CK 00 1048	1043 B	NOTI	Stat FICATION (Pursuant to	te of New OF ASBE o NJAC 8	STOS AB	ATEMEN 2:120)	T	EG			7		
Date of Notification (1) 01/04/2019					Owner/Ope I Compa			JAN	1 8	20	10	1	
Agencies Notified Type	Notification		Street Ad	dress) OAN	1 3	20	13	* :	1
	Initial		0.0136) 0.02336046	keland A	CONTRACTOR SERVICES		*	Frank Comment	115 C.C.	AFF.	7 -	·	
X DOL	Amended Amendment # Emergency (includin		City, State Middles	sex, NJ			# g		e de la composition La composition de la composition de la La composition de la composition de la La composition de la c	:! 	79.13.2		
≥ DOH	justification) Postponed	g	Name of	Contact Ken Bor				Telephone 267-249-0		er			
			FACILI	ITY INFO	RMATION								_
Name of Facility Where Abatem DOW Chemical Bound B	nent is Taking Place rook - Bldg 202	(3)		A		Тур	e of Facility (4						
Street Address 65 Baekeland Avenue						×	School (K-12 Subchapter & Other (i.e. pr	(Other than		build	ings,	hom	es,
City (5) Middlesex	- Control Cont					Squ 780	etc.) lare Feet 00	# of Floors	S		dg. <i>A</i>	ge	
County (6) Middlesex			County Co			Cur	rent Use (Prior		nolished	47.00		-	
Name of Monitoring Firm Hired One Source Safety & He.		3)	ASCM	No.		ame of Ab	patement Cont	ractor (9)					
Street Address					St	reet Addr		iai Service	e Com	раг	ıy		
140 S Village Ave, Suite City, State, Zip Code Exton, PA 19341	130				Ci	ty, State,	Ilman Drive Zip Code m, PA 1801	5					_
Project Manager for Monitoring	Firm	T	Telephone		Te	elephone	No.	Licen	ise No.				
Start Date (10)	Schod	lod Co	610-524			10-691-		0072	21	<u> </u>			
1/21/19	2/15/1		mpletion Da	ate (11)	1000	randent	SHA Monitor ourg						
Occupancy Status During Abate Facility Closed/Vacated Du Abatement Performed Out Other – Describe: DEMO –	ring Entire Period of side of Normal Facili	Abater	ment rs		22 Cit	ty, State,	llman Drive	5					
Scope of Work (Check All That a ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Apply)	Renova Demoli		NIII -	Gloveba	g Proced	with Negative ure) and Non-Fria			sure	•		
Location of		Is Loca	7.1.7.033(2.)		5					,		men	t
Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACIVI)	sed So Mainten ustodia (12	ance/ I Staff?	(AC	Descripestos Con CM) (i.e. th ulation, sur other miso	ermal sys facing, V	stems AT, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
B 202			X		Pipe Ir	nsulatio	n	380 SF	X				
B 202			X		<u>`</u>	ile/Mast		200 SF					
B 202			Х		Roof/I	Flashing	3	7800 SF		-			
B 202			X		Tran	nsite		430 SF	X				
B 202			X		Bench	n Tops		150 SF	0.00				
B 202			X		Windov	w Caulk		80 SF	X				
Name of Registered Waste Hau Brandenburg Industrial Se		H	JDEP Was lauler ID No 1838	0.	Cubic Yard of Waste 160	ds	Name of Re GROWS N	egistered Lar orth	ndfill				
City, State Bethlehem, PA					Disposal D 1/25/19-2		City, State Morrisville,	PA					
Completed by Stephen Carne	Title	ronma	antal Mar	nager	Signa	ituse/	1		Date	0/0	^4^		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 19-10 Name of Building Owner/Operator (2) Date of Notification (1) 0 1 / 1 1 / 1 9 JAN 18 2019 maria shammas Agencies Notified Type Notification Street Address Initial EPA. DECTOS CONTRALEZ. Amended DEP City, State, Zip Code Amendment #: DOL Emergency RIDGEWOOD, NJ 07450 M DOH (including Name of Contact Telephone Number justification) ☐ DCA Cancellation maria shammas **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) maria shammas Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) RIDGEWOOD bergen Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 01/22/19 01/31/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure ≥ 3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of R E by maintenance/custodial Ε asbestos-containing e е Description of asbestos-containing n Amount staff(12) n material (acm) to be m p C material (ACM) (Specify SF or abated in facility (13) С 0 Yes a No N/A ٧ p BASEMENT PIPE INSULATION 50 l ft X basement crawl space PIPE INSULATION 30 l ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 I yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 01/23/19 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC PRESIDENT**

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Prir	100	Arm.	
1 1 11	2 4.5 8	OHIH	

CV (045	ATE	NC	TIFICA (Purs	TION OF	of New Je ASBEST NJAC 8:60	OS ARAT	EMENT 20)		E	, [s		177
Pete of Notification (1) 01/14/2019	SAL.		Na	me of Bu	ilding Own	er/Onerati	201. 2 7				- 13	- 12.
Agencies Notified Type Notificat EPA DEP Amended Amended Amended			Stre	et Addre			r		JAI	<u> 1</u>	8 2	2019
F Tonorion	ent#_ cv (includ	ling	- M	ontclair	Zip Code ,NJ,0704	12		E some				
DOH justification Cancellat	ion		Vis	ne of Cor sar ljuljo	duraj			Telephone 914-439	Numbe	er	- +15.5	No. Br. D. Harry
Name of Facility Where Abatement is Ta Commercial building	king Plac	e (3)	F	ACILITY	INFORMA	TION	T 15					
Street Address							Type of Facility School (K-	262				
10 Crestmont Rd							Subchapte Other (i.e.	12) r 8 (Other than I private & comm	K-12) ercial b	uilding	ıs, ha	mes,
Montclair County (6)							etc.) Square Feet N/A	# of Floors N/A		_	Age	
Essex			Cour (STA	ty Code TE USE O	(7) NLY)		Current Use (Pri	or if being demo	lished)			
Name of Monitoring Firm Hired by Buildin	Owner	(8)	AS	CM No.		Name EHV	of Abatement Cor	atractor (0)	а ——			
Street Address						Street	Address RANKLIN STF					
Clty, State, Zip Code						City, S	tate, Zip Code ERSON,NJ,07					
Project Manager for Monitoring Firm			Telep	hone No.		Teleph	one No.	License				
Start Date (10) 01/27/2019	Sched	uled Co 0/2019	l ompletio	n Date (1	11)	Name o	333-5144 of OSHA Monitor	01274				
Occupancy Status During Abatement (Che						Street A	ABATEMENT	LLC				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: OCCUPIE			ment rs			89 FF City, Sta	RANKLIN STR					
Scope of Work (Check All That Apply)						PATE	RSON,NJ,075	24				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				XX	Full Containmer Mini-Enclosure Glovebag Proce	dure				
1	1	s Locat	ion				Non-Exempted) and won-Fria	ble Pro	Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use	Normal ed Sole aintenal stodial S	ely by nce/	Asbe (i.	Des estos Conta e. thermal s	cription of aining Mat	erial (ACM)	Amount		Ту	ре	
(13)		(12)	T		surfac	ing, VAT, iscellaned	or I	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT/ STORAGE RM #4	Yes	No	N/A						a		late	ar
BASEMENT/ ROCK RM		X				nsulatio		25 LF	K			\dashv
		^			Pipe i	nsulatio	n	10 LF	X			
Name of Registered Waste Hauler	8	LN	JDEP W						H	\dashv	\dashv	_
EHW ABATEMENT LLC	16	Ha	auler ID 037095	No.	of Waste		Name of Reg	gistered Landfill E TRANSFE	R			
City, State Paterson,NJ					Disposal TBD	Date	City, State					_
Completed by /ictor Espíritu	Title Proje	ct Ma	nager		1	nature	BRONX,N	\		046		_
SP 44 /P 00 00						NA	WW	V(/) 01	/14/2	U19		

CK1199 PA	UD!	NOTIF (F	FICATIO	n of ASBE It to NJAC 1	SULE	ARATE	MENT 0}		, e		ck #	1	99	
Date of Notification (1)	*****		KEN	of Building (South	Operator HLAW	(2)) He		SI FIE	Colon Paris	A21	NG	-	001
Agencies Notified Type Notification EPA Initial Amended Amendment			10	Address O QUI tate, Zip Con EARI	NC	y PE	CAC	E		gan.	, 0	& U	13	
DOH Justification Cancellatio	(including	-	Nama o	of Contact				0700	Tel	ephone Nu	nber	i Wa	<u>.</u> .	
All and the state of the state			FAC	LITY INFO	RMATI	ON			_	- Control				
Name of Facility Where Abatement is Taki MENNEY SOUTH CH	ng Piece (3	5)		*				of Facility	(4)					
Street Address 10 - QUINCY PUR							文	School (K- Subchapter Other (i.e. etc.)	e (Oth	er than K-1: & commerci	z) al buili	dinge	, hom	85,
City (5) KEANNY			,				Squa	re Fest		Floors 2	E	G &		
County (6) OSON			County	Code (7) USE ONLY)	N-teriores					ng demolish		-	Manager 1	
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.				tement Cor ontracting		(8)				
Street Address						Street 1		es and Ave.	•					
City, State, Zip Code				•				ip Code ark, N.J.					-	A-111_
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph 201-2				License N 00156	0.			
Start Date/(10) 1/25/19	Schedule	d Cor	mpletian	Date (11)				tA Monitor		ervices in	C.			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire			nont			Street	Addres					•		
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other - Describe:	mal Facility	Hours	3		_	City, St	ate, Zi	p Code ck, N.J. (7808				-	
Scope of Work (Check All That Apply)	·					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		014 14.0. 6	77 000					
23 af or 23 if 2160 af or 2260 if		anova emolit				三	Min Glo	il-Enclosure ivebag Prod	edure	Negative P			•	
Location of	N	Locati	ly		Dan	cription			3.7.5	A CALL S S S S S S CO.	1	Abat	men pe	t
Asbestos-Containing Malerial (ACM) TO BE ABATED In Facility (13)	Mal	d Sole ntensi odlal 8 (12)	nce/	1	e Control hermal surfac		aterial Insula I, or	(ACM)	(8	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					- 1			-		ate	8
BACKROOM			X	7		SITE	5		. 70	00 SF	X			
OFFICE.		-	X		VA	17			Ö	OOSF	X			
WAREHOUSE	4-4		X	100	UBU	5,11	UTA	CT			X			
Name of Registered Waste Heuter		IN	JDEP W	/aste	Cubic \	/amls	0	Name of	Desista	red Landill				
Newark Carting, Inc.		H	auler ID 1509	No.	of Was	te O_				l Sanitary	Lan	dfill		
City, State Newark, N.J. 07105					Dispos	al Date	00	City, State Pen Arg		08072	11.25 - 10.0710			
Completed by R. McDonald	Title	Ident			_	_	-	Dan	7	Da	te/	1,0	3	

	$\supset \land$	Section of the last	T\$	tate o	of New	Jersey			Che	ck#	1650	7
U	后	NOT	TRICA	TION C	F ASBE	ESTOS ABATEMENT 0-7 and 12:120-			~			111.4
Date of Notification ((1)	(LULS	Name	of B	uildin	g Owner/Operato	7) or (2)		A F	6	F	1
1/11/2019			Do	prot	hy H	uey	/		ルー	Up.	5 1	1 6
Agencies Notified Ty	pe Notific	cation	Stre	et Ado	dress			11.	Ji-			
[]EPA	[X]Initial									JAN	18	20
[]DEP	Notifie	cation	City	, Stat	ce, Zip	. Code				.,		
[X] DOL	[]Amended					J, 07110			ASI	BESTO	000	11.15
[X] DOH	Notific	cation			ntact	- 4 001 1024-00147700	m-11			Contract of the	1431	NG.
[]DCA	[]EMERGENO	CY			ıy Hı	iev	rerepr	none Number				
	[]Cancella	ation			_		1					
Name of Facility Whom	22-1			FAC	CILITY	INFORMATION						
Name of Facility Where Dorothy Huey	Abatement	is Taki	ing Pl	ace (3)		Type of Fac	ility (4)				
1 							[]Schoo					
Street Address					+			apter 8 (Oth				
								buildings,				
City		County			Cor	unty Code (7)	Square Feet	# of Flo	oors	Bldg.	Age	2
NT 1- 7		-			100000	TATE USE ONLY)	C	15 1 10 1		<u></u>		
Nutley		Essex	7.10			~	Current Use	(Prior if h	erng	demol:	Lshed	1)
Name of Monitoring Firm Owner (8)	hired by	Buildin	g As	CM No.		Name of Abate						
N/A						AZTECH M	IANAGEMEN	T, Inc.				
Street Address						Street Address						
						86 Chris	topher S	t.				
City, State, Zip Code						City, State, 2		N				
Desirat Maria					134	11	r, NJ 07	042				
Project Manager for Mon	itoring Fi	1		e Numl	per	Telephone Numb				se Nur	nber	
cheduled Start Date (10		N/				(973) 744			00	371		
01 21 19	and-	d. Compl	etion 23	Date 19		Name of OSHA M	Monitor					
Month Day Year	Mor	nth D)arr	Von		N/A						
ccupancy Status During [X]Facility Closed/	Abatement	(Check	only	onel		Street Address	ı					
of Abatement												
[]Abatement Perfor Hours - Describe	med Outsid	e of No	rmal E	acili	ty	City, State, Z	ip Code					
[]other - Describe	:«Other Oc	cupancy	Descr	ipt»								
cope of Work (Check all	that appl	Ly)				Ц						
[X] >3 sf or >3]	lf	Γv	rl Pono	vation			Containment w	ith Negative	e Pre	ssure		
[]>160 sf or >2				lition		[]Mini-E [X]Gloveb	ncrosure					
		T	Is	19. 10.00		[]Non-Fr	riable Proced	ure	- 1-			
Location of			catio			Description	of			batem	ent ?	Type
Asbestos-Contain Material (ACM)			Used	-		Asbestos-Conta Material (A	-	Amount	_	RREE	N C A	C
TO BE ABATED			Main nance		50	(i.e., thermal	systems	(Specify		OP	PS	L O
In Facility (13)		Cus	stodia	il		sulation, surfacer other miscell		LF)		AI	U	S
		Yes	No	N/A						L	L	R
asement		1		X	Pipe	insulatio	n	65 LF	X			
mo of Doniet												
ame of Registered Waste AZTECH MANAGEME			DEP Wa ıler I			ic Yards Waste 1.0	Name of Regi		fill			
	111, TIMO	17	040	- 1.0.			Tri - S	tate				
	0.40				1	posal Date	City, State					
ty, State ontclair N.T.07					J U.	1/24/19	Bronx.	NY, 104	14			
ontclair, NJ 07	042					-//		1 1	•			
	ype) Title	e				Signature	<i>A</i> 1 1	//	Dat			

B&G proj #

2019-13



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

				Em	erge	ency	Che	ck # 91	04			
Date of Notification (1)		Name	of Building O	wner/Operator ((2)		14.31	EC	E			EF
1011/110/119		Eric	Greenberg	g			li Jr			П	J [=
Agencies Notified Type Notified EPA	fication	Street	Address			**************************************	1-3					_ -
DEP Niti	al						[. J	JAN	1 1 8	3 20	19	. 1:1
	endment		tate, Zip Code									-
	nument	30		, NJ 07079				ASBES	on c	Oi :	111	0,
Б П Сапи	cellation	Name	of Contact				Teleph	ione Nun	ber		212.21	
DCA Can		Eri	c Greenber	g						15		
				CILITY INFORM	MATI	ON						
Name of facility where abateme	nt is taki	ng place (3)				Type of Facilit					
Eric Greenberg								ool (K -				
Street Address					_			chapter 8)
						1	Othe Bldg	er (Private s./Homes	e/Comn s, etc.	nercia		
City (5)	T	County (6)			Lc	ounty Code (7)	Square Feet	# of FI	oors	E	Bldg.	Age
South Orange		Essex				State use only)	Current Use	Prior if h	eina de	molisi	ned)	
Name of Monitoring Firm Hired b	y Bldg /						residential	(1 1101 11 0	cing do	mons	icuj	
Traine of motificing Finite inea c	by blug. v	Owner (6)		ASCM No.		Name of Abatement C						
Street Address				11/4		B & G Restoration	on, Inc.					
						105 Ryerson Ro	oad					
City, State, Zip Code		0.12-11.0				City, State, Zip Code						
Droinet Manager for Maria 11 11 11 11 11 11 11 11 11 11 11 11 11						Lincoln Park, N	IJ 07035					
Project Manager for Monitoring Fire	rm		Phone Num	ber		Telephone Number (973)696-6869		100000000000000000000000000000000000000	se Num			
Scheduled Start Date (10)	19	ched Com	pletion Date (1	11)		Name of OSHA Monito			00378			
01/14/2019	1	01/17/20	12000 73	1)		B & G Restoration						
Occupancy Status During Abatem						Street Address						-
Facility closed/vacated during						105 Ryerson Ro	ad —————					
Abatement performed outside Describe:	le of nor	mal facility l	nours-		- 1	City, State, Zip Code			-1.11-			
Other-Describe:					-1	LincolnPark, NJ	07035					
Scope of Work (check all that app	oly)											7 -
☐ Demolition	Renov	ation				Full Containment w/nega	tive pressure	Glove	ebag pr	oced	ıre	
	≥160 s	f or <u>≥</u> 260 If			X	Mini-enclosure		Non-	friable	proce	dure	
Location of		ation norma	illy used solely	/					TR	R	Е	E
asbestos-containing material to be	staff(1			Description material (A		asbestos-containing	Amount (Specify S	SE or	e m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (A	Civi)		LF)	31 01	0	a	а	L
Boiler Room			×	VAT			4/0 6		e	ŕ	Р	
Basement closet			×	VAT			1/2 sqft 1/2 sqft		_ X	님	X	ዙ
Basement			x	wet wiping/l	Чер	a vacuuming surface			Ħ	금	X	情
egistered Waste Hauler	100	IDED		his Variation								
3 & G Restoration, Inc.		JDEP Haule 19563	eriu# Ci	ubic Yards of W	aste	Name of Registered La Grand Centr	ndfill al Landfill					
ity, State Lincoln Park, NJ			Disposal D			City, State					-	
ompleted by (Print or Type)	Title		_ 01/1	7/2019 Signature	_	Pen Argyl, PA	4				y.	_
Gordana Luna		tary/Trea	surer	Jigilalule	(Gordana Luna		Date 01/1/	0/201	a		
								1 01/11	01201	9		

RECEIVED 01/10/2019 04:15PM 08 Jan 2000 11:29PM NJ Asbestos Control 609.633,0664 EI State of NJ JAN 18 2019 Notification of Asbestos Abatement 2019-13 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: # 9104 ***Emergency*** Dale of Notification (1) Name of Building Owner/Operator (2) 0 1 1 / 1 0 / 1 1 9 1 Erlc Greenberg Agencies Notified Type Notification Streat Address EPA M Initial DEP City, State, Zip Code 1.27 18. 15 Amendment R DOL South Orange, NJ 07079 E DOH Name of Contact Telephone Number Cancellation DCA Eric Greenberg FACILITY INFORMATION Type of Facility (4) Name of facility where abstement is taking place (3) School (K · 12) Eric Greenberg 5 ubchapter 8 (Other than K-12) Street Address Other (Private/Commercial × Bidgs./Homes, etc. Bldg. Age Square Fest | # of Floors C(ty (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Essex South Orange residential Name of Maniforna Firm Wired by Bidg. Owner (6) Neme of Abatement Contractor (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Project Manager for Monitoring Firm lephone Number -hone Number (973)696-6859 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 01/14/2019 01/17/2019 Street Address Occupancy Status During Abelement (Chack only one) 105 Ryerson Road Facility closed/vscated during entire period of abatement.

Abatement performed outside of normal facility hours. City, State, Zip Code Describe: LincolnPark, NJ 07035 Diner-Describe: Scope of Work (check all that apply) Damottion Renovation Full Containment winagetive pressure Glovebag procedure Mini-andosure Mon-friable procedure E >3 af or >3 If ≥160 of or ≥260 if la location normally used solely Location of ξ by maintenance/custodie! п as bestos-containing Description of aspestos-containing metarial (ACM) n m staff(12) P (Specify SF or material to be ۵ abated in facility (13) Yas No NA P × VAT 1/2 soft K Boiler Rapm VAT 1/2 saft Basement closet 业 wet wiping/Hepa vacuuming surface 600 saft FIR Basement Registered Waste Hauter B & G Restoration, Inc. Cubic Yares of Waste NJDEP Havier 104 Nama of Registered Landfill 19583 Grand Central Landfill Disposa' Date City, State Lincoln Park, NJ Pen Argyl, PA 01/17/2019 Completed by (Print or Type)
Gordana Lune Signature Date

Complesser Luca

01/10/2019

Secretary/Tressurer

Date of Notification	(1)								[]		.,1	WK# 3 9
	1/9/19			N	ame tate	of Bu	ilding (Owner / Ope	rator (2)	1 (GEIV	EM
Agencies Notified	Type Notif	cation		S	treet	Addre	o Dep	artment of	Correct	ions		
EPA								PO Box 8	363	1		
☐ DEP ☐ DOL				C	ty, S	tate &	Zip C	ode	000	4 1	N 18 20	9 11-7
Ø DOH		ended-#1-1/	11/19	T	rente	on, N	J 086	25		į		
DCA DCA	Em	ergency		N	ame	of Cor	ntact		-	ASDEC	1700000	TTTb
LI DCA	☐ Car	ncellation		R	ob V	an T	assel			ASBE!	TOB CO 11	Telephone Num 732-396-2713
Name of Facility Ma		[(*)			FAC	ILITY	INFO	RMATION	1		- International Control of	
Name of Facility Wh Edna Mahan Corr	ere Abaten	nent is Takin	g Plac	e (3)				Type of Fa	acility (4)			
Street Address	ectional	or woman						School	ol (K-12)			
30 County Route	513							Subcl	hapter 8 (Other tha	an K-12)	
The reduce	313							○ Other	(i.e. priva	ite & con	nmercial build	lings, homes, etc.)
City (5)	-	County (6)	- 1	Caus	1	1 /=		Square Fe	eet	# of Floo	ors	Bldg. Age
Clinton		Hunterdo		Coun	ty Co	ode (7)	900			-2-	40÷
		nunterdo	n					Current Us	se (Prior if	being de	emolished)	
Name of Monitoring I	irm Hired I	hy Building C	wnor	(0)		1001		Correction	onal			
-iiviioiimentai Co	nnection	o, building C	wiler	(0)		ASCN	ЛNo.	Name of A	batement	Contrac	tor (9)	
Street Address								Bristol E	nvironm	ental, Ir	nc.	
20 N. Warren Str	eet							Street Add	ress			
ity, State & Zip Cod	е			-	-			1123 Bea	ver Stree	et		
renton, NJ 08608								City, State	& Zip Coc	de		
roject Manager for N	Monitoring F	irm	Tel	lepho	ne N	umbe	r	Bristol, P. Telephone	A 1900/		1	
teven Mania			60	9-392	2-420	00	•	(215) 788-			License	Number
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rvice Transport In 7, State rdley, PA mpleted By (Print or				1_			1/22	2/19	Waynes		ЭН	
v, State rdley, PA mpleted By (Print or				Titl			Sign	2/19 ature	Waynes	sburg, (Date
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Name of Facility Where Abate	ement is Taking	Plac	e (3)	FA	CIL	IIYI	NFOF	RMATION								
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Name of Monitoring Firm Uises	I had David Brown							Correctio	nal			- 58				
Name of Monitoring Firm Hired Environmental Connection	n py pullaing 0/	wner	(8)		AS	SCM N		Name of Al	oatem	ent Cont	ractor (9)				
Street Address	•			-				Bristol En	viror	mental	, Inc.					
120 N. Warren Street								Street Addr 1123 Beav								
City, State & Zip Code					-			City, State 8	er St	reet						
Trenton, NJ 08608							È	Bristol, PA	190 A	07						
Project Manager for Monitoring Steven Mania	Firm	Tel	ephor	ne l	Num	nber	Ī	elephone I	Numb	er		License	Number			
Scheduled Start Date (10)	Cabadul 10	60	9-392	-42	200		(215) 788-6	6040			00509	Number			
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Abatement Performed (Outside of Norn	nal H	ours -	- 7a	am t	to 3pm	ı lö	ity, State &	Zin C	ode						
Describe:								ristol, PA								
Facility Occupied During Scope of Work (Check all that a	g Abatement 8:	00AN	1 to 4	:00	PM					•						
beope of work (Check all that a	ipply)							**************************************								
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TIRDUL								7			-					

APPROVED BY:

TOM VOORHEES, NOTHERCATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CML#3496

Date of Notification	(1)			Na	me o	f Ruild	ina C	Dumar 10-				0,0,	<i>-</i> (7 .	<i>-</i> \	((9
	1/10/19			Tre	anto	n Bon	ing c	Owner / Operation	ator (2)	T	- 1 Fr		g n c	п <i>т</i> =) porem	
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				F	ACI	ITVI	NEC	RMATION			///	26-60-C	1000			
Name of Facility Wh	ere Abatem	ent is Taking	Place	2 (3)	AUI	LIII	NEC		***	Learning	MICH PERSONNEL	MARIETYCHA W	Marin Line III	300	·	:
Maintenance Buil	ding	- Taking	1 lace	(0)				Type of Fa	cility (4)							
Street Address									I (K-12)							
1490 Prospect St	root							Subch	apter 8 (Other t	han K-	-12)				
The state of the s	CCL							Other ((i.e. priva	ate & co	ommer	cial build	ings, ho	mes.	etc.)	
City (5)		10						Square Fee	et	# of F	oors		Bldg. A		/	-1-12
		County (6)		County	y Coc	de (7)	# E	300	0		1		Diag. 7		er.	
Trenton		Mercer						Current Use	_	fhoing	domai	i - l 1\		60-	+	
								Maintone	o (i iioi i	i being	uemoi	isnea)				
Name of Monitoring I	irm Hired b	v Building Ow	mer (8)	IA	SCM	VI.	Maintenar	ice Bui	laing						
Environmental Co	nnection	,	,,,,,,	0)	1	SCIVIT	VO.	Name of Ab	atemen	t Contra	actor (9)				- FOR SE
Street Address								Bristol En	vironm	ental,	Inc.					
120 North Warren	Street							Street Addr					534-53			
City, State & Zip Cod	е.							1123 Beav								
Trenton, NJ 08010								City, State &	& Zip Co	de						
Project Manager for N	Annitoring E	irna	I					Bristol, PA	19007							
Rollie Jones	normorning F	um		ephon				Telephone N	Number			License	Number			
Scheduled Start Date	(40)			-392			38	(215) 788-6	6040			00509				
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			1/1	1/19				Bristol Env	vironm	ental I	nc					
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	erformed Ou	tside of Norm	al H	ours -	7am	to 3pr	m I	City, State &	Zin Cor	io.						
Describe:							.	Bristol DA	40007	16						
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Date of Notification (1)			1		Na	me of Building /ERVIEW MED	Owner/Opera	tor (2)			IAN	1 0
1 / 11 Agencies Notified Type	/19				Str	eet Address			1 : 11	· ·	IAN	18
	e Notificat				1 R	IVERVIEW PLA	AZA					
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DCA	EMERG	ENC	Y NO	TIFIC	ATION FRI	ne of Contact C MATTSON		Telephone	Number			
						NFORMATION		732-450-26	589			
Name of Facility Where Abate	ment is Ta	aking	Plac	e (3)	MOILITT	NFORWATION	Type of Fac	:!!/4\				
				20050			School	(K-12)				
RIVIERVIEW MEDICAL CENTE	ER .							apter 8 (Other th	oon V 10			
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lame of Monitoring Firm Hire	d by Build	ing (Owne	r (8)	OIAII	ASCM No.	HOSPITAL					
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4 BROAD STREET							Street Addres	SS STATE OF	RPURA	TION		
ity, State, Zip Code								ROCK ROAD				
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roject Manager for Monitoring F	irm	** 02			e Number	-	SUFFERN, N	EW YORK 109	01			
HOMAS GEIGER			D. Janes	-290-2			Telephone No		License	Num	ber	
xpected State Date (10)		Sch			etion Date (111	845-369-7500)	1101			
1 / /11/ 19				1 /	11	/19	Name of OSH	IA Monitor VIRONMENTAI				
Month Day Ye	ar	M	onth		Day	Year	GOALITT EN	VIRONNENTAL	L			
Facility Closed/Vacate	nent (Ched	k on	ly one	9)			Street Addres	s				
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X Other - Describe:	FRIDAY 8	PM-4	AM	domity	riouis - Des	scribe:	City, State, Zi	- 0-1-				
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Date of Notification (1)		Name of Building RIVERVIEW MED	Owner/Operator (2) .			
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Car	ncellation	RED BANK, NEW	JERSEY 07701		1-1	/	
	Hold ERGENCY NOTIFICATION	Name of Contact	- 11	elephone Num	(. ~]
	The state of the s	LITY INFORMATION		32-450-2689	101		
Name of Facility Where Abatement	la Taking Place (3)	LITT INFORMATION	Property and Man-Hill		7,000		1
RIVIERVIEW MEDICAL CENTER			Type of Facility (School (K-1)	4) 2)			1
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Name of Monitoring Firm Hims but	h in a m t	STATE USE ONLY	Current Use (Prior HOSPITAL	if being demoli	shed) Pha	rm. Lab.	
ENVIRONMENTAL TACTICS Street Address	Premining Owner (8)	ASCM No.	Name of Abstance	at Carte /		-	tos Elif
64 BROAD STREET			Street Address	NIAL CORPO	NOTAS		
City, State, Zip Code			313 SPOOK ROCK	ROAD			
Project Manager for Monitoring Firm	NEW JERSEY 07747		City, State, Zip Co. SUFFERN, NEW Y	ia .	-	-	
THOMAS GEIGER	Telephona Num 732-290-2238	iber	l'élaphone Number		se Numbe		
Expected State Date (10)	School Completion	Date (11)	845-369-7500	1404		.	
Month Day	1 17	11 /18	Name of OSHA MO QUALITY ENVIRO	nitor VMENTAL			
Occupancy Status During Abatement (/Charles		Street Address				
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Scope of Work (Check all that apply)	se d'	Calleri	WAPPINGER	S EALLS STEEL	YORK 1	2500	
EL POST OR LE	X Renovation		······································	X WRAF	& OUT	.025	
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Location of Asbestos-containing	is Location	Description of Ast	orine.		45		
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TO BE ABATED In Facility (13)	Maint/Custodial	insulation, surfacin	g, VAT		19	ENC.	
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ND FLOOR-EAST CORRIDOR		INSULATION		-		= 5	
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ame of Registered Waste Hauler	NJDEP Weste Cubic	Z			-		0.83
EWARK CARTING -	Hauler ID No.	Yards of Waste	ame of Registered L	andilli			
ity. State	913		RAND CENTRAL S		DFILL		
EWARK, NJ 07105 ompleted by (Print or Type) [7]	Dispose 1/11/20)10 E	LANFIELD TOWNS	1315 57			
	III. IRECTOR OF OPERATION	Signature	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	HIP, PA	10	-	
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Detail Name of the			uisu	N	lame of	Building (Owner/Operator	(2)	1				+
Date of Notification (1)				R	RIVERVI	EW MEDIC	CAL CENTER			J	AN 1	8 2	019
Agencies Notified Type Notifica					treet Ad				المما				1
EPA X Initial N		ion	ű.	100		VIEW PLA	14101			1000			
DEP Amende	ed Noti		n			e, Zip Code NK, NEW J	e ERSEY 07701		O BELLEVI SUPERIOR SERVICE	ASDE		UC:	
X DOL Cancell				N	ame of	Contact		IT-Jankan	NI I				1
		NOT	FICA	TION E	RIC MA	TTSON		Telephone 732-450-26		r			
Name of Facility Miles - Alex				FACILITY	Y INFOR	RMATION							1
Name of Facility Where Abatement is 1	aking	Place	(3)				Type of Facili	ty (4)					1
RIVIERVIEW MEDICAL CENTER							School (F	ter 8 (Other th	nan K-1	2)			
Street Address							X Other (ie.	private & cor	nmcl. b				-
1 RIVERVIEW PLAZA -1ST & 2ND FLOO	PRS						250,000	6	ors	BI	dg. Ag 65	е	
City (5) County RED BANK MONMO				Co	unty Co	ode (7) E ONLY)	Current Use (P HOSPITAL	rior if being d	emolish	ed) Ph	arm. L	ab.	1
Name of Monitoring Firm Hired by Buil	ding C	wner	(8)	1 (01)		SCM No.	Name of Abate	ement Contra	actor (9)	-		
ENVIRONMENTAL TACTICS Street Address						17	PAR ENVIRON	IMENTAL CO	RPOR	ÁTION			
64 BROAD STREET							Street Address 313 SPOOK R						
City, State, Zip Code MATAWAN, NI	=\^/ !=	DOEV	. 077	17			City, State, Zip	Code		-			
Project Manager for Monitoring Firm	LVV JE			e Number	г		SUFFERN, NE Telephone Nur			e Numb	oor		
THOMAS GEIGER		732-	290-2	2236			845-369-7500	1001	1101	e Numi	JCI		1
Expected State Date (10) 1 / /23/ 19	Sch		ompl /	etion Dat	te (11) 30	/40	Name of OSHA						
Month Day Year	М	onth		Day	30	/19 Year	QUALITY ENV	RONMENTA	L				
Occupancy Status During Abatement (Chi Facility Closed/Vacated During	eck on Entire	ly one	d of 4	hatemen	ı.t		Street Address						
Abatement Performed Outside	of Nor	mal F	acility	Hours - [n Describe	e:	1376 ROUTE 9						
X Other - Describe: MONDA	Y - FRI	DAY	7AM-	3:30PM			City, State, Zip	Code					
Scope of Work (Check all that apply)						Criticals w	WAPPIN ith Negative Pre	GERS FALLS	S, NEW	YORK	12590	Ů.	
Demolition X >3SF OR LF	Ren	ovatio	n			Mini-Enclo	٠,	33410					
X >160 SF OR 260 LF					X	Glovebag Non-Friab	Procedure le Procedure						
Location of		Locat			Descri	ption of As	bestos-	T		Abater	ment T	vpe	
Asbestos-containing Material (ACM)	A	mally colely l				ing Materia		Amount	7	ודוו	m	m	
TO BE ABATED		nt/Cus				hermal sys		(Specify SF or LF	1 8	EPAIR	S S	5	
in Facility (13)		taff (1				er miscella			(EMOVAL	70	NCAPSUL	NCLOSUR	
2ND FL WEST -FAMILY HEALTH CNTR	res	INO	N/A X	PIPE INS	CLII ATI	ON		20015		+	1	D	
2ND FL WEST -FAMILY HEALTH CNTR	T		X	VAT & N		OIN	-	832 LF	X		+	\vdash	
2ND FL WEST -FAMILY HEALTH CNTR	1		X	WALL M				1,352 SF	X	+	-	\vdash	
2ND FL MED SURG/OBSERVATION WA	7		X	VAT & N				1,552 SF 1,300 SF	X		+	\vdash	
2ND FL MED SURG/OBSERVATION WA	_		X	WALL M				1,056 SF	X	+	+	\vdash	
2ND FL MED SURG/OBSERVATION WA	-		X	PIPE INS		ON		478 LF	X	+	+	\vdash	
2ND FL MED SURG/OBSERVATION WAY			X	WINDOV				20 SF		+	-	\vdash	
2ND FL EAST CORRIDOR			X	PIPE INS				40 LF	X	-	+-	\vdash	
2ND FL WEST CORRIDOR			X	WALL M				144 SF		+	-	\vdash	
2ND FL WEST CORRIDOR	1		X	WINDOV		K		2 SF	X	-	+	\vdash	
2ND FL CARDIAC RESPIRATORY REHA	 В		X	COLUMN				960 SF	X	-	+	\vdash	
1ST FL KITCHEN	T		X	DUCT IN				1,260 SF	- X	+	+	\vdash	
Name of Registered Waste Hauler		P Wa	ste	Cubic Ya	and the second s	Vaste	Name of Registe	ered Landfill				\vdash	
NEWARK CARTING	Haule	er ID N 913	No.		120		GRAND CENTR	AL SANITAR	Y LAN	DFILL			
City, State		913		Disposal	Date		City, State				,		
NEWARK, NJ 07105 Completed by (Print or Type) Title				1/11/2019			PLANFIELD TO			/_	/,	لہ	
		ROF	OPEF	RATIONS	Signa		XX		Date /	/ //	110	7	

Ch24185		NC	I FICA Purs	State TION OF uant to N	of New Jen ASBESTO JAC 8:60	sey SABAT	EMENT	Total Committee	3/-	E (ন <i>দ্র</i>	E		
Date of Notification (1) 1/9/2019			Na	me of Bui	lding Owne			1	1	JA	N	18	20	19
•			N.	ISDA			, ,							10
To	on			et Addre				+	Δ	SBES	TO	2.00	11	11.1
EPA X Initial Amended			32	EAST	-RONT S	ST., P.C	D. BOX 991					S CC		-
Amendme Emergence	ent#	dina	. TR		I, NJ 086	525					-Listens	Million Co.	. 911	
justificatio	n)	anig		ne of Con				T	elepho	ne Nu	mhe	r	_	
	123						RT RYAN	6	09-8	58-51	86			
Name of Facility Where Abatement is Tak	ing Plac	e (3)	F	ACILITY	INFORMA	TION	1 =							
CLEVELAND STREET SCHOOL		157					Type of Facil	10.00						
Street Address							School Subaba	(K-12)						
355 CLEVELAND STREET							Other (i.	oter 8 (Ot e. private	ner tha	an K-12 nmerci	2) al bu	ilding	is ho	mes
City (5) ORANGE							etc.) Square Feet							
							Oquale Feet	#	of Floo	ors		Bldg	. Age	
County (6) ESSEX			Cour	ity Code (7)		Current Use (Prior if he	eina de	molich	od)			
Name of Monitoring Firm Hired by Building		-		TÉ USE OÌ	VLY)				ang de	1110115!	ea)			
AHERA CONSULTANTS, INC.	Owner	(8)	AS	CM No.	16.00	Name	of Abatement (Contracto	r (9)					_
Street Address						TWO	BROTHER	S CON	TRAC	CTING	3, II	VC.		
P.O. BOX 385						Street	Address							
City, State, Zip Code							REELAND A	VENUE	Ξ					
OCEANVILLE, NJ 08231						City, St	tate, Zip Code	T40					2018 m m	
Project Manager for Monitoring Firm			Telep	hone No.			DWA, NJ 07 one No.	512						
JOHN SMOYER				652-183	33		956-8700		50000000	nse No				
Start Date (10) 1/21/2019	Sched	uled Co	mpletio	n Date (1	1)		of OSHA Monito	nr .	004	94				
7.750-7.00 (ACC) (ACC) (ACC)	4/30/	2019					E AS (9) AB							
Occupancy Status During Abatement (Chec					95	Street A								_
Abatement Performed Outside of Normal	Period o	f Abate	ment											
Other – Describe:	iai Facil	ity Hour	S			City, Sta	ate, Zip Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli					Full Containn Mini-Enclosu Glovebag Pro	re ocedure						
	1	s Locat	ion				Non-Exempte	and (*) and	Non-F	riable				
Location of	l lle	Normal ed Sole	ly		Des	cription o	f						emen pe	Į.
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintenai	nce/	Asbe	stos Conta	ining Ma	terial (ACM)	An	nount				m	
In Facility (13)	Cus	todial S (12)	Staff?	(1.6	thermal s	ing, VAT.	or	(Sp	oecify or LF)		Rei	Į,	Encapsulate	Enclosure
(13)		(12)	_		other mi	iscellaneo	ous)	31	OI LF)		Remova	Repair	nsq	losu
0000	Yes	No	N/A								<u>n</u>	1	late	Ге
GROUND FLOOR ROOM 19		X		PIPE I	NSULAT	ION (W	/rap & Cut)	20	LF		+	-	-	
GROUND FLOOR ROOM 20		X					Vrap & Cut			_	-	-		
GROUND FL CORRIDORS A & B		X					rap & Cut)		LF		1			
GROUND FL A-02, A-03, A-04		X		The same of the same of the same of) LF					
Name of Registered Waste Hauler		0.89	JDEP W	asto /			rap & Cut)		LF					
TWO BROTHERS CONTRACTING		Ha	auler ID	No.	Cubic Ya	arus e	Name of							
City, State		18	3743		10		WASTE	E MANA	AGEN	MENT	G.I	R.O.	W.S	;. ·
OTOWA, NJ					Disposal	Date	City, State							-
Completed by	Title				4/30/20	/	MORRI	SVILLE	E, PA					
/IVECA RAMOS		JECT	COOF	RDINAT	2011	hature	-)	11.	Date		SHIP.		
					TV	une	ea/la	m	_	1/9/20	019			- 1

Ch 49!	22		NOTE	FICATI (Pursua	State of M ON OF A	New Jerse SBESTO	ABATEM	ÆNT) <u>E</u>	C	E] [7 E
Date of Notification (1)	19				MS		Operator (2)		LAX	210		IAN	18	20	19
Agencies Notified	Type Notification ☐ Initial ☐ Amended Amendment ☐ Emergency (City, S	Address state, Zip C	ode						-	6 C C	MG.	SE. 8
□ DOH □ DCA	justification) Cancellation	·								Te	745z lephone Num	iber	_	_	
Name of Facility Where Ab	atement is Taking I	Place (3)		FAC	ILITY IN	FORMA'		Type of	Facility	(4)					
	SALLY		RICK	•		*	-	□ Sc □ Su	hool (K-	12) : 8 (Other	than K-12)	buildi	nge h	nmes .	etc \
City (5)								Square I	2		f Floors		Bldg. A		
GLEN	J ROCK				i				00			1		35	-
BER	GEN.				Code (7) USE ONLY	,			Use (Pri		g demolished	1)	,		2
Name of Monitoring Firm H	fired by Building O	wner (8)		ASC	M No.		Name of Best			tractor (9					
Street Address							Street Ad 450		h Rive	er Stre	et	16-25-7			
City, State, Zip Code		6)	8				City, Stat	a military in the second		New I	ersey 07	601			
Project Manager for Monitor	ring Firm			Telepho	one No.		Telephon			3	License No 0038).			\neg
Start Date (10)		Schedule	d Comp		ate (11)		Name of	OSHA I	Monitor	nental	-				\neg
Occupancy Status During Al	patement (Check Or	ly One)	,,,,,	111			Street Ad	**		- Inomitted	<u> </u>		-		-
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Peri Outside of Normal I	od of Aba	tement	M			280 City, State		er Stre	et					
		> >: •	351			-	Sou	th Ha	ckens	sack, N	NJ 07606				
Scope of Work (Check All T ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	hat Apply)		Renovat Demolit				口体体口	Mini-I Glovel	enclosure pag Proce	edure	Negative Pres		ure		
Location of	of	1	S Locati		{	D.	scription of		(ement pe	
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM)	M	ed Solel aintenar todial S (12)	nce/	Asber (i.e. the	stos Conta rmal syste	scription of aining Mate ems insulati VAT, or niscellaneou	rial (AC on, surfa	M) acing,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Risara		Yes	No	N/A								_		ite	e
BASEREN				V	THERM	k Sp:	STEMS 1	NSUR	MOT	12	10 LF	بېر	\$		-
Name of Registered Waste Ha Best Removal, Inc City, State			H	JDEP W. auler ID 17109	No.	Cubic Y of Wast	3-4		Miner	va En	l Landfill trerprises	s, LI	LC		
Hackensack, NJ 07	7601					Disposa	Date 22/19	C	ity, State		- 011 1	460	0		
Completed by J. Maiorano		Title Estin	mator			/	gnature	Pa	wayı		g, OH 4	_	s , , / ,	9	
ASB-41 (R-06-08)					***		Do	1		112	estos licensur	e exem	npted	,	ies.

Ch 24183		NO.	TIFICAT (Pursua	State of ON OF A	New Jen SBESTO AC 8:60 a	Sey SABATI	MENT 20)				<u>E</u>	-31101100-05	rin
Date of Notification (1) 1/9/2019			Name	e of Build	ing Owne	r/Operato	or (2)		- 4	JAN	1 {	3 20	119
Agencies Notified Type Notifica	tion			t Address	3			_	AS	DEGT	<u> </u>	0:	r 1- 3
EPA Initial			32 E	EAST F	RONT S	ST., P.C	. BOX 991	. [_		Directores		1143	
DEP Amende			City,	State, Zip	Code							3018 HXX	
Emerge	ncy (includi	ng			NJ 086	25							
DOH justificat				of Conta		/RORE	RT RYAN	I	elephone	Numbe	er		
Nome of Facility and					NFORMA		IVITAIN	4	DUSED N	5186			
Name of Facility Where Abatement is T CLEVELAND STREET SCHOOL	aking Place	(3)					Type of Facilit	ty (4)					
Street Address	, L						School (F	<-12)					
355 CLEVELAND STREET							Subchap Other (i.e	ter 8 (O	ther than I	(-12)	uilding	s ho	
City (5)							etc.) Square Feet			si Ciai D	10.00		nes,
ORANGE							Square reet	#	of Floors		Bldg.	Age	
County (6) ESSEX			County (STATE	y Code (7 E USE ON) -n		Current Use (F	Prior if be	eing demo	lished)			
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASC	CM No.		Name	of Abatement C	ontracto	or (9)				
AHERA CONSULTANTS, INC. Street Address						TWO	BROTHERS	S CON	TRACT	ING, I	NC.		
P.O. BOX 385							Address						3000
City, State, Zip Code OCEANVILLE, NJ 08231					9	City, St	REELAND A		E				
Project Manager for Monitoring Firm			Tolonh	one No.		1	DWA, NJ 075	512					
JOHN SMOYER				552-183	3		one No. 956-8700		License				
Start Date (10) 1/21/2019				Date (11			of OSHA Monito	r	00494				
	4/30/2						E AS (9) AB						
Occupancy Status During Abatement (Ch						Street A	Address						
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of rmal Facilit	Abater y Hour	ment s			City, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
		Locat						y dir	G 14011-1 112	DIE FIC	Sex Y	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	cription o	f					ре	
TO BE ABATED	Ma	intena	nce/	Asbes (i.e.	tos Conta thermal s	aining Ma systems i	terial (ACM) nsulation,		mount			Щ	m
In Facility (13)	Cusi	(12)	olaii?		surfaci	ing, VAT,	or		pecify or LF)	Remova	Repair	cap	Enclosure
	Yes	No	N/A		outer m	iscellarie	ous)			oval	air.	Encapsulate	sure
SEE ATTACHED			1021							-		Ф	
										+			
Name of Registered Waste Hauler		1 50	IDEE :::										
TWO BROTHERS CONTRACTING	3	Ha	JDEP Wa auler ID N		Cubic Y of Waste	е	Name of I						
City, State		18	3743		500 +/-				AGEME	NT G	.R.O	.W.S	;.
TOTOWA, NJ					Disposa 4/30/2		City, State		F D.				
Completed by	Title				Sig	hature	MORRI	VILL					
VIVECA RAMOS	PROJ	ECT	COOR	DINATO	DR D	/	eent	leve	100	ate 9/201	9		

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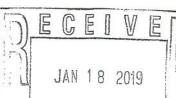
CLEVELAND STREET ELEMENTARY SCHOOL

PHASE-1				
G-1 work area - Ground Floor (Drawing ASB-GF1.0)		AS	BBECT COOL
Location	Material description	Amount	Int	assistant assistant and a second
Corridor B	Wall plaster top coat / base coat	Amount 800 SQ F1	% asbestos / typ	
A07- fan room	Wall plaster top coat / base coat	200 SQ FT	1000	
A07- fan room	Pipe insulation		10.000	
	i pe insulation	100 LF	10-209	
Room 21	Pipe insulation		Chrysotile	•
Room 21		50 LF	10-20%	
	Built-up flooring – Multi-layer	700 SQ FT	Chrysotile	
West stair tower 'A'		3,200 SQ		Full containment
ground floor through attic	Wall & ceiling plaster top coat and base coat	5,200 SQ FT	10/2 Chaunatile	Full containment
West stair tower 'A'	Built-up flooring – Multi-layer		-	- an contamination
1 st & 2 nd floor landings	Built-up flooring - Multi-layer	120 SQ FT	10% Chrysotile	Full containment
Room 18 and storage	Pipe insulation			
E	The state of the s	30 LF	10-20%	Full containment
Room 18 and storage	Built-up flooring - Multi-layer	1,080 SQ FT	Chrysotile	
Room 19 and storage	Pipe insulation	1,000 3Q F1	10% Chrysotile	
	A STATE OF THE STA	50 LF	10-20%	
Room 19 and storage	Built-up flooring – Multi-layer	1 000 00 57	Chrysotile	
G-2 work area - Ground		1,080 SQ FT	10% Chrysotile	Full containment
Floor (Drawing ASB-GF1.0)				
Location	Material description	Amount	100	
Sub-stair tower 'B'		Amount	% asbestos / type	Type of abatement
Ground floor through 2 nd	Wall plaster top coat / base coat	1,620 SQ FT	40/ 01	
floor	The same and the s	1,020 SQ F1	4% Chrysotile	Full containment
Sub-stair tower 'B'	Ceiling systems, plaster / top coat and base			
	coat	155 SQ FT	4% Chrysotile	Full containment
Sub-stair tower 'B'	Pipe insulation	10 LF	A STATE OF THE STA	
A08 – equipment room	Wall plaster top coat / base coat	70 SQ FT	10-20% Chrysotile	Full containment
Corridor B & A-09 pantry	Wall plaster top coat / base coat		4% Chrysotile	Full containment
PHASE-2	1000000	560 SQ FT	4% Chrysotile	Full containment
F.1 work area - 1st Floor				80 303 1 10 10 10 10 10 10 10 10 10 10 10 10 10
(Drawing ASB-FF1.0)				
Location	Material description	Americal I	0/	
ESL	Ceiling systems, plaster / top coat and base	Amount	% asbestos / type	Type of abatement
	coat	178 SQ FT	4% Chrysotile	Full containment
ESL	Wall plaster top coat and base coat	52 SQ FT		
ESL	Spot removal - wall plaster / top coat and base		4% Chrysotile	Full containment
	coat	4 SQ FT	4% Chrysotile	Full containment
ESL & hall wall	2-door frame & wall plaster top coat and base		,	, an containment
	coat	32 SQ FT	4% Chrysotile	Full containment
Room 6	Fin tube radiators, wall plaster top coat/base			. an containment
	coat	150 SQ FT	4% Chrysotile	Full containment
Room 6	1-door frame & wall plaster top coat and base		, , , , , ,	, an containment
	coat	16 SQ FT	4% Chrysotile	Full containment
Room 6 & closet	Ceiling systems, plaster / top coat and base		,	, dir containment
	coat	735 SQ FT	4% Chrysotile	Full containment
Room 6 & closet	Coot removal		7	, an containment
	Spot leffloval - Wall plaster / top coat and base			
	Spot removal - wall plaster / top coat and base coat	11 SQ FT	4% Chrysotile	Full containment
	coat	11 SQ FT	4% Chrysotile	Full containment
Room 7	Coat Fin tube radiators, wall plaster top coat /base coat	11 SQ FT 150 SQ FT		
	Fin tube radiators, wall plaster top coat /base coat	150 SQ FT	4% Chrysotile	Full containment
Room 7	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat			
Room 7 Room 7 Room 7, closet & storage	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat	150 SQ FT	4% Chrysotile 4% Chrysotile	Full containment
Room 7 Room 7 Room 7, closet & storage	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat	150 SQ FT 260 SQ FT	4% Chrysotile	Full containment
Room 7 Room 7 Room 7, closet & storage	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base	150 SQ FT 260 SQ FT	4% Chrysotile 4% Chrysotile 4% Chrysotile	Full containment Full containment Full containment
Room 7 Room 7 Room 7, closet & storage Room 7, closet & storage	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat Spot removal - wall plaster / top coat and base coat	150 SQ FT 260 SQ FT 904 SQ FT	4% Chrysotile 4% Chrysotile	Full containment
Room 7 Room 7 Room 7, closet & storage Room 7, closet & storage Room 8	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat Spot removal - wall plaster / top coat and base coat Fin tube radiators, wall plaster top coat /base coat	150 SQ FT 260 SQ FT 904 SQ FT	4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile	Full containment Full containment Full containment Full containment
Room 7 Room 7 Room 7, closet & storage Room 7, closet & storage Room 8	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat Spot removal - wall plaster / top coat and base coat Fin tube radiators, wall plaster top coat /base coat	150 SQ FT 260 SQ FT 904 SQ FT 5 SQ FT 150 SQ FT	4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile	Full containment Full containment Full containment Full containment Full containment
Room 7 Room 7 Room 7, closet & storage Room 7, closet & storage Room 8 Room 8	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat Spot removal - wall plaster / top coat and base coat Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat	150 SQ FT 260 SQ FT 904 SQ FT 5 SQ FT	4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile	Full containment Full containment Full containment Full containment
Room 7 Room 7 Room 7, closet & storage Room 8	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat Spot removal - wall plaster / top coat and base coat Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat	150 SQ FT 260 SQ FT 904 SQ FT 5 SQ FT 150 SQ FT	4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile	Full containment Full containment Full containment Full containment Full containment Full containment
Room 7 Room 7 Room 7, closet & storage Room 8	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat Spot removal - wall plaster / top coat and base coat Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat	150 SQ FT 260 SQ FT 904 SQ FT 5 SQ FT 150 SQ FT 6 SQ FT	4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile	Full containment Full containment Full containment Full containment Full containment
Room 7 Room 7 Room 7, closet & storage Room 8, closets & storage Room 8, closets & storage	Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base coat Spot removal - wall plaster / top coat and base coat Fin tube radiators, wall plaster top coat /base coat Wall plaster top coat and base coat Ceiling systems, plaster / top coat and base	150 SQ FT 260 SQ FT 904 SQ FT 5 SQ FT 150 SQ FT 6 SQ FT	4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile 4% Chrysotile	Full containment Full containment Full containment Full containment Full containment Full containment



Room 5	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	
Room 5	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 5	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment

PHASE-2				
F.1 work area - 1st Floor				
(Drawing ASB-FF1.0)				
Location	Material description	Amount	0/ ashasts 11	
Room 5 & closet	2-door frame & wall plaster top coat and base		% asbestos / type	
	coat	32 SQ F1	4% Chrysotile	Full containment
Room 5, closets & storage	Ceiling systems, plaster / top coat and base coat	944 SQ FT	100 00	
Room 5 storage	Built up flooring to joist		. 70 Ola ysothe	The state of the s
Room 5 storage	Window well wall plaster top coat and base	140 SQ FT	2.7% Chrysotile	Full containment
100m 3 storage	coat coat	18 SQ FT	4% Chrysotile	
Room 5 storage	1-door frame & wall plaster top coat and base		. 70 Om youle	Pull containment
Room 5 storage	coat	16 SQ FT	4% Chrysotile	Full containment
Room 5 Storage	Wall plaster top coat and base coat	500 SQ FT	4% Chrysotile	Full containment
Room 4	Fin tube radiators, wall plaster top coat / base			
	Colling queterns also to	150 SQ FT	4% Chrysotile	Full containment
Room 4, closet & storage	Ceiling systems, plaster / top coat and base coat	933 SQ FT	4% Chrysotile	
Room 4	Window well wall plaster top coat and base	000 0011	4% Chrysotile	Full containment
TOOM 4	coat	32 SQ FT	4% Chrysotile	Full containment
Room 4	3-door frame & wall plaster top coat and base		- Tre offinjoodic	i dii contairinent
Doom 4.9 ball III	coat	48 SQ FT	4% Chrysotile	Full containment
Room 4 & hall wall Room 4 storage	Wall plaster top coat and base coat	280 SQ FT	4% Chrysotile	Full containment
	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 4 storage	Window well wall plaster top coat and base coat	32 SQ FT		Parameter Services
Boom 4 starrage	1-door frame & wall plaster top coat and base	32 3Q F1	4% Chrysotile	Full containment
Room 4 storage	coat wall plaster top coat and base	16 SQ FT	4% Chrysotile	Cult postoja se set
Room 4 storage & hall wall	Wall plaster top coat and base coat	564 SQ FT		Full containment
Principal's office storage	2-door frame & wall plaster top coat and base		4% Chrysotile	Full containment
	coat	32 SQ FT	4% Chrysotile	Full containment
Principal's office storage	Spot removal built up flooring section to			
Main office/Prin office/	substrate	2 SQ FT	4% Chrysotile	Full containment
storage	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	40/ 05	
Main office/Prin office/			4% Chrysotile	Full containment
storage	Wall plaster top coat and base coat	1,150 SQ	4% Chrysotile	Full containment
Main office/Prin office/	Ceiling systems, plaster / top coat and base	FT	. To only soule	r dir containment
storage Main off of the storage	coat	903 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/ storage	Tiles and associated built up flooring to		2.7-10%	
Main office/Prin office/	substrate	928 SQ FT	Chrysotile	Full containment
storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT		120000000000000000000000000000000000000
	Ceiling systems, plaster / top coat and base		4% Chrysotile	Full containment
Corridors A & B	coat	1,965 SQ	4% Chrysotile	Full containment
Corridors A & B	Spot removal - wall plaster / top coat and base	FT	. 70 Om ysome	ruii containment
Seriadis A & B	coat	60 SQ FT	4% Chrysotile	Full containment
Vestibule	Ceiling systems, plaster / top coat and base			
with the state of	coat	250 SQ FT	4% Chrysotile	Full containment
Vestibule	Spot removal - wall plaster / top coat and base	450.57	101 01	
	coat	4 SQ FT	4% Chrysotile	Full containment
Room 3	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	40/ Charactile	F. II.
Room 3	1-door frame & wall plaster top coat / base	100 0011	4% Chrysotile	Full containment
1001113	coat	16 SQ FT	4% Chrysotile	Full containment
Room 3, closet & storage	Ceiling systems, plaster / top coat and base			r dii contairinent
s, s.ocot & storage	coat	953 SQ FT	4% Chrysotile	Full containment
Room 3 & storage	Spot removal - wall plaster / top coat and base	100.00		
•	coat	120 SQ FT	4% Chrysotile	Full containment
Room 1	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	40/ Chr	
	ooat	100 GQ F1	4% Chrysotile	Full containment

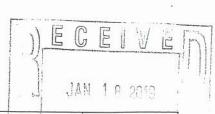


Room 1	2-door frame & wall plaster top coat / base coat	32 SQ FT	4% Chrysotile	E Full containment				
Room 1, closet & storage	Ceiling systems, plaster / top coat and base coat		Full containment					
Room 1 & closet	Wall plaster top coat / base coat	380 SQ FT						
Room 1 storage	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile 4% Chrysotile	Full containment				
Room 1 storage	Wall plaster top coat / base coat	Mall plantar has as at the						
Room 1 storage	Spot removal built up flooring section to substrate	2 SQ FT	4% Chrysotile 2.7-10%	Full containment				
Room 1 storage	Spot removal - wall plaster / top coat and base coat	10 SQ FT	chrysotile 4% Chrysotile	Full containment				
Room 2	Fin tube radiators, wall plaster top coat / base coat	220 SQ FT	4% Chrysotile	Full containment				
Room 2	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment				
Room 2, closet & storage	Ceiling systems, plaster / top coat and base coat	Ceiling systems, plaster / top coat and base						
Room 2 & storage	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment				
Kinder bathroom	Ceiling systems, plaster / top coat and base coat	63 SQ FT	4% Chrysotile	Full containment				
Kinder bathroom & Corridor B idjacent	Window well wall plaster top coat / base coat	18 SQ FT	4% Chrysotile	Full containment				
Kinder bathroom, Corr B & stair	Wall plaster top coat / base coat	600 SQ FT	4% Chrysotile	Full containment				
inder bathroom & stair B entrance	2-door frame & wall scratch coat	32 SQ FT	4% Chrysotile	Full containment				
Nurse restroom	Built up flooring to joist	33 SQ FT	2.7% Chrysotile	Full containment				
Nurse restroom & office	Wall plaster top coat / base coat	450 SQ FT	4% Chrysotile	Full containment				
Nurse restroom & office	& office 2-door frame & wall plaster top coat / base coat 32 SQ FT 4% Chrys							
Nurse restroom & office	Ceiling systems, plaster / top coat and base coat	245 SQ FT	4% Chrysotile	Full containment				
Nurse office	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment				

PHASE-3				
S-1 work area - 2 nd Floor (Drawing ASB-SF1.0)				
Location	Material description	Amount	% asbestos / type	Time of shates
Storage/CST office	Ceiling systems, plaster / top coat and base coat	178 SQ FT	4% Chrysotile	Type of abatement Full containment
Storage/CST office	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Storage/CST office	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 13	Metal spline & tin ceiling systems	735 SQ FT	4% Chrysotile	Cull sestainment
Room 13	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 13	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 13 & closet	Spot removal - wall plaster / top coat and base coat	12 SQ FT	4% Chrysotile	Full containment
Room 17	Metal spline & tin ceiling systems	749SQ FT	4% Chrysotile	
Room 17	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment Full containment
Room 17	4-door frame & wall plaster top coat and base coat	64 SQ FT	4% Chrysotile	Full containment
Room 17	Wall plaster top coat and base coat	700 SQ FT	4% Chrysotile	
Room 17	Tiles and associated built up flooring to substrate	800 SQ FT	3-10%	Full containment Full containment
Room 17	Spot removal built up flooring section to substrate	2 SQ FT	Chrysotile 2.7% Chrysotile	Full containment
Rooms 16 & 17 storage areas	Metal spline & tin ceiling systems	232 SQ FT	4% Chrysotile	Full containment
Rooms 16 & 17 storage areas	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment



Dooms 16 9 17 starses 9 L - II			ļ.,	
Rooms 16 & 17 storage areas & hall wall	vvail plaster top coat and base coat	1,200 SQ FT	1 // (hnycotile)	Full containment
Room 16 storage	Spot removal built up flooring section to substrate	2 SQ FT	AND THE PROPERTY OF THE PROPER	Full containment
Room 16	Metal spline & tin ceiling systems	775 SQ FT	4% Chrysotile	Full containment
Room 16	1-door frame & wall plaster top coat and base coat	16 SQ FT		Full containment
Room 16	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT		Full containment
Room 16	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Room 15	Metal spline & tin ceiling systems	779 SQ FT		100000000000000000000000000000000000000
Room 15	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT		Full containment Full containment
Room 15	Window well wall plaster top coat and base coat	32 SQ FT		Full containment
Room 15	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 15	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	
Room 15	Spot removal - wall plaster / top coat and base	The second secon		Full containment
Room 15 storage	coat Ceiling systems, plaster / top coat and base	3 SQ FT	4% Chrysotile	Full containment
	coat	165 SQ FT	4% Chrysotile	Full containment
Room 15 storage	Built up flooring to joist Window well wall plaster top coat and base	140 SQ FT	2.7-10% Chrysotile	Full containment
Room 15 storage	coat	18 SQ FT	4% Chrysotile	Full containment
Room 15 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 15 storage & hall wall	Wall plaster top coat and base coat	1,040 SQ FT	4% Chrysotile	Full containment
Room 14	Metal spline & tin ceiling systems	768 SQ FT	4% Chrysotile	Full containment
Room 14	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 14	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 14 & hall wall	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Room 14	Wall plaster top coat and base coat	580 SQ FT	4% Chrysotile	Full containment
Room 14 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 14 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 14 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 14 storage & hall wall	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 14 storage & hall wall	Wall plaster top coat and base coat	1,040 SQ FT	4% Chrysotile	Full containment
Room 12	Metal spline & tin ceiling systems	780 SQ FT	4% Chrysotile	Full containment
Room 12	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 12	Spot removal - wall plaster / top coat and base coat	6 SQ FT	4% Chrysotile	Full containment
Room 12 storage & hall wall	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Ceiling systems, plaster / top coat and base coat	128 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Wall plaster top coat and base coat	120 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Spot removal built up flooring section to substrate	3 SQ FT	2-7% Chrysotile	Full containment
	Ceiling systems, plaster / top coat and base			
Speech		250 SQ FT	4% Chrysotile	Full containment
Speech	coat Spot removal - wall plaster / top coat and base coat	250 SQ FT 8 SQ FT	4% Chrysotile	Full containment



Room 11	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	-Full containment
Room 11 storage	Ceiling systems, plaster / top coat and base coat	153 SQ FT	4% Chrysotile	Full containment
Room 11 & storage	Spot removal - wall plaster / top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 10	Metal spline & tin ceiling systems	784 SQ FT	4% Chrysotile	Full containment
Room 10	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 10 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 10 & storage	Spot removal - wall plaster / top coat and base coat	9 SQ FT	4% Chrysotile	Full containment
East stair tower "C"	Ceiling systems, plaster / top coat and base coat	254 SQ FT	4% Chrysotile	Full containment
Room 9	Metal spline & tin ceiling systems	768 SQ FT	4% Chrysotile	Full containment
Room 9	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
S-2 work area - 2 nd Floor (Drawing ASB-SF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Room 9, storage & closet	Spot removal - wall plaster / top coat and base coat	26 SQ FT	4% Chrysotile	Full containment
Room 9 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Janitors closet	Ceiling systems, plaster / top coat and base coat	63 SQ FT	4% Chrysotile	Full containment
Janitors closet	Spot removal built up flooring section to substrate	8 SQ FT	4% Chrysotile	Full containment
Janitors closet, hallway & stair entrance	Wall plaster top coat / base coat	960 SQ FT	4% Chrysotile	Full containment
Janitors closet & Stair tower B	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Teachers' lounge & restroom	Ceiling systems, plaster / top coat and base coat	210 SQ FT	4% Chrysotile	Full containment
Teachers' lounge & restroom	Wall plaster top coat / base coat	540 SQ FT	4% Chrysotile	Full containment
Teachers' lounge & restroom	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Teachers' lounge	Tiles and associated built up flooring to substrate	450 SQ FT	2.7-10% Chrysotile	Full containment
Teachers' lounge	Spot removal built up flooring section to substrate	8 SQ FT	4% Chrysotile	Full containment
Teachers' lounge	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Corridor A	Metal spline & tin ceiling systems	459 SQ FT	4% Chrysotile	Full containment
Corridor B	Ceiling systems, plaster / top coat and base coat	1,274 SQ FT	4% Chrysotile	Full containment
Corridor's A & B	Spot removal - wall plaster / top coat and base coat	50 SQ FT	4% Chrysotile	Full containment

CK10928	PAI	D	IOTIF	(Pursi	ON OF A	f New Jersey ASBESTOS AB JAC 8:60 and 5	:16)			唐	V	陛	
Date of Notification (1)						ding Owner/Operato	r (2)	111 111 111					
	14/	19	_		PSE&G /	Job	# 1812-5426	Check #10928 ^{JA}	VAN	131	8019	019	
Agencies Notified	Type Notific	ation		Str	reet Addres	SS							
☐ EPA☐ DOLWD	☑ Initial			4	1000 Hadi	ley Road		ASWES	100	TOP	TEE	ty the way of the second	
⊠ DHSS	Amended Amendm			Cit	y, State, Zi	p Code							
□ DCA	☐ Emergen		dina	8	outh Pla	infield, NJ		S0485		Ary n.	1911-19		
(NJAC 5:23-8)	justificati	on)	ung	Na	me of Cont	act		Telephone Nur	mher				
	☐ Cancellat	ion		J	ohn Cifel	III		732-547-62					
				F	ACILITY	INFORMATION		1		-			
Name of Facility Where At	patement is T	aking P	ace (3)			THE STAIR STICK	Type of Facili	tv (4)				_	
PSE&G- Paterson Ga	arage						School (K-						
Street Address							── Subchapte	er 8 (Other than K-1	2)				
14 Broadway							Other (i.e., homes, et	private and comme	ercial	buildi	ngs,		
City (5)		77.1					Square Feet	# of Floors	_	Bldg.	Δσο		
Paterson, NJ								# 01110013		Diug.	Aye		
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Prior if being demoli	ched	1		-	
Passaic					**************************************		Substation		Sileu	,			
Name of Monitoring Firm H	ired by Buildi	ng Own	er (8)	ASCI	M No.	Name of Abatem		<u>. T</u>					
Health & Safety Servi	ices					AbateTech, I		0)					
Street Address						Street Address			-				
PO Box 365						30 Maple Ave	PO Box 25						
City, State, Zip Code						City, State, Zip C						-	
Berlin, NJ 08009						Lumberton, I		(*)					
Project Manager for Monitor	ing Firm		Te	lephone	No.	Telephone No.	10 00048	License No.		_			
Jim Proctor			- 1		4-8850	609-265-2107	,	00529					
Start Date (10)	Sc	heduled	Comp	etion D	ate (11)	Name of OSHA M		00329					
1/_28_/_				3_ /		EMSL Analyt							
Occupancy Status During Al	patement (Ch					Street Address							
☐ Facility Closed/Vacated [During Entire	Period o	of Abate	ement		200 Route 13	0 North						
☐ Abatement Performed Ou	utside of Norr	nal Faci	lity Hou	rs - De	scribe	City, State, Zip Co							
Time of Abatement:	AM	_PM/	PN		_AM	Cinnaminson							
Scope of Work (Check all tha	at apply)					- Chinaminoon	, 140 00077				_		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	5505 200		lenoval emoliti			☐ Mini-Encl	osure Procedure	gative Pressure on-Friable Procedur	e				
			s Loca						_	atem	ent T	vne	
Location of Asbestos-Containing Mate	erial (ACM)	Us	Norma ed Sol	-		Description of				-	_	T	
TO BE ABATED		M	aintena	ince/	Asbes (i.e.	stos Containing Mat , thermal systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
IN Facility		Cu	stodial (12)	Staff?	(,,,,,	surfacing, VAT,	or	(Specify SF or LF)	ova	Ę.	psu	nsc	
(13)		Yes	1	N/A	1	other miscellaneo	us)				late	œ.	
Exterior		103			14/1-14 0						33,479		
Interior					White C			450 SF					
Exterior		+-	H			/indow Caulk		200 LF					
Exterior		10				ar & Paper Roof		2,000 SF					
Name of Registered Waste Ha	auler			JDEP V		arrier under roof	-	2,000 SF					
Environmental Transpo		NC.	H	auler ID 00069	No.	Cubic Yards of Waste	Name of Regis Grows- Fai	tered Landfill irless Landfille					
City, State				00009		40 Disposal Date	City, State		_			-	
Flanders, NJ						2/8/19	Morrisville,	PA 19067					
Completed By (Print or Type)	Tit	le				Signature		,					

ASB-41 MAY 11

Gwendolyn Trumbetti

Operations Coordinator

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CKWOHZO	30	Not	IFICATI	State of New Jers ON OF ASBESTO nt to NJAC 8:60 a	SABATE	EMENT 20)		E	<u></u>	T I II	M	
Date of Notification (1) 01/16/2019			Name E.I.	of Building Owner du Pont de Ner	nours a	r (2)		:	IAN	18	2019)
Agencies Notified Type Notification	1		Street	Address			#1 <u>1</u>					
EPA Initial				Centre Road P	O. Box	2915		Lance of	25171)	800	MIF.	1.7.5
DEP Amended Amendmen	t #			State, Zip Code hington, DE 198	205		11 444		130	eng.	nolid Turker	anner e
➤ DOH Emergency justification	(includia	ng		of Contact			1 7-1					
DCA Cancellation				n Mumink				phone N 3-276-9				
Name of Facility Where Abatement is Takin	a Dlace	(2)	FA	CILITY INFORMA	TION							
DuPont Chambers Works - Buildir	ig Place	(3)				Type of Facility	(4)					
Street Address					-	School (K-		r than V	12)			
Canal Road						X Other (i.e.	private &	commer	cial bu	ildings	s, hom	ies,
City (5) Deepwater						etc.) Square Feet 7500	# of 2	Floors	- 1	Bldg. 50+	Age	
County (6) Salem			County	Code (7)		Current Use (Pri	or if bein	g demoli	- 1			-
Name of Monitoring Firm Hired by Building	Owner (8)	2.0	M No.	Name	Chemical Pla of Abatement Co		0)				
Harvard Environmental Inc. Street Address		200			Bran	denburg Indus	trial Se	ervice C	omp	any		
760 Pulaski Highway City, State, Zip Code					17. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Address Spillman Driv	е					
Bear, DE 19701						tate, Zip Code ehem, PA 180	15					
Project Manager for Monitoring Firm JT Morrison				one No. 26-2333	Teleph	one No. 391-1800		License I	No.			
Start Date (10) 01/30/2019	Schedu 02/21	led Co	mpletion	Date (11)	Name	of OSHA Monitor denburg			100			
Occupancy Status During Abatement (Chec		name of the second				Address				3.4		
Facility Closed/Vacated During Entire F	eriod of	Abater	nent			Spillman Drive	Э					
Abatement Performed Outside of Norm Other – Describe: DEMO- 02/25/2019-	al Facili 03/7/2019	y Hour	S			ate, Zip Code	4.5					
Scope of Work (Check All That Apply)					Bethi	ehem PA 180	15				_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii			× ×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					
	l:	s Locati	ion			Tron Exemples	() and i	NOII-FIIdi	Jie Pic		ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		De:	scription (of			_	Ту	ре	
TO BE ABATED In Facility (13)	Ma	aintena stodial S (12)	nce/		aining Ma systems cing, VAT niscellane	insulation, , or	Amo (Spe SF o		Removal	Repair	Encapsulate	Enclosure
1st Floor	Yes	No	N/A								ite	е
Exterior			X		Tile/Ma		1950	San Agreem	Х			
Throughout			X		lbestos		4000		X			
modgriodt			X	Fire	e Doors	3	11	EA	X			
Name of Registered Waste Hauler		N	JDEP W	aste Cubic	Yards	Name of R	enisters	d I anden				
Brandenburg Industrial Service Co		H	auler ID 1838			Salem C				t Aut	horit	y
City, State Bethlehem, PA			10 (mm 7)	Dispos 02/25/	al Date '19	City, State Alloway	N.J					-
Completed by Stephen Carne	Title	onmo	ntal M		gnature		. 10	Da		-14%		\dashv
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CK00042	042	NOTI	FICATION	OF ASBESTO: to NJAC 8:60 a	SABATE	MENT 0)		EC	E			An al
Date of Notification (1) 01/16/2019				Building Owner Chemical Co		r (2)		141				
Agencies Notified Type No	otification		Street Ad		прапу		74 U	JAN	1 8	20	9	
ĭ EPA ☐ Init			The state of the s	keland Aven	iue		: 1	and an area	G dagta ago			1
DEP Am	ended endment # 02			e, Zip Code sex, NJ 0884	16		· ·	Assessing Lie	20 00 2000	107		
DOH just	ergency (including ification) ellation	3	Name of	Contact Ken Borroni			Te 26	lephone No 7-249-007	umber 1			
Name of Facility Where Abatemen	t is Taking Place ((3)	FACIL	ITY INFORMAT	TION	T 15 111						
DOW Chemical Bound Broo	ok - Bldg 203	.5)				Type of Facilit	T 1000					
Street Address 65 Baekeland Avenue						X Other (i.e	ter 8 (Oth	er than K-	12) cial bui	ldings	, hom	ies,
City (5) Middlesex						etc.) Square Feet 18000	# 0	f Floors	-	31dg. /	Age	
County (6) Middlesex			County Co	ode (7) SE ONLY)		Current Use (F	Prior if be	ing demolis				
Name of Monitoring Firm Hired by I One Source Safety & Health)	ASCM	No.	Name Bran	of Abatement C	ontractor	(9) Service C	Omns	inv		
Street Address 140 S Village Ave, Suite 130	0			# **	Street	Address Spillman Dr			Ompo			
City, State, Zip Code Exton, PA 19341					City, S	tate, Zip Code ehem, PA 18	Description of the last of the	- S				
Project Manager for Monitoring Firm	n		Telephone		Teleph	one No.	0010	License I	No.			
Start Date (10) 1/21/2019	Schedule 2/22/20		mpletion Da		Name	of OSHA Monito	or	00721			-	
Occupancy Status During Abateme						denburg Address						
	(35)	120	ment			Spillman Dri	ve					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: DEMO - 2/2	of Normal Facility	/ Hour	S		A CONTRACTOR	ate, Zip Code						
Scope of Work (Check All That App					Beth	ehem PA 18	015					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ПБ	Renova			X X X	Full Conta Pressure I Glovebag Non-Exem	/lini-Enclo	osure		rocec	ure	
		s Loca Norma	20000000							Abate	emen	ŧ
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Us	ed Sol	lely by ance/ Staff?	Asbestos (ACM) (i. insulation	e. therma	ng Material al systems g, VAT, or	(S ₁	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						-		ate	e
B 203			Х	Pip	e Insul	ation	12:	25 LF	Х			
B 203			X	Floo	or Tile/N	/lastic	33	30 SF	Х			
B 203			X	Ro	of/Flas	hing	180	000 SF	Х			
B 203			X		Transite	1	1	5 SF	Х			
B 203 Name of Registered Waste Hauler		1	X		Caulk			0 SF	X			
Brandenburg Industrial Service	e Co	H	JDEP Was lauler ID No 1838		- 10 1 TO 10	Name of GROWS	f Registe S North	red Landfill				
City, State Bethlehem, PA				Dispos	sal Date	City, Sta						
Completed by	Title	-			9-2/28/1 ignature	1	C, PA		to			
Stephen Carne		nme	ntal Man	aner	- 177	_/		Da	te	040		

PATT

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

CV 33296

Date of Newitteening (4)					Name o	of Building	Owner/Operato	(2)		1	1	/ .		-1
Date of Notification (1)					MERCK	SHARP &	DOHME CORP.	(2)		**************************************	F	a	F 0	R
1 / 11 /19					Street A				1.1			177	世川	I
Agencies Notified Type Notifie	cation						VENUE, P.O. BO	V 0000 Fires		111		****	10	29100.0
EPA Initial	Notific	ation			City Sta	ite, Zip Coc	VENUE, F.O. BC	7X 2000, HY28-2	114	1				
DEP x Amer	ded No	otificati	on #	7	RAHWA	V NEW I	ie ERSEY 07065		11	11		20 11	1.0	
Canc	ellation	ii.				II, INCAA JE	ENSET 0/065		* = 1	11.		JAN	18	20
	old				Name of	Contact		Telephone	Marine					
EMER	RGENC	CA NO.	TIFIC/	ATION	PATRIC	IA JOHNS	NC	732-594-77	46	1	77800.00			
Name of Facility Where Abatement is T					FACILIT	Y INFORMA	ATION	1.05.00+11	40		6500		C-5: 574	
Tame of Facility Where Abatement is 1	aking	Place	(3)				Type of Faci	lity (4)					determina.	110
MERCK SHARP & DOHME CORPORAT	ION						School			70.70	* **	Marie III	Sec. 1. Sec. 1.	1 22
	ION						Subcha	pter 8 (Other tha	an K-12)					
Street Address							X Other (i	e. private & com	mcl. bld	gs., h	omes	etc.)		
126 EAST LINCOLN AVENUE - BUILDIN	G 33						Square Fee	# of Floo	rs			Bldg.	Age	
City (5) Count	y (6)		_		County C	odo (7)	98,230	7				71		
HAHWAY	1			(S	TATE US	SE ONLY)	COMMERCIA	Prior if being der	molished	d)		- 17-5-		
Name of Monitoring Firm Hired by Build	ding O	wner (8)	,		ASCM No.	Name of Aba	tement Contrac						
ENVIRONMETAL HEALTH INVESTIGAT Street Address	ONS,	INC.				17	PAR ENVIRO	NMENTAL COF	ctor (9)					
655 WEST SHORE TRAIL			= -0.70				Street Address	S S	IPORAI	ION				
City, State, Zip Code							313 SPOOK F							
SPARTA N	EW JE	BSEV	0707	4			City, State, Zir	Code		_				_
Project Manager for Monitoring Firm	_ VV 0L			ne Numbe			SUFFERN, NE	W YORK 1090	1					
WILLIAM S. KERBEL CIH				-5649	er .		Telephone Nu	mber L	icense l	Vumb	er			
Expected State Date (10)	Isc	hed C	`omn	letion Da	h- (dd)		845-369-7500	4	60					
11 / 1 /18	100	mou. c	6 /	letion Da	30	/19	Name of OSH	A Monitor						_
Month Day Year		Month		Da		Year	AMERISCI LAI	BORATORIES I	NC	#	11480			
Occupancy Status During Abatement (Che	ck only	one)				, out	Street Address							
X Facility Closed/Vacated During Abatement Performed Outside X Other - Describer CATHO	Entire	Period	of Ab	atement			117 EAST 30T							
		nai Fa	Cility F	tours - De	escribe:									
X Other - Describe: SATUR	DAY 7	AM-SD	6.4											
SATUR	DAY 7	AM-5P	M				City, State, Zip	Code						
Scope of Work (Check all that apply)	DAY 7	AM-5P	M		_	TEUII Conto	1	NEW YORK	K, NEW	YOR	K 100	16		
Scope of Work (Check all that apply) Demolition	DAY 7.	AM-5P	M		F	Full Conta	inment with Nega	NEW YORK	K, NEW	YOR WE	K 100 T WIF	16 PE HE	PA VACU	IUN
Scope of Work (Check all that apply) Demolition SATURE SATU	DAY 7.	AM-5P	M			Glovebag	inment with Nega st, Procedure	NEW YORK	K, NEW	YOR]WE	K 100 T WIF	16 PE HE	PA VACU	JUN
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	□Re	AM-5P	M on			Glovebag	inment with Nega st, Procedure	NEW YORK	K, NEW	YOR]WE	K 100 T WIF	16 PE HE	PA VACU	JUN
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF Location of	Re	novation	on ation		Descr	Glovebag Non-Friab	ainment with Nega os, Procedure le Procedure	NEW YORK	K, NEW	YOR]WE	T WIF	PE HE		JUN
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-NOCK			State of New Jersey IFICATION OF ASBESTOS Pursuant to NJAC 8:60-7 and	ABATEMENT 11:120-7)		17.		HT	0	ENV	
Date of Notification (1)			Name of Building Ow MERCK SHARP & DO)			7			1 17
ENCODERACIONES NACIONALISTA DE CARDO DE CONTRO				OT INIL COTT .						1 1 0 0000	. 11/11
1 / 9 /19 Agencies Notified Type Notification			Street Address 126 E. LINCOLN AVE	NITE DO BOY	2000 RY28-414	5.1		*	JA	N 1 8 2019	1 1
				.NOL, F.O. DOX 2	2000, 11120-414		4 ***	1			
EPA Initial Notifi DEP x Amended		ion #6	City, State, Zip Code RAHWAY, NEW JER	SEV 07065				į.			
X DOL Cancellatio		1011 #0	IVALITAT, NEW SERV	OL1 07000		1		1 300		MOS CONTE	
X DOH On Hold			Name of Contact		Telephone Num	ber :				MOENGAL.	
DCA EMERGEN	CY NO	TIFICATI	ON PATRICIA JOHNSON		732-594-7746		29-65 1/16	10 PM	iner ed	the state of the s	
			FACILITY INFORMATI								
Name of Facility Where Abatement is Takin	g Plac	e (3)		Type of Facility School (K-							
MERCK SHARP & DOHME CORPORATION					er 8 (Other than K	-12)					
WENCK STAKE & BOTTWE GOKE GROTTON					private & commol		., hon	nes, e	etc.)		
Street Address				Square Feet	# of Floors	T		Blo	ig. Ag	le	
126 EAST LINCOLN AVENUE - BUILDING 3				98,230	7				71		
City (5) County (6) RAHWAY UNION			County Code (7) (STATE USE ONLY)	Current Use (Pri	or if being demol	ished)					
RAHWAY UNION Name of Monitoring Firm Hired by Building	Owne	r (8)	ASCM No.		ment Contractor	(9)	-				
ENVIRONMETAL HEALTH INVESTIGATION			17		MENTAL CORPO		ON				
Street Address				Street Address							
655 WEST SHORE TRAIL				313 SPOOK RC							
City, State, Zip Code SPARTA, NEW	JERSE	Y 07871		City, State, Zip (SUFFERN, NEV							
Project Manager for Monitoring Firm		elephone	Number	Telephone Num		nse N	umber				
WILLIAM S. KERBEL, CIH	9	73-729-50	649	845-369-7500	460						
Expected State Date (10)	Sched		tion Date (11)	Name of OSHA			2000	de sevenes o			
11 / 1 /18	Man	6/	30 /19 Dav Year	AMERISCI LAB	ORATORIES INC	3	#1	1480		1	
Month Day Year Occupancy Status During Abatement (Check	Mon only on		Day Year	Street Address				-	-		
X Facility Closed/Vacated During En			atement	117 EAST 30TH	STREET					1	
Abatement Performed Outside of			ours - Describe:								
X Other - Describe: SATURDA	Y 7AM-	5PM		City, State, Zip (NEW YORK,	NEW '	YORK	1001	6		
Scope of Work (Check all that apply)		ś	Full Conta	I inment with Nega		X	_			PA VACUUM	
Demolition X	Renov	ation	Mini-Enclo				-				
X >3SF OR LF				Procedure							
>160 SF OR 260 LF				le Procedure		_					
Location of Asbestos-containing		ocatión ally used	Description of As Containing Materia		Amount	00	120		ment Im	l ype I	
Material (ACM)		lely by	(ie. Thermal sy		(Specify	CONTROL	P	ENCAPSUL	ENCLOSUR		
TO BE ABATED	1	Custodial	insulation, surfacing		SF or LF)	큐	A F	Ą	5		
in Facility (13)		aff (12)	or other miscella	neous)		2	1~	IUS	SU		
	Yes 1				10.05	-	-	-	120	1	
3RD FLOOR ROOM 305	\vdash	X	FIRE PROOFING DUST		10 SF 10 SF	X	-	-	+		
3RD FLOOR ROOM 303	\vdash	X	FIRE PROOFING DUST		10 SF	x	\vdash	+	+		
3RD FLOOR ROOM 304 3RD FLOOR ROOM 319	\vdash	- x	FIRE PROOFING DUST		10 SF	x			-		
3RD FLOOR ROOM 320	-	X	FIRE PROOFING DUST		10 SF	X		1			
3RD FLOOR ROOM 321	\vdash	X	FIRE PROOFING DUST		10 SF	X					
3RD FLOOR ROOM 323		×	FIRE PROOFING DUST		10 SF	X					
3RD FLOOR ROOM 325		X	FIRE PROOFING DUST		10 SF	X					
3RD FLOOR ROOM 326		×	FIRE PROOFING DUST		10 SF	Х	•				
3RD FLOOR ROOM 327		X	FIRE PROOFING DUST		10 SF	Х					
3RD FLOOR ROO, 332		X	FIRE PROOFING DUST		10 SF	Х					
6TH FLOOR ROOM 614		X	FIRE PROOFING DUST		10 SF	X	-	-	-		
ADDITION TO SCOPE:	\sqcup	X				-	-	-	-		
2ND FLOOR ROOM 227			FIRE PROOFING DUST		10 SF	X	-	-	-		
Name of Degistered Wests Havier	NIDE	P Waste	Cubic Yards of Waste	Name of Regist	ered Landfill	1	1	1	+		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		r ID No.	50		UNTY RESOUR	CE MA	ANAG	EME	NT SE	RVICES	
825 HIGHWAY 33	120000000000000000000000000000000000000	5939			ER DRIVE/ROUT						
City, State			Disposal Date	City, State	7			1	,)	
FREEHOLD, NEW JERSEY			11/01-6/30/19	MONTGOMER	Y , PA 17752 Dat	0	-	1	5 /	1.0	
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIRE	CTOR	OF OPER	RATIONS Signature	\mathcal{A}	Dat	C	1	19	//	19	
The state of the s				1150			1	-	11)	
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·_/			٨	State of New Jerse IOTIFICATION OF ASBESTOS (Pursuant to NJAC 8:60-7 an	SARATEMENT			;- Pare	7	<u></u>		: 1	Li 	†
Date of Notification (1)				Name of Building On MERCK SHARP & D	wner/Operator (2	2)				- 1 ×	s <u>IC</u>		<u>t</u>	125 T
11 / 21 /18				Street Address					2.9					Tri-
Agencies Notified Type Notifica	ation	_		126 E. LINCOLN AVE	ENLIE DO BOY	2000 DV00 444				JA	N 1	8	201	n ii
EPA Initial N	Intifica	tion			INUE, F.O. BUX	2000, HY28-414				UP4	14 1	Ü	401	9
DEP x Amend			on #5	City, State, Zip Code RAHWAY, NEW JER	SEV 07065									- 2
X DOL Cance				I SEN SEN	36107005				Funer	****	t - SM (Chape)	*****		arrow it
X DOH On Ho				Name of Contact		Telephone Nu	mber		8.	11-1-1	_	(5°4)	-	1.7.4
DCA EMER	GENC'	Y NOT	IFICA	TION PATRICIA JOHNSON	I	732-594-7746	nioci.	15 44					1,1	
Nome of Facility Wilson Alexander				FACILITY INFORMAT	ION		_							
Name of Facility Where Abatement is Ta MERCK SHARP & DOHME CORPORATION		Place (3)		Type of Facility School (K		K-12)							
Street Address	-				X Other (ie.	private & commo	d. bld	gs., ho	mes, e	tc.)			- 1	
126 EAST LINCOLN AVENUE - BUILDING	3 33				Square Feet	# of Floors				dg. Ag	ge			
City (5) County				County Code (7)	98,230	7				71				
RAHWAY	72717			County Code (7) (STATE USE ONLY)	Current Use (Pr	ior if being demo	lished	i)						
Name of Monitoring Firm Hired by Build	ing Ov	vner (8	3)	ASCM No.	Name of Abate	mant Caster at	- (0)							
ENVIRONMETAL HEALTH INVESTIGATION	ONS, I	VC.	St.	17	PAR ENVIRON	MENTAL CORP	TRAT	ION						
Street Address					Street Address		JIMI	ION			300		\dashv	
655 WEST SHORE TRAIL City, State, Zip Code	-				313 SPOOK RO	CK ROAD								
SPARTA, N	E\A/ !=	Decv	070-		City, State, Zip C	Code		ATE OF		_			-	
Project Manager for Monitoring Firm	EVV JE	_			SUFFERN, NEV	V YORK 10901								
WILLIAM S. KERBEL, CIH		1 1 1 1 1 1 1 1 1		e Number	Telephone Numi	ber Lice	ense N	Vumbe	r	272177				
Expected State Date (10)	150		3-729-	etion Date (11)	845-369-7500	460)							
11 / 1 /18	100	neu. c	6 /	30 /19	Name of OSHA	Monitor		(2010)						
Month Day Year		Month		Day Year	AMERISCI LABO	DHATORIES IN)	#1	1480					
Occupancy Status During Abatement (Cher	k only	one)			Street Address					_	-		_	
X Facility Closed/Vacated During	Entire	Period	of Ab	atement	117 EAST 30TH	STREET								
Abatement Performed Outside X Other - Describe: SATUR	DAV 9	nal Fa	cility H											
Marion Beschee. SATUR	DATA	SUNL	JAY //	AM-3PM	City, State, Zip C	ode							\neg	
Scope of Work (Check all that apply)			í	Full Control		NEW YORK,								
Demolition X	Re	novatio	on	Mini-Enclos	nment with Negati	ive Pressure	X	WET	T WIPE	HEP	A VAC	CUUM	1	
X >3SF OR LF				Glovebag P	rocedure									
>160 SF OR 260 LF				Non-Friable	Procedure									
Location of		s Loca		Description of Asb	estos-		T	-	Abatar	nont T	T		\dashv	
Asbestos-containing	no		used	Containing Material	(ACM)	Amount	0	T I	Abater I m		ype			
Material (ACM) TO BE ABATED	1	solely		(ie. Thermal syst	ems	(Specify	98	EP	NO.	8				
in Facility (13)	Ma		stodial	middle and a dama and	g, VAT,	SF or LF)	13-	1	AP	5				
iii i dointy (10)	Yes	Staff (N/A	or other miscellan	eous)		10	REPAIR	ENCAPSUL	ENCLOSUR				
3RD FLOOR ROOM 305	1	1140	X	EIRE PROOFING DUGT			_		_	D				
3RD FLOOR ROOM 303	-	+	x	FIRE PROOFING DUST		10 SF	X							
3RD FLOOR ROOM 304	+	-	x	FIRE PROOFING DUST		10 SF	X							
3RD FLOOR ROOM 319	+		-	FIRE PROOFING DUST		10 SF	Х							
3RD FLOOR ROOM 320	+	-	X	FIRE PROOFING DUST		10 SF	X							
3RD FLOOR ROOM 321	-	+	_	FIRE PROOFING DUST		10 SF	X							
3RD FLOOR ROOM 323	-	+	X	FIRE PROOFING DUST		10 SF	Х					N. C		
3RD FLOOR ROOM 325	+	+	-	FIRE PROOFING DUST		10 SF	X							
3RD FLOOR ROOM 326	+	-	X	FIRE PROOFING DUST		10 SF	X							
3RD FLOOR ROOM 327	-	+	X	FIRE PROOFING DUST		10 SF	X							
3RD FLOOR ROO, 332	-	+	X	FIRE PROOFING DUST		10 SF	Х							
6TH FLOOR ROOM 614	-	-	X	FIRE PROOFING DUST		10 SF	X							
ADDITION TO SCOPE:	-	-	X	FIRE PROOFING DUST		10 SF	X							
2ND FLOOR ROOM 227	+	-	X										7	
E. TO TEOOR ROOM 221	+	-		FIRE PROOFING DUST		10 SF	Х						7	
Name of Registered Waste Hauler	NID	EP W	l acto	Cubia Vard 1111									\dashv	
FREEHOLD CARTAGE, INC.		er ID I		Cubic Yards of Waste 50	lame of Registere	ed Landfill				4,13165.7			7	
825 HIGHWAY 33	1	1593	33520	50 L	YCOMING COU	NIY RESOURCE	E MAI	VAGEN	MENT	SERV	ICES		7	
City, State				Disposal Date	47 ALEXANDER	DHIVE/HOUTE	15		- 31	3110	,			
FREEHOLD, NEW JERSEY					ONTGOMERY,	PA 17752		n	/		11	1	1	
Completed by (Print or Type) BENJAMIN SANCHEZ DIR				Signature /	X X	Date	_	11	10	: 1	-	1	4	
DIR	ECTO	H OF	JPER,	ATIONS Orginature	XX		1	// /	//	1 /	1	A		

		,,,,		Owner/Operator (2)		11 2:		8		
ate of Notification (1)			MERCK SHARP 8	DOHME CORP.		- 10			1 A AI	10
11 / 8 /18			Street Address			5/4		6	AN	10 2
gencies Notified Type Notification	1		126 E. LINCOLN A	VENUE, P.O. BOX 2	000, RY28-414	40	į			
EPA Initial Notin	ication		City, State, Zip Co			7	ħ.	the control		Autorio
DEP x Amended		on #4	RAHWAY, NEW J	ERSEY 07065			ı	., .		SER
X DOL Cancellation	on				Telephone Numb	ner :		*****	111	
X DOH X On Hold	NOV NO	TIEIC A TION	Name of Contact PATRICIA JOHNS	ON	732-594-7746	J61			30 O/E	5.53.60.5
DCA EMERGE	NCY NO	TIFICATION	하는 그리 아이는 것이 없는 것이 없는 것이 없는 것이다.		1702 00 1 1 1 10		-	_		
	- Di	(2)	FACILITY INFORM	Type of Facility	(4)	-				
ame of Facility Where Abatement is Takir	ig Place	(3)		School (K						
TERCK SHARP & DOHME CORPORATION				Subchapte	er 8 (Other than K-	12)				
ERCK SHARP & DONNE CONFORMATION					private & commcl.	bldgs.,	homes	s, etc.)		
treet Address				Square Feet	# of Floors			Bldg.		
26 EAST LINCOLN AVENUE - BUILDING	33			98,230	7	1		1		
City (5) County (6			County Code (7)		ior if being demolis	shed)				
IUNION UNION		(2)	(STATE USE ONLY		ment Contractor	(9)		-		
lame of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCM N	PAR ENVIRON	MENTAL CORPO	RATIO	N			
NVIRONMETAL HEALTH INVESTIGATION	15, INC.		- 17	Street Address						
Street Address S55 WEST SHORE TRAIL				313 SPOOK RO	OCK ROAD	NORTH COLD				
City, State, Zip Code				City, State, Zip	Code					
SPARTA, NEV					W YORK 10901	NI:	mb.c.			
Project Manager for Monitoring Firm	17	elephone N	lumber	Telephone Nun		nse Nu	moer			
WILLIAM S. KERBEL, CIH		73-729-564	WOODE -	845-369-7500	460		_			
Expected State Date (10)	Sched		on Date (11)	Name of OSHA	Monitor BORATORIES INC		#114	.80		
11 / 1 /18	Mon	6 /	30 /19 Day Ye		SONATONIES INC		71117	00		
Month Day Year Occupancy Status During Abatement (Check			Day	Street Address						
Facility Closed/Vacated During E	ntire Per	iod of Abate	ment	117 EAST 30T	H STREET					
Abatement Performed Outside o	f Normal	Facility Hou	rs - Describe:	0: 0: 7:	0-1-			_		
		Y 6PM-1:3) AM	City, State, Zip	NEW YORK,	NEW Y	ORK	10016		
Sunday	/am-spn	1	Full C	ontainment with Neg					HEPA	VACUUM
Scope of Work (Check all that apply) Demolition X	Renov	ration		Enclos,						
X >3SF OR LF		auo.		ebag Procedure						
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TO BE ABATED	12.775.00.00	/Custodial		rfacing, VAT, scellaneous)	SF OF LF)	18	P	186	38	
in Facility (13)	Yes	aff (12) No N/A	or other mis	scenarieous)		1		7	Ħ	
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3RD FLOOR ROOM 304		x	FIRE PROOFING DUS		10 SF	X				
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3RD FLOOR ROOM 320	+		FIRE PROOFING DUS	-	10 SF	X				
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Agencies Notified Type Notific	ation				/FNUE D.O			1 1		JAN	1 8 20
	Notification	•	120	C. LINCOLN A	/ENUE, P.O. BOX	2000, RY28-414	1	1 11	ļ	Univ	20
	ded Notific	ation #3	City	State, Zip Code	9		1.				
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DCAEMER	GENCY N	IOTIFICATI	ON PAT	RICIA JOHNSO	N	Telephone Nu 732-594-7746	ımber				eta
N - 15 10 10				LITY INFORMA		1.02.004-1740	,	3%			
Name of Facility Where Abatement is To	aking Plac	ce (3)	See The Control of th		Type of Facility	v (4)		-			
MERCK SHARP & DOHME CORPORATI	ON				School (K	-12)					
MENON OF WITH A DOTINE CONFORM	ON				Subchapt	er 8 (Other than	K-12)				
Street Address					X Other (ie.	private & comm	cl. bldg	gs., ho	mes.	etc.)	
126 EAST LINCOLN AVENUE - BUILDING	G 33				Square Feet	# of Floors				3ldg. A	ige
City (5) County	v (6)		Cour	ity Code (7)	98,230	7				71	
RAHWAY UNION			(STAT	E USE ONLY)	Current Use (Pr COMMERCIAL	for if being demo	olished	1)			
Name of Monitoring Firm Hired by Build	ling Owne	r (8)		ASCM No.	Name of Abate	mont Caster 1	(0)				
ENVIRONMETAL HEALTH INVESTIGATION Street Address	ONS, INC.			17	PAR ENVIRON	MENTAL CORP	or (9) ○□∧⊤	ION			
655 WEST SHORE TRAIL					Street Address	MERTINE CONT	UNAT	ION			
City, State, Zip Code					313 SPOOK RO	CK ROAD					
SPARTA N	FW JERS	EV 07971			City, State, Zip (Code			200		
Project Manager for Monitoring Firm		Telephone	Number		SUFFERN, NEV	V YORK 10901					
WILLIAM S. KERBEL, CIH		973-729-56			Telephone Num	ber Lic	ense N	lumbe	er		
Expected State Date (10)	Sched	d. Complet	ion Date (1	1)	845-369-7500	460)				
11 / 1 /18		6 /	30	/19	Name of OSHA AMERISCI LABO	Monitor	_				
Month Day Year Occupancy Status During Abatement (Chec	Mor	nth	Day	Year	AWIENISCI LABO	DHATORIES IN	3	#1	1480		
X Facility Closed/Vacated During	ck only one	e)	MINERALIS A		Street Address		-	_			
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Abatement Performed Outside X Other - Describe: MONDA	Y - FRIDA	Y 6PM-1:3	ırs - Describ 0 AM	e:							
MONDA Sunday	of Normal Y - FRIDA 7am-5pm	Y 6PM-1:3	ırs - Describ 0 AM	e:	City, State, Zip C	ode	NEW	VODI			
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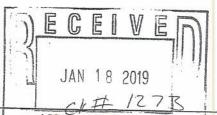
				NOTIFICA (Pursu	ATION OF	of New Je ASBEST AC 8:60-7	OS ARA	TEMENT			118.50			7 1	Mercary en
Date of Notification (1)	Basing and a			(, 5,05	Name of	Building SHARP &	Owner/0	Operator	(2)		·	E i	<u> </u>	e i i	
11 / 2 /1	8				Street Ad	All Comments of the Comments o				111					
Agencies Notified Type No	otification						VENUE	PO BOY	(2000, RY28-41			JA	N	8 20	9
	itial Notifica				City Stat	te, Zip Cod	-	1.0.00/	2000, H128-41	4	ĺ				
	mended No	tification	on #	2	RAHWA'	Y, NEW JE	e BSEY o	7065				4 42			
	ancellation							7003	¥:		P				F . 14
	n Hold MERGENC	V NOT	IEIC	TION	Name of	Contact			Telephone N	umber					
	TENGLING	1 1401	IFICA	01577858778		A JOHNSO			732-594-7746	3				of the latest	
Name of Facility Where Abatement	is Taking I	Place (3)		ACILITY	INFORMA									
MERCK SHARP & DOHME CORPOR			-,				Туре	School (I	<-12)	16.40					
Street Address							X	Other (ie	ter 8 (Other than private & comm	K-12)	lar b		-4-1		
126 EAST LINCOLN AVENUE - BUIL	DING 33						Sq	uare Feet	# of Floors	T DIC	igs., n	omes,	etc.) 3ldg. A	\ne	-
The state of the s	unty (6)							98,230	7				71	nge .	
5.110444	IION			(6)	County C	ode (7)	Curre	ent Use (P	rior if being dem	olished	d)				
Name of Monitoring Firm Hired by B	uilding Ou	vner (8	3)	(5		E ONLY)	COM	MERCIAL							
ENVIRONMETAL HEALTH INVESTIG	ATIONS, I	NC.	,		'	17	Name	e of Abate	ement Contracto	or (9)					
Street Address				-		17	Street	t Address	IMENTAL CORP	ORAT	ION				
655 WEST SHORE TRAIL City, State, Zip Code							313 S	POOK R	OCK ROAD						
	A NICIAL IC	DOE!					City, S	State, Zip	Code						
Project Manager for Monitoring Firm	A, NEW JE						SUFF	ERN, NE	W YORK 10901						
WILLIAM S. KERBEL, CIH				ne Numbe	r		Telep	hone Nun		ense	Numb	er			
Expected State Date (10)	Iso	9/3	-/29	5649 letion Dat			845-3	69-7500	46	0					
11 / 1 /18	150		6 /	letion Dat	e (11) 30	/19	Name	of OSHA	Monitor						
Month Day Year		Annah	· ·	Day		Year	AMER	RISCI LAB	ORATORIES IN	C	#	11480			
Occupancy Status During Abatement (Check only	one)				rear	Street	Address							
X Facility Closed/Vacated Du	ing Entire	Period	of Ab	atement					STREET						
Abatement Performed Outs X Other - Describe: MO	NDAY - FR	nal Fac	cility F	lours - De	scribe:										
SAT	UDAY 7AN	W-5 PA	ar ivi-	1:30 AM			City, S	tate, Zip (Code						_
Scope of Work (Check all that apply)			. 4			Teull Contr	inment	tab. N.I	NEW YORK, tive Pressure		YOR	K 100	16		Į.
Demolition X >3SF OR LF	X Rer	novatio	n			Mini-Enclo	amment v	with Nega	tive Pressure	X	WE	T WIF	E HE	PA VACUI	UM
X >3SF OR LF >160 SF OR 260 LF						Glovebag	Procedu	ire							3
Location of			1			Non-Friab	le Proce	dure							
Asbestos-containing		s Loca rmally			Descri	ption of As	sbestos-			T		Abate	ement	Type	
Material (ACM)	"	solely			Contair	ning Materi	al (ACM)	()	Amount	0	D II	m) ype	
TO BE ABATED	Ma	int/Cus			(IE. I	hermal sy	stems		(Specify	28	등등	NS.	S	1	
in Facility (13)		Staff (1	or oth	on, surfacii er miscella	ng, VAT,		SF or LF)	I X	REPAIR	P	5		
000 51 000 5		No	N/A	7	Or Our	er miscena	neous)			12		ENCAPSUL	ENCLOSUR	i	
BRD FLOOR ROOM 305			X	FIRE PF	ROOFING	DUST			10 SF	X	-	1	120		
BRD FLOOR ROOM 303			X	FIRE PF	ROOFING	DUST			10 SF	x	+-	+-	-		
BRD FLOOR ROOM 304			X	FIRE PF	ROOFING	DUST			10 SF	1x	+-	+	+		_
BRD FLOOR ROOM 319			X	FIRE PR	OOFING	DUST			10 SF	-	+-	-	-		_
BRD FLOOR ROOM 320			X	FIRE PR	OOFING	DUST			10 SF	X	-	-	-		
BRD FLOOR ROOM 321			X		OOFING				10 SF	X	+	-	-		
BRD FLOOR ROOM 323			X	FIRE PR	OOFING	DUST			10 SF	X	1	-	-		
BRD FLOOR ROOM 325			Х	FIRE PR	OOFING	DUST	-		10 SF	X	0	-	-		
RD FLOOR ROOM 326			Х	FIRE PR	OOFING	DUST			10 SF	X	-	-	-		_
RD FLOOR ROOM 327			Х	FIRE PR	OOFING	DUST			10 SF	x	-	-			_
RD FLOOR ROO, 332			X	FIRE PR	OOFING	DUST			10 SF	X		-			_
TH FLOOR ROOM 614			X	FIRE PR	OOFING	DUST			10 SF	x		-	-		_
DDITION TO SCOPE:			X							1					-
ND FLOOR ROOM 227				FIRE PR	OOFING	DUST			10 SF	X					
lame of Registered Waste Hauler	1115									1					
REEHOLD CARTAGE, INC.		P Wa		Cubic Ya			Name of	Register	ed Landfill			_			_
25 HIGHWAY 33		er ID N 15939			50		LYCOM	NG COU	NTY RESOURCE	E MAN	NAGE	MENT	SERV	/ICES	
ity, State		10008		Disposal	Date		44/ ALE	XANDEH	DRIVE/ROUTE	15					
REEHOLD, NEW JERSEY				11/01-6/3			MOKITA	ampov)	PA 17752			,		"	
	Title				Signatu	ire /	7	CIVIL D.	Date	_	, 1	1-	1	10	
ENOTABLIS SAINONEZ	DIRECTOR	OFO	PER.	ATIONS		1	1	1) Dale		11	1 2	-/	18	

SAD FLOOR ROOM 319					1 10 NUMC 6.00-7 8					2			
10	Date of Notification (1)			N	ame of Building	Owner/	Operator (2)	1.1		ed/les		
Agencies Notified	N. Santa and San					DOMINIE	CORP.		1.	177	. 1	AM	1000
PA		on.				ZENITE	BO BOY	2000 DV00 444	,		U	7111	1 0 20
DEP X DOL Cancellation P1 Cancella			22	_			, P.O. BOX 2	2000, H128-414		Ē		University of	
Name of Facility Where Abatement is Taking Place (3)	DEP x Amended	d Notifica					07065		1:1 (%	de,			*** *** ** ** ** ** ** ** ** ** ** ** *
FACILITY INFORMATION		ENCY N	OTIFICAT)N			mber			111	
Name of Facility (Nere Abatement is Taking Place (3) MERICK SHARP & DOHME CORPORATION ■ School (Kr. 12) Subchapter 8 (Other than Kr. 12) Subchapter 9 (Other than Kr. 12) Subchapter 9 (From the Engine Place (17) Subchapter 18 (Prom the Engine Place (17) System Address Square Feet # of Floors 9 20 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2000000		The second second				1/02-394-//40					
Street Address Stre	Name of Facility Where Abatement is Taki	ng Plac	e (3)	1,	COLETT INTO CHIVIA		e of Facility	(4)		_	-		
Street Address Square File Provise & commol bidgs, homes, etc.	MEDOLOGIADO A DOUBE CODROCATION						School (K-	12)					
County Code (7) County (6)	MERCK SHARP & DOHME CORPORATION	4			0.		Subchapte	er 8 (Other than I	K-12)				
Tigle EAST LINCOUN AVENUE - BOILDING 33 County Code (7) Cod	Street Address						Other (ie.)	private & commo	l. bldg	s., hon			
County (6)	126 EAST LINCOLN AVENUE - BUILDING	33						7			DI		ge
COMMERCIAL COM		5)		Co	ounty Code (7)	Curr	rent Use (Pri	or if being demo	lished))		37-1	
PAR ENVIRONMENTAL CORPORATION 17		a Owne	- (0)	(STA		CON	MERCIAL						
Sireet Address SPARTA, NEW JERSEY 07871 SPARTA, NEW JERSEY 07871 SIRE, 2 p Code SPARTA, NEW JERSEY 07871 SIRE, 2 p Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Telephone Number						Nam	ne of Abater	ment Contracto	r (9)	011			
SS VERT SHORE TRAIL	Street Address				- ''			VIENTAL CORP	JHATI	ON			
SPARTA, NEW JERSEY 97871 SPARTA, NEW JERSEY 97871 SPARTA, NEW JERSEY 97871 SPARTA, NEW JERSEY 97871 SPARTA, NEW YORK 10901 Telephone Number Telephone	CONTROL OF THE PARTY OF THE PAR			差		15000000		CK ROAD					
Telephone Number		N IEDO	EV 07071										
WILLLAM S. KERBEL, CIH				Number					onno N	1			
Expected State Date (10)								1		iumbei	ŗ		
Month Day Year Month Day Year Month Day Year	Expected State Date (10)				(11)				,				
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement			6 /		30 /19				2	#1	1480		
Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM Scope of Work (Check all that apply) Demolition New YORK, New YORK, New YORK, New YORK 10016 Full Containment with Negative Pressure Mini-Enclos, Glovebag Procedure Non-Friable Procedure Non-Fr	Occupancy Status During Abatement (Check	Only on	nth e)	Day	Year	Ctra	a						
Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code NEW YORK, NEW YORK 10016	X Facility Closed/Vacated During En	ntire Per	riod of Aba	itement		100000000000000000000000000000000000000		STREET					
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Staff (12) Yes No INA 3RD FLOOR ROOM 305 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 3RD FLOOR ROOM 319 3RD FLOOR ROOM 320 3RD FLOOR ROOM 320 3RD FLOOR ROOM 321 3RD FLOOR ROOM 321 3RD FLOOR ROOM 323 3RD FLOOR ROOM 325 3RD FLOOR ROOM 326 3RD FLOOR ROOM 326 3RD FLOOR ROOM 327 3RD FLOOR ROOM 326 3RD FLOOR ROOM 327 3RD FLOOR ROOM 326 3RD FLOOR ROOM 327 3RD FLOOR ROOM 327 3RD FLOOR ROOM 326 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 327 3RD FLOOR ROOM 327 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 329 3RD FLOOR ROOM 327 3RD FLOOR ROOM 327 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 329 3RD FLOOR ROOM 327 3RD FLOOR ROOM 327 3RD FLOOR ROOM 327 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 329 3RD	Abatement Performed Outside of	Normal	Facility H	ours - Des	cribe:	1505.50	E/101 00111	OTTLLT					
Scope of Work (Check all that apply) Demolition X > 3SF OR LF > 160 SF OR 280 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 3RD FLOOR ROOM 305 3RD FLOOR ROOM 303 3RD FLOOR ROOM 303 3RD FLOOR ROOM 304 3RD FLOOR ROOM 305 3RD F	MONDAY	- FRIDA	AY 6PM-1:	30 AM		City,	State, Zip C		to salata tan				
Demolition X SSF OR LF > 160 SF OR Description of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 3RD FLOOR ROOM 303 3RD FLOOR ROOM 303 3RD FLOOR ROOM 304 3RD FLOOR ROOM 305 3RD FLOOR R	Scope of Work (Check all that apply)		. 5		Full Cont	ainman	t with Nogat	NEW YORK,					
X >3SF OR LF >160 SF OR 260 LF	Demolition X	Renov	vation				it with Negat	ive Pressure	X	7we	WIP	E HE	A VACUUM
Location of Asbestos-containing Material (ACM) Abustos-containing Material (ACM) Abustos-contai		_			Glovebag	Proce	dure						
Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) Staff (12) Yes No N/A 3RD FLOOR ROOM 305 3RD FLOOR ROOM 305 3RD FLOOR ROOM 304 3RD FLOOR ROOM 309 3RD FLOOR ROOM 320 3RD FLOOR ROOM 321 3RD FLOOR ROOM 321 3RD FLOOR ROOM 321 3RD FLOOR ROOM 322 3RD FLOOR ROOM 323 3RD FLOOR ROOM 325 3RD FLOOR ROOM 325 3RD FLOOR ROOM 326 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 329 3RD FLOOR ROOM 329 3RD FLOOR ROOM 329 3RD FLOOR ROOM 329 3RD FLOOR ROOM 320		T		т									
Material (ACM) TO BE ABATED Maint/Custodial Staff (12) Yes No N/A					Containing Mate	sbestos	S- M/\	Amount	0.5	1-		_	Type
SECOND S			35		(ie. Thermal s	vstems	ivij		1000		N.	N.	
SECOND S		5,1222					T,	1 See 100 A	15	AA A	AP	18	
SECOND S	in Facility (13)			1	or other miscell	aneous)	to a server t	P	12	SU	US	
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SECOND S		1		1					-	+-	-	-	
SRD FLOOR ROOM 319	3RD FLOOR ROOM 304	1							_	-	-	-	
X FIRE PROOFING DUST 10 SF X	3RD FLOOR ROOM 319								_	+	-	-	
X	3RD FLOOR ROOM 320									1	1	-	
X	3RD FLOOR ROOM 321		X			200			_	1		1	
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X FIRE PROOFING DUST 10 SF X	3RD FLOOR ROOM 325							10 SF		1 .			
SAD FLOOR ROO, 332		\perp					1	10 SF	Х	ľ			
6TH FLOOR ROOM 614 ADDITION TO SCOPE: 2ND FLOOR ROOM 227 STIRE PROOFING DUST ID SF X ID SF ID S		++							_			-	
ADDITION TO SCOPE: 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X		+									Dies of		
2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X		++		IFIHE PR	OUTING DUST			10 SF	X				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. Base blight many state Hauler ID No. 15939 City, State FREEHOLD, NEW JERSEY Disposal Date FREEHOLD, NEW JERSEY Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 AJEXANDER DRIVE/ROUTE 15 City State Many COMERY PA 17752	Was a second of the second of	1	1^	FIRE DO	OOEING DUST			10.05	1,,	-		-	
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State PREEHOLD, NEW JERSEY Hauler ID No. 15939 15939 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City State 11/01-6/30/19 MONT COMMENT OF A 17752	The state of the s			I INC PH	COFING DUST			10 55	X	-	-	-	
Hauler ID No. 50 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City State FREEHOLD, NEW JERSEY 11/01-6/30/19	Name of Registered Waste Hauler	NJDEF	² Waste	Cubic Ya	rds of Waste	Name	e of Register	red Landfill	1			-	
City, State Disposal Date FREEHOLD, NEW JERSEY Disposal Date 11/01-6/30/19 MONT COMMENV PA 17752					50	LYCC	DMING COU	INTY RESOURCE		NAGE	MENT	SER	VICES
FREEHOLD, NEW JERSEY 11/01-6/30/19 MONT COMERY PA 17752		1 1	5939	Disposal	Date	447 A	LEXANDER	R DRIVE/ROUTE	15				
Completed by (Print or Type) Title Signature Date A 7 1 1 1	FREEHOLD, NEW JERSEY					MON	GOMERY	PA 17752			,	,	
			05.00==	ATIONIO	Signature	1			9 /	10/	21	11	X

			(d 12:120-7)						Pro-	11 1
Date of Notification (1)				Nam MER	ne of I	Building O HARP & D	wner/Operator (2 OHME CORP.)			1		N' 5 1	FAME TO S
10 / 22 /18				Stree	et Add	iress				1 11	ř .	JAN	1 (2 2
Agencies Notified Type Notification	n			126	E. LIN	ICOLN AVI	ENUE, P.O. BOX	2000, RY28-414		-		UMIV	18	3 201
EPA X Initial Not	Notifica			City, RAH	State	, Zip Code , NEW JEF				ļ	<u> </u>			
X DOH On Hold EMERGE	NCY N	OTIF	ICAT	10.7		Contact JOHNSON	N	Telephone Nun 732-594-7746	nber -		-12	·		iii
\\				FACI	LITY I	NFORMAT	ION			_	_			\neg
Name of Facility Where Abatement is Tak		ce (3)		.6*		Type of Facility School (K-	12)						
MERCK SHARP & DOHME CORPORATION	N						X Other (ie.	er 8 (Other than borivate & commo	(-12) I. bldgs	s., ho	mes,	etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING							Square Feet 98,230	# of Floors 7	T		Bl	dg. Age 71)	
City (5) County (6 UNION				Cour (STATI	nty Co	ode (7) E ONLY)	Current Use (Pri COMMERCIAL	or if being demol	lished)					
Name of Monitoring Firm Hired by Buildin ENVIRONMETAL HEALTH INVESTIGATION)		A	SCM No. 17	Name of Abates PAR ENVIRONS	ment Contractor		ON				
Street Address							Street Address							\neg
655 WEST SHORE TRAIL City, State, Zip Code	-				-		313 SPOOK RO							
SPARTA, NEV							City, State, Zip C SUFFERN, NEV	V YORK 10901						
Project Manager for Monitoring Firm	- 1	13.000.00		Number			Telephone Num	V	nse N	umbe	Г			
WILLIAM S. KERBEL, CIH Expected State Date (10)			729-5	tion Date (1	141		845-369-7500	460						
11 / 1 /18	Sched		mpie /	tion Date (1		/19	Name of OSHA AMERISCI LABO			44	1480			
Month Day Year	Mon	nth		Day		Year	/ INCINION END	STOTT OTTILES INC	•	# 1	1400			
Occupancy Status During Abatement (Check X Facility Closed/Vacated During E Abatement Performed Outside of	ntire Pe	riod (ribe:		Street Address 117 EAST 30TH	STREET		7.00-2-0				
X Other - Describe: MONDAY					HDC.		City, State, Zip C	ode						-
			6				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NEW YORK,	NEW Y	ORK	1001	6		
Scope of Work (Check all that apply) Demolition	Renov	ation	,			Full Conta Mini-Enclo	inment with Nega	tive Pressure	X	WE	r WIP	E HEP	A VAC	UUM
X >3SF OR LF	Tivellor	auoi				Glovebag	Procedure							
>160 SF OR 260 LF	Τ.,		· ·				e Procedure		_					
Location of Asbestos-containing	norm	ocati				iption of As ning Materia		Amount	_	-		ment T	ype	- 1
Material (ACM)	100000000000000000000000000000000000000	lely b		~		Thermal sys		(Specify	1000	Ŕ	N N	lä l		
TO BE ABATED	Maint			in		on, surfacir		SF or LF)	두막	AF	¥	18		
in Facility (13)	Sta Yes IN	aff (1	2) N/A			er miscella			CONTROL	~	ENCAPSULE	ENCLOSUR		
3RD FLOOR ROOM 305	1100		X	FIRE PRO	OFINO	3 DUST		10 SF	x	-	m	-		\neg
3RD FLOOR ROOM 303	\vdash		X	FIRE PRO				10 SF	x	-	1	-		-
3RD FLOOR ROOM 304		_	Х	FIRE PRO				10 SF	X		\vdash	1		\neg
3RD FLOOR ROOM 319			Х	FIRE PRO				10 SF	X					
3RD FLOOR ROOM 320			Х	FIRE PRO	OFIN	3 DUST		10 SF	X		1			
3RD FLOOR ROOM 321			Х	FIRE PRO	OFIN	3 DUST		10 SF	X					
3RD FLOOR ROOM 323			X	FIRE PRO	OFIN	3 DUST		10 SF	X					
3RD FLOOR ROOM 325		_	X	FIRE PRO	OFIN	3 DUST		10 SF	X					
3RD FLOOR ROOM 326		_	X	FIRE PRO	OFIN	DUST		10 SF	X					
3RD FLOOR ROOM 327	\vdash	_	X	FIRE PRO				10 SF	X					
3RD FLOOR ROO, 332	\vdash	_	X	FIRE PRO				10 SF	Х		_			
6TH FLOOR ROOM 614	\vdash	-	Χ	FIRE PRO	OFINO	3 DUST		10 SF	X		_			
Name of Registered Waste Hauler	NJDEF	2 Wa	ste	Cubic Yard	s of M	Vaste	Name of Registe	red I andfill				-		
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler		lo.	Jane Tulu	50	. 3010	LYCOMING COL	INTY-RESOURCE	CE MA	NAG	EMEN	T SER	VICES	
City, State	1:	J939		Disposal Da			447 ALEXANDEJ Offy State MONTGOMERY	*UKIVE/ROUTE	= 15			,	,	
FREEHOLD, NEW JERSEY Completed by (Print or Type) Title		_		11/01-6/30/	/19 Signa	iture /	MONTGOMERY			- +	~	1	1	4
	ECTOR	OF (PER	ATIONS	Oigilia	//		Date		1	0/	20	4/	

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1/10/19	(1)				ng Owner/Operator (2)		Ā	SBESTORCO	,		-	
Agencies Notified	Type Notification				ownship Board o	f Education	A		13		t	
⊠ EPA	☑ Initial			et Address	_			The same of the sa				h 1980
□ DEP			-	Valley R	227							
⊠ DOL			1.00	State, Zip (
DOL.	Amendment # Emergency (includ	ing		300	NJ 07042							
⊠ DOH		ıng		e of Contac			Telephone Numb	er				_
⊠ DCA	justification) Cancelation		Emi	idio D'Ar	ndrea		973-509-400	0				
			-!-	F	ACILITY INFORM	ATION						_
Watchung Elem	ere Abatement is Taking Place (3)					Type of Facility (4)				_	_	_
Street Address	ientary school					☐ School (K-1	2)					
14 Garden Stree	*					- C	8 (Other than K	-12)				
14 Garden Stree	et .						private & Comme		nome	etc	1	
City (5)								- elei banomgo, e	ioine.	,	.,	
Montclair, NJ 07	7042					Square Feet	# of Floors	Bldg. Age				
County (6)				County	Code (7)	40,000 SF	12	55+				
Essex					USE ONLY)	Current Use (Prior if be Elementary Scho						
	Firm Hired by Building Owner (8)		-									
Detail Associate					ASCM No.	Name of Abatement Co						
Street Address						Unicorn Contract	ting Corp.					
300 Grand Ave						Street Address				Orași.		
ity, State, Zip Code						32 Willow Way						
Englewood, NJ 0	17631					City, State, Zip Code						
roject Manager for M				1_	3.002#S	Woodland Park, I	NJ 07424					
Stephen Jaracze	1.5			Telepho		Telephone No.		License No.				
tart Date (10)	er and		Te :		569-6708	973-333-9176		01331				
1/19/19					etion Date (11)	Name of OSHA Monitor						
	ng Abatement (Check Only One)	7	4/28,	119		Envirovision Cons	ultants, Inc.					
	sed/Vacated During Entire F	Dariad of At	nate			Street Address						
☐ Abatement	Performed Outside of Norr	nol Facility	Jaceme	III		20-21 Wagaraw R	ld., Bldg. 35-E					
☐ Other - Des		nai racility	nours			City, State, Zip Code						
ope of Work (Check A						Fair Lawn, NJ 074	10			70751163	mpi keri	
≥3 sf or ≥3 I	80		(E)			-						
≥ ≥ 25 51 01 ≥ 3 1 ≥ 160 sf or ≥			X	Renova	KAUN C		nent with Negat	ive Pressure				
	200 11			Demoli	tion							
						⊠ Glovebag Pro						
						■ Non-Exempte	ed (*) and Non-F	riable Procedure	•			
	Location of		Is Location Normali	1							emer	t
Asbestos-C	ontaining Material (ACM)	U:	sed Solely		Ashas	Description of tos Containing Material (ACI	A #1		-	T	ype	Т
	TO BE ABATED		laintenan		(i.e.	tos Containing Material (ACI thermal systems insulation,	ivij	Amount		1		
	In Facility	Cu	stodial St	aff?	,,,,,,	surfacing, VAT, or		(Specity SF or LF)			Enc	m
	(13)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(12)	1 11/2		other miscellaneous)		,	Removal	Re	Encapsulate	Enclosure
(Symnasium	Yes	No X	N/A		0-111			oval	Repair	ilate	sure
	Area - Crawl Space	X	_^	\vdash		Radiator Covers		240 SF	X			
	opucc	1^				Pipe Insulation		300 LF	X			
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ne of Registered Was	ste Hauler		NIDEDIA	/aste Haule	er ID No	Cubic Vanda Com						
icorn Contracti			00358		a io iyo,	Cubic Yards of Waste		Name of Regustered				
, State	The state of the s		00000	.,,		1		Fairless Hills La	ndfill			
oodland Park, N	lew Jersev					Disposal Date	10	City, State				
npleted by		Title				TBD Signature	9	Morrisville, PA				
mo Golcev		Genera	10000	agor		Signature	1	1	Date	2		
		Ineliels	ii ividila	ger		1/2	7/1/		1/1	0/19	}	

NOTIFICATION OF ASPESTES ABATEMENT Pursuant to NJAC 8:60-7 and 12:120-7

		(Purs	uant to N.T.	AC 8 - 6	0-7 and 12:120-	71	manager		- Contract		
Date of Notification	n (1)		Name of E	Buildin	g Owner/Operato	or (2)	1:3	EC	F	H ·	WE
1/9/2019			Karen	Jan	ifer	8-8				Ш	W.L
Agencies Notified	Type Notifica	ation	Street Ad	ldress			1-1				-
[]EPA	[X]Initial						11: 1	JA	N 1	8 2	019
[]DEP	Notific	ation	City, Sta	te, Zi	p Code				٠,		
[X]DOL	[]Amended Notific				, NJ, 0704	2		ASBES'	000	· O ·	1 1 1 2 1
[X] DOH			Name of C		· 5		hone Number				
[]DCA	[]EMERGENC	Y	Karen	Jan	ifer	rerep	none Number				distant
	[]Cancella	tion			SSENSON CONTROL OF THE CONTROL OF TH	1					
Name of Facility Who			FA	CILITY	INFORMATION						
Name of Facility Whe Karen Janifer	re Abatement	ıs Taki	ng Place (3)		Type of Fac	cility (4)				
							ol (K-12)				
Street Address						[]Subch	apter 8 (Ot	her tha	n K-1	2)	
			9			cial	buildings,	homes,	etc.)	
City	k	County		l'a	mb- 0-3- /2\	Square Feet	# of Fl	oors	Bldg.	Age	
					unty Code (7) TATE USE ONLY)						
Montclair		Essex				Current Use	(Prior if)	being de	emoli	shed	i)
Name of Monitoring F:					Name of Abate	ment Contrac	tor (9)				
Owner (8) N/A						IANAGEMEN					
Street Address					Street Address					_	
					86 Chris	topher S	t.				
City, State, Zip Code					City, State,				- /		
					Montclai		042				
Project Manager for M	fonitoring Fir	m Tel	ephone Num	ber	Telephone Numb			License	וחווו ב	her	
		N/	A		(973) 744			003			
Scheduled Start Date		. Compl	etion Date	(11)	Name of OSHA N	fonitor				-	
	9 01	T	1 19)	N/A						
Month Day Yes Occupancy Status Duri	ng Abatement	(Check	ay Yea								
[X]Facility Close of Abatement	ed/Vacated Dur	ing En	tire Period	i	Street Address	·					
[]Abatement Peri	Formed Outside	of No	cmal Facili	tv	Gita State 5				35.62		
Hours - Descri	be: «OffHours	Descri	ot»	-1	City, State, Z	ip Code					
[]other - Descri			Descript»								
Scope of Work (Check	all that apply	7)			רוניתו ז	ontainment w	sith No-oti-				
[X]≥3 sf or ≥	3 lf	77000]Renovation		[X]Mini-E	Containment w Inclosure	ith Negativ	e Press	ure		
[]≥160 sf or	≥260 II	1]Demolition	n		ag Procedure					
*	_	T .	Is cation		[]NOII EL	Table Floced	ure	Aba	ateme	nt T	'vne
Location (Asbestos-Conta		No	rmally		Description			-		E	E
Material (A	CM)	S	Used olely		Asbestos-Conta Material (A	_	Amount (Specify	E	RE	C	N C
TO BE ABAT		te	Main- nance/		(i.e., thermal		SF or	Ö	PA	P	O L
(13)	-2		stodial ff (12)		sulation, surfactor other miscell		LF)	V A	IR	S	S
asement - Nort	-h	Yes	No N/A			-		L	-	L	R E
basement - West					Insulatio		75 LF	X			
					Insulatio		120 LF	X			
asement - Cent ame of Registered Was					Insulatio		165 LF	X			
AZTECH MANAGEN			EP Waste ler ID No.		ic Yards Waste 1.5	Name of Regi		fill			
ity, State		17	040			Tri - S	cate				
ontclair, NJ (7042			1000000	posal Date	City, State					
				U	1/22/19	Bronx,	NY, 104	/4			
ompleted By (Print or	The state of the s				Signature		1.1	Date			
onstantine Viv	vian Pre	siden	t		1/2	7.	1/1:100	1/9/2	019		

08 Jan 2000 11:25PM NJ Asbes	tos Co	ntrol	609.63	33.0664	am .	Horizonton III	1								
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OHUMA					7.11	P			1-3						
U1141)		1	OTIFIC:	RIIDBIC	F ASSES	THE M A M A	MENT			J	AN.	18	20		
Date of Notification (1)		_			MANG DIG	n aug 15:15	01				1		148		
Agencies Notified Type Notifica	Etr	icon, li	niiawa OM	ner/Operator	(2)		1	ASBE	970	o CC	77				
Agencies Notified Type Notifica	SI	reel Addi	858	1							95				
DEP Amanda	PO	Box 1	51		TV										
Amendm			Zip Code , NJ 088	1											
DON Justineati	Na	me of Co	ntact	78	11.	. j l									
Gancella Gancella	Pro	ject Ma	nager	1		Telephone Number									
Name of Facility Where Abatement is Ta	king Pla	ce (3)		FACILITY	INFORM	ATION			73-641-	1736					
Ethicon Street Address						1	Type of Fecil						_		
Route 22 W	*			Subcher	chool (K-12) ibchapter 8 (Other than K-12)										
City (5)					Other (é.	a g coww	er man K-12) & commercial buildings, homes,								
Somerville		, and the second second		1	Square Feet		# of Floors			Blog. Age					
County (6)	Cour	nly Code	(7)		<u> </u>		3								
Name of Monitoring Firm Hired by Sullide	Name of Monitoring Flim Hired by Building Owner (8) ASCM No.								aing demo)				
A. E.S, L.	g Owner	(8)	AS	CM No.		Nameo	f Abelement C	onfracto	Facility (9)	¥					
Street Address The M								ACK Group 11 c							
2200 Paterson Plank rd # 7 City, State, Zip Code						Street A	gaestb			-	-				
North Bergen, NJ 07047						City, Sta	ngs HWY N	V, STE	209		-				
Project Manager for Monitoring Firm			T 7.1			Cherry I	HIL NJ 080	34			N.6388	4070			
Carmelo Altomonte Start Date (10)		hone No. 64-658		Telephon	one No. License No.										
1/10/19	ompistio	n Data (11)	(973) 75 Name of	59 - 5000 00781										
Occupancy Status During Abetement (Cho	20		The MAG	OK Groun											
Facility Closed Names and a						Street Ad	dross			-					
Abetement Performed Outside of Non Other - Describe:	iname Est			1500 Kin	ings HWY N, STE 209										
Scope of Work (Check All That Apply)					(III, NJ 0803	1.4					-		
≥3 mf or ≥3 ff	X	_				201000	, 140 0003) mg				-			
≥160 of or ≥260 lf	ation lition			A	Full Containment with Name to										
						\boxtimes	Glovaban Pro	Deduce							
	is Location						Non-Exempted	(*) and	and Non-Friable Procedure						
Location of Asbestos-Conteining Material (ACM)	Un	Printed las be	ally oly bu	Description							Abatement Type				
TO BE ABATED	I M	ainten: stodial	ince/	Asbi	Blos Cont	aining Malei ayetems ins	rial (ACM)		Amount		T	T	T		
(13)		(12)			Burrac	ing, VAT, o	,		pecify or LF)	Ren	Re	ncal	50		
	Yes	No	N/A		2010111		•1			Removal	Repair	Encapsulate	Enclosure		
ATC Bld. A-1U8	X		IN/A	Pipa & pipe fitting ins			sulation			-		ã	,		
									TBD						
		1													
SM4 of Early						-									
				EP Waste Cubic Yards			Name of D	a aleba	d 1 - 121						
ewark Cartina Haule				of Weste			Name of Registered Landfill								
wark, NJ		Disposal Date			BFI Imperial Landfill City, State										
empleted by		1/10/20 Imperial PA 15126													
chael Cooper	Title Preside	ent			धिक	TO THE PARTY OF TH	1	10	Dat	6			-		
B41 (B.na.ne)	, roalul	-111							1/10						

nock	NOT	IFICATI	State of N ON OF AS nt to NJAC	MENT 0)) ECEIVE													
Date of Notification (1)			Name	e of Building	d Owner	/Operator	(2)	1				- }						
January 08, 2019			loldings	3	орогасы	(2)	JAI ال	V 1	8 2	019								
Agencies Notified Type Notification			t Address								- ;							
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DEP Amended			State, Zip C	ASBECT CO CO														
/tilletidille	DOL Amendment # Emergency (including					Parsippany, NJ 07054						And the second s						
DOH Emergence justification	ng	Name of Contact					Telephone Number											
DCA Cancellati		Projec	ct Manage	er														
Nowa of Fally 118		CILITY INF		ION	(973) 234-7026													
Name of Facility Where Abatement is Tak	ing Place	(3)					Type of Facility	(4)				-12/1/17						
Warehouse							School (K-	C-36										
Street Address					Subchapte	ubchapter 8 (Other than K-12)												
710 Water Street							Other (i.e.	private & commer	cial bu	ilding	s, hom	ies,						
City (5)							etc.) Square Feet	# of Floors		Dida	Ago							
Gloucester City, NJ							7	# OI FIGURS		Bldg.	Age							
County (6)				y Code (7)			Current Ilea (Dri	or if being demoli	chad)									
Camden				USE ONLY,)		Carrent Use (Pff											
Name of Monitoring Firm Hired by Building	g Owner (8	8)	ASC	M No.		Name	of Abstement C	Warehous	е									
Criterian Labs	, and				ne of Abatement Contractor (9)													
Street Address			The MACK Group, LLC															
3370 Progress Drive, Suite J		Street Address																
City, State, Zip Code							lings HWY N,	STE 209										
Bensalem, PA 19020							ate, Zip Code											
Project Manager for Monitoring Firm	Cherry Hill, NJ 08034 Telephone No.																	
Project Manager		one No.	License No.															
Start Date (10)	lad Ca					973) 759 - 5000 00781												
12/13/18	ied Co	3/13/1				ne of OSHA Monitor												
Occupancy Status During Abatement (Che	19			ACK Group, Li	LC.													
5.7						Street A	2000 B 2000											
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	ment			1500 Kings HWY N, STE 209														
Other - Describe:	mai racilit	y Hour	5			City, St.	ate, Zip Code		bet to the second									
Scope of Work (Check All That Apply)					_	Cherry	Hill, NJ 08034	ļ										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli	100000000			Full Containment with Negative Pressure Mini-Enclosure													
							Glovebag Proc	edure										
				T		×	Non-Exempted	(*) and Non-Friable	Proce	edure								
<i>₩</i>	s Locat							Abatement										
Location of Asbestos-Containing Material (ACM)	Normal ed Sole			Des	cription o	of		Туре										
TO BE ABATED Mainten				Asbesto	os Conta	aining Ma	terial (ACM)	Amount			ш							
In Facility	todial 8 (12)	Staff?	(1.6.1	surfac	ing, VAT	nsulation, or	(Specify SF or LF)	Removal	R	nca	Enclosure							
(13)		(12)			other m	iscellane	ous)	or or Ery	non	Repair	psu	losu						
	Yes	No	N/A						/a	Ť	Encapsulate	Ire						
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		9.00	auler ID	100 00 00 00 00 00 00 00 00 00 00 00 00	Cubic Y of Wast		Name of R	egistered Landfill										
partan Environmental Enterprises,	Inc					TBD	Mineryo E	ntorprises !!	0									
City, State					Disposa		City, State	nterprises, LL	.0									
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like Cooper	Presid	ent			9													
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Date of Notification (1)		1572 153	THE HEAT OF	en aug 15:1	20)		- H	AN.	l., (;	. 24	1488
		No	ime of Building O	vn er/Operate	or (2)			1.	. !		1
Agencies Notified Type Notifice	8	Pa	rker Landacani	ing & Con	or (a)	. Г	ASBE	Common to	∩ C(green -	· >= hare
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I DO USTIFICAL	pn)	Na.	me of Contact	710			2.55				
Cancella	tion		ect Manager				Telephone	Numl	160		
Name of Facility Where Abatement is Ta			ACILITY INFOR	MATION		-	(973) 234.	-702	6		
Warehouse	iking Piace (3)		WA	MUINN.	Type of i	maril by a sec					
Street Address					-	53,5700					
710 Water Street					Scr)	ol (K-12)	v				
City (8)					X On	(le pri	(Other than K	(-12)	L. W.		
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Gloucester City, NJ County (6)					Square F	et	# of Figors		Bld	g. Age)
Camden		Cour	ily Code (7)						1		
Name of Montrolog El	2 HE / C	(STA	TE USE ONLY		Current;	4 (prior i	f being demoi	ished)	-	
Name of Monitoring Firm Hired by Sulidin	g Owner (8)	AS	CM No.	Name			Warehous	se			
Criterian Labs Street Address		ĺ		ta strict	of Abatem r	il Contra	ctor (8)		_		_
	***************************************			The M	ACK Gri L	IP LLC	2011-2010				
3370 Progress Drive, Suite J				1				-			
City, State, Zip Code				1500 K	ings HV	IN, ST	E 209				ĺ
Bensalem, PA 19020				City, St	ate, Zip C d			********			
Project Manager for Monitoring Firm		Telen	hone No.	Cherry	HIII, NJ)	8034					-
Project Manager Start Date (10)			44.1300	Telepho			License	No.			
3 D. Subband Section 40 Co.	Scheduled C	ompletio	n Date (11)	(873) 7	59 - 50:)		00781				
12/13/18		3/13/			OSHA N			-		NI COLOR	
Occupancy Stalus During Abatement (Che	ck Only One)			Street A	CK Gro	e LLC.					-
Feellity Cineed Alecated During and		árnané					-				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe:	net Facility Hou	Jra Ira		1500 KI	ngs HV (N STE	209				I
				City, Sta	te, Zip C: le			-			
Scope of Work (Check All That Apply)				Cherry I	Hill, NJ 18	0.34					į
≥3 sf or ≥3 lf	Renov	unėla –					and the second s			-	
≥160 sf or ≥260 If	Demoi	lition			Full Col Bi	in nent w	in Negative F	Drmes.			
				and the same of th	Glavas	Anim					
*****					Non-Ext to	ted (*) an	e id Non-Friable				
Location of	Is Loca					1	- 14411-1118010	71004	Aure		
ABDastoe-Containing Material (a CM)	Norma Used Sol	elv by	De	escription of				1		lomen: ype	
JUBE ABATED	Maintena	incel	Aspestos Con	tsining Mate	arial (AGA)		Amount		1	T	\vdash
in Facility (13)	Custodial (12)		li.o. thenng	l systems in clag, VAT, o	sillation	1 1	Specify	73	1_	Ent	m l
315	(12)	-	other	miscetianeo	us)	S	F or LF)	Removal	Repair	Escapsulate	Enclosure
	Yes No	N/A						evo	air.	Sula	Ins
Roofing & Siding	10	- Id/A				Į.		=	1	6	0

Name of Registered Waste Hauf Spartan Environmental Ent City, State		NJ DEP Waste Hauler ID No.	Gubio Yards of Wasts TBD	Mara r of Registered Landfill
onora, PA			Disposal Date	Mine ve Enterprises, LLC City, state
Completed by like Cooper	Title		3/13/19 Signature	Way esburg, OH

transite

Roofing & Siding

TBD

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Date of Notification (1) 01/08/2019			Name Steve	of Building ens Instit	Owner/ ute of	Operator Techno	r (2) ology		JA	N 1	8 20)19	
Agencies Notified Type Notification Initial DEP Amended Amendmen			Street 1 Cas City, S	Address stle point tate, Zip Co	On H	udson			ASBE	STOS (L'EUX		Politi.	8
X DOH Emergency justification	(includin	g	Name	ken, NJ				Tel	ephone	Number			
DCA Cancellation	0		Read of the San	Fernand	NO STATE OF THE PARTY OF THE PA	ION		55	1-655-	9149			
Name of Facility Where Abatement is Takin Davidson Lab Building Street Address 707 Hudson Street	ng Place	(3)					Type of Facility School (K- Subchapte Other (i.e.	12) 8 (Oth	er than F	(-12) ercial bu	ildings	, hom	nes,
City (5) Hoboken							Square Feet N/A	# of	f Floors		Bldg.	Age	
County (6) Hudson			County (STATE	Code (7) USE ONLY))		Current Use (Pri Davidson Lal	or if bei	ng demo				
Name of Monitoring Firm Hired by Building TTI Environmental	Owner (8)	0003	M No. 3		Name D&S	of Abatement Cor Abatement, Ir	ntractor			372-38		
Street Address 1253 North Church Street						Street	Address Osengren Ave						
City, State, Zip Code Bordentown, NJ 08505			=			City, S	tate, Zip Code va, NJ 07512				1112		
Project Manager for Monitoring Firm Jim Guilardi			Telepho	ne No. 14-1683		Teleph	one No. 345-8685		License 01311				
Start Date (10) 01/11/2019	Schedul 01/13/			Date (11)		Name	of OSHA Monitor Abatement, In	C.	0.011				
Occupancy Status During Abatement (Chec	Period of	Abater	ment			Street	Address Osengren Aver						
Abatement Performed Outside of Norm Other – Describe: Occupied	nal Facility	y Hour	S		_		ate, Zip Code va, NJ 07512						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	475				
Location of	1	Locat Vorma	lly		Des	scription		() and	14011-111	able Fit	Abat	emeni vpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial ((12)	nce/	(i.e. t	os Conta thermal surfac	aining Ma	aterial (ACM) insulation, , or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
South Entrance Hallway	Yes	No	N/A									ate	ci.
South Entrance Hallway		X			VAI	& Mas	tic	30	0 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	IJDEP W	No.	Cubic \ of Was	100 miles (100 miles (Name of F	, (20)		SIII			
City, State		20	0996		TBD Disposa TBD	al Date	City, State						-
Completed by Dliver Hegedis	Title Proje	ct Ma	nager			gnature	Morrisvil	ie, PA		Date 01/08/2	2019		\dashv

Print Form

NOTIFICATION OF ASBEST OS ABATEMENT

#200,00 AHn: Tom Check 2150, 609-633-01664 Fix

Date of Notification (1)							۸.	7.7 D2	,_	1	0,0	A
01 / 04	1	19		N	ame of Buil	lding Owner/Operato	r (2)	W NO	1	1	spo	20
			_		PERTH A	MBOY BOARD O	F EDUCATION		3 (Ш	\mathbb{A}
Agencies Notified Type No		on		S	treet Addres			11:3	225			
☐ EPA ☐ Initia ☐ Amou	١				178 BARF	RACKS STREET			1.4		0 0	
DCA (NJAC 5:16)	nded 1dmen	r #4			ty, State, Zi				JA	N I	8 2	2019
□ DHSS □ Emer	aency	(inclu	dina			MBOY, NJ 08861						
justifi	cation)	ung	Na	me of Cont	act		AS	BES	-02	201	
(NJAC 5:23-8)	ellation	า		1	Derek J. J		240	l elephone N	lumbe	r. Ta	Glist	3
								732-376-6	6200	- more	Later State	
Name of Facility Where Abatement	is Tak	ing Pl	ace (3)	ACILITY	INFORMATION						
Perth Amboy High School		9		٠,			Type of Facility	(4)			+ 1	-
Street Address			-	-			School (K-12	2)	- 1			
300 Eagle Avenue							Subchapter 8	Other than K	-12)			
City (5)							Other (i.e., phomes, etc.)	rivate & comme	rcial	ouildin	gs,	
Perth Amboy , NJ 08861							Square Feet	# of Floors	-	Blda	Age	
County (6)							300,000	3	ı		50	
Middlesex				Co	ounty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olishe			
	71.45					11-207	High School	3 40///		√ /		
Name of Monitoring Firm Hired by Bi	uilding	Owne	r (8)	ASC	M No.	Name of Abateme	ent Contractor (9)					
AHERA Consultants, Inc. Street Address				00	057	APS Contrac						
						Street Address	U ,					_
36 N. Quail Hill Blvd						155-161 Penr	sylvania Aveni	10	1			
City, State, Zip Code			- 1-			City, State, Zip Co						
Galloway, NJ 08205						Paterson, NJ						
Project Manager for Monitoring Firm			T	elephon	e No.	Telephone No.		T11				
Donna D'Errico				609-65	2-1833	973-754-1980		License No.				
tart Date (10)	Sche	duled			ate (11)	Name of OSHA M	onitor	01-287				
01 /14 /19					_ 19	APS Contract			1			
ccupancy Status During Abatement	(Chec	k only	one)				ing, inc.		1			
Facility Closed/Vacated During En	tire Pe	riod of	Aba	tement		Street Address						
Abatement Performed Outside of N	Normal	Facili	ty Ho	ure - De	scribe	155-161 Penns	sylvania Avenu	е	-			
Time of Abatement:AM	PI	VI/	P	VI	_AM	City, State, Zip Coo						
cope of Work (Check all that apply)						Paterson, NJ (07503		- 1			
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re				☐ Mini-Enclo	sure	ive Pressure	- 1			
<u></u>		∐ De	emolit	ion		☐ Glovebag	Procedure		- 1			
Y	10	Is	Loca	ation	T		pted (*) and Non-I	riable Procedu	ire	5		
Location of		1	Vorm	ally		Description of			IA	batem	ent T	ype
Asbestos-Containing Material (ACN TO BE ABATED	Л)	Use Ma	inten	lely by ance/	Asbes	tos Containing Mate	rial (ACM)	Amount	100	D	m	п
IN Facility		Cus	todial	Staff?	(i.e., then	mal systems insulation	on, surfacing,	(Specify	Remova	Repair	nca	Enclosure
(13)	-		(12))	1	VAT, or other miscellaneou	(e)	SF or LF)	1 15	=	psu	nusc
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				JDEP V	Vaste T	Cubio Varda of	Na		坤			
ne of Registered Waste Hauler			1 000	lauler ID		Cubic Yards of	Name of Registere					
ne of Registered Waste Hauler PS Contractors, Inc.							Grows Landfi	II.	1			
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PS Contractors, Inc.				21259		Disposal Date (City, State		+			
PS Contractors, Inc. State aterson, New Jersey		2		21259			City, State Morrisville, PA	A 19067				
PS Contractors, Inc.	Title	7		21259		Disposal Date (A 19067	e	,		

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Check	#
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Date of Notification (1)				I N	lome of D. U.				1:3	E		E [8.1
40	/	18		1	PFRTH AM	ing Owner/Operator	(2)		1:1)	15	16 1	5 0	
Agencies Notified Type No	_						EDUCATION	N	1 - 5	1	1		
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☑ DEP ☐ Amer	nded			_		ACKS STREET			"	Ì			L- 1
☑ DCA (NJAC 5:16) Amer ☑ DHSS ☐ Fmor	ndment	#			ity, State, Zip				-	A O D	n construes	todowner.	Per se
☐ DCA iustifi	gency cation)	(includ	ing	-		IBOY, NJ 08861	1 9 1	1 34 354 14		ASB		,000	
(NJAC 5:23-8)				1	ame of Conta Derek J. Je			Telepi	hone N	umber	mar. Lang.	•	
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Name of Facility Where Abatement	in Tal.	DI			FACILITY I	NFORMATION				174 1		(de) 353	35
Perth Amboy High School	is rak	ng Pla	ce (3)			Type of Facili	ty (4)				-	
Street Address							School (K-	12)					
300 Eagle Avenue							Subchapte Other (i.e.,	private &	than K- comme	·12) rcial b	ildings		
City (5)							Square Feet		loors		Bldg. A	ne	
Perth Amboy , NJ 08861							300,000	3			1950		
County (6)				С	ounty Code (7)(STATE USE ONLY)	Current Use (F	Prior if bein	ng demo	olished	di .		_
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lame of Monitoring Firm Hired by B	uilding	Owne	r (8)	100000	CM No.	Name of Abateme	ent Contractor (9)					-
AHERA Consultants, Inc.				00	0057	APS Contrac		12.	*17				
treet Address				0.00		Street Address							
36 N. Quail Hill Blvd						155-161 Penn	sylvania Ave	nue					
ity, State, Zip Code						City, State, Zip Co	ode						-
Galloway, NJ 08205					was a second	Paterson, NJ	07503						
roject Manager for Monitoring Firm			T	elephor	ne No.	Telephone No.		Licens	se No.				-
Donna D'Errico					52-1833	973-754-1980		01-	287				
tart Date (10)					Date (11)	Name of OSHA Me							
/	1				19	APS Contract	ing, Inc.						
ccupancy Status During Abatement						Street Address							_
Facility Closed/Vacated During Er	ntire Pe	riod of	Aba	tement		155-161 Penns		nue			_		
Abatement Performed Outside of Time of Abatement:AM	Norma P	i Facili M/	ty Ho	ours - D M-	escribe AM	City, State, Zip Coo	de						_
						Paterson, NJ (07503						
cope of Work (Check all that apply)						□ Full Conta	riana ant cuitle No.	D					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		⊠ Re				☐ Mini-Enclo	Procedure						
		Is	Loc	ation	1	⊠ Non-Exem	npted (*) and No	on-Friable i	Proced				
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Asbestos-Containing Material (AC TO BE ABATED	M)			nance/	ASDES	tos Containing Mate	erial (ACM)	Amo		वि	Repair	Enc	Lincosure
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IN Facility		Vaa	(12	T		other miscellaneou	us)		/	2		ulat	0
IN Facility (13)		Yes	No	N/A	\							6	
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Dags of Notification (1)	NO'	(Pas	TRINSING BO	OF ASBESTO NJAC 8:60 F	od 12:120)	- 700			7.1	94	11	q 201
1/7/19			MS.	Eliza			عما هد	7	MOTO Description	anger (con	crement.	
Agencies Notified Type Notification			20,000						435	ES	2	CD
D EPA Initial D OSP D Amended Amended Amendment #		Ci	ty, State,	Zip Cods S HOLT	اللا	i.c	J.	07018	1	1		
DOH Emergency (in Justification)	chiding	1	ame of C	conuct	171			Telephone Number	-			7
D DCA Carroellation				LELLEK	ATION			<u> </u>	_		_	\exists
Name of Pacifity Where Abatement is Taking Pla	ice (3)			HI MITORES	A B ROOTS	Type of	Pacifity (4)					
MS. ELIZA GETY	De	با جاد	-e y		-	D 546	hool (K-12) behapaer 8 (har (Le. priv	Other than K-12) ato & commercial bu	ilding	, hom	es, ex	,
City (5)						Square F	ect	F of Floors	1 316	# A8 92	6	-
SHOET HIL	الما	10	ounty Co	ode (7)		Current		Z being demolished)	1 '	70		-
2552×		8	TATE US	SEONLY		all all	RESIG	36N CE			_	_
Name of Monitoring Firm Hired by Building Ov	nei (8)		ASCM	No.			oval, In					
Street Address						Address 50 Sout	h River	Street				
Chy, Smrs, Zip Cods					City.	State, Zip (Code	ew Jersey 076	01			
Project Managet for Monunting Firm		T	alephon	o No.	Telap	hone No.		License No. 00388				
Stert Dato (10) /4/9	Scheduled	Formal	stion Da	to (11)	Naros	of OSHA		ental				
Occupancy Status During Abelement (Check Or	ily One)					Address	ler Stree	4				
D Facility Closed Vacated During Entire Per D Abatement Furbraned Outside of Normal Other - Detaribe: 6200 MA	iod of Aben Facility Hor C S:	ement O_O	<u> </u>		City.	State Zip	Code	eck, NJ 07606				
Scope of Work (Chock All That Apply)									` `			
		enoveti Ismoliti				E Clov	-Enclosure rebag Proce	dure				
	7			-		CI Non-	-Exempted	(*) and Non-Friable	70000	Abata	ement	
Location of Asburtoe-Contributing Material (ACM)	Use	Locati Vorotelli d Soleli atticue	y by	Asbestos	Description Containing	Material (ACM)	Amount	-		Et.	B
IO BE ARATED IN Recitivy (13)	Cus	todial S (12)	MAT?	(i.e. therma	VAT. VAT. shar missell	19	riscing,	(Specify RF or LF)	REMOVAL	Repuir	Encapoulate	Eaclosure
	Yes	No	NIA					dolf	>	-	-	
KAST Floor 1 CAT CHEN	+-	-	-	different.	E-1 57 50 M	1820 41	47 1020		Ė			
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Name of Registered Waste Heulet			UDEP W	Vastu C	Jubic Yards		Name of	Registered LandOU		_	<u></u>	
Best Removal, Inc.			1478	No.	S date A ye	242	Mine	rva Entrerpris	es, I	LC		
City, State Hackspack, NJ 07601	12			1	Dispose De		City, State Way	nesburg, OH	446	88		
Completed by J. Majorano	Title Est	imate	or		Signat	ראואלו	مبميه	D	ate .	7/1	9	
F. 11-1001 57 474-1		-				1		rm for ashestos licen				

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Date of Notification (1) 01/09/2019			Name	of Building Owne	r/Operato	or (2)			- 11	106	24
Agencies Notified Type Notification	1		1	Address				<u>E</u> (; E		\mathbb{W}
EPA Initial							13				
DEP Amended Amendmer	it#			tate, Zip Code eck, NJ, 0766	6			JA	N 1	8 2	2019
Emergency	(includir	ng		of Contact	0					0 2	.013
DCA justification Cancellatio				ony Love			Telephon	Numbe		001	
Name of Escility Where Abstract Table	- Fi		FAC	CILITY INFORMA	TION				C - 170 -	OCT OTHE	
Name of Facility Where Abatement is Taki Residential Property	ng Place	(3)				Type of Facility	(4)	AND MARKET AND			-
Street Address						School (K	-12)	IC 40\			
i i						Other (i.e.	er 8 (Other than private & comm	K-12) nercial bi	uildings	s, hom	nes,
City (5)						etc.) Square Feet	# of Floors	. 1	Bldg.	Age	
Teaneck						1,911	2		1926		
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Current Use (P	rior if being dem	nolished)	3		
Name of Monitoring Firm Hired by Building	Owner (8	3)	100-0.00-0.00	M No.	Name	of Abatement Co	entractor (0)				
	•				Dany	ic Contracting	g LLC.				
Street Address						Address					
City, State, Zip Code						South 5th St.					
and, entry, entr						tate, Zip Code beth, NJ, 072	06				
Project Manager for Monitoring Firm			Telepho	one No.		one No.		se No.			
						906-4123	0135				
Start Date (10) 01/18/2019	Schedu 01/25/		npletion	Date (11)		of OSHA Monitor					
Occupancy Status During Abatement (Chec						nvironmental	Laboratories	, Inc.			
Facility Closed/Vacated During Entire F	88					Address Route 22 We	st				
Abatement Performed Outside of Norm Other – Describe: OCCUPIED	al Facilit	y Hours	nent			tate, Zip Code				-	
						n, NJ, 07803					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit			×	Full Containm Mini-Enclosure	ent with Negativ	ve Press	ure		
					×	Glovebag Pro	cedure				
	T .		200		i	Non-Exempted	d (*) and Non-F	riable Pr			
Location of		Locati Normali	ly	Do	scription	of .				ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Use	ed Sole	ly by nce/	Asbestos Cont	taining Ma	aterial (ACM)	Amount			m	
In Facility	Cus	todial S (12)	staff?	(i.e. thermal surfa	systems cing, VAT		(Specify SF or LF)	Ren	Re	ncal	Encl
(13)		(12)		other n	niscellane	eous)	01 01 21)	Removal	Repair	Encapsulate	Enclosure
_	Yes	No	N/A							ate	G)
Basement			Х	Pipe	Insulat	ion	20 LF	Х			
Name of Devision 111											
Name of Registered Waste Hauler		7 1755	JDEP Wa	0.00		Name of F	Registered Land	Ifill			
Danvic Contracting LLC.		10000	574	2		Fairless	Landfill				
City, State Elizabeth, New Jersey					al Date	City, State					
Completed by	Title			TBD	ignature	Morrisvi					
Jeymy Donneys	Owne	or		3	graure	1.10011		Date 01/09/2			- 1

po not use this form for asbestos licensure exempted activities.

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4117	110		NOT	Pursua	on of as	C 8:50	OS ABAT	EM 20)	ENT		们					
Date of Notification (1) 1/11/19				Name	of Buildir	ng Own	er/Operate	or (2)	1		JA	N	18	201	9
Agencies Notified	Time News-W					ıb Pri	vate Hor	me								
	Type Notification	1		Street	Address					_	Δ	SBE	7700	00	17.	- n
EPA DEP	Initial			City	21-1- 7	0 1						00:			13	
Ĭ DOL	Amended Amendmen	t#			State, Zip		J 08260	^		and the		Not the street of the	and delivery			
⊠ DOH	Emergency	(includir	ng	-	of Contac		11 08260	U								
DCA	justification) Cancellation			Chri		il				Te	elepho	-	mber			
					CILITY IN	FORM	ATION					- La				
Name of Facility Where	Abatement is Takir	ng Place	(3)			T OTTIM	ATTOR	1	ype of Facility	(4)						
Randall Daub Priva	ite Home							Ir	School (K-							
Street Address									Subchapte	8 (Ot	her tha	n K-12	2)			
07. (5)								2	Other (i.e. etc.)	orivate	& con	nmerci	al bui	ldings	, hon	nes,
City (5) North Wildwood NJ	00000							S	quare Feet	# 0	of Floo	rs	T	Bldg.	Age	
County (6)	08260							1	1000	1			- 1	35+	J	
Capemay				County	Code (7)	v			urrent Use (Pri	or if be	ing de	molish	ned)			
Name of Monitoring Firm	Hirod by Duilding	O	,,		200	" —		1 8	House							
N/A	miled by Building	Owner (8	3)	ASC	M No.				Abatement Cor	ntracto	r (9)					
Street Address									co Inc.							
and the second properties of the second proper							Street		dress x 329							
City, State, Zip Code									e, Zip Code						-92-2	
9. 32. Feb.									e, zip Code Berlin NJ 08(101						
Project Manager for Moni	toring Firm		T	Telepho	one No.		Telepi			181	Lina	nna Ni				
				5000000 # 5000					3-9800		007	nse No	0.			
Start Date (10)		Schedu	led Co	mpletion	Date (11))			OSHA Monitor		001	21				
1/21/19		1/25/	-				Sam									
Occupancy Status During			-27	MINUSE - NO			Street	Add	dress							
Abatement Performe Other – Describe:	ted During Entire F d Outside of Norm	eriod of al Facilit	Abater y Houn	nent s			City, S	State	e, Zip Code							
Scope of Work (Check All	That Apply															
23 sf or ≥3 lf	ттас Арргу)						_	,								
≥160 sf or ≥260 lf			Renova Demolii				E	1	Full Containme Mini-Enclosure Glovebag Proc	edure						
		T			Т		×	<u> </u>	Non-Exempted	(*) and	d Non-	Friable	e Pro	cedur	е	
1			Locati Normal												ement	:
Location of Asbestos-Containing N		Use	ed Sole	ly by	Ashas	tos Co	escription	of	rial (ACM)				_	1 9	ре	-
TO BE ABAT	<u>red</u>		intena todial S		(i.e.	therma	al systems	iate s ins	rial (ACM)		mount pecify		סג	_	<u>n</u>	m
In Facility (13)	60		(12)	ruii.		surf	acing, VA [*] miscellan	T, o	r		or LF		Removal	Repair	aps	nclo
		Yes	No	N/A		outer	mscenan	leuu	5)				val	air	Encapsulate	Enclosure
Exterior Sid	ding	165	NO	X		Ext	erior Sid	linc	1	12	00 sf	-	v		е	
						30,000				12	.00 31		Х			
Name of Registered Waste	Hauler		1	IDED												
United Roll Off	ridulei			JDEP Wauler ID		of Wa	Yards aste		Name of R	egister	red La	ndfill				
				2459	0.00000	2			G.R.O.V	V.S.						
City, State							sal Date		City, State				-	-		-
Elm NJ						1/25	/19		Morrisvil	le PA	190	67				
Completed by Anthony T Perna		Title					Signature	0				Date	is.			
, and only I rellia		Pres	dent				(K				1/1	1/19			

Date of Notification (1)	PA	1111		Name of Building Owner/Operator	(2)		IAM	1.0	2010						
12/22/2018	76. A.			Arc of NJ	\$ 1.1 (L. j	JAN	18	2019						
Agencies Notified () EPA	Type of Not	fication I Notification		Street Address 985 LIVINGSTON AVE	NUE	C.									
(X) NJDEP (X) NJ DOL	() Ame	nded		City, State, Zip Code					-14						
(X) DOH () DCA	() Eme	ndment # gency (includ	ding	NORTH BRUNSWICK,	NJ 08902										
() BOA		ication) ellation		Name of Contact Michael Prendergast	Tel. Nui (732)	mber 246-	2525								
			FACI	LITY INFORMATION											
Name of Facility Where Abaten Arc of NJ	nent is Taking Plac	<u>ce (3)</u>		Type of Facility (4) () School (K-12)											
Street Address				() Subchapter 8 (other than K-1 (X) Other (i.e. private & commer	12) cial bldgs., home	es, etc.									
405 36 STREET				Entire Building: Sq. Feet: ~ 5000	# of Floors 2		_{je} <u>80</u>	-							
City (5)	County (6)	County Code (State Use C		Current Use (if being demolished	1):										
Union City	HUDSON	Totale Ose (JIIIY)												
Name of Monitoring Firm Hired (8) N/A	by Bldg. Owner	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.											
Street Address N/A				Street Address 3300 Hudson Avenue											
City, State, Zip Code N/A				City State, Zip Code											
				Union City, NJ 07087											
Project Manager for Monitoring N/A	Firm Telephone	Number		Telephone Number (201)325-0055			icense N 1124								
Scheduled Start Date (10)	Scheduled (11)	Completion Da	te	Name of OSHA Monitor											
01/02/2019	01/15/2	019		ISES, Inc.											
Occupancy Status During Abate () Facility Closed/Vacated D () Abatement Performed Out	uring Entire Perio	d of Abatement		Street Address 3300 Hudson Avenue											
(X) Other - Describe: Work	in unoccupied a	rea		City. State, Zip Code Union City, NJ 07087											
Source of Work (Check all that a	apply) () Demolition	n	(X) Renovation											
) Minor Project (< 25 S) Small Project (>25 < (X) Large Project (>160 S	160 SF or >10 <	260 LF ACM)		(X) Full Containment w () Mini-Enclosure (X) Glove-bag Procedu () Non-Exempted (*) a	ıre		ıre								
Location of Asbestos- Containing Material (ACM)	Is Location N			Description of ACM	Amount (Specify		Abateme	ent Type)						
To be Abated in Facility (13)	Solely by Ma Custodial		sur	(i.e. thermal systems insulation, facing, VAT, or other miscellaneous.)	SF or LF)	Rem	Rep	Enca psula	En						
	YES NO	N/A				Ovai	ail	te	sur						
									е						
Basement	×		TSI	on pipes	~ 470 LF	X			е						

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Date of	Notification (1)	

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Date of Notification (1) 01/10/2019			Name of Building Owner/Operator (2) Residence JAN 1 8 2019										
Agencies Notified Type Notifica	tion		Street	Address									-
EPA Initial										1087	THI		
× DEP Amende x DOL Amendr	176			tate, Zip Co and Park		ill.			125				
☐ Emerge	ncy (includir	ng		of Contact	NJ 08904			1					
DOH justificat			100000000000000000000000000000000000000	dith Carm	an			Tel	ephone I	Vumbe	r		
Name of Facility Where Abatement is T	aldes Disco	(0)	FAC	CILITY INFO	RMATION			1					
Residence	aking Place	(3)				Ty	pe of Facility (4	20					
Street Address		_				$\dashv \vdash$	School (K-1: Subchapter	2) 8 (Oth	er than K	-12\			
						×	Other (i.e. p	rivate 8	comme	rcial bu	uilding	s, hon	nes,
City (5)						Sc	etc.) quare Feet	# of	Floors	Т	Bldg.	Age	
Highland Park County (6)				816							100		
Middlesex			(STATE	County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished						lished)			
Name of Monitoring Firm Hired by Build	ng Owner (8)	ASC	M No.	Nar	Name of Abatement Contractor (9)							
A. Seine Lighthouse Solutions					Br	inks 7	nks Tank Services						
Street Address PO Box 354					0 (2000)	eet Add							
City, State, Zip Code							erty Avenue	9					
South Orange, NJ 07079					Hil	llside,	NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra		Telepho			ephone			License	No.				
Start Date (10)	lad Ca		49-2666			2-7465		01316					
01/21/2019	02/13	/2019	mpletion	Date (11)			SHA Monitor Lighthouse	Solu	tions				
Occupancy Status During Abatement (C	heck Only C	ne)				et Add							
Facility Closed/Vacated During Enti	re Period of	Abater	ment			Box							
Abatement Performed Outside of N Other – Describe:	ormal Facili	ty Hour	S				Zip Code	7070					
Scope of Work (Check All That Apply)					_ 30	uiii O	range, NJ 0	7079					
≥3 sf or ≥3 lf		Renova	ation				Full Containmer	at with	Negativo	Droce	IFO.		
≥160 sf or ≥260 lf		Demoli	tion				/lini-Enclosure		ivegalive	11692	ure		
						-	Glovebag Proce Non-Exempted	dure (*) and	Non-Fria	able Pr	ocedu	e	
		s Locat									Abat	emen	į.
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	ly by	Ashestos	Descriptions Containing		ial (ACM)	Λ	ount	-	Τ'	/pe	
TO BE ABATED In Facility		aintena stodial s			ermal system	ms insi	ulation,	(Sp	ecify	Re	l _R	Enca	E
(13)		(12)		c	surfacing, \ other miscell			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
# # # # # # # # # # # # # # # # # # #	Yes	No	N/A							=	'	ate	Гe
Basement		X		9	9"x9" Floo	or tiles	3	250	SF	X			
Basement/ Furnace Room		X			Furnace \	Wrap		50	SF	х			
Name of Registered Waste Hauler		100	JDEP W auler ID		Cubic Yards of Waste		Name of Re	1000			-		
Newark Carting 045				04509 Waste Management Landfill					11				
City, State East Orange, NJ					Disposal Dat	te	City, State	ule F	۰,۸				
Completed by	Title				Signatu	re/A	Penn Arg	yie, F		ate			
Alison Lamers	ager		111	W	news		1000	ate 1/10/2	2019				

	PATI		NOT	FICATIO	N OF AS	BESTOS	ABATE	MEI 0)	NT		Ch	Ω	1	1	10	1/2
Date of Notification (1) 01/13/2019	A M.S.	L.P.			of Buildin a Louis	g Owner	/Operator	r (2)		1				1	7	
Agencies Notified	Type Notification			350	Address					111.7						-
	× Initial										,	JAN	1	8 2	2019	1
DEP × DOL	Amended Amendment	#			tate, Zip (iton, NJ					į.	i					į
× DOH	Emergency justification)		g		of Contac		V:			Tel	ephone I	Numh	er:	- 450 - 130	1 - 1	
× DOH DCA	Cancellation			Myrn	a Louis					-	Срионо	Manib		1=		
Name of Facility Where Ab	atement is Takin	a Place	(3)	FAC	ILITY IN	FORMAT	ION	Т.,	aa af Eiii	(4)						10.83
Residential Property	atomorn to runni	9 1 1000	(0)					П	pe of Facility	1005						
Street Address								×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	(-12) ercial l	ouilo	dings	, hom	es,
City (5) Irvington,									uare Feet 500	# o	Floors	16		ldg. <i>A</i>	Age	
County (6) Essex				County Code (7) Current Use (F					rrent Use (Pr	ior if bei	ng demo	lished	- 20%			
Name of Monitoring Firm Hi	ired by Building (Owner (8)	ASC	M No.				batement Co Contracting		(9)			1		
Street Address	t Address							Street Address 240 South 5th St.								
City, State, Zip Code							City, S	tate,	Zip Code h, NJ, 072	06						
Project Manager for Monitor	Telepho	one No.		Teleph 908-9				License 01355								
Start Date (10) 01/14/2019		Schedul 01/16/			Date (11)				SHA Monitor onmental		itories,	Inc.				
Occupancy Status During A	batement (Check	Only O	ne)				Street /	Addr	ress				-			
Facility Closed/Vacated Abatement Performed Other – Describe: OCC	Outside of Norma	eriod of all Facility	Abateı y Hour	ment 's			City, St	tate,	ute 22 We	st						
Scope of Work (Check All T	hat Apply)						Unior	1. N	IJ, 07083							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	M G	full Containm fini-Enclosure Blovebag Prod Ion-Exempted	e cedure						
			Locat							() ()				Abate	ment	
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)		Use Ma	Norma ed Sole intena todial ((12)	ely by nce/		tos Cont thermal surfa	scription of aining Massign Systems cling, VAT miscellane	ateri insu r, or		(S	nount pecify or LF)	Zellova		Ty: Repair	e Encapsulate	Enclosure
		Yes	No	N/A					·			101	-	7	ılate	ure
Basement				Х		Pipe	Insulat	ion		10	0 LF	X				
Name of Decision 1141										Vi .		+	1			
Name of Registered Waste For Danvic Contracting LLC			H	IJDEP W lauler ID 7574		Oubic of Was			Name of I			5H				
City, State							al Date		City, State					2-37	715	
Completed by Title eymy Donneys Owner					TBD Morrisville, PA Signature Date 01/13/2019											

CKIFRA

Date of Notification (1)				Name	e of Buildin	a Ov	wner/Operator (2)							
	19)					ban Renewal		72 U	JA	N I	8	2019		
Agencies Notified Type Notifi	cation			Stree	t Address				- 1	essaev = etyte					
☐ EPA ☐ Initial				2 E	Broad Str	eet,	Suite 400				108	CON	n.		
☑ DOLWD ☑ Amende		2		City,	State, Zip (Code	9		24	i de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela comp	144	121111	C.		
☑ DOH Amendr ☐ DCA ☐ Emerge		-	_	Blo	omfield,	NJ	07003								
(NJAC 5:23-8) justifica		iciuuli i	y	_	e of Contac				Telephone N	lumber					
☐ Cancella	ation			Wa	rren Spra	ake			908-670-						
Name of Facility 18/1				FA	CILITY IN	IFO	RMATION								
Name of Facility Where Abatement is	Taking	g Place	(3)					Type of Facility	. ,						
Commercial					☐ School (K-12) ☐ Subchapter 8 (Other than K-12)										
Street Address	000040							☐ Subchapter 8	ivate and com	(-12) mercial	buildin	as			
1200 Randolph Road-Buildin	g 1							homes, etc.)				50,			
City (5)			*//					Square Feet	# of Floors		Bldg. A	ge			
Plainfield															
County (6) Union				Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pri	or if being dem	nolished)					
Name of Monitoring Firm Hired by Bui	dina C		(0)	ASCM		1									
	Bio Terra Solutions							ent Contractor (9)							
Street Address						_	ALL PRO MANAGEMENT LLC								
	P.O. Box 1224							Street Address							
City, State, Zip Code					27 Outwater Lane										
Union, NJ				City, State, Zip Code											
Project Manager for Monitoring Firm			Tal		Garfield, NJ 07026 Phone No. Telephone No. License No.										
Rick Eustaquio			1	epnone 73-494		000000	ephone No.		License No	•					
	Schod	ulod C		tion Da		- 10	73-928-4888		1188						
<u>07</u> / <u>19</u> / <u>18</u>			Section 200	1_ /			me of OSHA M ALL PRO MA	onitor NAGEMENT LL	_C						
Occupancy Status During Abatement						Str	eet Address						_		
□ Facility Closed/Vacated During Ent	ire Per	iod of	Abate	ment		2	7 Outwater L	.ane							
Abatement Performed Outside of N	ormal	Facility	/ Hou	rs - Des	cribe	City	y, State, Zip Co	de					_		
Time of Abatement:AM	PN	Λ/	_PM		AM Garfield, NJ 07026										
Scope of Work (Check all that apply)							Meno								
≥3 sf or ≥3 lf		⊠ Re	noval	ion			☐ Mini-Encl	ainment with Neg osure	ative Pressure						
≥160 sf or ≥260 lf		☐ De	moliti	on				Procedure							
	_	lo	Loca	tion				npted (*) and Nor	n-Friable Proce						
Location of		A 1000	Norma				Description of			A		ent T	1		
Asbestos-Containing Material (ACN	1)			ely by	Asbes	stos	Containing Mat		Amount	76	Repair	四	町		
TO BE ABATED IN Facility			intena	ance/ Staff?		, the	ermal systems in	nsulation,	(Specify	Remova	pair	cap	clos		
(13)			(12)	Otali.			surfacing, VAT, her miscellaned		SF or LF)	/al		Encapsulate	Enclosure		
		Yes	No	N/A				,,,,,				ē			
Elevator Lobbies/Floor 6 to Basement/Pa Rooms	tient			\boxtimes	VAT/Ma	stic			37,500 SF	- 🗵					
Wall Cavaties- Floor 6 to Basem	25/07/2005				Pipe Ins	ula	tion- Wrap ar	nd Cut	7,500 LF	×					
Basement- Electrical & Mechanical I	Room			×	Elbow I	nsu	lation		75 Elbows	s 🗵					
Mechanical Room	\boxtimes	Tank Ins	sula	tion		75 SF									
Name of Registered Waste Hauler	JDEP I		Cub	oic Yards of	Name of Regist	ered Landfill		1-		_					
Newark Carting	lauler II 0283	O No.	Wa			hem Landfil	I								
City, State				s Needed posal Date	City, State										
Newark, NJ			20000	BD	Bethlehem, PA										
Completed By (Print or Type)			Signature Date												
Allen Monchik	Pr	roject	Man	ager			•	Monchik	6.		10				
125.11	1		u area de cida	-			1 TOUR	munun		1/15/	19				

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

	1			SHEET					4.44
	_			1200 Randolph Rd, Plainfield, NJ					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Maintenance/Cust odial Staff (12)		Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	Encaps ul	E n c l o s u r e
	Yes	No	N/A						
7th Floor- Mechanical									
Room 1			Х	Pipe Insulation	3,120 LF	Х			
7th Floor- Mechanical									
Room 1			Х	Duct Insulation	3,234 SF	х			
7th Floor- Mechanical							_		
Room 1			Х	Elbows	48	Х			
7th Floor- Mechanical							_	-	
Room 2			Х	Pipe Insulation	3,500 LF	х			
7th Floor- Mechanical			-	- The modulation	3,300 Er	^			_
Room 2			х	Duct Insulation	E 200 CE				
7th Floor- Mechanical	\vdash			Duct ilisulation	5,200 SF	Х			
Room 2			v	[]h					
Floors 1 through 6	-	_	Х	Elbows	62	Х			
Floors I tillough 6	_		Х	Air Cell Insulation	600 SF	Х			
		-	_						
	-	_							
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	\neg		\neg						
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	_								
	_								
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						T			

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 1/15/19
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Print	$-\alpha m$

0,4870) PAU	The state of the s	NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE	MEN 0)	NT						
Date of Notification (1) 1/15/19					of Building a Nutma		Operator	r (2)			JA	N 1	8 2	019	Carrier terrorio
Agencies Notified	Type Notification			Street A	Address					+					-
X EPA	☐ Initial			011 01						9	AUGEO	TOS	DON	fatt.	77.4
DEP DOL	Amended Amendment	¥			ate, Zip C ell, NJ 0							ICE:		e Pari e	
□ DOH	Emergency (i		9		of Contact	7043		-		Tal	ephone N	ımbor		e _g	
DCA DCA	justification) Cancellation				a Nutma	an				1 101	epriorie ivi	THING			
N (5 10 10				FAC	ILITY INF	ORMAT	ION							10	
Name of Facility Where A	Abatement is Taking	Place ((3)					Ту	pe of Facility	(4)					
Street Address									School (K-		as these M	10)			
								岗	Subchapte Other (i.e.	private 8	er man K- 3 commer	iz) cial bui	ldings	, home	es,
City (5)								_	etc.) uare Feet	# 0	Floors		Bldg. /	Ane.	
Oradell								1000	000	2	110013		65 +/	~	
County (6)					Code (7)	7		Cu	rrent Use (Pr	or if bei	ng demolis	shed)			
Bergen				50	USE ONLY		Residential Home								
Name of Monitoring Firm Project Manager	Hired by Building C	wner (8)	ASC	M No.			of Abatement Contractor (9) tages Abatement							
Street Address							1	Street Address 280 N. Midland Ave.							
City, State, Zip Code						Zip Code Brook, NJ (7663								
Project Manager for Mon	Telepho	ne No.		Teleph	none	A CONTRACTOR OF THE CONTRACTOR		License I	No.						
Start Date (10) 1/22/19		Schedu 1/26/1		npletion	Date (11)				SHA Monitor		01303			1.0	
Occupancy Status During		010100000000000000000000000000000000000					Street	Addı	2291					7	
Facility Closed/Vaca				ent			0001	, iddi	.000						
Abatement Performe	ed Outside of Norma	al Facilit	y Hours	City, State, Zip Code											
Scope of Work (Check Al	I That Apply)													/a	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoliti				×	N G	Full Containm Mini-Enclosure Glovebag Prod Jon-Exempted	e cedure				0	
		Is	Locati	on						/ / 0.110	110111110	1	TWI CHOICE	ement	
Location			Normall			Des	scription	of					Ту	ре	
Asbestos-Containing TO BE ABA	Material (ACM)		ed Solel aintenar			tos Cont		lateri	ial (ACM)		nount			m l	П
In Facili		Cus	todial S (12)	taff?	(1.6.	surfac	cing, VA	T, or			pecify or LF)	Remova	Repair	cap	Enclosure
(13)						other n	niscellan	eous	5)			oval	air	Encapsulate	sure
		Yes	No	N/A										Ф	
Baseme	ent		Х				VAT			14	0 SF	×			_
												-			
Adison Research												-			-
Name of Registered Wast	JDEP W		Cubic '			Name of	Register	ed Landfil		1					
All Stages Abatement Hauler ID 003659						of Was 2 yd					l Sanitai	y Lar	ndfill		
City, State Saddle Brook, NJ						Dispos TBD	al Date		City, State Pen Argyl, PA						
Completed by Title						Si	ignature	11	Date Date						
Richard Cristofol President							len	17		-	> 1	/15/1	9		

ND QL		NOT	TIFIC (F	ATIO Pursua	N OF AS	SBESTOS ABA AC 8:60 and 5:1	6)		JAN	18	3 20)19	The second second second			
Date of Notification (1) 8 / 3 /	18				ne of Buildir u tgers U n	ng Owner/Operator		1807-2328			1					
	led ment # <u>5</u>			33 City,	State, Zip	bridge Road		A PETERS CONTS LO 1927ROSO								
□ DCA □ Emerge i justifica □ Cancel	ation)	cludin	g	Nam	e of Contact an Stanto	ot .	Telephone Number 848-445-2419									
'				1		NFORMATION		040-44	J-24 13	-			_			
Name of Facility Where Abatement is Building #3084 - Kreeger Lea Street Address 151 College Avenue	Taking rning A	Place	e (3) X			W ONINATION	Type of Facility School (K-12 Subchapter (i.e., phomes, etc.)	2) 8 (Other than rivate and co	n K-12) ommerc	cial b	uildin	gs,				
City (5) Piscataway							Square Feet	# of Floor	rs	В	ldg. A	\ge				
County (6)							14000	1		- 1	40					
Middlesex				Cou	nty Code (7	()(STATE USE ONLY)	Current Use (Pri	ior if being de	emolish	ned)						
Name of Monitoring Firm Hired by Bu	ilding Ov	wner	(8)	ASCM	l No.	Name of Abateme										
Criterion Laboratories							Mold Service									
Street Address		_				Street Address	Word Service	s, corp.			-					
400 Street Road																
City, State, Zip Code						3859 Sylon B										
Bensalem, PA 19020					City, State, Zip Code											
						Hainesport, N	J 08036									
Project Manager for Monitoring Firm				ephone		Telephone No.		License N	lo.							
Mike Panepresso			2	15-244	I-1300	609-702-0400		00862								
Start Date (10)9 /24 /18	Schedul 1			etion Da		Name of OSHA M	20 Mag/	00002								
				_ ′ -	15	EMSL Analyti	cal, Inc.									
Occupancy Status During Abatement	(Check o	only o	ne)			Street Address										
☐ Facility Closed/Vacated During Ent	tire Perio	od of A	Abate	ment	A 40400 - 040	200 U.S. Rout	e 130 North									
Abatement Performed Outside of N Time of Abatement:AM	lormal Fa	acility	Hour _PM-	rs - Des 	AM	City, State, Zip Co										
Scope of Work (Check all that apply)						Cinnaminson,		-								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	E	☑ Der		on												
			Locat						81 1	Aba	atem	ent T	vne			
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)		Used	ntena	ly by	Asbes (i.e.	Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) esulation, or	Amount (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure			
Exterior					Cement	Board Siding		1500 SF	=		П					
Exterior]			Black Ta	ar Paper Vapor B	arrier	4500 SF	=							
Exterior					Roofing	0		14,000 S	F							
Name of Registered Waste Hauler Champion			Ha	JDEP V	No.	Cubic Yards of Waste	Name of Registe			ш		ш	П			
City, State				32707		5		ıdı								
Hainesport, NJ						Disposal Date 1/30/19	City, State Penn Argyle	ΡΔ								
Completed By (Print or Type)	Title					Signature	- Carraigyle	, , , ,	T =		2					
Kimberly Trumbetti	1	ce C	oord	inator		Signature	1/_		Date		-1	9				
ASB-41 MAY 11	* Do	not u	se thi	s form	for asbesto	s licensure exempte	activities.				(1				

CK 5051

Date of Notification (1)				Na	me of Ruildi	ng Owner/Operator	(0)	JAN JAN	1	3 2	019	*		
W1277	_ / _	19				sty Pistone		ob #1904-2395	Chk	. #52	51	-1		
⊠ EPA ⊠	oe Notificati Initial Amended	on		Stre	eet Address			- /				7.2		
	Amendmen	it #		1	, State, Zip									
DCA (NUAC 5:22 a)	Emergency	(includ	ing	_		akes, NJ 08055								
	justification Cancellatio				ne of Conta	77	Telephone Nur	mber						
	Cancellatio				listy Pisto									
Name of Eacility Whore Abote				F	ACILITY II	NFORMATION								
Name of Facility Where Abate Residential Property	ment is Tal	king Pla	ce (3)				Type of Facility	y (4)		- 3 1				
Street Address							School (K-1	12)						
- Walter Coo							Other (i.e.,	r 8 (Other than K-1 private and comme	2) ercial	buildir	าตร			
City (5)							homes, etc	i.)			.90,			
Medford Lakes							Square Feet	# of Floors		Bldg.	Age			
County (6)			-01-2	Ico	untu Code (7\/07475 05 01 10	1700	2		196	0s			
Burlington				100	unity Code (7)(STATE USE ONLY)		rior if being demol	ished)					
Name of Monitoring Firm Hired	by Building	Owne	r (8)	ASC	/ No	Name of Abeteur	Residentia	•		-15,7-				
Horizon Environmental	•		. (0)	7.00	1140.	Name of Abateme								
Street Address						Asbestos and Street Address	I WOOD Servic	es, Corp.				on-		
PO Box 316						3859 Sylon B	Oulevard							
City, State, Zip Code						City, State, Zip Co								
Thorofare, NJ 08086					Hainesport, NJ 08036									
Project Manager for Monitoring			Tel	ephone	No.	License No.								
Dave & Steven Flanigan					8-0800	Telephone No. 609-702-0400		00862						
Start Date (10)					ate (11)	Name of OSHA M	onitor							
1/9/19				1_/	19	EMSL Analyti	cal, Inc.							
Occupancy Status During Abate	ement (Che	ck only	one)			Street Address				_				
☐ Facility Closed/Vacated Duri	ng Entire P	eriod of	Abate	ment		200 U.S. Rout	e 130 North							
Abatement Performed Outsic Time of Abatement:	de of Norma	al Facili PM/	ty Hou	rs - De	scribe	City, State, Zip Coo	de							
Scope of Work (Check all that a			' ' '''		_Aivi	Cinnaminson,	NJ 08077							
	ppiy)					⊠ Full-Conta	inment with Nec	native Proceure C	A / 1	h Ci 13	1	ĕ		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat			Glovebag	Procedure	gative Pressure		OJUE	-t			
			Locat					· · · · · · · · · · · · · · · · · · ·	1	ntom	ont T			
Location of Asbestos-Containing Materia	J (A CRA)		Norma ed Sole			Description of				atem	1	T		
TO BE ABATED	II (ACIVI)	Ma	intena	nce/	Asbes	tos Containing Mate thermal systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure		
IN Facility (13)		Cus	todial (12)	Staff?	(surfacing, VAT, o	or	(Specify SF or LF)	ova	air	sde	nso		
(13)		Yes	No	N/A	1	other miscellaneou	us)	59 XW577.	-		ilate	Fe		
ront Room & Entry Closet					Floor Til	e & Mastic		260 SF						
aundry Room				\boxtimes	Floor Til	e & Mastic		50 SF						
									111					
ame of Registered Waste Haule	er		N.	JDEP V	Vaste (Cubic Yards of	Name of Regist	ered Landfill			П	П		
Waste Management				auler IE 17273	No.	Waste 5	Grand Cent							
ity, State				11213			City, State							
Lafayette, NJ						1/11/19] /	Penn Argyl	e, PA						
ompleted By (Print or Type)	Title)	_			Signature	1	Dat	•					
Kimberly A. Trumbetti	0	ffice C	oord	inator		(AX	V			7.010	à			
B-41							X	-	N.	101	1			

JAN	18	2010	2
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1			I Ivai	ne of Buildi	ng Owner/Operator	(2)	JAI	V I	0 /	019	- 1
/	18				th Corporation	X. (4)	Job #1609-2116	. (Chk.	#458	32
pe Notification	on			eet Address			, - 1	100	TAT	77.	- 120
						Suite 200		*1-11-2-2		1.46.00	(+)
	t #		City	, State, Zip	Code						
		ng	В	irminghar	m, AL						
			100000000000000000000000000000000000000				Telephone Num	ber			
Cancellation	1		E	lizabeth N	lann						
omant in Tal	i Di	(0)	F.	ACILITY II	NFORMATION						
spital of 1	OIIIS F	iver				School (K-1	2)				
						Other (i.e.,	o (Other than K-12 private and comme	() rcial h	uildin	าตร	
						homes, etc.	.)		, and in	.90,	
						Square Feet	# of Floors	E	Bldg. A	Age	
						84,619	3		ove	r 30	
			Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)			
						Rehab Hos	pital				
d by Building	g Owne	r (8)	ASC	ЛNo.	Name of Abateme	ent Contractor (9)				
					Asbestos and	d Mold Service	es, Corp.				
					Street Address		76 = 5 T. F.				
					3859 Sylon B	oulevard					
					City, State, Zip Co	ode					_
					Hainesport, N	IJ 08036					
		Te	ephone	No.	Telephone No.		License No.				
		8	56-84	8-0800	609-702-0400		1				
Scho	eduled	Compl	etion D	ate (11)	Name of OSHA M	onitor					
			4_ /	19	EMSL Analyti	cal, Inc.					
tement (Che	ck only	one)									
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Titl	e Office	H	1727;	D No.	Waste 5 Disposal Date	Grand Cen City, State	tral le, PA		-19		
	Amended Amendment Emergency justification Cancellation ement is Take espital of T d by Building g Firm Sche tement (Che ring Entire P side of Norma AMF apply)	Amended Amendment # Emergency (includi justification) Cancellation ement is Taking Plant	Amended Amendment # Emergency (including justification) Cancellation ement is Taking Place (3) espital of Toms River d by Building Owner (8) g Firm Tel 8 Scheduled Compl 1 / 1 tement (Check only one) ring Entire Period of Abateside of Normal Facility Hou AMPM/PM apply) Renovation Used Solomaintena Custodial (12) Yes No a - Rm 118	Amended Amendment #	Amended Amendment # Emergency (including justification) Cancellation Cancellation Cancellation FACILITY II Ement is Taking Place (3) Espital of Toms River County Code (d by Building Owner (8) Scheduled Completion Date (11) 1	Amended Amendment #_ Emergency (including justification) Cancellation Cancellation	Amended Amendment # City, State, Zip Code Birmingham, AL	Amended Amendment # City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann 205-970-78: FACILITY INFORMATION	Amended Amendment # City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann FACILITY INFORMATION Beneficial of Toms River School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapte	Amended Amendment # City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann FACILITY INFORMATION Bement is Taking Place (3) spital of Toms River Tomore, etc.) Square Fee # of Floors Bidg. over (8) ASCM No. Name of Abatement Contract (9) Asbestos and Mold Services, Corp. Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036 Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapte	Amended Amendment # City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 01/15/2019 JAN 18 2019 **DOW Chemical Company** Agencies Notified Type Notification Street Address 65 Baekeland Avenue **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # D Middlesex, NJ 08846 Emergency (including DOH Name of Contact justification) Telephone Number DCA Ken Borroni Cancellation 267-249-0071 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DOW Chemical Bound Brook - Bldg 203 School (K-12) Street Address Subchapter 8 (Other than K-12) 65 Baekeland Avenue Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Middlesex 18000 2 35+ County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) Chemical Plant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) One Source Safety & Health Brandenburg Industrial Service Company Street Address Street Address 140 S Village Ave, Suite 130 2217 Spillman Drive City, State, Zip Code City, State, Zip Code Exton, PA 19341 Bethlehem, PA 18015 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 610-524-5525 610-691-1800 00721 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor POSTPONED **POSTPONED** Brandenburg Occupancy Status During Abatement (Check Only One) Street Address 2217 Spillman Drive Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: DEMO - POSTPONED × Bethlehem PA 18015 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative ≥160 sf or ≥260 lf Demolition × × Pressure Mini-Enclosure × Glovebag Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material Amount Maintenance/ TO BE ABATED (ACM) (i.e. thermal systems Encapsulate (Specify Enclosure Custodial Staff? Remova In Facility Repair SF or LF) insulation, surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A B 203 X Pipe Insulation 1225 LF X B 203 X Floor Tile/Mastic 3330 SF X B 203 X Roof/Flashing 18000 SF X B 203 X Transite 85 SF X B 203 X Caulk 950 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Brandenburg Industrial Service Co **GROWS North** 21838 200 City, State Disposal Date City, State Bethlehem, PA Morrisville, PA Completed by Signature Date Stephen Carne Environmental Manager 01/15/2019

Do not use this form for asbestos licensure exempted activities.



CK#21463

Date of Notification (1)			1					- (一下井	X I,	70	\supset	
1/15/19			Name	of Buildin Jersey	g Owner Turnpil	r/Operato ke Auth	r (2) ority		The second		G	77	7.7
Agencies Notified Type Notification)			Address						= 13	***	- 12	17
EPA Initial			30,000,000	ss Plaza				1					
DEP Amended Amendmen	+ #		City, S	tate, Zip (Code	005		1		JAI	II	8 2	019
Emergency	(including	1		dbridge,		095		į					0.10
DOH justification			Meri	of Contac	t				elephone 1				
				CILITY IN	FORMA	TION		(/	32) 750	61) X.8∠	.18	
Name of Facility Where Abatement is Takir	ng Place (3)	· A	JILITI IN	OKMA	IION	Type of Facility	(4)	15.5 OH 10.0		# at		+00° 180
Alexander Hamilton Travel Plaza							School (K						
Street Address							Subchapt	er 8 (Oth	ner than K	-12)			
New Jersey Turnpike, Mile Marke	111.6						Other (i.e etc.)	private	& comme	rcial bu	uilding	s, hon	nes,
City (5) Secaucus							Square Feet		of Floors		Bldg.	Age	
County (6)			Carrat	0 1 (7)				1			63		
Hudson			(STATE	Code (7) USE ONL	y)		Current Use (P Gas Station	rior if be /Garao	ing demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.			of Abatement Co	ontractor	(9)			31.53	
Tiger Environmental Street Address							otech Contrac	ting C	orp.				
234 20th Avenue							Address ean Street						
City, State, Zip Code							tate, Zip Code						
Brick, NJ 08724							Babylon, NY	11704	1				
Project Manager for Monitoring Firm Santino Pasalano			Telepho (732)	one No. 581-900	01		one No. 243-5559		License 01021	No.			
Start Date (10) 1/25/19	Schedule		THE STATE OF THE PARTY OF THE P	Date (11)		Name	of OSHA Monito	г	01021	-			
Occupancy Status During Abatement (Chec		3				N/A							
S L II						Street	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	Nbater Hour	nent s			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	× R												
≥160 sf or ≥260 lf	Partition .	enova emoli					Full Containm Mini-Enclosur	ent with	Negative	Pressi	ure		
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Kim Costa	Admin				1	K (208	7	1,741,500	/15/20)19		

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Date of Notification (1)				Name of	f Building O	wner/C	Operator	(2)		1500						
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Agencies Notified	Type Notification			Street A	ddress							UAIN		0	2019	1
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☑ DOH DCA	iustification)			Name of	f Contact Delfina	l octo	r - Ro/	May		Tel	ephone	Numb	er			
☐ DCA	Cancellation	I.		EACI	LITY INFO			IVIAA		1 -	- 1					
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City (5)	h Brunswick, N	J 08902						Squar	re Feet 1400	# of	Floors 2		В	ldg. A		
County (6) Midd	lesex				Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm	27	Owner (8)		ASCN	1 No.				tement Con			es, In	с.		0-10-	
Street Address PO Box	341						Street	Addres	SS							
City, State, Zip Code	ricks, NJ 08515	 					City, S	State, Z	ip Code NJ 0850	1						
Project Manager for Mon Bill Weisgarber			- 1	Telepho	ne No. 298-407(n	Teleph	none No 259-9	0.		Licens 0049	se No.				
Start Date (10)		Scheduled	Com	pletion l			Name	of OSH	HA Monitor		0043					
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City, State Allentown, NJ							sal Date 8/2019		City, State Morrisvi		A					
Completed by Mahlon E. Stevens		Title Pro	ojec	t Mana	ager	S	Signature		\forall	/		Date 1		201	9	

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Date of Notification (1) 1/15/2	019			Name	of Building	OwnerA	Operator Log				JA	N 1	8	2010)
Agencies Notified	Type Notification	ļ		Street	ddrass					- 1		111		2013	_
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Name of Facility Where		Place (3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility	[4]					
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City (5) Nort	h Brunswick, N	7 08902	2					Sq	otc.) Jare Feet 1400	# 0	f Floors	E	Bidg. /	\ge ≠/=	
County (6) Midd	lesex		1		Code (7)	,		Cus	rant Us» (Pr	or if be	-	ned)		.,-	
Name of Monitoring Firm		Owner (8))	ASCI	VI No.				batement Co Environme						
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City, State, Zip Code			mn-ca-				PO E	tale.	Zip Code						
Crossw Project Manager for Mon	icks, NJ 08515			Telepho	ine No.		Allen	tow	n, NJ 0850	1	License N	-			
Bill Weisgerber Stan Date (10)		Saha au		(609)	298-40		609 2	259	9688		00493	.			
1/16/2019			1/17/2		Date (11)		MEC		SHA Monllor						
Occupancy Status During X Facility Closed/Vacu		Name of the		nd n			PO B								Marie Viente
Abalement Perform Other - Describs:	d Outside of Norn em 4 pm	al Facility	Hour	3					Zip Code ield, NJ 08	E46					
Scope of Work (Check Al	That Apply)						Ciras	rai i	1410, 143 00						×. * · · ·
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Allentown, NJ							al Date 3/2019	1	Morrisv	e ille, P.	A				
Completed by Mahlon E. Stevens	ı	THe	Projec	t Mana	ager	S	7///		1		Da	1/15	/201	9	
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DOH DCA	Emergency (justification) Cancellation	including		Name of Tara E	f Contact Brunt					Tel	ephone N	umber	- 11	. 4 -	
	l	2211		FACI	LITY INFO	RMAT	ION			1					
Name of Facility Where St. Mary Elementar		g Place (3	3)					Typ	oe of Facility (
Street Address 72 Chestnut St									Subchapter Other (i.e. p etc.)				dings	home	es,
City (5) Rutherford									uare Feet ,000+	# o	f Floors		3ldg. <i>F</i> 50+	\ge	
County (6) Bergen					Code (7) USE ONLY)			G3355W	rrent Use (Pri	or if be	ng demoli	ished)			
Name of Monitoring Firm Omega Environmen		Owner (8)	1	ASCN N/A	/ No.		Name EA S		batement Cor	ntractor	(9)				
Street Address 280 Huyler St		777-47					Street 426			BI-Calif				-1,	
City, State, Zip Code South Hackensack,	NJ						City, S	State,	Zip Code erg, NJ, 07	7093					
Project Manager for Mor				Telepho	ne No. 39-8700		Teleph	none			License 01074	No.			
Start Date (10) 01/11/19		Schedul	ed Con		Date (11)				SHA Monitor		01074	<u> </u>			
Occupancy Status Durin	g Abatement (Chec						Street	Δddi	229						
Facility Closed/Vac Abatement Perform	ated During Entire F	Period of	Abatem	nent			N/Á		Zip Code	- 2					
Other – Describe:				L-7 (3-1) (1-1)		_	N/A								
Scope of Work (Check A	II That Apply)							_							
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City, State Bronx, NY						TBD	sal Date	8	City, Stat Wayne,		ОН				
Completed by Michael Fajardo		Title Offic	e Cler	·k		S	Signature	/	M		10000	Date 01/11/	19		

PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuent to NJAC 8:80 and 12:120)

G ARRAS Check # 1197

Date of Notification (1)/		N		Building Ov)EC	1.1					
Agencies Notified Type Notification	- Control with	S	traet Ad	drass				IES		1.4	M	18	204	-
			160	CL	uc	Hou	WE	ROAS	0	UF	N	10	201	9
EPA Initial Amended Amendment #		C	ity, Stat	a Tin Code	Dr.					-		- u - A	+ - f cia	
DOL Amendment #_ Emergency (find	fudina	بــا -	KIN	G OF	PR	458 11	9 1.	PA. 1	770	<i>S</i> ,	2106	: I. I.	1777	
DOH Justification) Cancellation		I N	JOH.	Contact N PHI	141	05			GI	hone Numb	S-	2	800	
			FACIL	ITY INFOR	MATE	ON								
Name of Facility Where Abatement is Taking P 5HORTHILLS VILL	lace (3)							f Facility (4					c	
		-					M S	chool (K-12 ubchapter l	6 (Other	than K-12)				
Street Address 72 = 88 WOODLANI	1 R	OAL	7				et et	c.)	tvate & c	commercial				Б,
SHURT HILLS							Square /)	Pest	# of F	loors S		G. Ac		
		10	ounly C	ode (7)			Curren	t Use (Prig	r if being	demolishe	-	0 6		\neg
County (6)		R		SE ONLY)				7175					ų°	
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.				ment Con tracting		9)				
Street Address						4	Address	nd Ave.	•					
City, State, Zip Code							reera							\dashv
Oity, State, 24 Oute								rk, N.J.				-		
Project Manager for Monitoring Firm		T	elephon	e No.			one No. 262-58			License No 00156	•			
Start Date (10) S			pletion D	Date (11)				A Monitor vironmer	ntal Ser	vices Inc				
Occupancy Status During Abatement (Check C							Addres		-					
Facility Closed/Vacated During Entire Pa	riod of A	bateme	ent					Street						_
Abatement Performed Outside of Normal Other - Describe:	racuity	nours			_		tate, Zip tensac	k, N.J. 0	7606					
Scope of Work (Check All That Apply)	· ·													
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Location of Asbestos-Containing Material (ACM)	Use	d Solel Intenan	y by	Asbesto	os Con	scription taining A	faterial	(ACM)		nount			œ	m
TO BE ARATED In Facility		odial S		(i.e. t		l aystem		tion,	(Sp	ecify or LF)	Removal	Repair	Cap	Enclosure
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# 35-88 /2 Burraine		1 63	JDEP W		PIP	Yards	(3	Name of		40 LF	X			
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Newark Carting, Inc.	_	[04	1509		S Dispo	osai Date	,	City, Stel	-					
Newark, N.J. 07105					1/0	25/19	300	- A	gyl, PA	08072			,	
Completed by R. McDonald	Title Pres	ident				Signatur	mo	Frall (Da /	te//	4/	19	

Check # 25768

PAJ	II) NO			OF ASBES NJAC 8:0						EC	F		7 12	ir
Date of Notification (1) 1/16/2019		N	ame of E	Building Ov	vner/O	perator Mart				par		75 23	.,,	
Agencies Notified Type Notifica	ition	S	treet Ad	dress						JAN	18	201	9	
EPA Initial Amenda		C	ity, State	e, Zip Code		erton,	NJ 08	070	1		0500	MI.	7.5	
✓ DOH Emerge	ency (including tion)	N	lame of	Contact Julie Ma	20.00				Telep	hone Nur	nber		S •	- 10 10 20
DCA Cancell	ation			ITY INFOR		ON			-					
Name of Facility Where Abatement is Resident							П	of Facility (4 School (K-1)	2)	******	**************************************			
Street Address							X	Subchapter Other (i.e. p etc.)	8 (Other rivate &	than K-12 commerci	2) al buildi	ngs, h	nomes	,
City (5) Riverton, NJ 08	070						Squar	re Feet 1800	# of F	loors 2	Blo	dg. Ag +08		
County (6) Burlington			County C	ode (7) SE ONLY)			Curre	nt Use (Prid	or if being	g demolish	ned)			
Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASCM	No.				tement Con			Inc.			
Street Address PO Box 341							Addres	-						
City, State, Zip Code Crosswicks, NJ 08	515					City, S	State, Z	ip Code , NJ 0850)1					
Project Manager for Monitoring Firm			Telephor	ne No. 298-407(<u> </u>	Telepi	none N 259-9	0.		License N	10.			
Bill Weisgarber Start Date (10)	Schedule	d Com	pletion E		,	Name	of OSI	HA Monitor		00 100				
1/29/2019 Occupancy Status During Abatement		/15/2 e)	019				Addre							
Facility Closed/Vacated During E Abatement Performed Outside or Other – Describe: 8 am 4 pm	ntire Period of A f Normal Facility	batem Hours	ent		_	City, S		41 ip Code eld, NJ 08	3515					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	× R	enoval emoliti					Mi Gl	II Containm ni-Enclosur ovebag Pro on-Exempte	e cedure				e	
												Abate	ment	
	100.550	Locati Iormall	100		De	escriptio	n of	3			_	Ту	pe	
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Use Mai Cust	d Sole intenar odial S (12)	ly by nce/ Staff?		os Con therma surfa		Materians insul AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		1/		lito		7	50 sf	X			
Attic		X			Ve	ermicu	lite		1.	50 51				
		1.8	JDEP V	Vacto	Cuhi	c Yards		Name of	f Registe	red Landf	ill			
Name of Registered Waste Hauler Stevens Environmental Service	es	100	lauler ID 18292	No.	of Wa			Fairles	s Land					
City, State Allentown, NJ						osal Dat 5/2019		City, Sta Morris	ite ville, P	A		000		
Completed by Mahlon E. Stevens	Title	Proje	ct Man	ager		Signatu	re	1			0ate 1/16	6/201	9	

0 (State of No.			No. 4	or the services	and: res	Ch.bagge		Print
Date of Notification (1)	PA		NOTIFIC (Pur	State of New Je ATION OF ASBEST Buant to NJAC 8:60	MO Amai	TEMENT 120)	The state of the s			, [W
01/10/2019			N L	ame of Building Own a Casa Don Pe	er/Opera	tor (2)			IA	A.I	1 0	0010
Agencies Notified Type Notifi	cation		St	reet Address			120		JA	IA.	18	2019
DEP Initial Amend	ded			17 Roseville Ave ty, State, Zip Code	nue			home	100 VIII. 3 (10) 14 7 45 13	105		Training
Emerg	lment#_ ency (incl	uding	- N	lewark,NJ,07107				-106		201	Pylr.	K.)
DCA Justifica	ation) llation		Na C	me of Contact ris Pagan			Te	lephone	Mumi	or		
Name of Facility Where Abatement is Private House	Taking Pla	ace (3)		FACILITY INFORMA	TION							
Street Address						Type of F	100					
City (E)						III I Subc	ool (K-12) chapter 8 (Oth	er than K	-12)			
City (5) Belleville						etc.) Square Fe	r (i.e. private	f Floors	rcial	-		
County (6) ESSEX			Cou	nty Code (7)		N/A	N/A	A		I N	ig. Ag /A	е
Name of Monitoring Firm Hired by Build	ina Own	r /0\	(STA	TE USE ONLY)		Current Us Private	se (Prior if beir House	ng demoli	ished)		
N/A Street Address	OWING	(0)	A	SCM No.	Name EHV	of Abateme	nt Contractor	(9)				
					Street	Address						
City, State, Zip Code		-				RANKLIN ate, Zip Coo	STREET					
Project Manager for Monitoring Firm			Telen	hone No.	PAIL	RSON,N	J,07524			ocill»-s-		
itart Date (10)	Cab	d		5	Telepho 973-3	ne No. 33-5144		License N 01274	Vo.			-
01/12/2019			ompletio 9	n Date (11)	Name o	f OSHA Mor ABATEM	lifor					
Compancy Status During Abatement (Character Facility Closed/Vacated During Entire Abatement Performed Outside of New					Street A	ddress						
Abatement Performed Outside of No Other - Describe: OCCUPIE	mai Faci	of Abate lity Hou	ement irs	}		te, Zip Code	STREET					
cope of Work (Check All That Apply)					PATE	RSON,NJ	,07524					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	X	Renov Demoi			UX IV		nment with Ne	egative Pr	ressu	re		
		s Local	Han-		Ě	Glovebag F Non-Exem	rocedure oted (*) and No	on-Friable	e Pro	cedu	re	
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	lly elv by	Desc	ription of					Abat	lemen ype	t
In Facility	Ma	aintena stodial s	nce/	Aspestos Contail	ning Mate	rial (ACM)	Amou (Spec				T	
(13)	-	(12)		surfacin other mis	a. VAT	r	SF or I		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A	mla a i	- 1 -				val	Ŧ.	ulate	emi
				pipe ins	sulation		70 LF		K			-
					olkovska se se							
e of Registered Waste Hauler									1	1	1	
WABATEMENT LLC		I Ha	DEP Wa uler ID N 37095	lo. of Waste	ds	Name of	Registered L	andfill		_		_
State erson,NJ,		100	37095	N/A Disposal D)néa		TATE TRAN	ISFER				
pleted by Dr Espíritu	Title			TBD	-0.85	City, Star BRON	te X,NY//				-	-
" Eshiuta	Projec	ct Mar	nager	Signa	ture	11/	1.1	Date	0/0-			-
4 /5					Jan	1000	71 -	01/10	U/20	19		

Date of Notification (1) 01/14/2019	PAU	(Fuls	ation of	of New Jer F ASBESTO NJAC 8:60	OS ABAT and 12:1	20)		JAN	18	20	Print
		0	but my	ilding Owne estment I	or/Operate Partners	or (2)					
X EPA X Initial	ation	Str.	eet Addre 00 Main	ess Street			V Steiner -	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL		7.9.1
X DOL Amend	ment#	City	y, State, 2 amford	Zip Code ,CT,0690)1		erd (e. 1946)	* - * - ± 7.	ien i		
DOH justifica Cancell	ency (including tion) ation	Nar Lu	ne of Cor	ntact Ratermani	n		Telephon	e Numb	er		
Name of Facility Where Abatement is T	ald - DI			INFORMA			440-34	4-0281	Į.		
Commercial building	aking Place (3)					Type of Facil	lity (4)				
Street Address 1024 Clinton Street City (5)						School (ı K-12) nercial b	uildin	gs, h	omes.
Hoboken County (6)		-				Square Feet N/A	# of Floors N/A			. Age	
Hudson Name of Monitoring Firm Hired by Buildi N/A	ng O	(STA	nty Code TE USE O	(7) NLY)	_	Current Use (Prior if being dem CIAL BUILDIN	nolished)			
1977	ily Owner (8)	AS	CM No.		Name	of Ahatement C	Contractor (O)		-		
Street Address	•				11100	ABATEME	NT LLC `				
City, State, Zip Code					89 FI	RANKLIN S	TREET				
4 (2002) 2003			(Albert 166 control		City, St	ate, Zip Code					
roject Manager for Monitoring Firm		Teleph	hone No.			RSON,NJ,O)7524				
tart Date (10)					Telepho 973-3	ne No. 33-5144	Licens 0127	e No.	-		
01/24/2019	Scheduled Co 01/30/2019	mpletio	n Date (1	1)	Name of	OSHA Monito)r	-			
ccupancy Status During Abatement (Ch	eck Only One)				EHW	ABATEMEN	NT LLC				
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: OCCUPIE	220 N N	ment s		-		ddress ANKLIN ST te, Zip Code	REET				
cope of Work (Check All That Apply)					PATE	RSON,NJ,0	7524				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renova Demolit				×	Glovebag Pro	nent with Negative e cedure d (*) and Non-Fria				
Location of	Is Locati Normali	on y							Abate	men	t
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solel Maintenar	y by	Asbe	stos Contai	ription of	erial (ACM)		-	Ту	ре	-
In Facility (13)	Custodial S (12)	taff?	(i.e	surfacin	stems in:	sulation,	Amount (Specify SF or LF)	Removal	Re	Encapsulate	Enc
	Yes No	N/A		other mis	oenaneot	is)	A CONTRACTOR STATE OF STATE O	loval	Repair	sulat	Enclosure
Roof	X		Roc	f Membra	ane & fla	ashing	856 SF	X	-	e e	_
								+++	+	-	\dashv
			-					1	+	-	
ne of Registered Waste Hauler	N.II	DEP Wa	aste	Cubic Yar							
W ABATEMENT LLC	Ha	uler ID N 37095	Vo	of Waste	us	Name of R	Registered Landfill				
State		07093		N/A		INISIA	TE TRANSFE	R			
iterson,NJ				Disposal [Date	City, State		arient			

Disposal Date TBD

Signature

Title Project Manager

Completed by Victor Espíritu

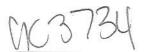
Date 01/14/2019

City, State BRONX,NY

UL 1860	PA	M		ICATIO	N OF ASE t to NJAC	BESTOS	ABATE				EC			N	(A)	
Date of Notification (1) 1/14/19	,				of Building			r (2)					1 0	201		
Agencies Notified	Type Notification				Address (inderka	mack I	Rd.			1 1 N	—JA	N.	1.8	201	9	1 (to at
DEP DOL	Initial Amended Amendment	#		City, St	ate, Zip C	ode					7.12 E.S.	10	S OC	NTF		1
DOH DCA	Emergency (justification) Cancellation	includin	g	Name o	of Contact		ec	,		10000000	ephone 01-785			ing trades		
					ILITY INF	<u> </u>	ION			20	71-700	-00	01			
Name of Facility Where A		g Place	(3)	170		OKMAI	ION	Type o	f Facility (4)						
Commercial Propert	ty							□ so	chool (K-1	2)						
Street Address 300 Kinderkamack I	₹d.							St X Of	ubchapter ther (i.e. p	8 (Oth	er than & comm	K-12 nercia	?) al buil	dings	, hom	es,
City (5)								Square		# 01	f Floors	į.	E	Bldg. A	Age	
Emerson								3800		2				35 +/		
County (6) Bergen					Code (7) USE ONLY)			Use (Prio			olish	ed)			
Name of Monitoring Firm Project Manager	Hired by Building (Owner (8)	ASC	M No.			of Abate	ment Con Abateme	tractor	-					
Street Address					5112 - 1 5-11		Street	Address	8455							
City, State, Zip Code							City, S	State, Zip	Code							
Project Manager for Monit	oring Firm			Telepho	no No				ok, NJ 0	17663						
							201-	none No. 600-31	4000		Licens 0130		o.			
Start Date (10) 1/15/19		1/17/1	9	npletion	Date (11)		Name	of OSHA	Monitor							
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Address		7						
Facility Closed/Vacat Abatement Performe Other – Describe: 8	d Outside of Norma	eriod of al Facilit	Abaten y Hours	nent S			City, S	tate, Zip	Code							
Scope of Work (Check All																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпас Арріу)	_	Renova Demolit				×	Mini-E Glove	Containme Enclosure ebag Proce Exempted	edure					e	
		1 000	Locati												ement	
Location of Asbestos-Containing M	of		Normal ed Sole				scription							ı y	ре	
TO BE ABAT In Facility (13)	TED	Ma	intenar todial S (12)	nce/	Asbes (i.e.	thermal surface	systems cing, VA niscellan		ACM)	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											e	350
Baseme	nt		X			Pip	oe Wra	р		88	8 LF		x			
Name of Registered Waste	e Hauler		N	JDEP W	aste //	Cubic	Yards	1	Name of R	Register	red Lan	dfill				
All Stages Abatement			100000	auler ID 036592		of Was		1	Grand C	: 370			Lan	dfill		
City, State Saddle Brook, NJ			•			Dispos TBD	al Date		City, State Pen Arg							
Completed by		Title				S	ignature	1.1		//		Date				
Richard Cristofol		Pres	ident				- ki	7/	1/2/	_		1/1	4/19)		

2019-01-11 11:12

9-01-11 11:12			She	ebe	Env	ri ronm	ental 1 >>	609 633 0	664		Tamus	2	14
25401	QPA:	No	TIF	ica (Pu	TION	OF AS	ew Jersey BESTOS ABAT C 8:50 and 5:1	TEMENT 8)			> (8		
Date of Notification (1)					Name	of Sulidin	g Owner/Operator (2)	AL THE	N 1	8	201	9 :
D1 /	11 /	15		- 1	Jes	n Bodm	an					1	
Agencies Notified	Type Notifica	tion	- T		Street	Address		-	Parameter .	\rightarrow	7		
⊠ EPA	M Initial			- 1				62	7	iot	1		w-1.
S DOLWD	Amended			1	City, S	State, Zip (Code			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		**************************************	4772-
M DOH □ DCA	Amondark Emergeni		Co. o		Tre	nton, NJ	08812	:				, .,	
(NIAC 5:23-5)	jyalilicatio	cy (maioc an)	mg	1		of Contac			Telephone Num	har	_	_	
	Cancella!	ion			Jes	n Bodmi	an .		[, , , , , , , , , , , , , , , , , , ,				
		- 10 to 10 t		- Share	FA	CILITY IN	FORMATION					-	_
Name of Facility Where A	patament is T	sking Pla	oe (3)		******	11 911007111911	Type of Facility	(44)			-	
Bodman Residence								School (K-1	2)				
Street Address								Subchapter	2) 8 (Other than K-12)			
								power (re"	private and commer	cial bu	Hein	35,	
CITY (0)								Square Feet	# of Floors	E	da, A	đi.	
Trenton								3,162	3		80	4.5	
County (6)					Cour	ity Code ((STATE USE ONLY)	Gurrent Use (P	rior if being demolit	ಗಿಕರು			
Morcor								Residence					
Name of Monitoring Firm I					A3CM	No.	Name of Abstern			STATE OF THE PARTY.		_	
Management & Envi	iro. Consult	ting Ser	vice	12			Shade Enviro	onmental, LLC					
Street Address							Street Address				No. of Concession, Name of Street, or other Designation, Name of Street, Name	italiana	
PO Box 341							623 Cutter Av						
City, State, Zip Code							City, State, Zip Co	\$1-00\$).		100		toentrices	
Chesterfield, NJ 986 Project Menager for Monk							Maple Shade	NJ 08052					
Bill Weisperber	aring Film				phone	No. -4070	Telephone No.		License No.			-//	
Start Date (10)	16	ichadulad	000		Section 1		856-755-0099		00842				
01 / 14 /						19	Name of OSHA M EMSL Analyt						
Occupancy Status During								ioai, inc.	-				
Facility Closed/Vacates	i Durine Entic	w Daring	of all	vales.	non!		Street Address 200 Route 13	8 11- 45					
Abatement Performed	Outside of No	imal Fac	IIIv S	House	. Des	cribe	City, State, Zip Co					The same of the sa	
Time of Absternanti	AM	PM/		PM-		AM	Chraminson						
Scope of Work (Check all	that apply)			-	-		man and all the day of the	11000011		- Barrie			_
1 £5≤ 10 la £5≤ 2		Ď.	a		2000		Puil Cont	Leinment with No	gative Pressure				
2180 af or ≥280 if		-		alitio			Mini-Enc Mini-Enc	loquie 3 Procedure					
	2						Non-Exe	mpted (*) and Ne	n-Friable Procedur	9			
				ocali mal						Ab	atem	ent T	ype
Location of Asbestos-Containing to	faterial (ACM)		laed	Sole	y by	Ashe	Description o stos Containing Ma	terioi remen	Amount	2	2	E.	D
TO BE AGAT	ED			lenar diai S		(i.e	., themal systems	Insulation,	(Specify	Removal	Repair	Encapsalete	Enclosure
(13)				(12)	1		surfacing, VAT, other miscellans		SFORLE	E		SI.	arre
		Ye	5	No	NIA		-	****		1		8.	
Basement	11		E	8		FloorT	De		525 SF	8			
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			-	-									0
		-	-		<u>a</u>								
15][. ,			O	
Name of Registered Weat	Hauler				DEP		Cubic Yards of	Name of Regi	stered Landfill	No. of Concession, Name of Street, or other Designation, or other			-
Freehold Cartage					iuler i (15939		Waste	Fairless L	andfili				
Control 1							Disposal Date	City, State			_		
Freehold, NJ							01/18/2019	Morrisville	, PA				
Completed By (Print or Ty	00)	Title					Signature	7	Da	to			
Christina Lynch		Vice	Pres	ebia	nt of (Operation	ne Opatite	5	3 1	111.	AO		
\$8-41 Wi 13		* Do -	m9 44	ce les	n Same	far enhant	as lines truin assess			, . ,	1		-





Date of Notification (1)				Name o	of Building	Owner/	Operator	(2)					1.	11
1/17/2019				Balise						LAN I	- 20	10-	111	11
Agencies Notified	Type Notification									WHE I C	20	19	1	
□ EPA	Initial							1/	i					Ĭ
DEP DEP	928 8			City, St	ate, Zip Co	ode			P. C.		nir.	1	:	
LA DOL			— <u> </u>	Short	Hills, N	J 0707	78				rard		<u> </u>	
Ď DOH	justification)			Name o	of Contact				Te	lephone Nu	mber	-74-7		+
□ DCA	☐ Cancellation				y Marin						_			
Name of English Where	Abatament in Takin	= Disea (C		FAC	ILITY INF	ORMAT	ION	T /F	10					
1.0000 0000	Abatement is Takin	g Place (3)					Type of Facility	(4)					
Balise								☐ School (K			0.			
Street Address								☐ Subchapt ☐ String Other (i.e.		er than K-1 & commerci		dinas.	home	es.
								etc.)	. p			2000000000		357.1.
City (5)	AND COMPANY							Square Feet	#0	f Floors	E	Bldg. A	\ge	
	078							2,800	1	3	7	00		
County (6)				County (STATE	Code (7) USE ONLY			Current Use (P	rior if be	ng demolis	ned)			
Name of Monitoring Firm	rico-Pro UnLTD Corp. et Address West 38th Street - 4th floor Suite State, Zip Code W York, NY 10018 ect Manager for Monitoring Firm geniy Golubchik Date (10) 9/2019 upancy Status During Abatement (Check Onle Facility Closed/Vacated During Entire Period patement Performed Outside of Normal Facility De of Work (Check All That Apply)				M No.		Namo	f Abatement Co	ntractor	·0/				
Enviro-Pro UnLTI	DOL DOL DOL Amendment # Emergency (inclusivation) Cancellation e of Facility Where Abatement is Taking Place ise at Address (5) Ort Hills, NJ 07078 Thy (6) e of Monitoring Firm Hired by Building Owner iro-Pro UnLTD Corp. Address West 38th Street - 4th floor Suite State, Zip Code V York, NY 10018 Ext Manager for Monitoring Firm geniy Golubchik Date (10) Sch Facility Closed/Vacated During Entire Period atement Performed Outside of Normal Facility Facility Closed/Vacated During Entire Period atement Performed Outside of Normal Facility Entire Period Entire Period To BE ABATED In Facility (13)						Deg	mor Environme	ntal Serv	ices				
Street Address	ty (6) e of Monitoring Firm Hired by Building Owner Co-Pro UnLTD Corp. t Address West 38th Street - 4th floor Suit State, Zip Code York, NY 10018 ct Manager for Monitoring Firm geniy Golubchik Date (10) Sch 2/2019 pancy Status During Abatement (Check On acility Closed/Vacated During Entire Periodatement Performed Outside of Normal Facility Closedible: Twesdim States of Normal Facility Cl					144	Street	Address						
2.62 West 38th Stre	EPA DEP DOL Amendment # □ Emergency (incligination) □ Cancellation e of Facility Where Abatement is Taking Place see the Address b) rt Hills, NJ 07078 ty (6) e of Monitoring Firm Hired by Building Own ro-Pro UnLTD Corp. the Address West 38th Street - 4th floor Suite State, Zip Code r York, NY 10018 ct Manager for Monitoring Firm seniy Golubchik Date (10) Date (10) Schement Performed Outside of Normal Facility Closed/Vacated During Entire Perior acility					11.2	142 2	2nd Street						
City, State, Zip Code	t Address th Address th Address th York, NJ 07078 th Address West 38th Street - 4th floor Suite State, Zip Code York, NY 10018 th Manager for Monitoring Firm the Manager for Monitoring Firm					, 1		tate, Zip Code						
New York, NY 100	018						Brook	dyn, NY 11	232					
Project Manager for Mon	tro-Pro UnLTD Corp. Interpretation of the property of the pr				ne No.			one No.		License N	lo.			
Yevgeniy Golubch	York, NY 10018 It Manager for Monitoring Firm eniy Golubchik Date (10) Sch /2019 1/3 vancy Status During Abatement (Check On acility Closed/Vacated During Entire Period				8-9449		212-4	31-0696	9	01314				
Start Date (10)	Date (10) Sche 9/2019 1/30				Date (11)			of OSHA Monito	or					
1/29/2019	t Date (10) Sche 19/2019 1/30						EMSL	Analytical, I	nc.					
Occupancy Status During	rt Date (10) Sche 29/2019 1/30 cupancy Status During Abatement (Check Only						Street	Address						
	9/2019 1/30 upancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period						307 W	est 38th Stre	et					
X Abatement Performed	Outside of Normal	Facility Ho	our _	20 Δ1	M to 5:0	n pm	City, S	tate, Zip Code						
	0 1	200 620.00	7	70 M	VI 10 5.0	<u> </u>	New Y	York, NY 100	18					
Scope of Work (Check A	ll That Apply)					v Full	Contai	nment with	Negatis	Drecciii	-6			
X□ ≥160 sf or ≥260 lf		□¥ Re		-730 NO				Inclosure	regain	C I I CSSUI				
33338 53 3353353		□ Den	nolition	l .				ag Procedure						
				Lun municipal				mpted (*) an		Friable P	roceo	lure		
		ls	Locati	on					T		T	Abate	ement	t
Location	of	l N	lormal	ly		De	scription	of				Ту	ре	
Asbestos-Containing	Material (ACM)		d Sole intenar			tos Con	taining M	aterial (ACM)	A	mount	-		т	_
			odial S		(i.e.			insulation,		Specify	Rer	R	nca	nc
	ity	6000000	(12)				cing, VA niscellan		100	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				**************************************			<u>a</u>		late	Ге
C				37	D	174+			25.00					
Garage				X	Duct I	nsulai	10n		25 S	-	X	-		
							-				-			
										22.0				
Name of Registered Waste Hauler			2.75	JDEP W		Cubic		Name o	f Registe	red Landfill	-			
			Topaco.	auler ID 1509	No.	of Was		163373			100		2	
Newark Carting, Inc	lewark Carting, Inc.						2 CY sal Date			ement Gr	ando	entr	al	
								City, Sta						
Newark, NJ 07105 Completed by							& 1/30		gyl, PA		to		_	
		Title	100 <u>00</u> 0000			5	Signature		Sec. 1.	Da				
Teresa Borowiec		Proje	ct M:	anage	r		NU	era Do	WOIL	<u> </u>	7/20	19		

CICHYO PA	ID	NOTI	FICATIO Pursuan	it to NJA	BESTOS C 8:60 ai	S ABATEM nd 12:120)					1	449
Date of Notification (1)			Name	of Buildin	g Owner	Operator (2)				12111200000	
January 15, 2019			Banke	rs Finar	ncial Co	orp		JA	N	8	2019	}
Agencies Notified Type Notification	1			Address				1 1				1
EPA Initial			PO Bo	x 699				Lagran 11.				
DEP Amended				tate, Zip (Code			# a	7.7.5			
DOL Amendmen				a, NJ 07		399						
DOH Emergency justification		g		of Contac		-		Telephone Nu	mbor			
DCA Cancellation			000000000000000000000000000000000000000	t Manag				Harrison W. San T.				
				ILITY IN		TON		(973) 234-70	126			
Name of Facility Where Abatement is Takin	ng Place	(3)					Type of Facility	(4)		1000		
Former KMart						ı	School (K-					
Street Address							Subchapte	r 8 (Other than K-1	2)			
180 Broadway							Other (i.e.	private & commerc	ial bu	Idings	s, hon	nes,
City (5)							etc.)	T # 651				
Elmwood Park							Square Feet	# of Floors		Bldg.	Age	
County (6)			County	Code (7)								
Bergen				USE ONL			Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner /		1400	M NI				empty				
A.E.S.L.	Owner (c	1)	ASC	M No.			f Abatement Cor					
Street Address							CK Group, L	LC				
Assessment of the second						Street A	ddress					
2200 Paterson Plank rd # 7						1500 Ki	ngs HWY N,	STE 209				
City, State, Zip Code						City, Sta	te, Zip Code			7) STATES	
North Bergen, NJ 07047						Cherry I	Hill, NJ 0803	4				
Project Manager for Monitoring Firm			Telepho	ne No.		Telephor		License N	0.			
Project Manager Carmello		2	201-86	4-6583		(973) 75	59 - 5000	00781				
Start Date (10)	Schedu	ed Co	npletion	Date (11))		OSHA Monitor	00101				
1/30/19			12/30/	19		Lance constant	CK Group, L	l C				
Occupancy Status During Abatement (Chec	k Only O	ne)				Street Ad		LO.				
Facility Closed/Vacated During Entire	Period of	Ahater	nent			1500 Ki	ngs HWY N,	STE 200				
Abatement Performed Outside of Norm	al Facilit	y Hour	S				te, Zip Code	31E 209	_			
Other - Describe:								4				
Scope of Work (Check All That Apply)						Cherry	Hill, NJ 08034	+				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	in contrast,	Renova Demoli				X	Mini-Enclosure Glovebag Proc					
	1	Locat	ion					() = 1.01 () () ()	1.000		emen	t
Location of		Normal	ly		D-						/pe	
Asbestos-Containing Material (ACM)		d Sole iintena		Asbes	tos Cont	scription of aining Mat	erial (ACM)	Amount				
TO BE ABATED In Facility		todial S		(i.e	. thermal	systems in	sulation.	(Specify	Z	_	Encapsulate	E
(13)		(12)	2000000000			cing, VAT, niscellaneo		SF or LF)	Remova	Repair	aps	Enclosure
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	Yes	No	N/A						_		6	10
See attached	X				See	attache	d	See attached	V			
						actaonio	4	oce allacried				-
	-		-									
Name of Registered Waste Hauler		N	J DEP W	aste	Cubic	Yards	Name of F	Registered Landfill				
November / Franch ald / C		Н	auler ID	No.	of Was			- J. e. e. e Lanuilli				
Newark / Freehold / Spartan			450	19		TBD	Minerva E	Enterprises, LL	С			
City, State					Dispos	al Date	City, State		No.35			
Newark, NJ / Freedold, NJ / Donora,						2/30/19	Waynesb	urg, OH				
Completed by	Title				Sį	ignature	1001	Dat	е			
Mike Cooper	Presid	ent			ca shown	17/12-17		1/15	/19			

CK4 4724 PA

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

JAN 18 2019

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Date of Notification (1)	79		N.		ing Owner/Operato	T DEVE	ZLOPERS	370E	, 60 Mg	VT: Vij	
	pe Notification		St	reet Addres		SSBORD	RD				
	Amended Amendment #		Ci	ty. State, Zip	Code				10	-	=
M DOH □	Emergency (in justification)	cluding	Na	me of Conta	1000 BURY	r HEIG	Telephone Nur		280) 9	1
DCA	Cancellation				ME		- CIOPIOTE NU	TIDE			
Name of Facility Where Abate	ement is Taking	Place (3)	4.5	ACILITY IN	FORMATION	Type of Facili					
RES	IDENICE	F & CC (5)				Type of Facili	12)				
Street Address					V2	Other (i.e.,	er 8 (Other than K- private & commerce	12) cial bu	iilding	s,	
City (5)	- 1.1.4.7	N 201	,			homes, et Square Feet	# of Floors		Bldg.		
County (6)	= HAG	DOK		ounty Code (7) (STATE	1500 Current Use (Prior if being demol		20	+	_
CAPE	MAY		U	SE ONLY)			ACANT				
Name of Monitoring Firm Hired (8)	I by Building Ov	vner	ASC	M No.		ment Contractor (9) = NC				
Street Address	-				Street Address	< < < > < < < < < < < < < < < < < < < <	ZUCE AU				
City, State, Zip Code					City, State, Zip C	ode			-		<u> </u>
Project Manager for Monitoring	Firm	I Te	lephon	e Nh	Telephone No.	LE SH	ADE M.]	80	0)	2
- Topost manager for moratoring		_ _			856 779		_ 0	13	7		_
Start Date (10)	Schedul	30-		ate (11)	Name of OSHA N	Monitor K	Δ			- 5.0	
Occupancy Status During Abal		only one)			Street Address						
Facility Closed/Vacated Dur Abatement Performed Outsi				}	City, State, Zip Co	ode		_		_	=
Other - Describe:											_
Scope of Work (Check all that a	abb(A)				☐ Full Cont	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	5	Renovat Demolitic	30703030		Mini-Enc	g Procedure	on-Friable Procedu	FO.			
		Is Location		T	ALVOITERE	mpled () and 14	AFFIADR FIOGEOU	_	bate		
Location of	- Control of the Cont	sed Solet	y by	A = b = = 1 =	Description of	rial (ACM)		-	Тут		-
Asbestos-Containing Material TO BE ABATED	(ACM)	Custodia			s Containing Mate hermal systems in:	sulation,	Amount (Specify	Re	R	Enca	Enc
IN Facility (13)		Staff? (12)		0	surfacing, VAT, o other miscellaneou	n (a	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Ye	s No	N/A					1 =		ale	Э.
SIDING			X	TV	LAWSITE		2000SF	X			
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		+							\dashv	+	\dashv
Name of Registered Waşte Haule	er		IDEP V		Cubic Yards of Waste	Name of Regis	stered Landfill				\dashv
KLEMED INC	<u>. </u>	17	190	24	5 VDS	<u> </u>		. U	. <i>A</i>	_	_
City, State MAPLE SHAK	DE N	1.5			Disposal Date	City, State	OBINE	N	T.		
Completed By MICHACL KLEMA	Title	PtR			Signature 0	1071 -	Date	0-	19		
THE PLEASE									-		

CICH 4724

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

JAN 18 2019

Date of Notification (1)	10-19			Nam	e of Buildin	ng Owner/Operator	ECH CO	NTRACTIN	سركا			
Agencies Notified	Type Notification	n		Street	et Address					1 1 5		- A
D BPA	Initial			_		ISS RT	20		-	===		=
DEP	Amended Amendment		_	City,	State, Zip	Code <u>CELNFIE</u> I	O NL	7 0823	30			
	Emergency (includin	g	Nom	e of Conta			Telephone Numb		-		-
⊠ DOH □ DCA	Cancellation			HAITH		UCE						
				FA		FORMATION						
Name of Facility Where	Abatement is Takin	ng Place	e (3)				Type of Facility	S11811-08				
R	ESIDENCI	=					School (K-1	2) 8 (Other than K-12)			
Street Address		77					Other (i.e., phomes, etc.	orivate & commercia .)	al build	11515		
City (5)		a		•			Square Feet	# of Floors		dg. A	-	
	tan (TY		Con	nty Code /	7) (STATE	2000 Current Use (P	rior if being demolis	-	50		=
County (6)	MAY			USE	ONLY)	., (0.7.1.		CAWT				_
Name of Monitoring Firm		Owner	$\overline{}$	ASCM	No.	F. San San San San San San San San San San	nent Contractor (9					
101	VIA		.				EMCO I	NC				_
Street Address	7					Street Address	S SPIEL	ICE ALE				
						369 City, State, Zip C		re me			-	
City, State, Zip Code							E SHAD	E M.J	080	250		
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.	G 01122	License No.	7 1			
	7						9-0472	013	11			=
Start Date (10)	Sche	duled C	omplet	ion Da	ite (11)	Name of OSHA	AIM					
1-72-19 Occupancy Status Durin	a Abatement /Che	ck only	one)			Street Address						
Occupancy Status During Facility Closed/Vacate	ed Durina Entire Pe	eriod of	Abater	nent								
Abatement Performed	Outside of Norma	l Facilit	y Hour	s		City, State, Zip C	ode	G _e				
Other - Describe:												=
Scope of Work (Check a	II that apply)			356			ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf .			novatio			☐ Mini-End	closure ag Procedure					
≥160 sf or ≥260 lf		₩ De	molition	1		Non-Ex	empted (*) and N	on-Friable Procedur	re			
			ocatio						A	bate Typ	ment æ	
Location o	of .	0.00	ormally Solely			Description of	f				1	
Asbestos-Containing M	laterial (ACM)		ntenano stodial		Asbes	tos Containing Mat thermal systems i	terial (ACM) nsulation	Amount (Specify	Į,	71	Enc	Enc
TO BE ABAT IN Facility		5	Staff?		(1.6.,	surfacing, VAT,	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaned	XIS)		val	-	late	н
		Yes	No	N/A			-,-	26.00	V			
SIDIN	6			X		RANSIT	<u>t</u>	3000 SE	X		_	-
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									-			
				10.50		Cubic Yards	Name of Rec	istered Landfill				
Name of Registered Was				JDEP V	No.	of Waste	/ Tallie of Treg	d C IM U.	A			
((tmco	INC		-11	790	24	Disposal Date	City, State	***************************************				
City, State	405 IA	Т					Woo	DBINE				_
	MOE N					Signature	051	Date	10	10	1	
Michael (CMM _	51	UP.			- Mul	W V		10		<u></u>	=

JAN 18 2019

	T TA H MAD									
Date of Notification (1)	1			ding Owner/Operat	COWST	RUCTIONI				Y . X
□ BPA Initia	lotification	S	tree! Addre	959 N	BEEC)			
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Ø DOH jesst	ergency (including ification) cellation	-	ame of Cont	act_	1101 3 101	Telephone Nu	mber	AC.	<u>) (</u>	1
			EACH IIV II) ON FORMATION						_
Name of Facility Where Abatemen	is Taking Place		FACILITY	AFORDITION .	Type of Faci	Lity (4)				
RESIDE				<u>:</u>	School (K	-12) er 8 (Other than K-				
Street Address					D Other (i.e. homes, e	, private & commen	12) cial b	uikting	ps.	
City (5)	INI CL	 ۲7			Square Feet	# of Floors		Bldg.	Age	
County (6)	MAY	Ta	ounty Code SE ONLY)	(7) ISTATE	Corrent Use (Prior if being demo	Eshed			
Name of Monitoring Firm Hired by B		ASC	M No.	Name of Abatem	nent Contractor	(9)		==	_	_
(8) N/A				Street Address	LEMCO	TMC		_		_
Street Address				360		RUCE ALL	_			
City, State, Zip Code				City, State, Zip C	0.	ADE N.]	08	505	- 2	
Project Manager for Monitoring Firm		Telephon	e No.	Telephone No: 856-77	9-0472	License No	37	1		
Start Date (10)	Scheduled Com	pletion D)ate (11)	Name of OSHA N	Honitor Allen					
Occupancy Status During Abatemen	L-C	- "	18	Street Address	NIP					=
M Facility Closed/Vacated During E	ntire Period of Aba	atemen!								_
Abatement Performed Outside of Other - Describe:	Normal Facility H	ours		City, State, Zip Co	∞de					
Scope of Work (Check all that apply)									- 200	
	Renov	ation		☐ Mini-End	losure	egative Pressure				
2160 sf or ≥260 H	Demo	ition		Non-Exe	g Procedure mpted (*) and N	on-Friable Procedu	re			
	Is Local						P	bater Typ	meni ce	
Location of	Used Sol	ely by	Ashesia	Description of as Containing Mate	erial (ACM)	Amount			E	
Asbestos-Containing Material (ACM TO BE ABATED	Custoo	fal	(i.e., i	nermal systems in: surfacing, VAT, o	sulation.	(Specify SF or LF)	Ran	Repair	ncap	Enclosure
IN Facility (13)	(12)			other miscellaneou		0.0.0,	Removal	pair	Encapsulate	Sure
(1.47	Yes No	N/A						4	•	
SIDING		X	_TK	'ANSITE		1250 SF	X	4	-	_
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		-				 -	\vdash	+	1	\neg
15 in allerta Harley		NOED Y	1000	Cubic Yards	Name of Regis	stered Landfill				
Name of Registered Waste Hauler KLEWCO JAIC		1740	ũ l	of Waste	_CW	a MVA			_	=
City. State				Disposal Date	City State :	BILLE	W.	T	100	
MARE SHAWE N	Title Title			Signature	_ wux	Date	V	10	-	
Completed By MICHAFT (LOWER	PRES			- Hell	1h_	[:]-1		1		

State of New Jersey

1/11000	\	NOTI	FICA	TION O	F ASBESTOS A NJAC 8:60 and 1	BATEMI 12:120)	EN I	Ć.	120	ACRES NO.			
KUM2.	~ PAI		53					7.0	FAR	1	1	en 1	٦
ate of Notification (1)	10		Nam	ne of Bui	Iding Owner/Ope	rator (2)	YOR			1	***	1.	
1/	11/19		1	et Addre		[() 4	10.4	111.4	10	20	110		
gencies Notified	Type Notification		Suc	·					JAN 18	21)19	- 11	#
EPA	☐ Amended		City	, State, 2	Zip Code			210			1.44	,1	
DEP	Amendment #			NE	WARK	CU.	0	710	Telephone Number	95		1 11	\dashv
DOH	☐ Emergency (incluing justification)	dmg	Nar	ne of Co	ntact			- !	Telephone Number			_	
DCA	☐ Cancellation				. EVANS								
, , , , , , , , , , , , , , , , , , ,	Toking Place	(3)	F	ACILI	Y INFORMAT	ION	Type of Facil	ity (4)					
ame of Facility Where Al	CHRIS MA	JOR	_				☐ School	(K-12)					
treet Address	Cereas (4						Subchar	pter 8 (O	ther than K-12) te & commercial build	lings,	home	s, etc.)
lieet Auditos									# of Floors	_	, Age		
City (5)				· + //	£		Square Feet		7 01 110015		93		10
NE	WARK			555			Current I Ise	(Prior if	being demolished)				
County (6)				unty Co		<u></u>			05N CE				
	SSEX	(8)	1	ASCM ?	No.	Name (of Abatement						
Name of Monitoring Firm	Hired by Building Owne	er (8)		AUCIVI I	10.	-	t Remov						
N 422						Street A	Address						
treet Address									er Street				
City, State, Zip Code							State, Zip Code		- 07/01				
511, 541, 541		24				Hacl	kensac	k, N	J 07601 License No.	_			_
Project Manager for Mon	itoring Firm		Te	elephone	No.	1 -	none No.	S 2020					
					(11)	201	- 329 - 7	444 nitor	00388				
Start Date (10)	5/19	Scheduled (Comple	tion Date	e(II) 9				mental				
Occupancy Status During		585	1	2/1	1	Street	Address	1 1 1 1 1 1	mental				
			nent		***	280	Huyle	r St	reet			_	
☐ Facility Closed/Vac ☐ Abatement Perform	ated During Entire Perio ed Outside of Normal Fa 8:22 NG TO	cility Hour	β _H				State, Zip Cod			71	27		
Other - Describe:	01 Mac: 0	21206				Sou	th Hac	kens	ack, NJ 0	160	10		-
Scope of Work (Check A	Il That Apply)			-8			_ 5"0		t with Negative Pressu	ire			
≥3 sf or ≥3 lf			novatio				Mini-En	closure					
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TO BE A			intenan odial S		(i.e. thermal sy	stems ins	sulation, surface	cing.	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	cility 3)		(12)		oth	er miscell				val	Ħ	late	uic
(,	3)	Yes	No	N/A									1
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			1.5		100	bic Yards	IN	lame of F	Registered Landfill				
Name of Registered Wa	iste Hauler			IJDEP W Iauler ID		Waste				y Tables		*	. -
Best Remova	al Inc			171	00	3		line	rva Enteri	pri	se	3,	LI
City, State					Dis	sposal Dat	1 - 1			J /.	46	22	
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Completed by		Title				J. Signati	/ Com's	سرم	9	1/	11	119	1
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(K#524N)

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Date of Notification (1)			Name o	f Building	Owner/O		1(2) iden Ce	JAN	1 0	201/		
Agencies Notified Type Notifica	ation .	- 1:	Street A	ddress	// \		101100	UAIV	10	2019	4	1
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EPA Initial Agrend		1 1	City Sta	ite, Zip Co	fe			**************************************	S CI	NT T		
DEP Amend Amend		and the same of th	11 10	V + ((ee)	11	TAFO	197		94	The same of	
Emerge	ency (including	_ }	Name o	Contact	1001	710		Telephone No	ımber			-
DOH justifica				Toh						_	4	
		ŧ_	FACI	LITY INFO	RHATH	ON			3.000			-
Name of Facility Where Abatement is	Taking Place (3)					Type of Faci	lity (4)				
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Street Address							Subcha	pter 8 (Other than K-1			•	
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City (5)							Square Feet	# of Floors	. E	llag. £	ige .	
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Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASC	A No.	u-ara	Name		t Contractor (9))	_		
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Street Address					100	Street	Address	121	-77			
01 01 / 71 Code						9)	M211	ruse Rd			5)	
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Project Manager for Monitoring Firm		1	[elephor	ie wo.	and a spirit	1 erebu	ione Ro.	License I)),	7		
Start Date (10)	Schedule	d Com	plation I	Data (11)		Namo)- 79 41-) of OSHA Mon	The same of the sa	201			
Start Bate (10)	Schedule	0 50.11	G	valle (11)	1	ivante	UI OSPIA WIOII	IIIOI				
Occupancy Status During Abatement (Charly Only On	2)	11			Circos	Address					
						24661	riumess					
Facility Closedf/Vacated During Er Abatement Performed Outside of	rure Penos of A Normal Facility	vatem Hours	ent		-	City. S	tate, Zip Code	3				
Abatement Performed Outside of Other – Describe:	- 20 mi				_	,,		*:				
Scope of Work (Check All That Apply)												
1 ≥3 sf or ≥3 lf	□ Re	enovat	an				Full Contai	inment with Negative	Pressu	re		
≥160 sf or ≥260 ff	₩ DE	emolitic	371			gamen gamen	Mini-Enclo	Sure				
	*					V	Glovebag I		ala Des			
	1 ,					142	J NOH-EXEM	pted (*) and Non-Frial	JIE PIO		e emen	t
Location of		Locatio omrali			Dag	cription		į	1		ype	
Asbestos-Containing Material (ACN		i Solel		Asbest			ru. faterial (ACM)	Amount	· Carrier	1	100	
TO BE ABATED In Facility	1 au 2000 1 au 2	international States	TO STAND AND ST	(i.e. i	hermal s	system ing, VA	s insulation,	(Specify	70	2	nce	Enc
(13)	1	(12)			other mi			SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						1 0		ate	ē
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A CONTRACTOR OF THE CONTRACTOR									1			
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Name of Registered Waste Hauler	2		IDEP W		Cubic Y		Name	of Registered Landfil	1			
ACL INVIGION	bITOL	1 1	705	0	J. 74135	3	1 \	W.ns				1
City, State	,				Disposa	Il Date	City, S					
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		T. C. C. C. C.				/	/		-		4	

CLI4Q4 PA		(Pursuar	nt to NJAC					,		F		7		
Date of Notification (1) 01/11/2019			Name Priva	of Building	Owner/e- Bob	Operato Mage	or (2) e							4 + 7	
Agencies Notified Type Notification	n			Address				-	-	JAI	1	0	201	9	1
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 15 19 Hudson Valley Property Group, LLC 1 Agencies Notified Type Notification Street Address ☑ Initial 394 Broadway, Suite 405 □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # New York, NY 10013 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Bill Chaykin 267-623-8121 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Colt Arms Apartments, Unit 8L ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 52 Godwin Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paterson 70,000 14 80 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Passaic **Apartment Building** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Atlas Environmental Inspections Shade Environmental, LLC Street Address Street Address PO Box 11645 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Philadelphia, PA 19116 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jason Dua 267-784-4693 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __01__ / _24 / 19 01 / 31 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ≥160 sf or ≥260 lf Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)

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Name of Registered Waste Hauler Freehold Cartage	0.000	IJDEP \ lauler I[15939	O No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill		
City, State	21-1			Disposal Date	City, State		

Floor Tile

Freehold, NJ Completed By (Print or Type) Christina Lynch

Title

Yes

No

 \boxtimes

N/A

Vice President of Operations

1/31/2019 Signature

other miscellaneous)

Morrisville, PA

Date 1/15/19

604 SF

Unit 8L

13 Jan

8

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Date of Notification (1)	Ed. Al Albertane		Name	of Building	Owner/	Operato	r (2)	- CA		K_	1	0 1	0	10		
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A. Scott Higgins		Presid	lent						//	$\overline{}$			5/19		,	

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										3110			(4)					
				D&S Abatement, Inc. Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Totowa, NJ 07512 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure On ly ly by noe/ Staff? Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) N/A Pipe Insulation 84 LF Furnace Insulation 30 SF X JDEP Waste auler ID No. Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement														
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City, State Totowa, NJ							sai Date				Α							
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DOH DCA	Cancellation				s Clarke					1 101	cpriorie is	arribei						
N (5 W)				FACI	ILITY INF	ORMAT	ION						5/3/10					
Name of Facility Where A	Abatement is Takin	g Place (3)					Туре	of Facility (4)								
Street Address									School (K-1 Subchapter	2)	45 16	40)						
Stroot / tudicoo								×	Other (i.e. p	rivate	er man K- & commer	rz) cial buil	dings	home	es,			
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Name of Monitoring Firm N/A	Hired by Building (Owner (8)	ASCN	√ No.		Name of Abatement Contractor (9) D&S Abatement, Inc.											
Street Address									reet Address									
								11 Rosengren Avenue										
City, State, Zip Code								City, State, Zip Code Totowa, NJ 07512										
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Telephone No. License No. 973-345-8685 01311											
Start Date (10)		Cabadul	-d C		D-1- (14)						01311							
01/23/2019		01/24/		ipieuon	Date (11)				HA Monitor ement, In	C.								
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Facility Closed/Vaca Abatement Perform	ated During Entire F	eriod of	Abatem	ent					gren Aver	nue								
Other – Describe:	occupied	ai Facilit	y Hours	S)		_			ip Code IJ 07512									
Scope of Work (Check Al	I That Apply)																	
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(13)				L		other n	niscellar	neous)				oval	air	Encapsulate	sure			
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D&S Abatement, Inc.	1000000	Hauler ID No. of Waste TBD					Fairless	Land	fill									
City, State Totowa, NJ		Disposal Date TBD					City, State Morissv		A									
Completed by		Signature																
Oliver Hegedis		Proje	ect Ma	nager		1	01/11/2					2019						

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	ne of Facility Where	Abatement is Takin	g Place (3)					Type	of Facility	(4)							
	et Address									School (K-1								
									Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildin							home	es,	
City	(5)									etc.) re Feet	f Floors		Bldg. Age					
So	uth Orange								N/A		N/A	4		N/		_		
1000	inty (6) sex					Code (7) USE ONLY)			Current Use (Prior if being demolished) House									
Nan	ne of Monitoring Firn	n Hired by Building	Owner (8))	ASC	M No.		Name	Name of Abatement Contractor (9)									
N/A	Α							D&S	D&S Abatement, Inc.									
Stre	et Address							Street 11 Ro		ss gren Avenue							Contract of	
City	, State, Zip Code									ip Code IJ 07512								
Proj	ect Manager for Mor	nitoring Firm		Telepho	ne No.		Teleph	one N	0.		License	e No.						
					,,,,,			973-3	345-8	685		01311						
	t Date (10) /22/2019		Schedul 01/23/		npletion	Date (11)				HA Monitor ement, In	IC.							
Occ	upancy Status Durin	g Abatement (Chec	k Only O	ne)				Street										
	Facility Closed/Vac	ated During Entire	Period of	Abaten	nent					gren Ave	nue							
×	Abatement Perform Other – Describe:	Occupied Occupied	nai Facility	y Hours	S			(50.07)	v, State, Zip Code otowa, NJ 07512									
Sco	pe of Work (Check A	II That Apply)																
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<i>'</i>	Asbestos-Containing TO BE AB	ATED	2.000	intena todial		(i.e.	thermal	taining M systems	insula	ation,	(5	mount Specify	7		₃₁	Enc	En	
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	S Abatement, Inc				lauler ID 0996		of Wa			Fairless	1000		- code					
	, State owa, NJ				Disposal Date TBD					City, Stat		Α	44000000					
Con	pleted by	ot Manager Signature								Date				_				
Oliv	er Hegedis		118	10			THE RESERVE OF THE PARTY OF THE	01/11	/20)19								



Date of Notification (1)	Name of Building Owner/Operator (2)														
1/15/19		B	BERTELSEN REARTY & MANAGEMENT COMPANY												
Agencies Notified Type Notification		Str	eet Ado	iress	•										
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DOL Amendment				SCIENOS	0 -	NI.	076	31	N. S. C.	4.5.00		,			
DOH justification)	Kitaning			Contact		1		Telep	hone Numbe		- 11	- (-	7-		
□ DCA □ Cancellation				BERTE		~						1.5			
	(2)	1	FACIL	ITY INFORMA	TION	Type of F	acility (4)								
Name of Facility Where Abatement is Taking P						7 20 20 E									
PAUSADE JE	WELE	102	>		-	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, et									
Street Address				5 S		Oth	er (i.e. priv	vate & co	ommercial b	uilding	s, hom	es, et	c.)		
16 NOGH VAN BRU	n, 2			90 · ·		Square Fe	eet	# of F	loors	Blo	lg. Ag	e			
City (5)			4				ه ۵	2 1940							
ENGLEWOOD		I Co	winty C	ode (7)		Current Use (Prior if being demolished)									
County (6) BENCEN				SE ONLY)		- JEWELERS STORE									
	mar (9)		ASCM	No	Name of Abatement Contractor (9)										
Name of Monitoring Firm Hired by Building O	wilet (0)		AUCINI	110.											
0					Street	t Rem	oval	Inc	-						
Street Address	*		750				h Ri	ver	Stree	t					
City, State, Zip Code						State, Zip C		101	00200						
City, State, Zip Code						kensa		N.I O	7601						
D i ald C Maritain Fin	·	Te	lephon	e No		hone No.	CIC, I		License No.			-			
Project Manager for Monitoring Firm		16	repriori	e No.											
G + D-4-(10)	Scheduled (Complet	tion Da	te (11)	201-329-7444 00388 Name of OSHA Monitor										
Start Date (10)	Schooling	21	1	7	Omega Environmental										
Occupancy Status During Abatement (Check O	niv One)		/ -	J	Street Address										
☐ Facility Closed/Vacated During Entire Per		nont		*	280	Huyl	er St	tree	t						
Abatement Performed Outside of Normal	Facility Hour	S		04.)		State, Zip C			` `						
Abatement Performed Outside of Normal Other - Describe: 8:30 M To	5:00	PM			Sou	th Ha	ckens	sack	, NJ	076	06		100000000000000000000000000000000000000		
Scope of Work (Check All That Apply)					1000	<u> </u>					200				
≥3 sf or ≥3 lf	Ren	novation	n						legative Pres	sure					
☐ ≥160 sf or ≥260 lf		molition				Mini-									
						Glove Non-I	Exempted (oure (*) and N	Ion-Friable	rocedi	ire				
	1 4							- 1			Abate				
· · · · · · · · · · · · · · · · · · ·	100	ocation ormally								<u></u>	Ту	pe	_		
Location of Asbestos-Containing Material (ACM)	Used	Solely	by	Ashestos Co	Description ntaining	Material (A	CM)		nount			ш	_		
TO BE ABATED		ntenano dial Sta		(i.e. thermal sy	stems ins	ulation, sur	facing,		pecify or LF)	Ren	Repair	ncap	incl		
In Facility (13)		(12)		othe	VAT, or miscellar			51	OL LAL)	Remova	nig	Encapsulate	Enclosure		
(13)	T	,. T	27/4	1						-		te	0		
	Yes	No	N/A					-	D/ C	v	-	_	-		
BASEMENT			1	THERMAL S	YSTEM	i inso ia	MON	4	DLF	X	•		-		
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			DED ***	101	ic Yards		Name of D	Registere	d Landfill		-				
Name of Registered Waste Hauler			DEP W		aste_		. maile of P					5			
Best Removal Inc			171(19	4/20				Enter	pri	ses	.,_	LL		
City, State				Disp	xosal Date	e / .	City, State	3				,			
Hackensack, NJ 07601				7	1/1/	7	Wayne	esbu	rg, 0	H 4	468	8			
Completed by	Title				Signatu			\sim	Da	te , /	-1	,0			
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ASB-41 (R-06-08)					(/	* Do not u	ise this ton	in for as	bestos licens	are exe	прис	·	min.		

CK 933	R PA	M	NO				ASBESTOS AB IAC 8:60-7 and 12:			PE	IcH# 92	38			
Date of Notification (1)	1/15/19			f Buildin on Co			Operator (2)		11) =	, 4	11				
Agencies Notified [] EPA [] DEP	Type of Notification	59		^{ddress} lewark	< Av	e.				JAN 18	3 2019		1		
[x] DOL [x] DOH	[x] Emergence [] Amended Notificatio	Je	rse	ate, Zip (y City,	, NJ		306			LENOSE LUNI					
[] DCA	[] Cancellation			f Contact Sax	et				Telephone Nu 2551-226-						
***************************************					FAC	ILITY	INFORMATION								
Name of Facility Where Meadowview Ps		1075.73	(3)					Type of Facil Sch	ool (K-12) chapter 8 (Othe er (i.e. private a	r than K-12) nd commerc	ial buildir	ngs,			
595 County Ave	nue							Square Feet	nes, etc.) # of Flo	ors I	Bldg. Ag				
City (5) Secaucus		County (6					nty Code (7) ATE USE ONLY)	80000 Current Use	~ 90						
Name of Monitoring Fir	rm Hired by Build	20 000000000000000000000000000000000000	=220.	SCM N		T		office tement Contractor (9)							
Whitman Compa	anies, Inc.		(0110		-	Street Address	lupiter Envi	ronmental S	Services,	Inc.				
7 Pleasant Hill R	load						3		ebridge Roa	d, Suite	100				
Cranbury, NJ 08								Pine Brook, NJ 07058							
Project Manager for Me Kevin Lovely		732-	390	Number -5858	3		the same and the s	973-575-87	00	Licens	e Numbe O	r 085	52		
Scheduled Start Date (1/16/19		ed. Comple 1/31			1)		Name of OSHA		onmental L	aboratori	es, LL	С			
[] Abatement Pe Descr	ing Abatement (0 d/Vacated During rformed Outside ribe: evenings ar cribe: partially vac	Entire Per of Normal F nd/or weeke	iod o				City, State, Zip C	2333 Route ode Union, NJ (
Scope of Work (Check	all that apply)							[] F	ull Containmen	t with Negat	ive Press	ure			
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥26	60 If			[]	Ren	ovati	on	 [] Full Containment with Negative Pressure [x] Mini – Enclosure [x] Glovebag Procedure [x] Non – Friable Procedure 							
Location Asbestos – Co Material (<i>f</i> <u>TO BE AB</u> In Facil	ontaining ACM) <u>ATED</u>	Norm	lely l	Jsed by e/Cus			Asbestos - Materi (i.e., therr insulation, s	ription of - Containing al (ACM) mal systems urfacing, VAT,		Amoun (Specif SF or Li	t R ry E F) M	R E P A	N C A		
(13)	цу	Yes	No	N/A			or other mi	iscellaneous)			A L	R	P S U		
Building 6		X		TS	l – "\	vrap & cut"			20 LF	X					
Name of Registered W Jupiter Environm		es Hau		Vaste) No.		20000000	oic Yards Waste 2	Name of Re Alliance	gistered Landfi Landfill	II.					
City, State Pine Brook, NJ							posal Date 24/19	City, State Taylor, F	PA			2215-1			
Completed By (Print or Pane Repic	ral	Mana	ger	.,,	Signature	76	2_	Date 1/1	5/19						
ASB-41															

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	and other barriers are						Soboletnia Other (i.e.	private d	Commercial	building	a, hom	105, 900	±)
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	Che Brita 70 Cole						South R	iver	Ştrae	t_			
	City, Brate, Zip Carle						lom, zip Code ken sack,	N.I	07601				
	Project Manager for Monitoring Firm			Telephor	se No.	Taluph	ease No.		Liouase No		-		
	Start Dails (10)	Schadule	d Coon	platico D	Me (11)	Name	- 329 - 744 of OSHA Monitor	4	1_0038	8			
	Company State Date: Absence (Check Ord	(One)	17	119		Ome	Address	OPRA	ntel_			_	-
	Facility Count/Vacanted During States Paris	d of Abs	bien erk		¥	280	Huyler	Stre	et				_
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	Location of Asbetter-Containing Material (ACM)		Nomal ed Solc	ly		ecription				-	Typ	-	-
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