No	N/A		ellaneou					/al	=	ılate	ure	
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															-
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Name of Reg. Waste H Cid Construction Service		INJU	# 329		Cubic 1	ards of \ TBD	vasie	l	ate Trans			Landfi	II		
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Notification of Asbestos Abatement (Pursuant of NJAC 8:00-7 and 12:720-7) Town-& extra footage

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☐ DCA ☐ Calicella	Vince	e Pietrucha				132-1	786-2501				
		FAC	ILITY INFORM	MATION		T- 45 33	10				
Name of facility where abatement is	taking place (3)				1	Type of Facility	ool (K - 12)				
Administration Building ***	Sub chapter 8	***					chapter 8 (Oth	er tha	in K-12	2)	
Street Address						Othe	r (Private/Cor	nmero	ial		
54 Main Street					1	Square Feet	s./Homes, etc	-	Bldg	. Age	1
	County (6)			T Cou	inty Code (7)	oquale i soc					
City (5)				50000000	ite use only)	Current Use	(Prior if being	demo	lished)	
Englishtown, NJ 07726	Monmou	th				Admin bldg	g				_
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement						
AHERA Consultants, Inc.			00057		B & G Restora	tion, Inc.					
Street Address					Street Address 105 Ryerson I	Road					
P.O. Box 385					City, State, Zip Code			NAME OF TAXABLE PARTY.			
City, State, Zip Code Oceanville, NJ 08231					Lincoln Park,						
Project Manager for Monitoring Firm	7	Phone Num	ber		Telephone Number		License 1		er		
Joseph Capone	18	609-652-1			(973)696-686		000	378			_
	Isched Com	pletion Date (11)		Name of OSHA Mo						
Scheduled Start Date (10)	01/16/20				B & G Restora	ation, inc.					_
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Abatement performed outside	e of normal facility	hours-		1							
Describe:					Lincoln Park,	NJ 07035				1.3.	_
Scope of Work (check all that app	ılv)				wrap & cut						
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▼ >3 sf or >3 lf	>160 sf or ≥260	lf			Mini-enclosure		☐ Non-fr	iable	proced	ure	_
	Is location norn	nally used sol	ely				87	R	R	E n	E
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	NJDEP H	auler ID#	Cubic Yards	of Wast	te Name of Register	ed Landfill		-			-
Registered Waste Hauler B & G Restoration, Inc.	1956	3	4		Grand Centr	al Landfill			-		
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Lincoln Park, NJ	Title		Signature				Date	0.10.5	00		
Completed by (Print or Type) Gordana Luna	Secretary/T	reasurer			Gordana Luni	z	01/0	6/20	20		_

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

2020-07 Check # 9810 *** Sub chapter 8 *** B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Manalapan Englishtown Regional School District 11 12 1/12 16 1/11 19 JAN 13 2020 Street Address Agencies Notified EPA 54 Main Street X Initial ASBESTOS CONTROL & DEP City, State, Zip Code LICENSING Manalapan, NJ 07726 Amendment X DOL Telephone Number Name of Contact X DOH 732-786-2501 Cancellation Vince Pietrucha ☐ DCA **FACILITY INFORMATION** Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Administration Building Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 54 Main Street County Code (7) County (6) Current Use (Prior if being demolished) (State use only) City (5) Admin bldg. Monmouth Manalapan, NJ 07726 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. 00057 AHERA Consultants, Inc. Street Address Street Address 105 Ryerson Road P.O. Box 385 City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231 Lincoln Park, NJ 07035 License Number Telephone Number Phone Number 00378 Project Manager for Monitoring Firm (973)696-6869 609-652-1833 Joseph Capone Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 01/16/2020 01/08/2020 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: wrap & cut Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure ■ Renovation Non-friable procedure Demolition Mini-enclosure ≥160 sf or ≥260 lf Ε E Is location normally used solely е e n n Amount m by maintenance/custodial p C Location of Description of asbestos-containing (Specify SF or 0 2 а asbestos-containing staff(12) material (ACM) V p material to be N/A abated in facility (13) No Yes X 242 sf VAT & mastic kitchen/breakroom Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Grand Central Landfill Registered Waste Hauler 19563 B & G Restoration, Inc. City, State Disposal Date Pen Argyl, PA 01/08/20 - 01/16/20 City, State Lincoln Park, NJ Date Signature Gordana Luna 12/26/2019 Completed by (Print or Type) Secretary/Treasurer Gordana Luna

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Date of Notification (1)	NO	(Pur	suant to	NJAC 8:0	60 and 12	2 120))		M	JAN	13	202)	
01/08/2020 J//-	81	N	lew Jer	sey Cor	mmunity	y Car	pital							1
Agencies Notified Type Notification		10000	treet Add	iress Irch Stre	eet, 3rd	Floo	r	A Charles		ASBEST(OS CO DENSI	NTR VG	OL &	
EPA Initial Amended Amendment #_				, Zip Code unswick		101		300						
Emergency (in	cluding		ame of C		140 000				Tele	phone Nun	nber			\neg
DOH justification justification		25000		rsey Cor	mmunity	y Ca	pital		973	.841.267	4 ext	334		
Canad .			FACILI	TY INFOR	RMATION	ı	T	e of Facility (4	\					
Name of Facility Where Abatement is Taking 6 520 St Joe Street	Place (3)						Туре	School (K-12	2)	10 17 17 17 17	170			
Street Address 520 St Joe Street							×	Subchapter 8 Other (i.e. pr	3 (Othe ivate &	r than K-12 commercia	2) al buildi	ngs, h	omes	i,
City (5)		-		40 000000		-		etc.) are Feet	# of	Floors	Blo	lg. Ag	е	
Trenton		1	*)8(03	8									
County (6) Mercer			ounty Co		_	_	Curr	rent Use (Prio	r if beir	ig demolish	ned)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	\dashv	ASCM	No.				atement Con						
Street Address						Street 6 WH		ess DOVE CC	URT					
City, State, Zip Code						LAKE	EWC	Zip Code OOD, NJ 08	3701					
Project Manager for Monitoring Firm		T	elephon	e No.			668-	9078		License N 1200	lo.			
Ottail Date ()	Scheduled 01/22/20		pletion D	ate (11)				SHA Monitor AD PROFE	SSIO	NALS				
Occupancy Status During Abatement (Check						Street 6 WF		ess DOVE CO	URT					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of Ab Il Facility F	ateme Hours	ent			City, S	State,	Zip Code						
Scope of Work (Check All That Apply)						L/ 11 X								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat				>	× N	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solel solel ntenan odial S (12)	y by ice/			ystem ng, V	Materns ins AT, or	r	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Paper	on P	oom	16		IOLF	x		(U	
INTERIOR					rapei	OII D	ean	15		TOLI	x	-		
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Name of Registered Waste Hauler AAA LEAD PROFESSIONALS		Н	JDEP W auler ID		Cubic Y of Wast					ered Landfi	ii	L	1	
City, State LAKEWOOD, NJ		02	4509		3 Disposa 01/22/		e	City, Stat	e					
Completed by	Title	FR				gnatur	re				ate 1/08/2	2020		

Ch 1379		NC	TIFIC (Pur	ATION C	e of New FASBES NJAC 8	STOS	ABATE	MENT	i bend)) <u>-</u> =	IAN 1		020		
Date of Notification (1). 01/08/20	111-17	286	3320		Building O Truckin		perator	(2)	L		griii .			160	
Agencies Notified	Type Notification		100	treet Add 28 Bar	dress tlett Ave	enue				AS	BESTOS LICE	CON	rrol	. &	
DEP DOL	Initial Amended Amendment				e, Zip Cod reek, NJ		92				Đ.				
▼ DOH DCA	Emergency justification) Cancellation	•	1000	lame of 0	Contact Truckin	g				10000000	ephone Nui 9-294-49				
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Street Address	Abatement is Takin	g Place (3)						S S X	of Facility (4 school (K-12 subchapter other (i.e. pote.)	2) 8 (Othe	er than K-1 k commerc	2) ial build	ings,	nome	S,
City (5) Manahawkin				05	305	7)		Square	e Feet	# of	Floors	BI	dg. A	ge	
County (6) Ocean				County Co	ode (7) SE ONLY)	_		Currer	nt Use (Pric	r if bei	ng demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				ement Con PROFE			(1)	rumus (es es		
Street Address								Addres	s DOVE CO	URT					
City, State, Zip Code								State, Zi	p Code DD, NJ 08	3701		and the second			
Project Manager for Mo	nitoring Firm		T	Telephon	e No.			hone No			License N	No.			
Start Date (10) 01/19/20		Scheduled		pletion D	ate (11)				A Monitor PROFE	SSIO	NALS				
Occupancy Status Durin								Addres	s OOVE CO	OURT			10.		
Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire med Outside of Nor	Period of Al mal Facility I	batem Hours	ent		_	City, S	State, Zi							
Scope of Work (Check	All That Apply)												ST-10-5	77-22	2/ 10
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Bassana B	enovat emoliti					Min Glo	I Containmoni-Enclosure evebag Produces n-Exempted	e cedure	•			е	
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Location Asbestos-Containin TO BE Al In Fact (13	g Material (ACM) BATED cility	Used Mair	d Solei ntenar odial S (12)	ly by nce/		os Cor therma surfa	escriptio ntaining al systen acing, V miscella	Material ns insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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EXTER	RIOR					-	SIDIIN	<u> </u>		1	50031				
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						27-79-715									
Name of Registered W			Н	JUDEP W lauler ID 4509		Cubi of W	c Yards aste		Name of IESI	Regist	ered Landi	ill	-		
City, State NEWARK, NJ							osal Dat 20/20	е	City, Sta		М РА				
Completed by JOSEPH PERLST	EIN	Title OWN	IER		/3		Signatu	re			100	Date 01/08/	20		

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Date of Notification (1) 1/9/20				Building Oniel Eise				me		JAN	13	- 2	U20	100	1.5
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Name of Facility Where Abatement is Takin Nathaniel Eiseman Private Home	g Place (3))					Тур	e of Facility (
Street Address							H	School (K-1 Subchapter	2) 8 (Oth	er than k	K-12)				
Jucet Address							X	Other (i.e. p	rivate 8	comme	ercial b	uild	ings,	home	s,
City (5)							Sai	etc.) uare Feet	# nf	Floors		Ble	dg. A	ae	
Manahawkin NJ 08005							-	000 +	2	1 10010			5+	9-	
County (6) Ocean				Code (7) USE ONLY)			Cur	rrent Use (Prid	or if bei	ng demo	olished)	1			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	No.				batement Cor	tractor	(9)		-			
Street Address						Street	10100								
						PO	Вох	329							
City, State, Zip Code								Zip Code erlin NJ 080	91						
Project Manager for Monitoring Firm		T	Telephor			Teleph				Licens					
				85-9984				3-9800		0072	27				
Start Date (10) 1/20/20	1/24/20		npletion I	Date (11)		Name Sam		SHA Monitor							
Occupancy Status During Abatement (Chec	k Only On	e)		5		Street	Add	ress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe:	Period of A nal Facility	Hours	nent		_	City, S	State,	Zip Code							
Scope of Work (Check All That Apply)															_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	September 1	enova emolit				Σ	N C	Full Containme Mini-Enclosure Glovebag Prod	edure						
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In Facility (13)	Cust	odial 9 (12)	1		surfacion other mi				SF	or LF)		Removal	Repair	Encapsulate	Enclosure
4.45	Yes	No	N/A		duct i	noula	otion			90 sf	-	K			
1st floor			X		duct	IISUIZ	aliOH			50 SI		×			
Name of Registered Waste Hauler			IJDEP W	/aste	Cubic Y	ards		Name of	Registe	ered Lan	ndfill				
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City, State					Disposa)	City, Stat							
Elm NJ					1/24/2			Morris	/ille P	A 1906					
Completed by Anthony T Perna	Title Pres	ident			Sig	gnatur	R				1/9/2	20			

IN# PAIN

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 01 / 07	1	20		Service Control	of Building	g Owner/Operator	(2)	5 5 1 15 17	-3-4		0	
Agencies Notified Type	Notificat	tion	-	Stree	t Address			AN 1 3 2020	-			
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	stification	n)	9	Name	of Contac	t		Telephone Numb	per	vi en i		
□ C:	ancellation	on		Jea	an Pleis							
				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatem	ent is Ta	aking Plac	e (3)				Type of Facility	1 1				
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Street Address								rivate and commer		ilding	s,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	ie	
Clayton							1,626	2	1	968		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
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Ctarat Adda							h Environment	al Service, LLC.		-,		
Street Address						Street Address 958 Jackson	Pd					
City, State, Zip Code				1990-1997		City, State, Zip C						
						Mays Landin						
Project Manager for Monitoring	Firm		Te	lephone	No.	Telephone No.		License No.	15/2016-20			
						609-561-190	1	01158				
Start Date (10)		cheduled (7.0	Name of OSHA						
01/16/20	_	01	$-\frac{3}{2}$	30/		Graham-Tec	h Environment	al Services, LLC).			
Occupancy Status During Abate						Street Address				24500		
□ Facility Closed/Vacated Duri □ Abatement Performed Outside					ecribe	958 Jackson						
Time of Abatement: 7AM-11					SCIDE	City, State, Zip C						
Scope of Work (Check all that a	nnly)					Mays Landin	ig, NJ 08330					
	ppiy)						tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli			☐ Mini-End	closure g Procedure					
								on-Friable Procedur	e			
Location of		1	s Loc Norm			Description	-£		Ab	ateme	ent Ty	уре
Asbestos-Containing Materia	al (ACM)		ed So	lely by		stos Containing Ma	aterial (ACM)	Amount	Remova	Repair	Enc	Enclosure
TO BE ABATED IN Facility		2.0		nance/	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	SVOL	air	apsı	losu
(13)			(12		-	other miscellane		0, 0, 1,	=		Encapsulate	Гe
		Yes	No	2)								
Attic					Asbest	os vermiculite l	nsulation	200SqFt				
						The No. View No.						
Name of Registered Waste Hau				NJDEP		Cubic Yards of		stered Landfill				
Graham-Tech Environme	ntal Se	ervice		Hauler I 0034		Waste 30	Pioneern	Crossing				
City, State						Disposal Date	City, State					
								1				
Completed By (Print or Type)		Title	•			Signature	MIT	Vien .	ate -	200	20	\
Vernice Graham		Presid	ent			-100 M	PL C	VVI F	7-6	10	70	5

In-	# 1	71	81	1			ew Jersey			0	h+	= 1(l)c
(K18)(1	PAI	n	NOII				BESTOS ABAT C 8:60 and 5:16	[[전기 12] [[전기 12] [[12] [[12] [[12] [[12] [[12] [12] [[12] [[12] [12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12] [[12	MECE			3 Y	
Date of Notification (1)	751 4 BA III	3 34 37		17/11	Name	of Building	g Owner/Operator (2	2)	1.4			T	Min
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Agencies Notified ☑ EPA	Type Notifica ☑ Initial	ation			Street	Address		and a second of				- 1	i ² !
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□ DHSS	Amendme		1			lmawr, N		Ť	LIOLIS		-		
☐ DCA (NJAC 5:23-8)			luaing			of Contact			Telephone Num	ber			-
,	☐ Cancellat	ion			Rob	ert C. Kı	necht, Jr						
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facil	ity (4)				
Resident								School (K					
Street Address									er 8 (Other than K-12 ., private and comme tc.)		ilding	s,	
City (5)							1100	Square Feet	30001	Blo	dg. Ag	ge	
Belmawr, NJ 080	31							1,626	2		1968		
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use	(Prior if being demolis	shed)			
Camden		-21						Resident	al				
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abateme		* 1				
								n Environme	ental Service, LLC	•			
Street Address							Street Address						
City State 7in Code							958 Jackson						_
City, State, Zip Code							City, State, Zip Co						-
Project Manager for Monit	toring Firm			Tel	ephone	No	Telephone No.	g, No 00550	License No.				
1 Tojest Manager for Moni	toring r iiiii			100	phone		609-561-1901		01158				
Start Date (10)	S	Schedi	ıled C	omple	etion Da	te (11)	Name of OSHA M		1 01100				-
01 / 10 /					0 /		Graham-Tech	n Environme	ental Services, LL	C.			
Occupancy Status During	Abatement (0	Check	only c	ne)			Street Address						-
☐ Facility Closed/Vacate					ment		958 Jackson	Rd					
Abatement Performed						cribe	City, State, Zip Co	ode					\neg
Time of Abatement: 7/	AM- <u>11:30</u> PM	/	_PM-		_AM		Mays Landin	g, NJ 08330					
Scope of Work (Check all	that apply)				7.50		Meno		Name of the same o				
⊠≥3 sf or ≥3 lf			⊠ Re	novat	tion				Negative Pressure				
≥160 sf or ≥260 lf			☐ De	moliti	on		Glovebag	g Procedure	Non-Friable Procedu	521			
			Is	Loca	tion		□ Non-Exe	impled () and	Non-Friable Procedu		ateme	ant Ti	vne
Location	of		1	Norma	ally		Description of	of					
Asbestos-Containing N TO BE ABA		1)			ely by ance/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facilit			Cus		Staff?	(1.0	surfacing, VAT	, or	SF or LF)	oval	₹.	psul	Sur
(13)		ŀ	Yes	(12) No	N/A	-	other miscellane	ous)				ate	(D
Attic						Asbest	os vermiculite Ir	nsulation	200SqFt				
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Name of Pagistared Mark	la Hauler				L	Mosto	Cubio Varda of	Nome of D	agistored Leadell		Ш	Ш	
Name of Registered Wast Graham-Tech Envir		envic	Δ.		NJDEP I Hauler II		Cubic Yards of Waste		egistered Landfill n Crossing				
City, State	ominental 3	O1 V10			00345	500	30 Disposal Date					100-14-14	
Oity, Glate							Disposal Date	City, State	41				
Completed By (Print or Ty	rpe)	Title					Signature	on o	D. D.	ate /	7	0.	
Vernice Graham		Pr	eside	ent			1000	(111 ()	LM/L	1-	1-1	JU	00

Check # 10	PAID	NOTI		TION	OF ASE	w Jersey BESTOS ABAT C 8:60 and 5:16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GCEI	ī.W		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	The second second
Date of Notification (1)			- 1	Name	of Building	Owner/Operator (2)				1	
	07 / 20			Sair	nt Peter's	University Hos	pital	JAN 13	202	0	August 1	Ш
Agencies Notified EPA	Type Notification ⊠ Initial				Address Easton /	Avenue		1	3175	01 3		11
⊠ DOLWD	Amended		Ī	City, S	tate, Zip C	ode	1	LICIERS	HG	to have	ž.	1
☐ DHSS	Amendment #1			New	Brunsw	rick, NJ 08901	*****	*** **********************************	-			1
(NJAC 5:23-8)	justification)	Juding		Name	of Contact	l .		Telephone Number	er		7779	
65.00-000 naccest 1:50	☐ Cancellation			Ron	Carvalh	o as Agent		(908) 208-306	0			
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is Taking	Place	(3)				Type of Facility ((4)				
Saint Peter's Univer	reality of a factor of the reality of the second		1-7				School (K-12					
Street Address	ion, noopius						Subchapter 8	(Other than K-12)				
254 Easton Avenue							Other (i.e., prediction homes, etc.)	rivate and commerc	ial bui	lding	S,	
City (5)		in thick	v				Square Feet	# of Floors	Blo	lg. Ag	ne .	-
New Brunswick	5 %						500,000	6		'5 +		
County (6)	4 - 4		i	Coun	tv Code (7)(STATE USE ONLY)		or if being demolish	ed)			
Middlesex				F	,	,	Hospital		(0-101 <u>4)</u>			
Name of Monitoring Firm	Hired by Building C	wner (8) /	ASCM I	No.	Name of Abateme	(32)					
Environmental Tact				N/A		MAK-B Pro, I	nc.					
Street Address			-	20000000		Street Address	A2015-03.9					
64 Broad Street						104 Market S	treet					
City, State, Zip Code	- 1		F Fr			City, State, Zip Co	ode				1000	
Matawan, NJ 07747						Garfield, NJ						
Project Manager for Moni	itoring Firm	7 17 6	Tele	phone I	No.	Telephone No.		License No.				
Tom Geiger			73	2-290-	2217	973-931-3293	3	01365				
Start Date (10)	Sched	uled Co	omplet	tion Dat	e (11)	Name of OSHA N	Monitor					
01 / _20_ /		6 /		/		Same as abo	ve					
Occupancy Status During Facility Closed/Vacate				ment		Street Address		<u> </u>				
Abatement Performed of Abatement:	Outside of Normal AM-3:30PM/	Facility PM- <u>1</u> 2	Hours 2:00A	- Desc M	ribe Time	City, State, Zip Co	ode					
Scope of Work (Check al □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	I that apply)	⊠ Rei	novati			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure)			
		ls	Locat	ion					Ab	atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM)	Use Mai	lorma d Sole intena odial ((12)	ely by nce/		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(.0)		Yes	No	N/A							(D	
Wing 1A	E				Pipe In:	sulation		750 LF	\boxtimes			
Wing 1A			\boxtimes		Acoust	ical textured Ce	iling material	2,200 SF				
Wing 1A	-A.		\boxtimes		1" x 1"	ceiling tile glue	dots	700 SF				
	-12 -2 -2 -12-	П	П									
Name of Registered Was	ste Hauler		N	JDEP V		Cubic Yards of	Name of Regis	stered Landfill				
Newark Carting Inc			1883	lauler IE		Waste		North W/M of F	Δ			

City, State

Newark, NJ

Kiril Nestorov

Newark Carting, Inc.

Completed By (Print or Type)

11222

Title

Project Manager

20 Disposal Date

Feb. 2020

Signature

G.R.O.W.S. North W/M of PA

Date

1-1-2020

City, State

Morrisville, PA

ASB-41 MAY 11

Chear 1086

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

12	Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)		-			-
	12 /20 /	19	-										
DISS	⊠ EPA ☑ Initial						Avenue						
CACA (NJAC 5.23-8)					City,	State, Zip	Code ⁻						
Name of Facility Where Abstement is Taking Piace (3) Sality Peter's University Hospital School (K-12)													
		ency (incit ation)	laing						Telephone N	umber			
FACILITY INFORMATION					Ro	n Carval	ho as Agent						
Name of Facility (Where Abatement is Taking Place (3) Saint Peter's University Hospital Sitest Address Steet Address					2072				(000) 200				
School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-1	Name of Facility Where Abatement i	s Taking P	lace (3)				Type of Facility	(4)	-	-		
Street Address	Saint Peter's University Hosp	oital		5//					J-17.0				
City C New Brunswick								Subchapter 8	Other than K	-12)			
Square Feet	254 Easton Avenue							Other (i.e., pr	ivate and com	mercial	buildi	ngs,	
Name of Monitoring Firm Hired by Building Owner (8)	City (c)								# of Floors		Blda	Δαρ	
County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Abatement Contractor (9) MAK-B Pro, Inc. Street Address 64 Broad Street 104 Market Street 104 Market Street 105 Street Address 64 Broad Street 106 Matawan, NJ 07747 Project Manager for Monitoring Firm Telephone No. Tom Geiger 732-290-2217 Project Manager for Monitoring Firm Telephone No. Tom Geiger 732-290-2217 Project Manager for Monitoring Firm Telephone No. Tom Geiger 732-290-2217 Project Manager for Monitoring Firm Telephone No. Towne Geiger 732-290-2217 Project Manager for Monitoring Firm Telephone No. Towne of OsHA Monitor Same as above Occupancy Status During Abatement (Check only one) Facility Closed/Veated During Entire Period of Abatement Abatement Performed Gutsled of Normal Facility Hours - Describe Time of Abatement T7:00AM-3:30PM PM AM Scope of Work (Check all that apply) 23 sfor 23 lf													3.
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc. ASCM No. N/A Name of Abatement Contractor (9) MAK-B Pro, Inc. Street Address 34 Broad Street City, State, Zip Code Matawan, NJ 07747 Project Manager for Monitoring Firm Tom Geiger Tom Geiger Tom John John John John John John John John					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Environmental Tactics, Inc. N/A MAK-B Pro, Inc. Streat Address 4 Broad Street City, State, Zip Code Matawan, NJ 07747 Project Manager for Monitoring Firm Telephone No. Tom Geiger 732-290-2217 Start Date (10) 01 / 08 / 19 06 / 30 / 20 Scheduled Completion Date (11) 06 / 30 / 20 Same as above Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement 7:00AM-3:30PM/ PMAM Scope of Work (Check all that apply) 2 3 sf or ≥3 if 2 150 sf or ≥260 if Senovation								Hospital					
Street Address 34 Broad Street Street Address 104 Market Street City, State, Zip Code Matawan, NJ 07747 Project Manager for Monitoring Firm Telephone No. Tom Geiger TS32-290-2217 732-290-2217 Project Manager for Monitoring Firm Tom Geiger Telephone No. Tom Geiger TS42-990-2217 Project Manager for Monitoring Firm Tom Geiger TS42-990-2217 Project Manager for Monitoring Firm Tom Geiger TS42-990-2217 Same as above Street Address City, State, Zip Code Garfield, NJ 07026 Telephone No. Telephone No. Tom Geiger TS42-990-2217 PS32-991-3293 O1365 Street Address City, State, Zip Code Street Address Street Address License No. D1365 Street Address City, State, Zip Code Same as above Street Address Street Address Street Address City, State, Zip Code Street Address Street Addre	Faving Property I.T.	ilding Own	er (8)	Α		No.	Name of Abateme	ent Contractor (9)					-
Street Address City, State, Zip Code Matawan, NJ 07747 Project Manager for Monitoring Firm Telephone No. Tom Geiger Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talephone No. Talepho					N/A		MAK-B Pro, I	nc.					
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O1							973-931-3293		01365				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PMAM ☐ AM ☐ AM ☐ City, State, Zip Code ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐ City, State ☐							Name of OSHA M	onitor					-
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Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM/ PM- AM Scope of Work (Check all that apply) PM- AM	Occupancy Status During Abatement	(Check on	ly one	2)			Street Address			-			- N
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			CILITY IN	FORMATION						
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Princeton	Mercer			0.000	Prior if being de					
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Name of Monitoring Fi	irm Hired by Building Owr	ner (8)	ASCM N		ement Contract					
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Street Address				P O Box 829	77					
City, State & Zip Code)			City, State & 2	Zip Code					
35.50				Trenton, NJ						
Project Manager for M	Ionitoring Firm	Telephone	Number	Telephone Nu 609-847-295		License N	Number 0122	2		
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	rial (ACM)	Solely	CONTRACTOR OF THE	Material (A	CM)	SF or LF)	73		四	Ш
TO BE	ABATED	Maintenar		(i.e., thermal s	ystems		Remova	Repair	caps	ncls
	Facility (13)	Custodial (12)		insulation, surfactor or other miscell	aneous)		oval	a.	Encapsulate	Enclsoure
	(13)	Yes No	N/A	0, 04,0, 1,1,000.					é	
Suite #370				VAT		500 SF				
Name of Registered V	Waste Hauler	N.	JDEP Wast	te Cubic Yards	Name of Regi	stered Landfill				
ALPHA ENVIRONI			auler ID No 0033330	of Waste	Grows Land	lfill.				
City, State	Hait I Ala Inda	100	30000	Disposal Date	City, State					
Trenton, NJ				Various	Morrisville,	PA				
Completed By (Print of	or Type)	Ti	tle	Signature			Date			
Rod Richardson	** **	1.0	roject	Rod Rich	and som		01/0	3/2	020	
		M	lanager	TYUN TYUN	IVITUIJUIT					

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

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Date of Notification (1) 1/7/20	i		1000000		Building Ow ean Grea					J	AN 1	3 2	020			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Agencies Notified	Type Notification		S	treet Add	dress									Victoria d		1
X EPA										1	5103	CA A		1.33		
DEP DOL	Amended Amendment				e, Zip Code Harbor N						<u>. HOs.</u>	A Company				
▼ DOH	Emergency (i justification)	ncluding		ame of (Contact					Tele	phone N	lumber				
DCA	Cancellation		J	leff	51					1						_
N	Ab stament in Toking	Place (3)		FACIL	ITY INFOR	MATION	T	vne of	Facility (4)							
Name of Facility Where Jim & Jean Greave								_	nool (K-12)							
Street Address						-			ochapter 8 ner (i.e. pri .)	(Othe vate &	r than K comme	(-12) ercial bu	ildin	gs, h	omes	,
City (5)			7				- 1	quare l			Floors		Bldg		е	
Stone Harbor NJ 0	8247						- 1	1000+		1			50-	ŀ		
County (6) Cape May				County C	ode (7) SE ONLY)		1 233	Current House	Use (Prior	if bein	g demo	lished)				
Name of Monitoring Firm	n Hired by Building C	Owner (8)	\vdash	ASCM	No.	Nai	me of	Abater	ment Conti	ractor	(9)					
N/A		, ,				Pe	erna	co Inc	;							
Street Address								ddress ox 329								
											,					-
City, State, Zip Code						1 .		te, Zip Berlin	NJ 0809	91						
Project Manager for Mo	nitoring Firm		T	elephon	ie No.	Tel	lephor	ne No.			License	e No.				
,							See All Top	53-98	Niera State Comment		0072	7				
Start Date (10) 1/16/20		Scheduled 1/22/20	Com	pletion D	Date (11)		me of ame		. Monitor							
Occupancy Status Duri	ng Abatement (Chec	k Only One)	1		1	Str	eet A	ddress				9				
Facility Closed/Va	cated During Entire I	Period of Ab	ateme	ent		Cit	y, Sta	ite, Zip	Code							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, ,		novat moliti				×	Mini-	Containme Enclosure ebag Proc Exempted	edure						
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		177775	ocation	Section 14		Danasia								Ту	oe	
Location Asbestos-Containing TO BE A In Fact	ng Material (ACM) BATED cility	Used Main Custo	Solel tenar	y by nce/	Asbesto (i.e. t	Descrip os Containii hermal sys surfacing other misc	ng Ma tems , VAT	aterial (insulati , or	ACM) on,	(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
F.1	Cidina	100				Exterior	Sidi	na		13	00 SF		x			
Exterior	Siding			X		LATORION	Oldi	.19						V		
Name of Registered W	/aste Hauler		10.503	JDEP W	Carl March Co.	Cubic Yar	rds		Name of	Registe	ered Lar	ndfill				
United Roll Off			lauler ID 2459	No.	of Waste 5			G.R.O.	W.S							
City, State				Disposal I			City, State Morrisv		A 1906	37						
Elm NJ		Title					ature					Date				
Completed by Anthony T Perna		Presi	dent					/				1/7	20			

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K3981	N		CATION	ate of New OF ASBE to NJAC 8	ESTOS A	BATE		IT					V		il II	
Date of Notification (1) 01/07/2020		1000	Name of Reside	Building (Owner/Op	perator	(2)	7 L L L L L L L L L L L L L L L L L L L		JA	N	13	202	20		311
Agencies Notified Type Notification			Street A	ddress					1.	Julia S				OL.	l 13	1
X EPA X Initial Amended Amendment				te, Zip Co town, N)			175,46	ACT SERVICE	بالربان		- C. Z.		₩ ₩	*****
➤ DOH justification) DCA Cancellation)		Name of Sara F	Contact aber	61				Te	elepho	ne N	lumbe	er -			
			FACI	LITY INFO	ORMATIC	N					NV G					
Name of Facility Where Abatement is Takir Residence	ng Place (3	3)					Typ	oe of Facility School (K-	10 00							
Street Address							×	Subchapte Other (i.e. etc.)	r 8 (Ot				uildir	ngs,	home	es,
City (5) Morristown							1000000	uare Feet 192	3	of Floo	ors		Bld 93	g. A	ge	
County (6) Morris	Zilliye,			Code (7) USE ONLY)		_	Cui	rrent Use (Pr	ior if be	eing de	emol	ished)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)		ASCN	1 No.				batement Co ank Servio		or (9)						
Street Address PO Box 354				1000 - F. F.		Street 1256		ress erty Aven	ue							
City, State, Zip Code South Orange, NJ 07079								, Zip Code NJ 07205								
Project Manager for Monitoring Firm Sarah Calandra		100	Telephor 201-34	ne No. 19-2666		Telepl	hone			0-005	ense					
Start Date (10) 01/23/2020	Schedule 01/30/2		npletion I	Date (11)			700	SHA Monito		lution	ns					
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Add	ress								
Facility Closed/Vacated During Entire						PO E										
Abatement Performed Outside of Norm Other – Describe:	mai Facility	/ Hours			_	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		, Zip Code Frange, NJ	0707	9						
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3 201 8		Locati Normali			525	8 8.							Α	bate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintenar todial S (12)	ly by nce/		tos Conta	systeming, VA	Mater ns ins AT, o	г		Amou (Speci SF or L	ify		Removal	Repair	Encapsulate	Enclosure
D	Yes	No	N/A		Dia	- 10/-				00.1.1		-			te	
Basement		X			Pip	e Wr	ap			80 LI		X	-	- 16		
Name of Registered Waste Hauler		l N	IJDEP W	/aste	Cubic `	Yards		Name o	f Renis	tered	Land	Ifili				
Newark Carting		Н	lauler ID 4509		of Was			Waste	Mana				dfill		<u> </u>	
City, State East Orange, NJ					Dispos	al Date	9	City, Sta		e, PA						
Completed by Alison Lamers	Title Offic	e Mar	nager		Si	ignatur	e W	YLOK			1.50	Date 01/0	7/20	020		

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

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I THILL OTTE

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Date of Notification (1) 1/08/20				Name of MC. T	f Building EMAN	Owner/0 CHUR	Operator CH	(2)			GE		E		TALLES AND THE STREET
Agencies Notified	Type Notification			Street A 160-N	ddress ADISO	N AVE				J	AN 1	3 202	0		Wind State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the
DEP DOL	Initial Amended Amendment	t#		City, Sta	ite, Zip Co BETH,	ode NJ				Same and the	an manage			Last	
DOH DCA	Emergency justification) Cancellation			Name of TEMA	f Contact				i - September 1 april 1	Tel	ephone.	Number -5380			(III Ass.)
				FACI	LITY INF	ORMAT	ION				-				-
Name of Facility Where	Abatement is Takir	ng Place (3)	- 122						of Facility (4						
Street Address								B	School (K-12 Subchapter Other (i.e. pretc.)	8 (Oth			ldings	, home	es,
City (5) ELIZABETH, NJ								Squa	re Feet 0SQF.	# of	f Floors		3ldg. / +50	Age	
County (6) UNION	11			County (Code (7) JSE ONLY)			ent Use (Prio SIDENTIA		ng demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.		Name DIN	of Aba	atement Cont CORP.	tractor	(9)				
Street Address							Street 339-		ss YETTE S	T.					
City, State, Zip Code									ip Code (, NJ 0710	5					
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph 973-	one N 491-0			Licens 0124				
Start Date (10) 1/20/20		Scheduled 1/23/20		npletion [Date (11)		Name	of OSI	HA Monitor					- 122 - 141	
Occupancy Status During	g Abatement (Chec	k Only One)				Street	Addre	SS		- 4				
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Name of Registered Was	te Hauler		N	JDEP W	aste	Cubic	Yards		Name of R	legiste	red Land	dfill			-
NEWARK CARTING	INC.			auler ID I 4509	No.	of Was	ste		ISES BI				FILL		
City, State PO. BOX. 5670, NE	WARK, NJ 071	05				Dispos	sal Date	as.	City, State BETHLE	EHEN	Л, PA.				
Completed by CARLOS GOMES		Title PRES	IDE	NT		S	ignature	1				Date 1-8-20)		
ASB-41 (R-06-08)							* 00 no	t use t	his form for a	asbest	os licens	sure exe	npted	activit	ties.

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Date of Notification (1) 1/7/2020				uilding Owner/O Farms	perator	(5)		MANED	6 Daa	20	rpe		Land out
Agencies Notified Type Notification	V.		eet Add O And	ress lover Sparts	Road			-JAN-1	3. KU	<u>.</u>	¥ 114(1.5	Ц
EPA Initial Amended Amendment #_				, Zip Gode NJ 07871			Ā.	10183 L	Kanta Kanta	iCI.	a,d		
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Name of Facility Where Abatement is Taiding P Perona Farms	Plate (3)					5	encol (K-12	}					
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City (5) Sparte				***			a Feet	Ø gf Floors		194	j, Ag LO	ù	
County (6) Sussex			TATE U	ode (?) SE ONLY)			nt Use (Prio	r if being dem	Ollehed)				
Name of Monkoring Firm Hired by Building Ov	vner (B)	1	ASCM	No.			ntracting						
Street Address		سلسيس	10			t Addisi Vreels	nd Ave	* 000					
City, State, Zip Code	1			-		State, 2	p Gode ark, NJ 01	7432					
Project Menager for Monktgring Firm	CONTRACTOR OF	194	dephon	é No.		phone No -262-5		Licen 0015	8 8 No.		<u> </u>		
Start Date (1D) 1/7/2020	Spheduled 1/14/202	Cemp	detion E	Pate (11)			A Menter	ntal Service	s, inc	-	-		
Occupancy Status Quring Absternant (Check	Only One)					et Addre			***************************************	-			•
Facility Closed/Vacated During Entire Po Abstament Performed Outside of Norms Other - Describe:	eriod of Ab at Facility H	etame leuts	otug .		elfy.	Slate. 2	r Street ip Code ick, NJ 07	606	e minera errom				-
Scope of Work (Check All That Apply)							-			- remin			PASSITION .
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Location of Asbestos-Containing Material (ACM) TO BE ASATED In Facility (13)	Main Custo	rmall) Solel) tenen dial St (12)	y by ca/	Asbestos Co (i.e. therm	al eyete	Materia	dien.	Amount (Specify SF or LF		Renova	R aprin	Europenish	D rejugation
S	Yes	No	NIA		D!-			160LF			moving)	*	aj
Basement	-		×		Plpe	P		IDULP	2	+		a.ess*05wi	-
Name of Registered Waste Hauler Newark Carting Inc.		1 Ha	IDEP W Juler ID 609		o Yardı Asto	8		Registered Li Central Sai		and	OHP D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Oky, State Newark, NJ 07105					2020		City, Sta	gyk; PA 080	072				
Completed by R. McDonald	Presid	leni				DA		A	1/7/		0		-

Jan 07 2020 03:39PM NJ Asbestos Control 609.633.0664

page 1

BEST REMOVAL INC

81/87/2828 11:37AM 2813297448

BEST REMOVAL INC _

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E DCA	D Carcelolius	85				ROUSON)	Tolophone I	Nedana	na HC	
						PORMATION					
Name of Facility Witness	Alminement in Taking	Pinco (3)				Type of Face	Dy (40			
Street Author	SUBAN AR	ONS.	0 ~	1	-		□ achical (re-	12)			
							CI Cities Co.	r S (Citherthan K Drhille & commo	ri2) -	tone .	
CBy (5)					. '		Boune Face	s of Page			
County (80)	LILFORD		-				2000		16	57	~
A0510 (8)	BERGER)		COUNTY	y Code (7) (BTATE LEE	Current Use I	Prior If being deg	(berinlar	/ 01 4	1
Name of Monitoring Per			ASC	(Dio. ·	-	T States of Short-	Company	- SIDENO	£ ·		
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Street Address.						Street Address				-	-
City, State, Zip Code				-	-	450 Sou	th Rive	<u>St</u>			
						Hackens	Gode sole N	J. 07601			
Project Manager for Ma	nliging Firm	1,	alapha	no No.	-	I BERGATION PAGE.		Lipepse No.			-
Short Date (10)	Schedules	Correia	Other De	to (11)		201-329 Name of OSHA	-7444	00388	3	_	
1/8/20		111	7/2	0		Omega	Environs	enrel		-	
Company Status Date		<u></u>	5.			Street Address			-		
C Facility Closed/Version Abaddoge: Parkernes	is Lauring Eriste Perio Christile of Normal P	of Abu	instant UN	Ē.		City, State, Zip C	uyler St			week out	
D'Other - Describe: (Church o	DIMAR TO	₹ ; €	DOP	M		S. Ha	ckensack	,N.J. 0	7606	*	
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Date of Notification (1)	07 / 20		200	of Building rais Thon	Owner/Operator (2)	7	/	e ros
Agencias Notified SPA DOLWD DOH DCA	Type Notification ⊠ Initial □ Amended Amended Emergency (including		City, Si	Address Late, Zip C Im, NJ OS	3079	WAI	MER ALVO		17
(NJAC 5:23-8)	Justification) Genceliston		DESCRIPTION OF THE	of Contact nis Thon			Telephone Numb	981	
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Street Address 355 Dresher Road					Street Address 623 Cutler A	/enue			
City, State, Zip Code Horsham, PA 1904	14				City, State, Zip C Maple Shade				
Project Manager for Mo Larry Nagelberg		1 10.00	ephone 15-768-		Telephane No. 856-755-0099		License No.		H
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Asbestos-Conteining TO BE AF IN Fac (13)	Material (ACM) Mility Cur	ad Sol Einten stodial (12)	lely by ance/ Staff?	Asbe (l.e	Description stee Containing Man, thermal systems surfacing, VAT other miscalland	marial (ACM) Insulation, , or	Amount (Specify SF or LF)	Removal	Repair
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Kitchen & Laundry		×	1		ompound		93 SF	×	
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City, State			16939		2 Disposal Date 01/13/2020	City, State Morriavill			

Completed By (Frint or Type)

Christina Fay

Titio

Vice President of Operations

Signature

Date

01/07/2020

INV# 17288 State of New Jersey

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lame of Facility Where Abatement is	Taking Place (3)					Type of Facility	4)					*
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City, State, Zip Code						ack, N.J	. 0760	1				
Project Manager for Monitoring Firm	Te	elephone	e No.		Telephone No.	,	License N	o -				
	-		444		201-329 Name of OSHA		003	88			=-	
Start Date (10)	Scheduled Comple	262	(11) (D			Environm	ental					
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(13)		(12)			other miscella	aneous)				8		ate
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Name of Registered Waste Hauler		NJDEP V	Waste I	lauler	Cubic Yards			1				
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City, State					Disposal Dat	CUMBER City, State 20 NEW BU	2011 0	5	179	40)	*
Hackensack , h	N.J. 0760	1			1-11-20	an inco and	COH, I	7.	Date	10		

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Date of Notification (1) 01/08/2020	<u></u>			f Building		perator (2)	E G E I	<u>W</u>			
Agencies Notified Type Notification			Street A		tantino		117.		2020	3.5		
☐ EPA ☑ Initial								JAN 13	2020	į	الكرشده	
DEP Amended Amendmen	+#			ate, Zip Co nus NJ (ZALESTOS CC	a same			
Emergency	(including			f Contact			Law No.	Telephone N	i lée			
DOH justification Cancellation			Marilo	u Const	tantino							
Name of Facility Where Abatement is Takin	na Dlace (S	5/	FACI	LITY INF	ORMATI		Type of Facility	, (A)				
House	ly Flace (S	2)				1	School (K					
Street Address							Subchapte	er 8 (Other than K- private & commer		dings	, hom	es,
City (5)							etc.) Square Feet	# of Floors	I F	Bldg. A	Age	
Paramus							oquaro i cot	# 01 1 10013		Jug. 1	,gc	
County (6) Bergen			County (Code (7) USE ONLY)		Current Use (P	rior if being demoli	ished)			9
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	I No.		Name o	f Abatement Co	ontractor (9)				
Street Address						Street A						
City, State, Zip Code						O ACTIVICIBILITIES	aston Ave.					
ony, state, 215 sode							ld NJ 07026	5				
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho (862)2	ne No. 262-8006	License 01369	No.			
Start Date (10) 01/18/2020	Schedule 01/31/2		npletion I	Date (11)		Name o	OSHA Monito	г				
Occupancy Status During Abatement (Che	72 C (10 M204 C + 10)	1077 001 0 11 X 20 V				Street A			VIII. 1. 1900 111			
Facility Closed/Vacated During Entire	Period of A	Abaten	nent			246 G	aston Ave.					
Abatement Performed Outside of Norr Other – Describe:	nal Facility	/ Hours	5				ite, Zip Code eld NJ 07026	3				
Scope of Work (Check All That Apply)				···					<u> </u>			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Participation 1	Renova Demolit					Mini-Enclosu Glovebag Pro	ocedure				
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In Facility (13)	Cust	todial S (12)	Staff?		surfac	cing, VAT	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Kitchen		х		Е	Blue/Wh	nite Lind	leum	100 SF	х			
Siding		Х			Gray	/ Transi	te	1800 SF	х			
Name of Registered Waste Hauler Rizov LLC		H	JDEP W auler ID 037825	No.	of Was			f Registered Landf ss Hills Landfill				
City, State		10	-0.020		Dispos	al Date	City, Sta					
Garfield NJ	Tin				TBD		Morisy	ville, PA	N-4			
Completed by Aleksandra Rizova	Title Own	er			Si	ignature ZA	ke.	1 2	0ate 01/08/3	2020		

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Agencies Notified	Type Notification			Street Ad	ldress						(JE (Will		. (3.	
X EPA X DEP X DOL	Initial Amended Amendment	#			e, Zip Cod alls, NJ (of boil V		-	774	The last
X DOH DCA	Emergency (justification) Cancellation	including	_	Name of Omni F	Contact					Telephone	Numb	oer			
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Name of Facility Whe House	re Abatement is Takin	g Place (3)	\	17012				Тур	e of Facility (4 School (K-12						
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City (5) Little Falls								Squ N/A	are Feet	# of Floors N/A		11000075	Bldg. Age N/A		
County (6) Passaic				County C	Code (7) ISE ONLY)	,		1,000	rent Use (Prio USE	r if being dem	olishe	ed)			
Name of Monitoring F N/A	Firm Hired by Building	Owner (8)		ASCM	No.				atement Cont tement, Inc						
Street Address						Street 11 R		ess ngren Aven	ue						
City, State, Zip Code	W							Zip Code NJ 07512							
Project Manager for I		Telephor	ne No.		Telepi 9733			Licens 0131		,					
Start Date (10) 01/17/2020		Schedule 01/18/2		npletion [Date (11)		10,000,000		SHA Monitor atement, Inc	c.					
Facility Closed/	uring Abatement (Chec Vacated During Entire formed Outside of Norr	Period of A	baten	nent	\$ C	W)		Rose	ess ngren Aven Zip Code	ue		(4)			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20) Date of Notification (1): Name of Building Owner/Operator (2): JAN 13 2020 GREENWOOD VILLAGE 10/28/19 Agencies Type Notification Street Address: Notified 114 WASHINGTON COURT ASSESTOS CONTROLIS () Initial City, State, Zip Code: LICENSING Notification (X) EPA (X) Amendment HAMILTON, NJ 08629 (X) DEP (X) DOL Notification Name of Contact: Telephone Number: () Emergency MR. JIM () Cancellation (X) DOH () DCA **FACILITY INFORMATION** Where Type of Facility (4): of Facility Taking Place Abatement is (3): RESIDENTAL/APARTMENTS () School (K-12) () Subchapter 8 (Other than K-12) Street Address: 114 WASHINGTON COURT (X) Other (i.e., private & commercial buildings, homes, etc.) City & State (5): HAMILTON, NJ Square Feet: NA # of Floors: 3 Bldg. Age: NA County (6): County Code (7) Current Use (Prior if being demolished): MERCER (STATE USE ONLY) RESIDENTAL/APARTMENTS Name of Abatement Contractor (9): Name of Monitoring Firm Hired by Building ASCM No.: Owner:(8) NA GUILIANO ENVIRNMENTAL, LLC **BRIGGS ASSOCIATES** Street Address: Street Address: PO BOX 1124 3 CROSSWICKS STREET City, State, Zip Code: City, State, Zip Code: BORDENTOWN, NJ 08505 SAYREVILLE, NJ 08871 Project Manager for Monitoring Firm: Telephone No.: Telephone No.: License No.: MICHAEL 609-298-5520 01342 (732) 238-7400 Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: 11/11/19 2/29/20 GUILIANO ENVIRNMENTAL, LLC Occupancy Status During Abatement (Check only one) Street Address: P.O. Box 1124 (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: () Other - Describe: SAYREVILLE, NJ 08871 Scope of Work (Check all that apply): Full Containment with Negative Pressure Mini Enclosure Glovebag Procedure () $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ (X) $\ge 160 \text{ sf or } \ge 260 \text{ lf}$ (X) Renovation () Demolition Non-Friable Procedure Abatement Is Location Description of Type Location of Normally Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, Encapsula Maintenance/ Enclosure (ACM) Remova surfacing, VAT, or Amount Repair Custodial/ TO BE ABATED other miscellaneous) (Specify Staff? IN Facility SF or LF) (12)(13)Yes N/A No 1,100 LF X PIPE INSULATION X Bldg.#8 CRAWL SPACES X 1,200 LF Bldg.#9 CRAWL SPACES X PIPE INSULATION Bldg.#10 CRAWL SPACES 1,100 LF X X PIPE INSULATION 1,200 LF X Bldg.#11 CRAWL SPACES X PIPE INSULATION Cubic Yards NJDEP Waste Name of Registered landfill: Name of Registered Waste Hauler: Hauler ID No .: of Waste:80 G.R.O.W.S LANDFILL PRO GREEN MANAGEMENT, LLC 32707 Disposal Date: City, State: City, State: 12/20/19 MORRISVILLE, PA JAMES BERG, NJ Title: Date: Completed By: Signature: 1/05/20 Admin

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Street Address			Street Address 426 69th Street															
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City, State, Zip Code					(Gute	enberg, NJ 07093											
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Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm 8:00am	Period of Al nal Facility	batem Hours	atement													
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Title Office Clerk

Signature

Date

01/07/2020

Completed by Michael Fajardo

IN

17300

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

Tarana Ca	17-	(A)	F	()	WII	li 2	\$7755
(Pi	仁	16	IC	11	W		113
	Biaran.		Crossian Con-		is not 1 to	A TOTAL	
1	ľ					3	Ti.

X 1714	PAI	L)	(Pi	ursuant to N	NJAC 8:6	60 and 12	2:120)		K[Parameter .	de Mandande September				
Date of Notification (1)	Job	#: 9771	.01	Name of	of Building	g Owner	Operator (. []	JAN	13	202	0	111,7					
January 10, 2020				Delawai	re River	Port Au	thority	1:4	De j	97111	8.5111.00		~	las	4				
	cation Type			Street A				1		······································	200 - 2 mm	.v.n.		Ĵ.					
☑ DEP ☐ An	tial Notificati nended Amendment			City, Sta	ate, Zip C	Code	erside Driv	e .	er som skaper	ulatro. UG	S CC Mun	Hir Hz	CL.	(
☑ DOH ☐ En	nergency (in				n, NJ 18					Tele	phone	Nur	nber						
	stification)										Š.								
	27-1-1-1-1-1-1-1	Hulmes	and the second second second				856-	-968-3	328			_							
Name of Facility Where Abat	FACILI	TY INFO	RMATIC	N T	Type of	Facility	(4)												
Ben Franklin Bridge - Anne						ool (K-12													
Street Address				☐ Subo	chapter 8 er (i.e. pr	Other to ivate & (c			build	ings,									
420 North 6 th Street									es, etc.)	# -5 =1-			Dida	100	_				
City (5) Camden					Square Feet # of Floors 8,000 2+							Bldg. Age 30+							
County (6)	County	Code (7)) (STAT	E	Current	Use (pri	or if being	g dem	olish	ed)									
Camden	USE ON		S 24-10-10-10-10-10-10-10-10-10-10-10-10-10-	70.0	Comme	rcial/ EZ	Pass Se	rvice	2008-00-20-20										
Name of Monitoring Firm Hire	ed by Buildin	ng Owne	er (8)	ASCM No	o. N	lame of	Contractor	(9)											
Criterion Laboratories	169 <u>411-1912 (1</u> 411-1411)			178			oup Reme	diation,	Inc.										
Street Address					S	Street Ad	dress												
400 Street Road City, State, Zip Code				ms Road, e, Zip Code		P.O. Bo	x 6												
Bensalem, PA 19020		Bensalem, PA 19020																	
Project Manager for Monitori	mber	Т	Telephon	e Number		Lice	nse Num	nber											
Melissa Billingsley		215-24	4-1300		2	215-533-3	3503	00858											
Scheduled Start Date (10)	Sched	luled Co	mpletior	1 (11)	N	Name of	OSHA Mon	itor											
January 21, 2020		ry 24, 2					Laborator	ries											
Occupancy Status During Ab	atement (Cl	heck onl	y one)		Street Address														
Facility Closed/Vacated D																			
☐ Abatement Performed Ou ☐ Other – Describe: Work a							9 5												
35-02-31-56-74-56-9					E	sensaler	n, PA 1902	20											
Source of Work (Check all th	at apply)		⊠ n-			_	7 FII Com	ta in man a mit	with No	antivo Dr									
				novation molition			☐ Full Con☐ Mini-End	closure		gative Pi	essure	3							
					☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedur								_						
			72				Non-Exe	empted () and No	on-Friable	e Proc	eaur	3						
		s Location												ement	į				
Location of Asbestos-	INC	rmally L Solely b			Desc	cription o	of		An	nount			1)	/pe					
Containing Material (ACM) M	aintenar	ice/				terial (ACN	Λ)		pecify				ш	_				
TO BE ABATED IN Facility		Custodia Staff?		(i.e., i	surfaci	ing, VAT	insulation, , or		SF.	or LF)		Ren	Re	nca	ncl				
(13)		(12)				iscellane						Remova	Repair	Encapsulate	Enclosure				
												<u>a</u>	0.5	ate	o o				
Basement	Yes	No	N/A	Pipe Insu	ulation			36	LF			X	110						
Stairwell to Basement	X			Pipe Insu	ulation			5	LF			Х							
							1111-02												
Name of Reg. Waste Hauler		37.7	JDEP V		Cubic Ya		Name of	Reg. La	ndfill						-				
David Geppert Recycling		1000	auler ID 9272		of Waste		Western		Commur	nity Land	lfill								
City, State					Disposal		City, Star												
Hatfield, PA	Title				01/24/20		Birdsbo	ro, PA		T	Date								
Completed by					12	Signature	·	>											
Vincent Primavera	Project M	anager						>			01/10	JI ZUZ	.U						