NO CK

D)	C	E		$\mathbb{V}$	E	M
M	JAN	2	3	2017		

Date of Notification (1)			Name	e of Buildir	ng Owner/Operator (	2)	ACDE	27.0	~ ~	77.17	-001
	17		Su	noco Pa	rtners Marketing	& Terminals, L	P. Eagle Poir	THE	SHIP	ING	HOL
Agencies Notified Type Notifica	ition		Stree	t Address							
⊠ EPA ⊠ Initial			124	40 Crown	n Point Road						
□ DOLWD □ Amended			City,	State, Zip	Code						
☑ DOH   Amendment     ☑ DCA   ☐ Emergence		-	We	estville, N	NJ 08093						
		9	Name	e of Conta	ct		Telephone Numb	per			
☐ Cancellati	ion		Ro	n Rosen	dorn						19-17-2
			FA	CILITY II	NFORMATION						
Name of Facility Where Abatement is T		20.3				Type of Facility					
Sunoco Partners Marketing & 1	erminals	, L.P.	- Eag	le Point l	Facility	School (K-12					
Street Address							3 (Other than K-12) rivate and commer		uildin	as.	
1240 Crown Point Road						homes, etc.)			2010/2010	9-1	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Westville, NJ 08093						N/A	N/A		N/A		
County (6)			Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Gloucester							uels Storage (T		Farn	1)	
Name of Monitoring Firm Hired by Build	ina Owner	(8)	ASCM	No	Name of Abateme		Same and the second				
Kenny Atlantic Industrial Service	-	(0)	/ 100III	110.		tic Industrial Se					
Street Address	, 220				Street Address	io industrial of					
800 Billingsport Road					800 Billingsp	ort Road					
City, State, Zip Code					City, State, Zip Co						
Paulsboro, NJ 08086		T = 1			Paulsboro, N	J 00000	T11				
Project Manager for Monitoring Firm		1909	ephone		Telephone No.		License No.				
Tom Kennedy				1-5934	856-491-5934		00857				
Start Date (10) S	cheduled 0				Name of OSHA M	lonitor i <b>c Industrial S</b> e	prices IIC				
			_ ′	<u> </u>	Street Address	ic industrial se	stvices, LLC				
Occupancy Status During Abatement (C Facility Closed/Vacated During Entire			mont			art Dand					
☐ Abatement Performed Outside of No				scribe	800 Billingsp	And the second s					
Time of Abatement:AM					City, State, Zip Co Paulsboro, N						
Scope of Work (Check all that apply)					1 80135010, 14	0 00000				-	
	200		1			tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf     >160 sf or >260 lf		enovat emoliti			☐ Mini-Enc ☐ Gloveba						
□ ≥100 st 01 ≥200 ft		arronu.	JII				n-Friable Procedur	е			
	15	Loca	tion					Ab	atem	ent T	vpe
Location of		Norma			Description o	f ·		-			1
Asbestos-Containing Material (ACM)		ed Sol aintena	ely by		estos Containing Ma		Amount	Remova	Repair	nca	Enclosure
TO BE ABATED IN Facility			Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	OVA	=	psu	INSC
(13)		(12)			other miscellane		0, 0, 2, 7	_		Encapsulate	6
3.33993507	Yes	No	N/A								
Various Outdoor Areas				Therma	al System Insulat	tion	2000LF/1000S	$\boxtimes$			
			$\boxtimes$								
			In	1	2			П	П	П	П
Name of Registered Waste Hauler			JDEP	Waete	Cubic Yards of	Name of Regis	tered Landfill				
		100	lauler II		Waste		County Solid V	Vact	2 ( )	mole	2 V
27158 400							County Solid V	1051	- 00	uhie	3.A
City, State					Disposal Date	City, State	2012				
Camden, NJ					Various	Swedesbor					
Completed By (Print or Type)	Title				Signature	, p	Dat	te			
Ron Rosendorn	Enviro	nmen	tal Sp	ecialist	1Rm1	Rosendo	~ 0	-	7-	- ) 4	1
SR 11					1 /0.11	CANAGE TO THE PARTY OF THE PART		-	V. (1)		

Type Notification

Date of Notification (1)

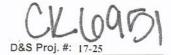
01/17/2017

Agencies Notified

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

						E	CE	1	7 6	Plip	t For	
CATION	of Nev OF ASBI to NJAC 8	ESTOS A	ABATE	MENT			JAN 2	3 20	)17			
	Building on Town											
Street Ad	ddress Amwell F	Road			The state of the s	ASB	ESTOS ( LICEN	ISING	ROI à	La		
	te, Zip Co set NJ (											
Name of James	Contact Strimpl	е				Tele	phone Nun	nber				
FACI	LITY INFO	ORMATI	ON	Tuno	of Facility (4	1)			Name			
				× S S O e	ichool (K-12 subchapter other (i.e. pr tc.)	2) 8 (Otherivate 8	commerci	al build	300 007		S,	
				Square 90,00	00	# of Floors Bldg. Age 30 years						
County (	Code (7) USE ONLY	)		Current Use (Prior if being demolished) Public High School								
ASCN 0057					ement Con struction		(9)					
				Addres Route	s 46 Suite	15						
				State, Zij	p Code J 07512							
Telepho	ne No. 52-1833		Telep	hone No	).		License N 01034	10.				
mpletion	Date (11)				IA Monitor struction	Corp						
			Stree	t Addres								
ment 's			City,	State, Zi	The state of the s							
ation ition				Full Min Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	e cedure			cedur Abate	ement	ı	
ally ely by		stos Con		Material			mount		1 9	rpe T	Е	
ance/ Staff?	(i.e		I systen acing, V miscella	AT, or	ation,		Specify F or LF)	Removai	Repair	Encapsulate	Enclosure	
N/A							F 0F			Ф		
		site p				5 SF	X					
		CM T	1999		15-5	85 SF 25 SF	X					
			CIVI I	ne			20 01	Α.	-	-	-	
NJDEP V Hauler II		Cubic of Wa			Name of GROW	0000	ered Landfi	II				

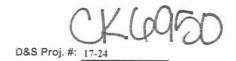
	[7]			1755 Ar	mwell R	oad			1		LIULI	VOIIV	A		
EPA DEP DOL	Initial Amended Amendmen		- 1 3	City, State Somers											
DOH DCA	Emergency justification) Cancellation	)	11 5	Name of 0		Э				Teleph	one Nu	mber			
				FACIL	ITY INFO	RMATIC	NC								
Name of Facility Where Sampson G Smith Street Address 1649 Amwell Road	School	ng Place (3)						× s	f Facility (4 chool (K-12 ubchapter ( ther (i.e. pr	2) 8 (Other t			dings,	home	S,
City (5) Somerset NJ 0887	-							Square 90,00	Feet	# of FI	oors	10/05	ldg. A 0 yea		
County (6) Somerset				County C (STATE U					t Use (Prio c High So		demolis	shed)			
Name of Monitoring Firm AHERA Consultan		Owner (8)		ASCM 0057	No.				ement Cont struction (						
Street Address PO Box 385								Addres Route	s 46 Suite	15					
City, State, Zip Code Oceanville, NJ, 08	231-0385							tate, Zij wa, N.	Code J 07512						
Project Manager for Mo John Smoyer	nitoring Firm		- 10	Telephon 609-65			973-	one No 339-97	735		icense 1034	No.			
Start Date (10) 01/27/2017		Scheduled 01/29/20		npletion D	)ate (11)				A Monitor struction	Corp					
Occupancy Status Duri				nent				Addres Route	s 46 Suite	15					
Facility Closed/Va Abatement Perform Other – Describe:	ned Outside of Nor	rmal Facility I	Hours	5					p Code J 07512						
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	All That Apply)		enova					Min Glo	Containme i-Enclosure vebag Prod n-Exempted	e cedure	-50			e	
		100000	ocat	922-03			70000000	1					Abat	ement /pe	8
Location Asbestos-Containin TO BE AI In Fact (13	g Material (ACM) BATED cility	Used Mair Custo	ntena odial ( (12)	ely by nce/ Staff?		tos Con thermal surfa		Material s insula T, or		(Sp	ount ecify r LF)	Removai	Repair	Encapsulate	Litologuia
Nurse's	Office	Yes	No X	N/A		tran	site pa	nels		45	SF	×			
Nurse's			X				CM Til				SF	X			
Coach's			X			А	CM Ti	le		225	SF	х			
Name of Registered W Savic Construction City, State Newark NJ			F	NJDEP W Hauler ID 2253		of Wa 10 yr Dispo			Name of GROW City, Stat Morrise	/S te		fill			
Completed by		Title Projec					Sighatur		A	en anna de la compania del compania del compania de la compania del la compania de la compania del la comp		Date	2017	,	



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

m.	E	C			$\mathbb{V}$	E	
M		JAN	2	3	2017		

									1111	7,111			1	-
Date of Notification (1)	<u>17</u>		ame of Buil debbie ryt	**************************************	er/Operator (2			1000	STOS (	CONTI	301	8		
Agencies Notified Type	Notificatio		reet Addres		iru				ASBI	LICEN	SING	102		_
	ended													
Amend	dment #:	C	ty, State, Z	ip Code										
☑ DOL ☑ Eme	ergency	- 11	millburn,	ni 0704	1									
DOH (incl	luding	Na	me of Con						Telepho	ne Numbe	r			
☐ DCA ☐ justi	fication)								I					
Can	cellation		debbie ry						_1					
Name of facility where aba	tomont in	takina nla	00 (3)	FAC	LITY INFORM	IATION		ТТ	pe of Facility	(4)				
Name of facility where aba	terrient is	taking pia	ce (3)					11.		ol (K - 12	)			
debbie rybka howard							W. C.		Subc	hapter 8 (	Other th	an K-	12)	
Street Address										(Private/0s./Homes,		rcial		
								S	quare Feet	# of Floo		Blo	lg. Ag	je
City (5)		Coun	ty (6)				nty Code (7)	1 L						
millburn		ESS	FY			(Stat	te use only)		Current Use (	Prior if bei	ng dem	olishe	d)	
Name of Monitoring Firm H	lired by Bl	_			ASCM No.		Name of Abateme	nt Con	tractor (9)					
reame of womening ranning		lag. Omio	(0)		ACOM NO.		D & S RESTO							
Street Address							Street Address							
							20 California	Ave.						
City, State, Zip Code							City, State, Zip Coo				CHECK CONTRACTOR			
5.ty) 5.t.t.,p							Paterson, NJ	07503						
Project Manager for Monitor	ring Firm		Pho	one Numb	er		Telephone Numbe		-	Licens	Numb	er		
1 Tojout Manager Tot Montes	9			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			973-345-802				01169			
		IO-b-d	Caranistia	- Data (1)	1)	_	Name of OSHA M	onitor						
Start Date (10)		Sched.	Completio	n Date (1	1)		D & S Restor	ation,	Inc.					
01/30/17		02/28					Street Address							
Occupancy Status During A							20 California		ie					
Facility closed/vacate							City, State, Zip Co	de						
Abatement performed Describe:			acility flours	5-		_								
Other-Describe: NO	RMAL HO	URS				_	Paterson, NJ				2012			_
Scope of Work (check all the	hat apply)						L	_	Containment	w/negativ	e press	ure		
> 3  sf or $> 3 $ lf	⊠ F	Renovatio	n				L T		-enclosure rebag proced	lure				
≥160 sf or ≥260 lf		Demolition					Ť		-Exempted (		-friable	proce	edure	
Location of			normally u		/						TR	R	E	Е
asbestos-containing		by mainte staff(12)	nance/cust	odial	Descript	ion of a	sbestos-containing		Amount		e m	e p	n c	n
material (acm) to be	- 1			Г	material	(ACM)			(Specify LF)	SF or	0	a	а	C L
abated in facility (13)		Yes	No	N/A							v e	l r	р	_
attic			X		vemiculite	attic i	nsulation		672 sq ft					
											$\perp \square$	Ш	Щ	닏
					1									
Registered Waste Hauler D & S RESTORATION	JINC	NJDE 135	P Hauler II		cubic Yards of 7 yds	Waste	Name of Registe TULLYTOW	red Lar N RF	ndfill SOURCE F	RECOVE	RY			
City, State	.,			Disposal [			City, State	. 1, 111				-	-	
PATERSON, NJ 0750	03			01/31/1			TULLYTOW	N, PA	1					
Completed by (Print or Type		Title			Signature		1			Date				
BOGDAN JOLDZIC		PRESID	ENT							01/10	5/2017			



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

	G			$\mathbb{V}$	E	n.
	JAN	2	3	2017		

					JAN 23	CUII		
Date of Notification (1)	Name of Building O	wner/Operator (2	2)	100				
Agencies Notified   Type Notificat	russell nussbaur	n		ASE	BESTOS CO		L &	
EPA Initial	Street Address				LIGENOR	- 1_d		
☐ DEP ☐ Amended								
Amendment #:				•				
DOH Emergency (including		NJ 07090						
justification)	Name of Contact			Telephor	ne Number			
DCA Cancellation	russell nussbau	m						
	F	ACILITY INFORM	MATION					
Name of facility where abatement is	is taking place (3)			Type of Facility	(4) ol (K - 12)			
russell nussbaum					napter 8 (Other t	han K-	12)	
Street Address				Fig. 1 April 1997 Sept. 1997 Sept	(Private/Comme		-/	
					/Homes, etc.	DIA	- A-	
City (5)	County (6)		County Code (7)	Square Feet	# of Floors	Bla	g. Ag	je
0.13 (0)	County (c)		(State use only)	Current Use (P	rior if being den	olished	1)	
WESTFIELD	UNION				no. n zomg dom	101101101	-/. 	
Name of Monitoring Firm Hired by E	Bldg. Owner (8)	ASCM No.	Name of Abatemen	nt Contractor (9)				
			D & S RESTOR	RATION, INC.				
Street Address			Street Address	w				
City, State, Zip Code			20 California A					
oity, State, Zip Gode			524553					
Project Manager for Monitoring Firm	Phone Nur	mher	Paterson, NJ 0 Telephone Number		License Numb	ner .	_	
	T Hono Hui	11001	973-345-8020		01169			
Start Date (10)	Sched. Completion Date	(11)	Name of OSHA Mo	nitor				
		()	D & S Restora	tion, Inc.				
01/16/17 Occupancy Status During Abatemen	01/20/17		Street Address					
Facility closed/vacated during			20 California A				_	
Abatement performed outside			City, State, Zip Code	е				
Describe: NORMAL HO	OURS		Paterson, NJ 0	7503				
Scope of Work (check all that apply				Full Containment w	v/negative press	ure	-101	
≥3 sf or ≥3 lf	Renovation			Mini-enclosure	.TV: 15			
≥160 sf or ≥260 lf	Demolition			Glovebag procedur Non-Exempted (*)		proced	lure	
Location of	Is location normally used sole by maintenance/custodial	ely			R	R	E	Е
asbestos-containing material (acm) to be	staff(12)		on of asbestos-containing	Amount (Specify S	m	e p	n c	n
abated in facility (13)	Yes No N/A	material	ACIVI)	LF)	0 0	a	a p	C L
DACEMENT		DIDE DIGI	II ATION	20 2010	e	-	P	
BASEMENT		PIPE INSU	LATION	20 - 30 l ft		닏!	╣	井
		=				님님	╣	井
		=				님분	뷔	+
		-				片片	╣	十
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of V	Waste   Name of Registere	d Landfill				
D & S RESTORATION, INC.	13506	1 yd.	TULLYTOWN	, RESOURCE RE	ECOVERY			
City, State	Disposal 01/17		City, State	I DA				
PATERSON, NJ 07503 Completed by (Print or Type)		Signature	TULLYTOWN	N, PA	Date			_
	PRESIDENT	Oignature			01/16/17 20	17		
	Do not use this form for asbes	─ I stos licensure ex	empted activities.					

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	JA		3 2017	7	베 기
<u>[</u>			CONTR	OL &	

Date of Notification (1) 1/18/17					of Building f Paters		Operator	(2)	Ì		JAN	-2-3	2(	)17	
Agencies Notified	Type Notification		- 1	Street A	Address larket S	tt			1	A	SBEST	OS C			. &
DEP DOL	Initial Amended Amendmen				ate, Zip Coson, NJ	ode				C Treatment	Eve 1	W-1111	211 11 11	-	
DOH DCA	Emergency justification) Cancellation		- 1	Name o	of Contact Miller				1 1 III-	Tel	ephone N	umber			
				FAC	ILITY INF	ORMAT	ION								-
Name of Facility Where ABANDONDED HO		ng Place (3)							of Facility ( School (K-1						
Street Address 12 Watson St									Subchapter Other (i.e. p etc.)	8 (Oth			lding	s, hom	ies,
City (5) Paterson , NJ									e Feet	# of 2	Floors		Bldg. 50+	Age	
County (6) Passaic				County (STATE	Code (7) USE ONLY	)			nt Use (Prio		ng demoli	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.				ement Cor Environm			S			
Street Address								Addres	s on Rd su	uite 10	2				
City, State, Zip Code							S. C.	tate, Zip	Code NJ 07405	j					
Project Manager for Mon	itoring Firm		-	Telepho	ne No.		Teleph	none No 218-08	1.		License 01228	No.			
Start Date (10) 1/24/17		Scheduled 2/7/17	Com	pletion	Date (11)				A Monitor Environm	ental	ore the				
Occupancy Status During	Abatement (Chec	k Only One					13000000000	Address							
Facility Closed/Vaca		84 8		ent					on Rd su	ite 10	2				
Abatement Performed Abatem	ed Outside of Norr	nal Facility H	lours			_	110000000000000000000000000000000000000	tate, Zip elon, N	Code NJ 07405	5					
Scope of Work (Check Al	I That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat				×	Mini Glov	Containme -Enclosure /ebag Prod	edure	\$278 				
		1	11	2624				1 11011	-Exempted	() and	I NOII-FIIA	DIE PI	27775	temen	t
Location	of	1.0000000000000000000000000000000000000	ocation rmall			Dec								уре	
Asbestos-Containing	Material (ACM)	Used Maint				tos Cont	scription aining M	laterial (		Aı	nount			m	
TO BE ABA In Facili (13)		Custoo		\$25,50 APL	(i.e.	surfa	systems cing, VA niscellan	T, or	ion,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		ate	0
ENTIRE STRI	JCTURE			Х	Ei	NTIRE	STRU	CTUR	E			X			
								15				+			
Name of Registered Was	te Hauler		12070	IDEP Wauler ID		Cubic of Was			Name of F	Registe	red Landfi	II			
Yannuzzi Group			10000000	467	140.	10	,,,		Grows						
City, State kinnelon NJ						Dispos 2/6/17	al Date		City, State Morrisvi						
Completed by		Title					ignature	1	7)	2	1	ate			
John Mucha		Project	Mai	ng				XL	1-1	lu	1	/18/1	7		

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CL2991			ICATIO	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	3.07		Br	E C		] \		Incl
Date of Notification (1) 1/18/17				of Building f Paters		Operator	(2)		The state of the s	JAN	2-3	20	17—	-
Agencies Notified Type Notification  EPA Initial	n			Address Iarket S	tt				Ā	SBEST(	OS CO		ROL	&
DEP Amended Amendmen	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	_		ate, Zip C son, NJ	ode									
DOH justification Cancellation	n)		Name of Paul N	of Contact Miller					Tele	ephone Nu	ımber			
Name of Facility Where Abatement is Tak ABANDONDED HOUSE	ing Place (	3)	FAC	ILITY INF	ORMATI	ON	Туре	of Facility	(4)				% <u>==</u>	
Street Address 12 Watson St							×	School (K- Subchapte Other (i.e. etc.)	er 8 (Othe			dings	, home	es,
City (5) Paterson , NJ							Squa 210	are Feet	# of	Floors	- 1	3ldg. <i>A</i>	Age	
County (6) Passaic				Code (7) USE ONLY	)			ent Use (Pr andoned l		ng demolis	shed)			
Name of Monitoring Firm Hired by Building $N/A$	'A							Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address	Street Address 135 Kinnelon Rd suite 102													
City, State, Zip Code						0.8000000		ip Code NJ 0740	5					
Project Manager for Monitoring Firm			Telepho			Teleph 908-2	218-0	0880		License N 01228	No.			
Start Date (10) 1/24/17	2/7/17		npletion	Date (11)				HA Monitor Environn		Services	;			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	8750	5000	nent			Street 135 l		ss elon Rd s	uite 10	2				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: abandonded house	mal Facility	Hours	i 		_			ip Code NJ 0740	5					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit		3.00		×	Mi Gle	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				e	
Location of	1	Locati Vormal	ly		Des	scription	of						ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cusi	d Sole intenar odial S (12)	nce/ Staff?		tos Cont thermal surfac	aining N	lateria s insula T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
ENTIRE STRUCTURE	Yes	No	X ENTIRE STR				CTUI	RE			X		(D	
Name of Registered Waste Hauler Yannuzzi Group		Н	JDEP Wauler ID 7467		Oubic of Was 10			Name of Grows	Register	ed Landfil	1			
City, State Disposal 2/6/17								City, Stat Morrisv						

Title Project Mang

Completed by

John Mucha

Signature

Date 1/18/17

State   Address   State   Address   State   Address   Amendment   State   Address   Amendment   Amen							2	page		-	000,000	002	11001					בט זוט.	
Assets of New Jursey NOTPICATION OF ASSESTOR ASATEMENT (Furtiseant to Nutle 199 Assestance Assets and 199 Assestance Assets and 199 Assestance Assets and 199 Assets and 19	2/8 V [	5 2/1	) [E	C				1473	908255	zzi Grou	Yannuz				DPM	:28:1	2017 4	Jan/18/2	
Date of Natification (1)  1/198/17  Name of Building OwnerOperator (2)  Steel Address  Patienty  Patienty  DOM  Same of Cavisac  Patienty  Patienty  Patienty  Steel Address  Steel Address  Talebands Ruhber 111  Name of Facility Where Abstemant is Taking Place (8)  Streat Address	Print Fo					113					40.00								
Date of Wolfication (1)  1/19/17  Assencias Notified  Type Notification  Streat Address  155 Market Stt  City of Paterson  Assencias (2)  Assessment Streat Address  155 Market Stt  City Streat Address  155 Market Stt  City Streat Address  12 Wathon St  Clip (8)  Streat Address  12 Wathon St  Country (b)  Paterson, NJ  South Streat Address  12 Wathon St  Country (b)  Paterson, NJ  Country (b)  Paterson, NJ  South Streat Address  12 Wathon St  Country (b)  Paterson, NJ  South Streat Address  13 Streat Address  Streat Addre	3 2017	23	N	JA				HENT	reey Os Abate	of New Jo	State TION OF	APIC/	NO						
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Paterson, NJ Name of Considering Cancellation Cancellatio	וות בוונ	-	Married Woman or Widow							et Stt	5 Marke	15			Initial	П			
DOM Cannellatine (Including Cannellatine)  DOM Cannellatine (Including Cannellatine)  Name of Facility Whars Abstermant is Taking Place (3)  Street Address  Street Address  Name of Monitoring Firm Hited by Building Owner (8)  Name of Monitoring Firm Hited by Building Owner (8)  Name of Monitoring Firm Hited by Building Owner (8)  Name of Monitoring Firm Hited by Building Owner (8)  Name of Monitoring Firm Hited by Building Owner (8)  Name of Monitoring Firm Hited by Building Owner (8)  North Address  Street Address  Stre		17		-						la Code	/. State, 2	CI		ent#	Amendme				ĸ
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ABANDONDED HOUSE  Street Address  City (6)  Paterson , NJ  County (6)  Paterson , NJ  County (7)  Passable  County (8)  Paterson , NJ  County (8)  Paterson	9 1 101	11	ויקא	mol	TONE NUT	1 1 402,000										limit			
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Passalic  County Code (7)  (\$7375 Mail Abandoned House  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Environmental Services  Street Address  Street A	ige -	Age	Bidg	1	lore		eel	quara Fe									IJ	reen , N	Pate
Name of Monitoring Firm Head by Building Owner (8)  ASCM No.  Name of Abstraction Contractor (9)  Yannuzzi Environmental Services  Street Address  Street Addr		-	DU+	(Bd)	lemellahi	of If being de	ise (Prior )	Urrent Us		(7) NLY)	nly Cods (	Cour (STA						nalc	Pasa
Street Address  City, State, Zip Code  Kinnelon, NJ 07405  Talephana No.  Pos-218-0880  City State, 2ip Code  Kinnelon, NJ 07405  Talephana No.  Pos-218-0880  City State Determined Code Completion Date (11)  2/7/17  Codeuparity Status During Abstement (Check Only One)  Facility Close d/Vacated During Embre Pariod of Abstement Abstement Performed Outside of Normal Facility Hours  City State 2ip Code  Kinnelon, NJ 07405  City, State, Zip Code  Kinnelon Normality  State Determined Outside of Normal Facility Hours  City State 2ip Code  Kinnelon Normality  City State 2ip Code  Kinnelon Normality  City State 2ip Code  Kinnelon, NJ 07405  City, State 2ip Code  Kinnelon Normality  City State 2ip Code  Kinnelon, NJ 07405  City, State 2ip Code  Kinnelon Normality  Full Containment with Negative Preseure  Mill-Enclosure  City State 2ip Code  Kinnelon, NJ 07405  City, State, Zip Code  Kinnelon Normality  City, State, Zip Code  Kinnelon, NJ 07405  City, State,		L				OUSE	ant Contra	Abstamar	Name of				(8)	Owner	by Bullding	Hired	ring Firm	of Montter	Name N/A
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Kinnelon, NJ 07405  Telephana No.					Vicea	ental Serv	remnen!	zi Enyir	Yannu			1				1000		Address	
City, State, Zip Code Kinnelon, NJ 07405  Sitert Dets (10) 1/24/17 2/7/17 2/24/17 2/24/17  Seaphana No.  Separation Date (11) 1/24/17  Separation Date (11) 1/24/17  Seaphana No.  Separation Date (11) 1/24/17  Seaphana No.  Separation Date (11) 1/24/17  Separation Date (11) 1/24/17  Seaphana No.  Separation Date (11) 1/24/17  Separation Date (11) 1/24/17 1/24/17  Separation Date (11) 1/24/17 1/24/17  Separation Date (11) 1/24/17 1/24/14 1/24/14 1/24/14 1/24/14 1/24/14 1/24/14 1/24/14 1/24/14 1/24/14 1/24						ite 102	Rd suite										oda.	ate Zar	liv. S
Telephane No. Telephane No. 1008-218-0880 01228  Start Debts (10) 1/24/17 Start Debts (10) 1/24/17 Part of the Completion Date (11) Name of DATA Moretor Yennuzzi Environmental Services  Facility Closed/Versited During Embre Period of Absternant Abetement Performed Outside of Normal Facility Hours  Other - Describe: abandonded house  City Start Zip Code Kinnelon Rd suite 102  City Start Zip Code Kinnelon, NJ 07405  Full Containment with Negative Pressure Mini-Enclosure Glovebast Procedure Norm-Exempled (*) and Nor-Prable Procedure Norm-Exempled (*) and Nor-Prable Procedure Norm-Exempled (*) and Nor-Prable Procedure Outcodal Start?  Location of Asbestos-Containing Material (ACM) In Facility Used Solely by Maintenance Countering Material (ACM) (13) Past No N/A  ENTIRE STRUCTURE X ENTIRE STRUCTURE X  ENTIRE STRUCTURE X  ENTIRE STRUCTURE X  ENTIRE STRUCTURE X  ENTIRE STRUCTURE X  ENTIRE STRUCTURE X			_	- 1			oda	, Zip Cod	City, Stat										
Start Debt (10)  1/24/17  Schedular Completion Date (11)  2/7/17  Same of CSFA Monton  Yannuzzi Environmental Services  Street Address  135 Kinnelon Rd suite 102  City State 2 p Code  Kinnelon, NJ 07405  City State 2 p Code  Kinnelon, NJ 07405  Renovation  Particular Completion of Mini-Enclosure  Glovebag Procedure  Norn-Exempled (*) and Non-Prable Procedure  Norn-Exempled (*) and Non-Prable Procedure  Normally  Used Solely by Maintenance Custolal Statiff  Custolal Statiff  Custolal Statiff  Custolal Statiff  Custolal Statiff  (1.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  ENTIRE STRUCTURE  X ENTIRE STRUCTURE  ENTIRE STRUCTURE				V.	onaa No.	Lican		No.	Telephon		hana No.	Talep			Fifter	oring F	for Month	Manager 1	rojeci
Cocuparity Status During Absterment (Check Only One)  Facility Closed/Vacated During Entire Period of Absterment Absterment Performed Outside of Normal Facility Hours  Other - Describe: abandended house  Scope of Work (Check All Triat Apply)  R3 af or 23 if  B150 af or 280 if  Check All Triat Apply)  R4 answeriden  Demoition  R5 answeriden  Demoition  Is Location of Asbaetos-Containing Material (ACM)  TO SE ABATED  Used Staffy  (13)  Custod at Staffy  Custod at Staffy  Custod at Staffy  (14)  Description of Absternal systems insulation, surfacing, VAT, or other mispellaneous)  ENTIRE STRUCTURE  X ENTIRE STRUCTURE  X ENTIRE STRUCTURE  X Services  Street Address  135 Kinnelon Rd suite 102  City, State, Zip Code  Kinnelon, NJ 07405  Full Conteinment with Nepsäve Pressure  Mint-Enclosure  Mint-Enclosure  Mint-Enclosure  Mint-Enclosure  Mint-Enclosure  Glovebag Procedure  Non-Exampled (*) and Non-Friable Procedure  Non-Exampled (*) and Non-Friable Procedure  Absternal systems insulation, surfacing, VAT, or other mispellaneous)  ENTIRE STRUCTURE  X ENTIRE STRUCTURE  X ENTIRE STRUCTURE			44		228	0122				1)	n Date (1	mpletic	uled Co	Sched				ots (10)	Int D
Facility Closed/Varieted During Emire Period of Absternent Abstament Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  R3 af or 23 if 2 at 150 af or 2250 if 2 Demoition  Location of Asbeetos-Containing Material (ACM) In Facility (13)  Location of Asbeetos-Containing Material (ACM) In Facility (13)  ENTIRE STRUCTURE  To BE ABATED (12)  Yes No N/A  ENTIRE STRUCTURE  To Structure  135 Kinnelon Rd suite 102  City, Siste, Zip Code Kinnelon, NJ 07405  Full Conteinment with Negative Pressure Mint-Enclosure Glovebag Procedure Non-Exemplad (*) and Non-Friable Procedure  Abbeside Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other mile cellensous)  ENTIRE STRUCTURE  X ENTIRE STRUCTURE					/ices	ntal Servi	ranment	zi Enviro	Yennuz				7	2/7/1	Tent (Chec	Abater	a During		
Renovation  E3 af or \$3 if  \$130 of or \$280 if  E4 150 of or \$280 if  E5 25 if  \$150 of or \$280 if  E5 25 if  \$150 of or \$280 if  E5 25 if  E6 25 if  E7 25						e 102	Rd sulte					ment	***************************************			ad Buil	a dA James	citiv Class	Fa
Renovation  Demoition  Full Conteinment with Negative Pressure  Mini-Enclosure Giovabag Procedure Non-Exampled (*) and Non-Priable Procedure  Non-Exampled (*) and Non-Priable Procedure  Non-Exampled (*) and Non-Priable Procedure  Abbestor-Containing Material (ACM) In Facility (13)  TO BE ABATED In Facility (12)  Yes No N/A  ENTIRE STRUCTURE  X ENTIRE STRUCTURE  X ENTIRE STRUCTURE		-	7				de 1740 E	ZIP Code	City, State			3	LY HOU	INI C SCH	ted house	endone	oribe; ab	ner – Desc	01
Demoition    Containment with Negative Pressure   Full Containment			$\dashv$	_			7400	11 140 07		-					bb(A)	That A			
Logetion of Asbaelos-Containing Material (ACM) In Facility (13)  Location In Facility (13)  Location Normally Used Solely by Meintenance/ Custodial Staff? (12)  Yes No N/A  ENTIRE STRUCTURE  Glovebag Procedure Non-Exampled (*) and Non-Prizable Procedure Abelian Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misosillaneous)  ENTIRE STRUCTURE  X  ENTIRE STRUCTURE  X  Custodial Staff? (i.e. thermal systems insulation, other misosillaneous)  ENTIRE STRUCTURE  X  ENTIRE STRUCTURE  X			re	180 LI	itive Pres		O-BLIFA-	nin:-Encio				ition tion	Renovi Demoii	気			80 if	D af or a26	h18
Logetion of Asbaelos-Containing Material (ACM) TO BE ABATED   Used Solely by Maintenance   Custodial Staff? (12)  Yes No N/A  ENTIRE STRUCTURE   X ENTIRE STRUCTURE   X   Absument   X   X   X   X   X   X   X   X   X			carte	Pm	Prisble P	dure ) and Non-F	Procedur	(Dyebas )						_	_				
Custodial Staff? (13)  Custodial Staff? (12)  Yes No N/A  ENTIRE STRUCTURE  Custodial Staff? (12)  Surfacing, VAT, or other misosileneous)  ENTIRE STRUCTURE  X  ENTIRE STRUCTURE  X		emen	Aba		I					b		ly	Normal				ocation of	Lo	A-6-
(13)  (12)  Surfacing, VAT, or other misosileneous)  Yas No N/A  ENTIRE STRUCTURE  X ENTIRE STRUCTURE  X			H		31 13			el (ACM)	LEST STOR INC.	s, toermal s	Aabe (l.e	non	Intena	Mi	(ACM)	ilerial (	SE ABATI	IO B	CODE
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8-41 (R-08-08)			_	17	1/18/1	w	2 /10	4	- YV			-		-				2.621	
Do not use this form for expectoe licensure exempted activitie			- 1							£								M . M M .	

CK 1007		NOT	IFICATIO	ON OF A	New Jers SBESTOS AC 8:60 a	SABAT	EMENT 20)	770	DE	G [		$\mathbb{V}$	E
Date of Notification (1) 1/19/17			Name Sue	of Buildi Cirello	ng Owner	/Operato	or (2)			AN S	2 3	201	7
Agencies Notified Type Notification	n		Street	Address				1,	se 100			2011	-
EPA Initial									ASBES	TOO	000	170	<u> </u>
DEP Amended Amendme	44		City, S	tate, Zip	Code					LICE			OLX
Emergenci	nt # v (includin	ıa			k, NJ 08	3805		***		-101	NOI	<u> </u>	
DOH justification	1)	5		of Conta	ct				Telephone N	lumbe	r		
L DCA Cancellation	on			Cirello									
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	JILITY IN	NFORMAT	ION	Type of	Facility (4)					
Residential Home		702						5 335					
Street Address							H Sc	hool (K-12)	Other than K-	12)			
							x Ot	her (i.e. priva	ate & commer	cial bu	uilding	s, hor	mes,
City (5)						-	Square		# of Floors		Dida	۸۵۵	1.40
Bound Brook							1900	7. 1741.0000	3		Bldg.		
County (6)			County	Code (7	)		Current	Use (Prior if	being demoli	shed)	0017		
Somerset			(STATE	USE ON	LY)		Reside	ential Hom	16	0.100)			
Name of Monitoring Firm Hired by Building Competent Supervisor	Owner (8	3)	ASC	M No.		Name	of Abater	ment Contrac	ctor (9)				
Street Address						All S	Stages A	batement					
Street Address							Address	200/1000					
City, State, Zip Code						-		and Ave.					
Orty, State, Zip Code						City, S	State, Zip	Code					
Project Manager for Monitoring Firm			Talaaha					k, NJ 0766	53				
			Telepho	ne No.			hone No. 600-318	4	License	No.			
Start Date (10)	Schedu	led Co	mpletion	Date (11	1	9-75-75			01305				
1/28/17	1/29/1		picuoii	Date (11	,	Ivallie	of OSHA	Monitor					
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Address						
Facility Closed/Vacated During Entire	Period of	Abater	ment			0001	71007000						
Abatement Performed Outside of Norr  Other – Describe: 8 A.M to 4 P.M	nal Facilit	y Hour	S			City, S	tate, Zip C	ode					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova					Full Co	ontainment w	ith Negative	Pressi	ire		
2100 31 01 2200 11		Demoli	tion			×	Mini-E	nclosure					
							01000	pag Procedu exempted (*)	re and Non-Frial	ole Pro	cedur	e	
23		Locat									Abat		t
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by		Des	cription	of				Ту	ре	
TO BE ABATED	Ma	intena	nce/	Asbe.	stos Conta	aining M	laterial (Ad insulation	CM)	Amount	_		Ш	_
In Facility (13)	Cus	todial S (12)	Staff?	(1.0	surfac	ing, VA	T. or		(Specify SF or LF)	Rem	Re	ncap	ncl
(13)		( /			other m	iscellan	eous)		<u> </u>	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ate	e
Basement		Х			Pip	e Wra	р		61 LF	×			
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	+												
Name of Registered Waste Hauler		l Nº	IDED VA										
Newark Carting			JDEP Wa		Cubic Y				tered Landfill				
			509		3 CU	(A)	IE	SI Landfil					
City, State Newark, NJ					Disposa	al Date		y, State					
Novain, No					TBD			ethlehem,	PA				

Completed by

Richard Cristofol

Title

President

Date

1/19/17

Signature

Print Form

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	1	J		W

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

OTHICATION	UF	ASBE	-210	2 ARA	IEME
(Pursuant to	N.,	J.A.C.	8:60	and 12	.120)

Date of Notification (1)		-	Na	ime (	of Build	ng Owner / Oper	ator (2)			JAN :	232	01	7
1/19/1			Ve	rizo	n		ator (2)		ted land	9-501/25/A 0		.017	
Agencies Notified Type No	tification				Address				400	FOFO			
	nitial				ain Str				ASB	ESTOS	S CON	TR	OL
	mended					p Code				12/0/5	HOHM	3	
	mergency		No	π L	ee Nev	Jersey							
	ancellation		10000000		aylor	Ct				Teleph	none N	lum	ber
						NFORMATION							
Name of Facility Where Abat	ement is Taking	Place	(3)	AC	ILII I I	Type of Fa	and the same of th						19 255
Leonia Central Office		,	(0)			School	l (K-12)						
Street Address					14-7			ther than K	(-12)				
524 Main Street						○ Other	(i.e. private	e & comme	rcial buildi	nas ho	mes e	tc )	
C:t- (5)						Square Fee	et #	of Floors		Bldg. A		10.)	
City (5)	County (6)	(	Count	у Со	de (7)	4000	00	4		Jug. 7	90		
Fort Lee	Bergen					Current Us	e (Prior if b	peing demo	olished)				_
Name of Marita:						Commun	ications		/				
Name of Monitoring Firm Hire USA Environmental Inc.	d by Building O	wner (	8)	1	ASCM N		oatement (	Contractor	(9)				
Street Address			-			BRISTOL	ENVIRO	NMENTAL	LINC				
8436 Enterprise Avenue						Street Addr							
City, State & Zip Code						1123 BEA City, State 8	VER SIR	EEI					
Philadelphia Pa 19153						BRISTOL,	PA 1900	; 7					
Project Manager for Monitorin	g Firm	Tele	ephor	ne Nu	umber	Telephone I	Number		License I	Number			7.70
Mark Jenkins		215	-365	-581	10	215-788-6			Liberioe	005			
Scheduled Start Date (10) 2/2/17	Scheduled Co 2/13/17	omplet	tion D	ate (	(11)	Name of OS							
Occupancy Status During Aba		only o	20)			BRISTOL		MENTAL	. INC				
Facility Closed/Vacate	d During Entire	Period	of Al	bate	ment	Street Addre							
Abatement Performed	Outside of Norr	nal H	ours -	- 7ar	n to 3pr	City, State 8							
Describe: 5:00 PM	- 1:30 AM					BRISTOL,							
Facility Occupied Durin	ng Abatement	A.Orga					171 1000						
Scope of Work (Check all that	apply)				5-3-11-2		_						
≥3 sf or ≥3 lf		$\boxtimes$	Ro	nove	ation		∑ Fu	III Containn	nent with N	Vegative	Press	ure	
≥160 sf ≥260 If				moli				ni-Enclosu					
							S	ove Bag Pr			-		
Location of			Loca			Descriptio	n of	n-Exempte	Amount				
Asbestos-Contain Material (ACM)	ing		mally		d	Asbestos-Cor	ntaining		(Specify	ADE	temen	11 1)	/pe
TO BE ABATED	)	Mair	olely ntenar	by	25	Material (A	CM)		F or LF)			Ш	Ш
in Facility	-		odial			(i.e., thermal sinsulation, surfa	systems			Rem	Repair	cap	nclo
(13)			(12)			or other miscel	laneous)			Remova	bair	Encapsulate	Enclosure
AC DOOM		Yes	No	N/	A					_		te	Ф
AC ROOM AC ROOM						Vat/Mas	tic	1	250 SF		ПГ	7	П
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ERVICE TRANSPORT GR	OUP, INC.		20	990		3	MINERV	'A LANDF	ILL				
ity, State IEW CASTLE, DE 19720						Disposal Date	City, State	e					
ompleted By (Print or Type)						TBD		SBURG, (	OH 44688	3			
atrick T. DeCaro			Titl		MOD	Signature				Date			$\neg$
			PR	UJ.	MGR.	Patrick	T Dol	Caral	M	1/19/1	7		
D 17003						1 wo de	1-12	en l	0'				

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

B & G proj. #: 2017-09

Check # 8218

-							Circ	CK # 02 10			
Date of Notification (1)		Name	of Building (	Owner/Operator	(2)		[ports [2]	0 5			
0 1 1/12 0 1/11	7	Rute	gers, The	State Univers	sity o	f New Jersey		CE		W F	EIN
Agencies Notified Type N	Votification		Address				I prop				
	Initial	1 68	Market Str	eet, 8th Floo	r			JAN 23		047	
	A		ate, Zip Coo					JAN	1 2	11/	lund
	Amendment	Nev	wark, NJ 0	7102							
▼ DOH	Samaallatia.	Name o	of Contact				Teleph	one Number	ON	THOL	â
□ DCA □ □	Cancellation	Ma	ck McAlee	er			-	_ FIORING	SHAG		
,			F.	ACILITY INFOR	MATI	NC		-		=	
Name of facility where abate	ement is taki	ng place (3)					Type of Facility	y (4)			
Vacant Building								ool (K - 12)			
Street Address								chapter 8 (O			12)
75-77 Halsey Street							Bldgs	r (Private/Co s./Homes, et	omme c.	rcial	
City (5)		County (6)			To	ounty Code (7)	Square Feet	# of Floors	S	Bld	lg. Age
Newark, NJ 07102		Essex			10000	tate use only)	Current Use (	Prior if being	den	nolishe	d)
Name of Monitoring Firm Hir	ed by Bldg (			1 1001111			vacant build		*******		=./
E2PM	od by blag.	Swiler (b)		ASCM No.		Name of Abatement (	1586				
Street Address					_	B & G Restoration	on, Inc.				
87 Hibernia Avenue						105 Ryerson Ro	oad				
City, State, Zip Code Rockaway, NJ 07866	2				_	City, State, Zip Code			-		
						Lincoln Park, N	IJ 07035				
Project Manager for Monitorin Gianmarco Ferrante	g Firm		Phone Nur 201-320			Telephone Number (973)696-6869		License N		er	
Scheduled Start Date (10)	TS	ched Comr	letion Date (			Name of OSHA Monito		003	5/8		
01/30/2017		02/10/201		11)		B & G Restoration					
Occupancy Status During Aba					_	Street Address					
Facility closed/vacated of						105 Ryerson Ro	ad —————				
Abatement performed ou Describe:	utside of nor	mal facility h	ours-			City, State, Zip Code					
Other-Describe:					-	LincolnPark, NJ	07035				
Scope of Work (check all that	apply)										
☐ Demolition	X Renov	ation				Full Containment w/nega	tive pressure	Gloveba	g pro	cedure	à
> <u>3</u> sf or > <u>3</u> If	<b>X</b> ≥160 st	V-10-10-0010-0010-001				Mini-enclosure		X Non-frial			
Location of asbestos-containing	ls loca	ation norma aintenance/o	lly used sole	1					R		E
material to be	staff(1			Description material (		sbestos-containing	Amount (Specify S		e m	n	n E
abated in facility (13)	Yes	No	N/A	I material (	AON)		LF)		0	a i	a C
Office sections			X	VAT & ma	stic		1 110 05			r ,	p   -
Office sections			×	mastic	otio		1,116 SF 1,308 SF		X	러누	쉬님
Roof			X		der 1	st layer of roofing	5,000 SF		2	7/-	ᅱ片
					and the section				ili	ŦĦ	<u> </u>
Pagintered Wests Heiler										1	
Registered Waste Hauler B & G Restoration, Inc.	N	JDEP Haule 19563	er ID#	Cubic Yards of V 100	Vaste	Name of Registered La Tullytown Re	indfill esource & Re	covery Ca	ente	r	
ity, State Lincoln Park, NJ			Disposal 01/30	Date 0/17 - 02/11/	17	City, State Tullytown, PA					
Completed by (Print or Type)	Title			Signature				Date			<u> </u>
Gordana Luna	Secre	tary/Trea	surer			Gordana Luna		01/20/2	017		

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

B & G proj. #: 2017-10

Check # 8219

							Circo	K # 02 13				_
Date of Notification (1)	Nar	me of Building	Owr	ner/Operator (2)			Transier [		5 1	V		1
0 1 1 1 2 0 1 1 7		olores Carp							5 1	Ū	ط	۱ ۱۱۱
Agencies Notified Type Notificati	on Stre	eet Address					In					
EPA Initial								JAN	23	201	7	
DEP _	City	, State, Zip Co	ode									Ť
X DOL Amenda	nent   F	Ridgewood,	NJ	07451				SBESTO	S CC	TNC	ROL	-8
X DOH		ne of Contact					Telepho	ne Numbe	ENS	ING		
☐ DCA ☐ Cancella	ition	Dolores Car	per	nter								
			<u> </u>	ILITY INFORM	ATIO	N						
Name of facility where abatement is	s taking place					т	Type of Facility	(4)				
Dolores Carpenter	raning place	(0)						ol (K - 12	)			
			_				Property and the second	hapter 8 (			-12)	
Street Address								(Private/0s./Homes,		ercial		
							Square Feet	# of Floo	ors	В	dg. A	ge
City (5)	County	(6)				unty Code (7)				<u> </u>		
Ridgewood, NJ 07451	Berge	en			(36	ate use only)	Current Use (I residential	Prior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by E	Bldg. Owner (	(8)	-	ASCM No.		Name of Abatement				-		
				n/a		B & G Restorat	ion, Inc.					
Street Address					-	Street Address						
						105 Ryerson R	Road					
City, State, Zip Code						City, State, Zip Code	NII 07025					
Project Manager for Monitoring Firm		Phone N	ma la		_	Lincoln Park,	NJ 07035	License	Mumi	201		
Project Manager for Monitoring Firm		Prione N	umc	er		(973)696-686	9		0378	Jei		
Scheduled Start Date (10)	ISched C	completion Dat	e (1	1)	-	Name of OSHA Moni						
01/30/2017	02/01/		٠,,	.,		B & G Restorat	ion, Inc.					
Occupancy Status During Abatement				9	_	Street Address 105 Ryerson R	ood					
Facility closed/vacated during e						City, State, Zip Code	oau 					
Abatement performed outside						City, State, Zip Code						
Describe:					-	LincolnPark, N.	J 07035					
Scope of Work (check all that apply)	)										-	
☐ Demolition 🕱	Renovation				XF	Full Containment w/neg	gative pressure	Glove	bag pr	ocedu	ıre	
> <u>3</u> sf or > <u>3</u> lf	160 sf or ≥26	60 If				Mini-enclosure		☐ Non-f	riable	огосе	dure	
Location of		ormally used s	olely	1			T		R	R	Е	E
asbestos-containing material to be	staff(12)	nce/custodial				sbestos-containing	Amount (Specify	SF or	m	e p	n	n
abated in facility (13)	Yes	No N/	/A	material (A	ACM)		LF)	01 01	O V	a i	a p	L
haamant			ose.	VAT & mas	ıti o		1000 -6		e	_		<del> </del>
basement [							1000 sf 18 lf		X	-	+	ዙ
Well Toolii			_	pipe insula	uon		-		H	H	H	片
									Ħ	H	H	i
Registered Waste Hauler B & G Restoration, Inc.	NJDEP 195	Hauler ID#	C	ubic Yards of W	aste	Name of Registered	Landfill Resource & R	ecovery	Cent	er		
City, State		Dispos		ate		City, State		COOVERY	JUIN	01		
Lincoln Park, NJ			)2/0	1/2017		Tullytown, I	PA					
	Title Secretary/	Treasurer		Signature		Gordana Luna		Date 01/2	1/201	7		
Coluana Luna	Jeurelai y/	i i casui ei				0		01/2	JIZUI	1		

CK 251	154	, 1	ПОИ		TION	OF ASI	ew Jersey BESTOS ABAT C 8:60 and 5:16		DEG			7 [	3
Date of Notification (1)  01 /	20 /	17					Owner/Operator (2 ent of Veteran A		JAN JAN	2 3	201	17	
Agencies Notified	Type Notifi	cation			Street	Address							1
□ EPA					151	Knollcro	oft Road		ASBESTO			ROL	&
□ DOLWD	☐ Amende	- 0			City, S	tate, Zip C	Code			ENS	ING		
□ DHSS	Amend	CONTRACTOR OF THE			100	ns, NJ 0							
DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (inc ition)	duaing			of Contact			Telephone Numb	er		H S (9-31-	
(140/10 0.20-0)	☐ Cancell				Gar	y Boehn	er		± 1.00 € 200 € 100 00 00 00 00 00 00 00 00 00 00 00 00				
	1				FAC	CILITY IN	FORMATION						
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facility	(4)				
Veteran Affairs Me	dical Cente	er Build	ding 1	35				School (K-12					
Street Address									3 (Other than K-12) rivate and commerce		ildina	s	
151 Knollcroft Roa	d							homes, etc.)				-,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
Lyons								62,000	2	;	32		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Somerset							300	Hospital					
Name of Monitoring Firm	Hired by Bu	ilding O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Egan Environment	al Consulti	ing Inc			2894	1	Superior Aba	tement Inc					
Street Address		N. S. C.					Street Address						
14 High Street							2 Henderson	Drive					
City, State, Zip Code			17-2-2				City, State, Zip Co	ode					
Mahwah NJ 07430							West Caldwe	II, NJ 07006					
Project Manager for Mon	itoring Firm			Tele	phone l	No.	Telephone No.		License No.			-	
Tom Egan				(2	01)848	3-7790	(973) 808-161	6	00411				
Start Date (10)		Schedu	uled Co	omple	tion Da	te (11)	Name of OSHA M	onitor					
1/30/	17	2	/	1	_ / _	17_	Superior Aba	tement Inc					
Occupancy Status During	g Abatement	(Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate	ed During En	tire Per	iod of A	Abater	ment		2 Henderson	Drive					
Abatement Performed						cribe	City, State, Zip Co	ode					
Time of Abatement: 7	:30AM- <u>3:30</u>	<u>л</u> РМ/	PN	/I	AM		West Caldwe	II, NJ 07006					
Scope of Work (Check a	I that apply)						□ Full Cont	ainment with Neg	rativa Proceura				
≥3 sf or ≥3 lf			⊠ Rei	novati	on		☐ Full Cont	7	galive Flessure				
≥160 sf or ≥260 lf			Der Der	molitic	n		Glovebag						
			- I-	1 4			☐ Non-Exe	mpted (*) and No	n-Friable Procedur	_			
Location	of			Locat lorma			Description o	f			ateme		
Asbestos-Containing		M)	Use	d Sole	ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA				ntena	nce/ Staff?	(i.e	., thermal systems i		(Specify	nov	pair	aps	los
IN Facili (13)	ity		Oust	(12)	otan:		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		sula	лге
(.0)			Yes	No	N/A		ouror moodiano	,				te	
North Exterior Wall					$\boxtimes$	Black V	Vaterproofing on	Foundation	280 SF				
				П	П						П		
Name of Registered Was	ste Hauler				JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill	1			_
Service Transport				150.0	auler II	No.	Waste 2	Minerva La					
City, State					34471	11	Disposal Date	City, State					
New Castle DF							2/1/17	Waynesbu	rah OH				

Completed By (Print or Type)

Nick Petrovski

Title

VPO

Signature

Date

Λ	1/	101	$H_{I}$	
	h	10	14	

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	2000				and the same	
	JAN	2	3	2017		1

Date of Notification (1)				L				IIIII JAN	2:	3 2	117	
3212	00 / 4	7				ng Owner/Operator (	3.00 f. U	had had	-			-
	20 / 1	7		Di	vision of	Property Manage	ement & Cons	truction				
	ype Notification	1		Stree	et Address			ASBEST	<del>)3 C</del>	ON	TRO	L &
	Initial Amended			20	W. State	Street, 3rd Flr.		LIC	EN	SINC	<u> </u>	
⊠ DOH	Amended Amendment	£		City,	State, Zip	Code						
	Emergency (		- Ia	Tre	enton, NJ	08608						
(NJAC 5:23-8)	justification)		9	Name	e of Contac	ot		Telephone Num	ber			
	] Cancellation			Ric	ck Ferrer	a		•				
				FA	CILITY IN	NFORMATION						
Name of Facility Where Aba	tement is Takir	ng Plac	e (3)				Type of Facility	(4)			- 009-	
Residential House							School (K-1					
Street Address							☐ Subchapter	8 (Other than K-12	)			
							M Other (i.e., p homes, etc.	private and commer	cial b	uildin	gs,	
City (5)							Square Feet	# of Floors	TB	ldg. A	00	
Rahway, ห่ว่								11 01 1 10010	٦	nug. r	ige	
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Union					•			io. Il bollig delliolis	ileu)			
Name of Monitoring Firm Hir	ed by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				
Bio Terra Solutions							NAGEMENT L	221				
Street Address				V2.50		Street Address						
P.O. Box 1224						27 Outwater I	ane					
City, State, Zip Code						City, State, Zip Co						
Union, NJ						Garfield, NJ						
Project Manager for Monitori	ng Firm		Tele	phone	No.	Telephone No.		License No.			SECTO	
Rick Eustaquio			97	73-494	-3762	973-928-4888		1188				
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA M						
01 /23 /^	17	03_ /	_ 23	_ /	17	ALL PRO MAI	NAGEMENT L	LC				
Occupancy Status During Ab	atement (Chec	k only	one)			Street Address						_
☐ Facility Closed/Vacated D	uring Entire Pe	riod of	Abate	ment		27 Outwater L	ane					
Abatement Performed Ou	tside of Norma	l Facilit	y Hour	s - Des	cribe	City, State, Zip Co	de			-		
Time of Abatement:		M/	PM-		AM	Garfield, NJ (						
Scope of Work (Check all that	t apply)					, , , , , , , , , , , , , , , , , , , ,						
☐ >3 sf or >3 lf		Пр	novati	202			ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		0.8 (0.0)	molitio				Osure Procedure					
						☐ Non-Exen	npted (*) and No	n-Friable Procedure	e			
		5000	Locat	37777.700					_	atem	ent T	ivne
Location of Asbestos-Containing Mate	erial (ACM)		Normal d Sole		A -1-	Description of						
TO BE ABATED		Ma	intena	nce/	(i.e.	stos Containing Mate, thermal systems in	erial (ACM)	Amount (Specify	em	Repair	nce	incl
IN Facility (13)		Cust	todial S (12)	Staff?		surfacing, VAT,	or	SF or LF)	Removal	ļ <del>š</del>	Encapsulate	Enclosure
(10)		Yes	No	N/A		other miscellaneo	us)				late	9
Basement		П			white th	_ wwwFulledgestory			_			
Kitchen						ermal paper		3 SF	M			
Kitchen					VAT			125 SF	$\boxtimes$			
										П	П	П
	1.7										=	블
Name of Registered Waste Ha	auler	_		JDEP V	Vaste I	Cubic Yards of	Nome of Dark	la d I 180		Ш	Ш	Ш
ATC	2000		Ha	auler ID	No.	Waste	Name of Regist					
City, State				SW-24	310	As Needed	Minerva En	rerprises				
Shirley, NY						Disposal Date	City, State					
Completed By (Print or Type)	1					TBD	Waynesbur	rg, OH	1			
Allen Monchik	Title		B.#	220		Signature	1	Date	1 -		1.	
SB-41	P	roject	iviana	ger			$\sim$ $V$	,	12	-0/	12	
II									-			

	EG	E	$\mathbb{V}$	E M
K				
	IAN	00	2017	111/

Date of Notification (1)			-	Non	an of Duilli						J	AN	23	20	17	
01/20/	17	5			ne of Buildi					-	Miles					The state of the s
		_			IVISION O	rerope	rty Man	ager	ment & Con	stru	ction	070				
Agencies Notified	fication			100000000	et Address	57)		-			ASBE	LICE				&
☑ DOLWD ☐ Amend	ded				W. State		t, 3rd Fl	r.		-		L1\/_	-140	1140		
	lment #			10000	State, Zip											
□ DCA ⊠ Emerg	ency (in	cludin	g	_	enton, N		8									
(NJAC 5:23-8) justific					e of Conta					1	Telephone	e Numl	ber			
L Cance	liation			Ri	ck Ferrer	ra										
N				F	CILITY	NFORM	MATION					_				
Name of Facility Where Abatement is	s Taking	Place	e (3)					17	Type of Facilit	ty (4)						
Residential House								]	School (K-	12)						
Street Address									Subchapte	r 8 (C	Other than	1 K-12)	١			
City (E)									Other (i.e., homes, etc	priva c.)	ate and co	ommer	CIAI E	ouildir	igs,	
City (5)								S	Square Feet	Ť	# of Floor	rs	TE	Bldg. /	Age	
Rahway, NJ															3-	
County (6)				Cou	inty Code (	7)(STATE	USE ONL'	Y) C	Current Use (F	Prior	if being de	emolis	hed)	-		
Union					No. 100 (100 (100 (100 (100 (100 (100 (100						9					
Name of Monitoring Firm Hired by Bu	ilding O	wner	(8)	ASCN	No.	Name	of Abate	ement	Contractor (9	9)						
Bio Terra Solutions						AL	L PRO N	MAN	AGEMENT	LLC						
Street Address						Street	t Address	6								
P.O. Box 1224						27	Outwate	er La	ne							
City, State, Zip Code						City, S	State, Zip	Code	9							
Union, NJ						Gai	rfield, N	J 07	026							
Project Manager for Monitoring Firm Rick Eustaquio				phone		Telepi	hone No.				License N	10.				
	0 1 1				-3762		-928-48				1188					
01 /23 /17	Schedu						of OSHA									
	0		_23	/	17	ALI	PRO M	/IAN/	AGEMENT I	LLC						
Dccupancy Status During Abatement (Check    Facility Closed/Vacated During Entire Peri			ne)			Street	Address									
☐ Facility Closed/Vacated During Entire Period of ☐ Abatement Performed Outside of Normal Facility			Abate	ment	anih a		Outwate									
Time of Abatement:AM	d Cilley	PM-	s - Des	AM	10000000	state, Zip (								300		
Scope of Work (Check all that apply)						Gar	field, NJ	J 07	026							
_						r	ح السادء					A1100				
☐ ≥3 sf or ≥3 lf		Renovation					Mini-Er	nclosi	ment with Ne ure	gativ	e Pressur	re				
≥160 sf or ≥260 lf		☑ Demolition						bag Procedure xempted (*) and Non-Friable Proced				•000000				
		Is Location				Non-Exempted (*) and I			ted (*) and No	on-Fr	iable Prod	cedure				
Location of			ormal	lly		Description of							Ab	atem	ent T	уре
Asbestos-Containing Material (ACM)			Sole	2	Asbes	Asbestos Containing Mat			al (ACM)		Amount		Re	Re	En	回
TO BE ABATED IN Facility		Custo	odial S		(i.e.	(i.e., thermal systems in surfacing, VAT,			ılation,		(Specify		Removai	Repair	cap	Enclosure
(13)	-	V T	(12)	T		other	miscellan	neous	)		SF or LF	)	a.		Encapsulate	ure
Interior- All Air Vents		Yes	No	N/A	white th										te	
Kitchen- Crawl Space	_				white th						33 SF					
Basement Rooms		200			VAT	orbe III	Sulation				50 LF					
Exterior	Г		П		Take Sales					100-0-	100 SF			Ш	Ц	
Name of Registered Waste Hauler			I N.	DEP V	waterpro						500 SF		$\boxtimes$			
ATC			Ha	uler ID	No.	Waste	ards of	N	ame of Regis							
City, State		-		SW-24	310	As N	eeded		Minerva Er	nterp	orises		For The Land			
Shirley, NY						Disposa	al Date		ity, State							
Completed By (Print or Type)	Tin					TBD	$\sim$		Waynesbu	rg, C	DH		f		//www.com	
Allen Monchik	Title	004 =				Sig	gnature )	n			JII.	Date	_/	2 -	1	
SB-41	Proj	ect N	nana	ger			LU	L		_		1	l	20	11	)

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M				
11 111	.TAN	00	2017	1117

Date of Notification (1)				Tar				III III JA	N 5	3	2011	1
Appen Cold	20 /	17				ing Owner/Operato						
		_				f Property Mana	gement & Con	ASBEST	100	001	UT:ED	01 0
	ype Notification	on			et Address				ICEN			ULO
	Amended			20	W. State	Street, 3rd Flr.		The state of the s	-	1011		
⊠ DOH	Amendment	t #		7.1	State, Zip							
□ DCA ∑	<b>Emergency</b>	(includi	ng		enton, N							
(NJAC 5:23-8)	justification)				e of Conta			Telephone Nur	nber			
	Cancellation	1		Ri	ck Ferrer	ra						
				F/	ACILITY	NFORMATION				_		
Name of Facility Where Aba	tement is Tak	ing Plac	ce (3)				Type of Facilit	tv (4)				
Residential House							School (K-	12)				
Street Address							── Subchapte	r 8 (Other than K-1)	2)			
							homes, etc	private and comme	ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors		3ldg.	Λαο	
Rahway, NJ								511.0010	,	Jiug.	Aye	
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (F	Prior if being demoli	ehed)			
Union						-		mer in bonnig definion	Sileu)			
Name of Monitoring Firm Hire	ed by Building	Owner	(8)	ASCN	1 No.	Name of Abatem	nent Contractor (	9)				
Bio Terra Solutions							ANAGEMENT					
Street Address			+ E			Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip C	Code					
Union, NJ						Garfield, NJ	07026					
Project Manager for Monitorin	ng Firm			phone		Telephone No.		License No.				
Rick Eustaquio					1-3762	973-928-488	8	1188				
Start Date (10)	Sche	duled (	comple	tion Da	ate (11)	Name of OSHA	Monitor					200
01/23/1		03	23	_ /	17	ALL PRO MA	NAGEMENT I	LC				1
Occupancy Status During Aba	atement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated Du	uring Entire Po	eriod of	Abater	ment		27 Outwater	Lane					
Abatement Performed Out Time of Abatement:	Side of Norma	al Facilit	y Hour	s - Des	scribe	City, State, Zip C	ode					
		1017			AM	Garfield, NJ	07026					
Scope of Work (Check all that	apply)			-20								
≥3 sf or ≥3 If		□Re	novatio	on		☐ Full Con ☐ Mini-End	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf		⊠ De	molitio	n		☐ Gloveba	a Procedure					
		1 10	1 1			☐ Non-Exe	mpted (*) and No	on-Friable Procedur	e			1
Location of			Locati Vormali						Ab	atem	ent T	vpe
Asbestos-Containing Mate	rial (ACM)	Use	d Solel	ly by	Asbes	Description o stos Containing Ma	of Steriol (ACM)			_	1	-
TO BE ABATED IN Facility		Cust	intenar todial S	teff?	(i.e.	, thermal systems	insulation.	Amount (Specify	Remova	Repair	nca	nclo
(13)			(12)	rian :		surfacing, VAT, other miscellane	, or	SF or LF)	val	=	Encapsulate	Enclosure
0447707016		Yes	No	N/A		outer miscellane	ous)				ate	0
All plaster walls and ceiling	ngs			$\boxtimes$	plaster			4 000 05	57	-	-	
1 <sup>st</sup> & 2 <sup>nd</sup> Floor- Air Vents					•			4,000 SF		Ш		
				_	white th	ermal paper		15 LF	$\boxtimes$			
												П
N- (5)										П		
Name of Registered Waste Ha	uler		100000000	DEP V	10.00	Cubic Yards of	Name of Regis	tered Landfill			Ш	
ATC				uler ID SW-24		Waste	Minerva Er					
City, State				244-24		As Needed Disposal Date	City, State	7,,,,,,				
Shirley, NY						TBD	Waynesbu	ra OH				
Completed By (Print or Type)	Title					Signature)	yiicabu	170				
Allen Monchik	P	roject	Manad	ger		1 010	) -	Date	9/2	0	1	
SB-41			3			The contract of the contract o	MM		16	11	1	

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Date of Notification (1)				Mon	o of Duildie		(0)	III UF	AIN .	23	201	1
01 / 20	/ 1	7				g Owner/Operator Property Manag						
	otification			_		Troperty Mariag	ement & Cons	ASRES	TOS	00	NIT	201
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	endment		<u></u>	A	State, Zip							
□ DCA ⊠ Eme	ergency (	includi	ng		enton, NJ							
	fication)				e of Contac	-		Telephone Num	ber			
L Can	cellation			Ri	ck Ferrera	a						
N. CE W. LL				FA	CILITY IN	FORMATION		-				
Name of Facility Where Abatemer	it is Takir	ng Plac	e (3)				Type of Facility	(4)				
Residential House							School (K-12	2)				
Street Address							☐ Subchapter 8 ☐ Other (i.e., property of the property)    Homes, etc.)	(Other than K-12 rivate and comme	.) rcial t	uildir	ıgs,	
City (5)							Square Feet	# of Floors	- [	11-1-		
Rahway, NJ							Oquare i eet	# 01 F1001S		lldg. /	Age	
County (6)				Cou	ntv Code (7	)(STATE USE ONLY)	Current Use /Dri	or if being demolis	- I			
Union					2 (.	// ONL 202 ONL 1/	Odirent Ose (Fil	or it being demoils	inea)			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	l No.	Name of Abateme	ent Contractor (0)					
Bio Terra Solutions			`				NAGEMENT LI					
Street Address						Street Address	NAGEWENT LI					
P.O. Box 1224						27 Outwater I	200					
City, State, Zip Code						City, State, Zip Co						
Union, NJ						Garfield, NJ						
Project Manager for Monitoring Fire	n		Tele	phone	No	Telephone No.	07026	1				
Rick Eustaquio					I-3762	973-928-4888		License No.				
Start Date (10)	Sched	duled (			ate (11)	Name of OSHA M		1188				
01 /23 /17					17		onitor NAGEMENT LL	•				
Occupancy Status During Abateme							NAGEWENT LL					
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abato	mont		Street Address						
□ Abatement Performed Outside of the control of the contr	f Normal	Facilit	v Hour	s - Des	scribe	27 Outwater L						
Time of Abatement:AM-	PI	M/	PM-		AM	City, State, Zip Co					2-10-2	
Scope of Work (Check all that apply	/)					Garfield, NJ (	07026					
\$15.00E	,						ainment with Nega	ativo Proceuro				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovati				osure	alive Plessure				
_ 100 01 01 <u>- 2</u> 00 11		M De	emolitic	n		☐ Glovebag	Procedure	F: 5				
		Is	Locat	on	1	□ Non-Exem	ipted ( ) and Non	-Friable Procedur	_			
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Asbestos-Containing Material (A TO BE ABATED	CM)	Ma	ed Sole	ly by	Asbes	tos Containing Mate	erial (ACM)	Amount	20	Re	E	四
IN Facility			todial S		(i.e.,	, thermal systems in surfacing, VAT,	isulation,	(Specify	Remova	Repair	cap	Enclosure
(13)			(12)			other miscellaneo	us)	SF or LF)	<u>ai</u>		Encapsulate	ure
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All plaster walls and ceilings				$\boxtimes$	plaster			4,250 SF	M	П		П
Basement					Air cell p	oipe insulation		15 LF		П		
											=	
			П						-			
Name of Registered Waste Hauler				IDEP V	Vasta	Cubic Yards of	Name of Date			Ш	Ш	
ATC			1 109153	uler ID		Waste	Name of Registe					
City, State				SW-24		As Needed	Minerva Ent	erprises				
Shirley, NY						Disposal Date	City, State					
Completed By (Print or Type)	77141					TBD	Waynesburg	g, OH				
Allen Monchik	Title					Signature	11 -	Dat		, /	12	
Anen wonchik	Pr	oject	Mana	ger					12	101	11	

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#### State of New Jersey

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Date of Notification (1)						ng Owner/Operator	\$		JAN	2	3 2	017
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	e Notificatio			-	et Address		- Cincili a cons	ASB	EST	220	MO	ITPO
	nitial					Street, 3rd Flr.		, , ,		CEN		
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	mergency ( ustification)		ng		e of Conta			1=				
1 2 2 2	ancellation				ck Ferrer			Telephone Nun	ıber			
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Name of Facility Where Abater	nent is Taki	na Plac	a (3)	FF	CILITY	NFORMATION	I =					
Residential House	none io Taki	rig i iac	e (3)				Type of Facility	0.000				
Street Address							School (K-1	2) 8 (Other than K-12	21			
							Other (i.e., )	private and comme	rcial b	uildin	ıgs,	
City (5)							homes, etc.	,				
Rahway, NJ							Square Feet	# of Floors	В	ldg. A	\ge	
County (6)				Cou	nty Code /	7\/07475 1105 01414						
Union				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	Mo	Name of Abote			1000			
Bio Terra Solutions	o) ballaling	OWNER	(0)	AGGIV	110.	Name of Abateme		*				
Street Address							NAGEMENT I	LC				
P.O. Box 1224						Street Address						
City, State, Zip Code						27 Outwater I						
Union, NJ						City, State, Zip Co						
Project Manager for Monitoring	Firm		Tel	ephone	No	Garfield, NJ Telephone No.	07026	T.,				
Rick Eustaquio					I-3762	973-928-4888		License No.				
Start Date (10)	Sche	duled C			ite (11)	Name of OSHA M		1188				
01 /23 /17	_   _	03_ /	_23		17	ALL PRO MA		.LC				
Occupancy Status During Abate	ment (Ched	ck only	one)			Street Address						
Facility Closed/Vacated Durin	ng Entire Pe	eriod of	Abate	ment		27 Outwater L	ane					
Abatement Performed Outsic	ie of Norma	ıl Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	de					_
		101/			AIVI	Garfield, NJ (	07026					
Scope of Work (Check all that a	oply)						V9 (200					-
≥3 sf or ≥3 If		☐ Re	novati	on			ainment with Neg	gative Pressure				
⊠ ≥160 sf or ≥260 lf		⊠ De				☐ Glovebag	Procedure					
		1 1-				☐ Non-Exer	npted (*) and No	n-Friable Procedur	re			
Location of			Locat Vorma			Б			Ab	atem	ent T	уре
Asbestos-Containing Materia	I (ACM)		d Sole		Asbe	Description of stos Containing Mat	erial (ACM)	Amount	נק	R	ш	ш
TO BE ABATED IN Facility			intena lodial		(i.e	., thermal systems in	sulation.	(Specify	Remova	Repair	ıcap	nclo
(13)			(12)	otan:		surfacing, VAT, other miscellaneo	or or	SF or LF)	vai	-	Encapsulate	Enclosure
		Yes	No	N/A		oaler miscellarieu	lus)				ate	"
All plaster walls and ceiling	ıs				plaster			5,100 SF	Ø			
Inside plaster walls				$\boxtimes$	Air cell	pipe insulation		40 LF	M	П	П	
2 <sup>nd</sup> Floor Closets					VAT			15 SF				
								15.56	-		] [	
Name of Registered Waste Haule	er			JDEP V	Vaste 1	Cubic Yards of	Name of Regis	tered Landell		Ц	П	Ш
ATC			H	auler ID	No.	Waste	Minerva Er					
City, State				SW-24	1310	As Needed Disposal Date		irei hi isez				
Shirley, NY						TBD	City, State	OU				
Completed By (Print or Type)	Title	3				$\sim$ $\sim$	Waynesbu				ſ	
Allen Monchik		, roject	Mana	iger		Signature	0 1 ~	Dat	e /	200	11	)

**Project Manager** 

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Data of Natification (4)						oros arra orr	0)			AN:	2 3	201	7
Date of Notification (1)				Nan	ne of Buildi	ing Owner/Operator	(2)	1		111	_ U	LUI	1
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The state of the s	ended			-	State, Zip								100000000000000000000000000000000000000
	endment		_		enton, N								
DCA Em	ergency tification)	(includi	ng		e of Conta								
	ncellation			0.0000				Te	elephone Nu	mber			
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Name of Equility Where Ab -t				FA	ACILITY I	NFORMATION							
Name of Facility Where Abateme Residential House	nt is Taki	ng Plac	ce (3)				Type of Facility	(4)					
Street Address							School (K-1	2)					
Street Address							☐ Subchapter ☐ Other (i.e., p	8 (01	ther than K-1	2)			
City (5)							homes, etc.	.)	e and comm	ercial	buildii	ngs,	
City (5)							Square Feet	#	of Floors		3ldg.	Age	
Rahway, NJ											Jiug.	, igo	
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if	being demo	lished	10		
Union							,			ionica,	10		
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)	)					
Bio Terra Solutions							NAGEMENT L						
Street Address						Street Address							
P.O. Box 1224						27 Outwater I	ane						
City, State, Zip Code						City, State, Zip Co							
Union, NJ						Garfield, NJ							
Project Manager for Monitoring Fir	m		Tele	ephone	No.	Telephone No.	07020	1					
Rick Eustaquio					1-3762	973-928-4888		L	cense No.				
Start Date (10)	Sche	duled C			ate (11)	Name of OSHA M			1188				
01 /23 /17					17	ALL PRO MAI							
Occupancy Status During Abateme				_			NAGEWENT L	LC					
□ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment		Street Address							
□ Abatement Performed Outside (	of Norma	I Facilit	v Hou	rs - Des	scribe	27 Outwater L							
Time of Abatement:AM-	P	M/	PM-		AM	City, State, Zip Co							
Scope of Work (Check all that appl	v)				<i>*</i>	Garfield, NJ (	07026						
2.5	,					⊠ Full Conta	ainment with Neg	otivo	Dranau				
<ul> <li>≥3 sf or ≥3 If</li> <li>≥160 sf or ≥260 If</li> </ul>			novati				osure	auve	Pressure				
24 - 100 31 01 2200 11		M De	molitic	on		Glovebag	Procedure						
		Is	Locat	ion		□ Non-Exen	npted (*) and Nor	n-Fria	ble Procedu	re			
Location of		1	Vorma	lly		Description of				At	atem	ent T	уре
Asbestos-Containing Material (A TO BE ABATED	ACM)	Use	d Sole intena	ely by	Asbes	stos Containing Mate	erial (ACM)		Amount	Re	Re	g	m
IN Facility			todial S		(i.e.	., thermal systems in	sulation.		(Specify	Remova	Repair	cap	clos
(13)			(12)			surfacing, VAT, other miscellaneo	or us)	S	SF or LF)	val	'	Encapsulate	Enclosure
		Yes	No	N/A								ate	
All plaster walls and ceilings				$\boxtimes$	plaster			2	000 85				
Kitchen	16				VAT				,000 SF			Ш	Ш
1 <sup>st</sup> Floor bathroom					VAT				180 SF				
					VAI				55 SF				
Name of Registered Waste Hauler		ш		IDED V	Vant-	0.11.31							
ATC				JDEP V auler ID		Cubic Yards of Waste	Name of Regist						
City, State				SW-24		As Needed	Minerva En	terpi	rises				
						Disposal Date	City, State						
Shirley, NY						TBD	Waynesbur	g, Oi	Н	1			
Completed By (Print or Type)	Title			VS TEST		Signature	100		Da	td	-/		
Allen Monchik	P	oject	Mana	ger		1(4)	~		_   0	77	al	17	
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	ype Notification	n		Stree	et Address				ASBES	40.	-		10L
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10 mm 1 m	Emergency (		- ng	Tre	enton, NJ	08608							
(NJAC 5:23-8)	justification)	oiddii	.9	Name	e of Contac	et		Tele	phone Numb	oer .			
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		5-5-1		FA	CILITY IN	NFORMATION							
Name of Facility Where Aba	tement is Takir	ng Plac	e (3)			ORMATION	Type of Facility	, (A)					
Residential House			8.6				School (K-1	3000					
Street Address							☐ Subchapter	8 (Othe	er than K-12)				
							Other (i.e.,	private	and commer	cial b	uildin	gs,	
City (5)							homes, etc Square Feet	•	£ []	To			
Rahway, NJ							Square Feet	# 0	f Floors	B	ldg. A	\ge	
County (6)				Cou	nty Code (7	()(STATE USE ONLY)	Current Head						
Union				000	nty Code (1	NOTATE USE UNLT)	Prior if being demolished)						
Name of Monitoring Firm Hir	ed by Building	Owner	(8)	ASCM	No	Name of Abatoms							
Bio Terra Solutions	, 3		(-)	ASCM No. Name of Abatement Contractor (9)  ALL PRO MANAGEMENT LLC									
Street Address						Street Address	NAGEWENT	LLC					
P.O. Box 1224						27 Outwater I							
City, State, Zip Code							- 1.012						
Union, NJ						City, State, Zip Co							
Project Manager for Monitoria	na Firm		Tele	nhone	Chone No. Telephone No. License No.								
Rick Eustaquio	3		100000000000000000000000000000000000000	73-494		Name and the second sec		License No.					
Start Date (10)	Sche	duled C			ite (11)	973-928-4888 Name of OSHA M	1188						
01 /23 /1					17	ALL PRO MAI							
Occupancy Status During Ab							LC						
☐ Facility Closed/Vacated D	urina Entire Pe	riod of	Ahata	mont		Street Address							
☐ Abatement Performed Out	tside of Norma	I Facilit	v Hour	s - Des	cribe	27 Outwater L							
Time of Abatement:	_AMP	M/	PM-		AM	City, State, Zip Co							
Scope of Work (Check all tha	t apply)					Garfield, NJ (	07026						
	c apply)						ainment with Ne	aative E	Pressuro				
<ul> <li>≥3 sf or ≥3 If</li> <li>≥160 sf or ≥260 If</li> </ul>			novati				osure	yauve r	ressure				
Z = 100 31 01 = 200 11		⊠ De	molitic	on.		☐ Glovebag	Procedure npted (*) and No	- F-!-1	l. D				
	5)	Is	Locat	ion		□ Non-Exem	inpled ( ) and No	n-Friad	le Procedure				
Location of		1	Vorma	lly		Description of				-	_	ent T	-
Asbestos-Containing Mate TO BE ABATED	erial (ACM)	Ma	d Sole	ly by	- Asbes	stos Containing Mat	erial (ACM)	Д	mount	Rei	Repair	En	En
IN Facility	2		todial S		(i.e.	, thermal systems in surfacing, VAT,			Specify	Removal	pair	ap	Enclosure
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All plaster walls and ceili	ings	plaster				700 SF		П					
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Name of Registered Waste Ha	auler			JDEP V	Vaste T	Cubic Yards of	Name of Deci		. Iau		П	Ш	
ATC			H	auler ID	No.	Waste	Name of Regis						
City, State				SW-24	1310	As Needed	Minerva Er	iterpri	ses				
Shirley, NY						Disposal Date	City, State						
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Completed By (Print or Type)  Allen Monchik		Signature //	1		Date	1		in					
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Date of Notification (1)						- to cloc and c.	,		AN	23	2017		
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	Type Notificat	ion		Str	eet Address			AODE	LICE	NSI	4G		
	☐ Initial ☐ Amended			2	20 W. State	Street, 3rd Flr.		-	-	-			
⊠ DOH	Amendmer Amendmer	nt #			y, State, Zip								
□ DCA □	M Emergency	/ (includ	dina	1	renton, N.	J 08608							
(NJAC 5:23-8)	justification	1)	3	Na	me of Conta	ct		Telephone Nu	mhor				
L	Cancellatio	n		F	Rick Ferrer	a		relephone 140	iiibei				
				F	ACILITY II	NFORMATION							
Name of Facility Where Aba	tement is Ta	king Pla	ace (3)			OKINATION	Type of Facility	. (4)					
Residential House							School (K-1						
Street Address							☐ Subchapter	8 (Other than K-1	12)				
							☑ Other (i.e., p	private and comm	ercial	buildi	ngs,		
Cíty (5)							homes, etc. Square Feet	51					
Rahway, NJ							Square reet	# of Floors		Bldg.	Age		
County (6)				Co	unty Code (	7)(STATE USE ONLY)	Current II. (D						
Union					,,	MOTATE OUE ONET	Current Use (Pr	rior if being demo	lished	)			
Name of Monitoring Firm Hir	ed by Buildin	g Owne	er (8)	ASC	M No.	Name of Abateme	ent Contract (0)	(0)					
Bio Terra Solutions		yade	2000			ALL PRO MA	NAGEMENT L	1.0					
Street Address						Street Address	MAGEWENT L	LU					
P.O. Box 1224						27 Outwater I	lano						
City, State, Zip Code					City, State, Zip Code								
Union, NJ						Garfield, NJ							
Project Manager for Monitorin	ng Firm		Te	lephone	e No.	Telephone No.	Liconos Na						
Rick Eustaquio					4-3762	973-928-4888		License No.					
Start Date (10)	Sch	eduled			ate (11)	Name of OSHA M	1188						
_01_ / _23_ / _1	7	03	/ _2		17	ALL PRO MAI							
Occupancy Status During Aba	atement (Che	ck only	one)			Street Address	LC						
☑ Facility Closed/Vacated Deleter	uring Entire E	Period o	f Ahat	ement		27 Outwater L							
Abatement Performed Out	side of Norm	al Facil	ity Hou	re Do	scribe	City, State, Zip Co							
Time of Abatement.	_AM	PM/	PM		_AM	Garfield, NJ 0							
cope of Work (Check all that	apply)					Garrield, NJ (	77026						
] ≥3 sf or ≥3 lf		Пп				□ Full Conta	inment with Neg	ative Pressure					
≥160 sf or ≥260 lf			enovat emoliti			IVIINI-Encid	osure	4446 1 1633416					
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Location of Asbestos-Containing Mater	rial (ACM)		Norma ed Sole			Description of					ent Typ		
TO BE ABATED	nai (ACIVI)	Ma	aintena	nce/	Asbesi	tos Containing Mate	erial (ACM)	Amount	Rer	Rep	En		
IN Facility (13)		Cus	todial	Staff?	(1.6.,	thermal systems in surfacing, VAT, of	sulation,	(Specify SF or LF)	Removal	Repair	Encapsula		
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me of Registered Waste Ha	iler												
ime of Registered Waste Hat	ıler			JDEP V		Dubic Yards of	Name of Registe	ered Landfill	-				
ATC	ıler		□ □  N  H		No. V	Vaste As Needed	Name of Registe		-		] [		
ATC y, State	uler		□ □  N  H	JDEP V	No. V	Vaste As Needed			-		1 0		
ATC y, State Shirley, NY	V-04/01/2		□ □  N  H	JDEP V	No. V	Vaste As Needed	Minerva Ent	erprises	-		] [		
ATC y, State	Title		N H	JDEP Vauler IE	No. V	Vaste As Needed Disposal Date	Minerva Ent	erprises	1				

CX # 1604

CX # /E	7		NO.	TIEICATI	State of N	lew Jers	sey			"OPEN	N	OTI	FIC	ATI
Date of Notification (1)				(Pursua	ant to NJA	C 8:60 a	ind 12:1:	20)		ne (	J [		$\mathbb{V}$	E
11/22/2016				Name PSE	e of Buildin	g Owner	r/Operato	or (2)		n				41
Agencies Notified Ty	pe Notificatio	n		100000000000000000000000000000000000000	t Address					H J	AN :	23	201	7
EPA X	Initial Amended				O HADLE State, Zip C		AD						and the second of the second	
X DOL	Amendme Emergency			SOL	JTH PLA	lNFIEL	D, NJ	07080		ASBES	TOS			OL &
DOH DCA	justification Cancellation	1)	ig	111111111111111111111111111111111111111	of Contact N BRAD				T	Telephone N	STATE OF THE PERSON			en all reports are re-
					CILITY INF		TION					-		
Name of Facility Where Abat PSE&G	ement is Taki	ing Place	(3)				en de la companya de	Type of Faci	lity (4)					
Street Address 13 EISENHOWER PAI	RKWAY							X Other (i	pter 8 (	Other than K- ite & commer	-12) cial b	uilding	ıs, ho	mes,
City (5) ROSELAND								etc.) Square Feet APPX 850		# of Floors		Bldg	. Age	2 YRS
County (6) ESSEX					y Code (7) E USE ONLY	)		Current Use SWITCH	(Prior if		shed)			in it
Name of Monitoring Firm Hire ENVIRONMENTAL TA	ed by Building CTICS	Owner (8	3)	ASC 004	CM No. 5		Name UNIO	of Abatement QUE SYSTE	Contrac EMS O	tor (9) F AMERIC				
Street Address 64 BROAD STREET				-			Street	Address WHITEHEA						
City, State, Zip Code MATAWAN, NJ 07747				City, State, Zip Co SOUTH RIVER					NJ 08	882				
Project Manager for Monitorin TOM GEIGER	g Firm			Telephone No. 732-290-2217 732-432-						License I	No.			
Start Date (10) 12/7/2016		3/1/20	17	Completion Date (11) Name of OSHA Monit							Α			
Occupancy Status During Aba			327				Street	Address			***			
Facility Closed/Vacated I Abatement Performed Or Other – Describe: NECE	utside of Norn	nal Facilit	V Hou	ment rs			City, St	VHITEHEA[ tate, Zip Code						
Scope of Work (Check All Tha							SOU	TH RIVER,	NJ 088	882				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		×	Renov Demoli	ation ition			×	Glovebag P	ure rocedur	ith Negative I e and Non-Friab			220	
			Locat					Non-Exemp	led ( ) a	ing Non-Friat	Die Pro	Transcription of	re emen	ıt
Location of Asbestos-Containing Mater	rial (ACM)	Use	Norma d Sole	ely by	Ashest	Des	cription	of aterial (ACM)			-	T:	уре	
TO BE ABATED In Facility (13)			intena todial ( (12)		(i.e. t	thermal : surfac	systems ing, VAT iscellane	insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				25			/al	7	ılate	ure
WINDOWS			X			ACM (	CAULK	ING		850 LF	Х			
ame of Registered Waste Hau	ller		N	JDEP W	aste	Cubic Y	ards	None	f De-i					
ASTE MANAGEMENT	uncustro		H	auler ID 125	No.	of Wast	е	GROV		ered Landfill RTH				
ity, State LIZABETH, NJ						Disposa TBD	I Date	City, Sta		LE, PA				
ompleted by AROL RAIMO		Title	DE NA	ANAGE	<u>-</u>	Sig	nature	2/		Dat	e			

OFFICE MANAGER

11/22/2016

E	C	E		$\mathbb{V}$	E	M.
3	JAN	2 3	3	2017		

Date of Notification (1)	28-17		T	Name o		g Owner/Operator		NTRABBON	46			
Agencies Notified	Type Notification	nn.	-	Street	Address	AKITI	CF CU		CEN		* * * * *	)L 8
Agences Notified	Initial	21.1		Ou eet 7	100i C33	155 RT	50	based to the same of the same		0114	<u>~</u>	
DEP	Amended		-	City, Sta	ate, Zip C	Code				700		_
Ø DOL	Amendment Emergency		-		G-R	LEEMFIE	D ML	5 30 T	30			
<b>⊠</b> DOH	justification	)	"	Name o	of Contac		-	Telephone Numb	per	0.00		
□ DCA	Cancellation		_		BRI	CE						
				FACI	LITY INF	ORMATION						
Name of Facility Where			(3)				Type of Facility	y (4)				
RE	ESIDENC	E					School (K-1					
Street Address								r 8 (Other than K-12 private & commercia .)		dings	i.	
City (5)							Square Feet	# of Floors	, В	ldg. A	-	
	'than c	174		0 .	0 1 /2	VOTATE -	2000			50	) +	
	MAY		_	USE O		(STATE	VA	rior if being demolis	nea)			
Name of Monitoring Firm	Hired by Building	Owner	A	SCM No	0.	Name of Abatem		*				
(8)	JJA			Street Address								_
Street Address						_	C 5 DIOI	ICE ALE				
					-	City, State, Zip Co		ice mic	-			-
City, State, Zip Code							E SHAD	E M. J	786	7C	2	
Project Manager for Moni	itorina Firm		Telep	hone No	one No.   Telephone No.   License No.							=
Project Manager for Mora	itoring i iiii			856-779-0472 00444								
Start Date (10)	Sche	eduled Co	ompletic	on Date	(11)	Name of OSHA M						
1-78-17		7-2	-1	7			NA					
Occupancy Status During	Abatement (Che	eck only	one)			Street Address						
☐ Facility Closed/Vacate					L							
Abatement Performed Other - Describe:	Outside of Norma	al Facility	Hours	\\ 	_ [	City, State, Zip Co	ode	## = ##				
Scope of Work (Check all	that apply)					Π		antivo Dennauro				
□ >3 of or >3 ff		□Rer	novation	,		☐ Full Cont	tainment with Ne losure	gative Pressure				
≥3 sf or ≥3 lf ✓_≥160 sf or ≥260 lf		Den				Gloveba	g Procedure	- Field December	ου.			
Ç61 -		<del></del>				Mon-Exe	mpted (*) and No	on-Friable Procedur		hata	ment	
		10000	ocation mally						"	Typ		
Location of		Used :	Solely t	ру		Description of s Containing Mate	rial (ACM)	Amount				
Asbestos-Containing Ma TO BE ABATE	이번에는 맛이 많아 바라다 하다 아이를 하는데 없다.		enance stodial	1		nermal systems in	sulation,	(Specify	R	77	Enca	En
IN Facility		17.50	aff?			surfacing, VAT, other miscellaneou	or or	SF or LF)	Remova	Repair	apsı	Enclosure
(13)		- (	12)	-		Julei IIIIsoelialieo	15)		val	=	Encapsulate	ure
		Yes	No	N/A							-	
SIDIMI	<u>'</u> -			X _	TI	RANSITE		27.50-SF	X			
			1							Į.		
			_									
Name of Registered Waste	e Hauler			EP Was		Cubic Yards	Name of Regi	stered Landfill				
KLEMCO	INC		Hay	er ID No		of Waste	CIN	1.C. M.U.	4			
City, State	114			10		Disposal Date	City, State					
WAPLE SHE	ADE IN	.T						DBINE				
Completed By	Title					Signature_/	054	Date _	28	_1.	5	
MICHAU KU	CMM _	SU	) H.			- Mull	VV		0	1	1	_



										1		
Date of Notification (1)			Nar	-	ng Owner/Operato		GREDER	& CON	TRO	L &		
Agencies Notified Type Notificati	on		Stre	eet Address		ONA A	UE	ENSIN	1_			
☐ BPA			City	, State, Zip		UNIT H	-		_	-		=
	-	ng			HODON F	IFUD IN	. T	080	33			
DCA justification ☐ DCA ☐ Cancellation			Nan	ne of Conta	ot DM		Telepi	hone Num	ber			
			F/		FORMATION							_
Name of Facility Where Abatement is Tak		ce (3)				Type of Facili	ty (4)					
Street Address	ICE					School (K-	er 8 (Other					
Sileet Address						Other (i.e., homes, et	C.)					
City (5) AUALOW						Square Feet	# of 1	Floors		ldg /		
County (6)					7) (STATE	Current Use (						
CAPE MAY	· ·		USE ONLY) VACAUT  ASCM No. Name of Abatement Contractor (9)									
Name of Monitoring Firm Hired by Building (8)	Owner		KLEMCO INC									
Street Address			Street Address 369 5 SPRUCE AUE									
City, State, Zip Code			City, State, Zip Code									
City, State. Zip Code			MAPLE SHADE N.J 0805									
Project Manager for Monitoring Firm		Tele	ephone No.   Telephone No.   License No.									
			etion Date (11) Name of OSHA Monitor									
	2-6		N. A. Street Address									_
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Entire P			nent		Street Address							
Abatement Performed Outside of Norma	al Facilit	y Hour	S		City, State, Zip Co	ode						
Other - Describe:												
Scope of Work (Check all that apply)					Full Cont	tainment with N	egative Pri	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			Gloveba	g Procedure mpted (*) and N	on Eriable	Drovadur	e.			
	ls L	ocation	1		XINOFEXE	mpled ( ) and it	OFF TRADE	1100000			ment	
Location of		Solely	by		Description of		0			Тут	ж	
Asbestos-Containing Material (ACM)		itenano istodial			os Containing Mate hermal systems in		Amo (Spe		R	71	Enc	En
TO BE ABATED IN Facility	0 %	staff? (12)			surfacing, VAT, other miscellaneou	or	SF or	LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A				1		al		ale	6
SIDING		-	X	-	TRANSIT	E	1500	SF.	X			
5101.40												
										_	_	-
		LALU	DEP W	Vacto	Cubic Yards	Name of Reg	stered La	ndfill				$\dashv$
Name of Registered Waste Hauler		Har	Her ID	No	of Waste	CM	( 1	A) ()	A			
KLEMCO INC City, State		-11	190		Disposal Date	City, State		41/				
MAPLE SHADE	NI. J					WO	ODBI					_
Completed By Title WICHAEL KLEWM	Su	φ.			Signature -	076		Date _	18.	-17		

CK3U	172	NOT		MOITA	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:10		DEG		$\mathbb{V}$	E	Name and the second		
Date of Notification (1)				Name	of Building	g Owner/Operator (	2)	III JAN	23	201	7	111		
	17 / 17			Dio	cese of C	Camden		J LI JAN	C U	201	1	lam.		
Agencies Notified	Type Notification	V-1-0-			Address			ASBESTO	S CO	NTE	201	2		
⊠ EPA ⊠ DOLWD	☐ Amended			50,000,000	Market S				ENSI			~		
⊠ DOH	Amendment #				State, Zip C		1							
□ DCA	☐ Emergency (ir	700 300	q	Car	nden, NJ	08102								
(NJAC 5:23-8)	justification)			Name	of Contact	t		Telephone Num	iber					
	☐ Cancellation			Pat	Williams	;								
				FA	CILITY IN	FORMATION								
Name of Facility Where A	Abatement is Takin	g Place	e (3)				Type of Facility	(4)						
Saint Mary's Cemet	tery						School (K-12							
Street Address								3 (Other than K-12 rivate and comme		ilding	7.0			
515 West Browning	Road						homes, etc.)		il Giai Di	manig	35,			
City (5)							Square Feet	# of Floors	BI	dg. A	ge			
Bellmawr							5,000	2	- 1	100				
County (6)				Cour	ity Code (7	)(STATE USE ONLY)		ior if being demoli	shed)		-			
Camden				1 2 2 2 2 2 2 2 1		/( · · · · · · /	Maintenanc							
Name of Monitoring Firm	Hired by Building (	Owner	(8)	ASCM	No.	Name of Abateme						7.00		
MDG Environmenta	1. H.				1,373		onmental, LLC							
Street Address	.,,					Street Address	minoritar, 220	:				- 0		
1000 Maplewood Dr	rive Suite 207					623 Cutler Av	/enue							
City, State, Zip Code	TVC, Outto 207					City, State, Zip Co								
Maple Shade, NJ 08	2052					Maple Shade								
Project Manager for Moni			Tolo	phone	No	Telephone No.	, 145 00032	License No.						
Chris Macri	toring Firm		7.000	6-755		856-755-0099		00842						
Start Date (10)	Cohoo	dulad C		tion Da				00042			1100000			
01 / 30 /	1170174			1011 Da /		Name of OSHA M								
				_ ′ -		EMSL Analyt	icai, iric.							
Occupancy Status During						Street Address	0.81 41							
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>	1.50				ariba	200 Route 13								
Time of Abatement:		M/	PM-		AM	City, State, Zip Co								
		7.70 <del></del>				Cinnaminson	, NJ 08077							
Scope of Work (Check all	that apply)	- Indiana	enovati emolitio			<ul> <li>         ⊠ Full Containment with Negative Pressure         □ Mini-Enclosure         □ Glovebag Procedure         □ Non-Exempted (*) and Non-Friable Procedure     </li> </ul>								
			Locat						Ab	atem	ent T	уре		
Location		100 march 100	Normal ed Sole	Commence.		Description o			R	Repair	ш	ш		
Asbestos-Containing N TO BE ABA		1997075	intena	-		Asbestos Containing Material (ACM) Amount (i.e., thermal systems insulation, (Specify					Encapsulate	Enclosure		
IN Facilit		Cus		al Staff?		surfacing, VAT, or SF or			Removal	_	lus	Sure		
(13)		V	1	other miscellar			ous)				ate	10		
Maintenan D. U.P.		Yes	No	N/A	<b>-</b>	D1		046.05	N			-		
Maintenance Building	J		Ш	Ш		Panels		240 SF		Ш	Ш	L		
Maintenance Building	Office				Cement	ous Packing on	Heat Stack	2 SF						

JAN 13

Cubic Yards of

Disposal Date

01/31/2017

Signature

Waste

2

Name of Registered Landfill

City, State

Newburg, PA

Cumberland County Landfill

Date

Title

NJDEP Waste

Hauler ID No.

15939

Vice President of Operations

City, State

Name of Registered Waste Hauler

Freehold Cartage

Completed By (Print or Type)

Freehold, NJ

Christina Lynch

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

DECEIVED JAN 2 3 2017

			(1 0	isuai	IL TO MOZE	0.00 and 12.12		TIT OWN	_ 0	_0,		-
Date of Notification (1)	16-17			Nar		ng Owner/Operato		MR PSRESTOS	S.C.C	NTE	ROL	8
Agencies Notified	Type Notificat	ion		Stre	et Address	3		. LICE				_
-□ BPA					70	O HA	IKN 6	AUE		_		
	Amended			City	State, Zip	Code						
Ø DOL	Amendmer Emergency		na		00	EXAM C	ITY	N.J 08	52	26	)	
Ø DOH	justification	n)	. 19	Nan	ne of Conta			Telephone Num	ber			
□ DCA	☐ Cancellation	n			54	ME						
						FORMATION						
Name of Facility Where A	Abatament is Tal	king Plac	20 (3)		ACIDIT III	- CruiiA II Cit	Type of Facili	tv (4)			_	_
	SIDENCE		Je (3)				School (K-	150000000				
	3 IDCIGC			_				r 8 (Other than K-12	2)			
Street Address							Other (i.e.,	private & commerci	al buil	dings	5,	
0: (5)							homes, et Square Feet	t # of Floors	1.5	lda /	\ aa	7. 2.0
City (5)	AW CI	TY					1000	_		1dg. /	100	
County (6)	· W44				inty Code ( E ONLY)	7) (STATE	Current Use (I	Prior if being demolis	shed)			
Name of Monitoring Firm	Hired by Building	g Owner	$\equiv_{\Gamma}$	ASCN	I No.	Name of Abatem						
(8) W/	Δ	T.				KLEMO	OINC	. 1				
Street Address	D					Street Address						_
0000111001000						369 5	. SPRU	E AUE				
City, State, Zip Code						City, State, Zip C	ode					_
Oily, Oldie, Elp Code						MAPCE	SHANE	W. T 08	505	2		
Project Manager for Monit	toring Firm		Tele	phone	No	Telephone No.	JAME	License No.				_
Project Manager for Mora	torng r mm		1	priorio	. 10.	856-77	9-0472		44			
Start Date (10)	I Sch	eduled C	omple	tion D	ato (11)	Name of OSHA N						_
1-76-17	1	7-7			ate (11)	Name of Ool M	N/A					
Occupancy Status During	Abatement (Ch	eck only	one)			Street Address						
Facility Closed/Vacated				ment								
Abatement Performed					1	City, State, Zip Ci	ode					2017
Other - Describe:								1				
Scope of Work (Check all	that apply)					×=						
	(3)1033		72					egative Pressure				
≥3 sf or ≥3 lf ⋈ ≥160 sf or ≥260 lf			enovation emolition			☐ Mini-End	a Procedure					
2 2 100 St 01 2 200 II		₩ o						on-Friable Procedur	е			
			ocatio	n					A	bate		
3			ormally Solely	bu		Description of				Тур	<b>ж</b>	
Location of Asbestos-Containing Ma	iterial (ACM)		ntenano		Asbest	os Containing Mate	erial (ACM)	Amount			ш	
TO BE ABATE			stodial		(i.e.,	thermal systems in		(Specify	Re	D	Encapsulate	Enclosure
IN Facility		1 33	Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	psu	losi
(13)		-	(12)			Other This centaries	ω)		val	=	ilate	n.e
		Yes	No	N/A							w	
SIDING				X	T	RAWSITE	<u>-</u>	1750 SF	X			
OTDIVO		+	-	~					1			
		-	_						-	-		
									-		_	_
Name of Registered Waste	Hauler			DEP V	10	Cubic Yards	Name of Reg	istered Landfill				
KLUMCO I	WC.		Ha	uler ID	Ng.	of Waste	C.M	C. M.U	· K	7		
City, State	746		-11	170		Disposal Date	City, State			-		_
	ADE N	LJ						DBINE				
Completed By	Title					Signature	A/	Date	1.	1 -		
MICHAEL KLE		SUP				Mil	W) (u-	_   _	16.	-17		_

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JAN 2 3 2017

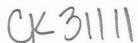
ASBESTOS CONTROL &

Federal Notification of Asl	bestos Abater	nent (Pursua	ant to	NJAC 8:60-7 and 12:120-7)				September
Date of Notification	Name	e of Building (	Owner	/Operator				
0 1 1 8 1	7 MAC	Y'S CORPOR	RATE	SERVICES (FEDERATED)	ASBESTO	SCO	NTRO	)L&
A					LIC	ENSI	NG	
Agencies Notified Type of Notification USEPA Initial		t Address			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Electronic Constitution	
USEPA Initial X DEP Notification	/ VVE	ST SEVENT	H STR	REET				
X DCA/DOL X Amended	City	State 7:- Ca	J					
X DOH Cancellation		State, Zip Coo INNATI, OHIO		102				
Cancellation	Clive	IINNATI, ONIC	J 452	:02				
	Name	of Contact			T= 1 1 1 1			
	INAIIIE	or Contact			Telephone Number	er.		
	Joe A	nello			1			
		LITY INFOR	ΜΑΤΙΟ	N .	<del>-</del> .%	_		
Name of Facility Where Abatement is Taking Pla	ice		T	Type of Facility				
				( ) School (K-12)				
MACY'S WOODBRIDGE CENTER Mail Backsta	ige			( ) Sub-Chapter 8 (Other the	an K-12)			
Street Address			7	(X) Other (I.e. private & Cor				
DOLLTE 4				buildings, homes, etc.)				
ROUTE 1			SF	of Bldg.	# Floor		Age	of Bldg.
City	County C		_	1 MILLION +SF		3		50+
WOODBRIDGE UNION	State use	e Only	Curr	ent Use (prior if being demolish	ied)			
WOODBRIDGE JUNION  Name of Monitoring Firm Hired by Building Owner  Output		TAGGLERI	-					
Name of Monitoring Firm Filed by Building Owns	er	ASCM No.	Nam	ne of Abatment Contractor				
PENNONI ASSOCIATES			A CR	I CONSULTING CORP.				
Street Address				et Address				
- 1. John 1. J			Sue	et Address				
515 GROVE STREET SUITE 1B			2150	STANLEY TERRACE				
City, State, Zip Code				State, Zip Code				
			",	otato, zip odao				
HADDEN HEIGHTS, NJ 08035								
Project Manager for Monitoring Firm	Telephone	No.		ON, NJ 07083 phone Number	License Number	-		
TO BE DETERMINED T	O BE DETERN	MINED	908-	687-1008	0057	5		
Scheduled Start Date Scheduled Cor	mpletion Date		Nam	e of OSHA Monitor	1/0//			
4 40 00.5								
1 16 2017 2 Month Day Year Month D	16 2017			LANALYTICAL				
Month Day Year Month D Occupancy Status During Abatement (Check Onl	ay Year		Stree	et Address				
Facility Closed/Vacated During Entire Period	iy One) ad of Abatama	m#	207	MECT 20TH OTDEET				
X Abatement Outside Normal Facility Hours	od of Abateme	nt		WEST 38TH STREET				
X Describe: 9:00PM TO 6:30AM			City,	State, Zip Code				
Other - Describe:			NEW	/ YORK, NY 10118				
			I VI	7 1010, 10110				
Scope of Work (Checl Only One)		Abatement N	vietho	d				
Demolition				Containment with Negative Pres	ssure			
>3sf or >3lf				Enclosure	.0.1,0			
≥ 160sf or ≥ 260lf			Glov	ebag Procedure				
Renovation		Χ		Friable Procedure				
1 00 20200 2		n Normally		Describtion of	Amount to be	Abat	ement T	уре
ocation of ACM Facility		Custodial Staf		ACM to be	Removed			
DD EL OUTCIDE STERVIO DOCUMENTO	Yes	NO	N/A	Removed	(Specify SF/LF)	Rem	Rep.	Enc.
BRD FL - OUTSIDE FITTING ROOM AREA				VAT & MASTIC	70SF	X		
BRD FL - CHECKOUT AREA BY ESCALATOR				VAT & MASTIC	1660SF	X		
BRD FL - NEAR ESCALATOR				VAT & MASTIC	300SF	Χ		
BRD FL - OFFICE CORRIDOR				VAT & MASTIC	400SF	X		
Name of Registered Waste Hauler	NJDEF	Waste ID No	).	Cubic Yds waste	Name of Registere	d Land	fill	
FRI-STATE TRANSFER ASSOC., INC.		SW1896		TBD	MINERVA ENTERF	PRISES	, INC	
City, State		al Date		City, State of Registered Land	fill	A. S. Francisco		
BRONX, NY	TBD			WAYNESBURG, OHIO	1			
Completed By (Print or Type)	Title			Signaturé)	1 . 0	/	Date	
ANITA SMOLAR	LOCKICA	DAL BRANIA OF		1 1 0 1 1 1 1 1 1	101 1			10.000000000000000000000000000000000000

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2698 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 / 18 / 17 Anna Bradshaw Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ☐ EPA ✓ Initial LICENSING **⋈** DOLWD Amended City, State, Zip Code Amendment # X DHSS Madison, NJ 07940 Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Anna Bradshaw **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Madison, NJ 07940 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_01\_\_ / \_\_28\_\_ / \_\_17\_\_ 01 / 29 / 17 Envirovision Consultants.Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/\_\_PM\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If = 160 sf or 260 If Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) N/A Yes No $\times$ Basement Pipe insulation 115 LF X Second floor-closet Pipe insulation 10 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Tullytown, PA Wayne, NJ 07470 TBD Completed By (Print or Type) Title Signature Date N.Jevtic Owner 01/18/17 ASB-41

**MAY 11** 

Date of Notification (1)	11 (11 (			Name	of Buildin	g Owner/Operato			JAN	9	3	201	7		
Annual Contract of the Contrac	/16/16					5	t Bernard's C	hurch 💷		- 53	Ψ.				
Agencies Notified	Type Notifica	ation		Street	Address		88 Claremon	+ Dd							
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<b>⊠</b> DOL	Amendm	ent#	_	City, S	State, Zip C		mandarilla N	1.07024	LIC	اعار	VSII	VG_			
₽ DOU	Emergen		1		· · ·		nardsville, N		N .				_		
M DOH □ DCA	justificati Cancellat			Name	of Contac	To the state of the 1971		Telephone	Number						
						ephen Galpir	<u> </u>	<del></del> _				_	_		
				FAC	CILITY INF	ORMATION									
Name of Facility Where							Type of Facility	y (4)							
	Pa	arish Hou	ise				School (K-1	2) 8 (Other thai	n K 12)						
Street Address	00.6		D 1				Other (i.e.,			ouilo	ings.				
	88 (	Claremon	t Rd.				homes, etc	.)							
City (5)							Square Feet	# of Floo	rs	Blo	ig. A				
	Beri	nardsville	e, NJ				4500			_	100	)+/-			
County (6)	verunania area 4				nty Code (7 ONLY)	7) (STATE	Current Use (F	rior if being d	emolishe	d)					
	merset			ASCM No.   Name of Abatement Contractor (9)									_		
Name of Monitoring Firm (8)		ding Owner	100	ASCM	No.			1.53		т					
	MECS						vens Environ	mental Se	rvices,	In	c.		_		
Street Address	DO D	2.41				Street Address		D 222							
	PO Box	341						Box 322					_		
City, State, Zip Code	o carriolea	NTI 0051	-			City, State, Zip		n, NJ 085	0.1						
	osswicks,	NJ 0051.		-			Allelitow		100				_		
Project Manager for Mor			(149.15 SM)	phone		Telephone No.	50 0600	License	N <del>o.</del> 004	102					
	eisgarber		_		8-4070		59-9688		004	193					
Start Date (10)		Scheduled C	and the same		te (11)	Name of OSHA Monitor MECS									
12/17/16			2/18/	710								_			
Occupancy Status Durin				DO D 241											
Facility Closed/Vacate  Abatement Performed	270									_					
Other - Describe:	1 Outside of IN	Offilal Facili	y Houi	5		City, State, Zip (		ks, NJ 08:	515						
	II that and A						Closswic	KS, INJ UO.	313	_			_		
Scope of Work (Check a	iii that apply)					☐ Full Co	ntainment with Ne	egative Pressi	ure						
<u>★</u> ≥3 sf or ≥3 lf			enovati			☐ Mini-Er	nclosure								
≥160 sf or ≥260 lf			molitio	n		Non-Ex	pag Procedure kempted (*) and N	on-Friable Pro	ocedure						
		Is	ocatio	n					T	Α	bater	nent			
4			omally			5					Тур	e			
Location of Asbestos-Containing N	7/0/0		Soleh		Asbest	Description of tos Containing Ma		Amount							
TO BE ABAT	ED	C	ustodia	ı		thermal systems	insulation,	(Specify	<u>'</u>	교	<sub>zz</sub>	Encapsulate	ᄪ		
IN Facility (13)	0	1	Staff? (12)			surfacing, VAT other miscellane		SF or LF	)	Remova	Repair	sde	Enclosure		
(13)				F		other misochane	.003)			<u>a</u>	=	late	ure		
		Yes	No	N/A								w			
Crawl sp	ace	×			Th	ermal Pipe Ir	sulation	60 lf		K					
Ciawa opaco / C						Pipe Deb		20 lf		K					
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Name of Pagistared Was	sto Hauler		IN	IDED !	Nacte I	Cubic Yards	Name of Reg	istered Landfi							
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.					No.	of Waste	Ivallie of Reg								
Stevens Environmental Services, Inc. 18292						2 CU		GROWS	Landi	ıll					
City, State					Disposal Date	City, State	J								
	Allentown, NJ					12/19/16	. 19								
Completed By		Title		. 1 /		Signature	(V)	Da	Date 12/16/16						
Mahlon E. Ste	vens	P1	oject	Man	ager	_ ////			1.2	12/16/16					



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Date of Notification (1)  01 /	18 /	17						ner/Operator (  Makeovers		ASBE	STOS	ilc	ďΝ	TRO	)L &
Agencies Notified	Type Notific	ation	_			t Address					LIGE	KIS	MIN	1	
⊠ EPA	☐ Initial	ation				Arlene D	rivo							10000000	
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□ DCA	⊠ Emergen		luding	3		of Contac		ich, NJ 0776	4	Talaahaaa N		Muse			
(NJAC 5:23-8)	justificati  Cancella						Cl			Telephone N	umber				
	L Cancella	uon				n Eagle									
					FA	CILITY IN	NFOF	RMATION							
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility (	4)					
Residence									School (K-12)						
Street Address								Subchapter 8 (Other than K-12)  Other (i.e., private and commercial building							
									homes, etc.)	ivate and comi	nerea	Dui	iunig	3,	
City (5)						-			Square Feet	# of Floors	T	Bld	g. Ag	je	
Belmar									1700	sf			5		
County (6)					Cour	nty Code (	7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished	)			
Monmouth						,	Residence								
Name of Monitoring Firm	Hired by Build	dina Ov	wner	(8)	ASCM	No	Name of Abatement Contractor (9)								
Guardian Contracti				/			Guardian Contracting, Inc.								
Street Address							Street Address								
1889 Rte. 9, Unit 61							1889 Route 9, Unit 61								
City, State, Zip Code														-	
	Toms River, New Jersey 08755							y, State, Zip Co							
									New Jersey 087						
	toring Firm			110-00-110-	phone		11.000	ephone No.		License No.					
Nicholas Fernicola						-9932		32-349-9932	-	00624	00624				
Start Date (10)	6000.000					ite (11)	0.000	Name of OSHA Monitor							
01 /19 /		01	_ /	_ 2	_ /	17	E.M.S.L. Analytical								
Occupancy Status During							Stre	eet Address							
☐ Facility Closed/Vacate							1	056 Stelton							
Abatement Performed							City	, State, Zip Co	ode						
Time of Abatement:	AIVI	PIVI	/	_PIVI		AM	P	iscataway, l	New Jersey 088	354					
Scope of Work (Check all	that apply)							- 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (		277				100	
□ >3 sf or >3 lf		ı	¬ p.	novat	0.0				tainment with Neg	ative Pressure					
≥160 sf or ≥260 lf				moliti					g Procedure						
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Location				Norma				Description of			7	U	Z	ш	т
Asbestos-Containing I TO BE ABA		1)		d Sol				Containing Ma rmal systems		Amount	-	B	Repair	nca	nclo
IN Facilit				todial	Staff?	(1.6		surfacing, VAT		(Specify SF or LF)	2	Remova	=	Encapsulate	Enclosure
(13)	#.X	-		(12)	_			her miscellane		1507 1555 7550 4				late	e,
			Yes	No	N/A										
exterior				$\boxtimes$		asbest	os co	ontaining st	ucco	1200 sf	D	3	П	П	П
			П									- (4)	П	$\overline{\Box}$	
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Name of Registered Wast	e Hauler			N	IJDEP I	Waste	Cub	oic Yards of	Name of Regist	ered Landfill			99		
Guardian Contracting, inc.						O No.	Was		T.R.R.F.						
City, State						3	5 Dist	posal Date	City, State			7-353		-	
Toms River, New Jersey										Donnaulyani					
							1/24/17 Tullytown, Pennsylvania								
Completed By (Print or Ty	pe)	Title	g 81	12.72			0	Signature		0	Date	-	_		
Nicholas Fernicola		Pro	oject	Man	ager				) to	1	1 /	1	81	1	

2001				ate of New					(	PEN	NO		CA	IIC	
11004	ŀ			OF ASBE to NJAC 8					m_	EC	El	$\mathbb{V}$	E		
Date of Notification (1)			Name of PSE&0	Building C	)wner/O	perator	(2)		M	1 A A!	2.2	201	7		
Agencies Notified Type Notification			Street A	ddress HADLEY	POAL	<u> </u>			UU	JAN	23	ZUI	1		
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DEP Amended Amendment #		_		H PLAIN		), NJ 0	7080	0	A	SBESTO	ENSI		(UL	a	
Emergency (it	ncluding	Ī		f Contact		. 1 .		,	Tele	ephone Nu					
DCA Cancellation			JOH			NG	E1	LO					7		
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	RIVIAII	ON	Туре	e of Facility (	(4)						
PS EA G								School (K-1							
Street Address	V	)					H	Subchapter Other (i.e.				ldings, homes,			
155 RAYMONI	) <u>E</u>	1	NO				Sau	etc.) are Feet	1 # of	Floors	В	ldg. A	ge.		
NEWARK							Oqui	aro r cot	" "	1,00.0			30		
County (8)			County (	Code (7) USE ONLY)			Curr	ent Use (Pri	or if bei	ng demolis	hed)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	A No.		Name of Abatement Contractor (9)									
ENVIRONMENTAL TACTICS			0045	j		UNIQUE SYSTEMS OF AMERICA									
Street Address 64 BROAD STREET						Street Address 396 WHITEHEAD AVE.									
City, State, Zip Code MATAWAN, NJ 07747						F1000000000000000000000000000000000000		Zip Code RIVER, N.	J 0888	2					
Project Manager for Monitoring Firm TOM GEIGER			Telephor	ne No. 90-2217		Teleph 732-				License N	10.				
	Schedule	d,Cor	noletion l	Date (11)	,	Name	of OS	SHA Monitor SYSTEM			Α				
Occupancy Status During Abatement (Check	Only On	e)	1/~	(0)/		Street			-						
Facility Closed/Vacated During Entire P		0.70	nent			396	WHI <sup>-</sup>	TEHEAD A	AVE.						
Abatement Performed Outside of Normal	al Facility	Hours	5-/	only	City, State, Zip Code SOUTH RIVER, NJ 08882										
Scope of Work (Check All That Apply)							3 u	URAPA	Cat						
≥3 sf or ≥3 lf		enova emoli				-	F	ull Containm	ent with	Negative	Pressu	re			
≥160 sf or ≥260 lf		CHION	uon			3	G	ini-Enclosur lovebag Pro	cedure						
	1 1-			1		10	E N	on-Exempte	d (*) and	Non-Fria		and the Section of	e ement		
Location of	N	Locat Iorma	lly		De	scription	of					Ту	ре		
Asbestos-Containing Material (ACM) TO BE ABATED		d Sole ntena		Asbest	os Cont		/ateria	al (ACM)		mount specify	77		En	т	
In Facility	Custo	odial ( (12)	Staff?	(1.6.	surfa	cing, VA	T, or			or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)	Yes	No	N/A		other n	niscellar	neous,	)			val	air	ulate	sure	
outside laults							سر			524	= ~				
OLD 26KV DOG HOUSE	XX		MIR	CAU	SOCI	76-	0' 1/2		20 4						
26 KV HOUSE-CONTROL ROOM	X		ROOF	100	MA	_	RIALS	14	190 57						
26 KV HOUSE-CONTROL ROOM	$\frac{\wedge}{\vee}$	-	1000	F10	BR (		PANELS	017		. 1					
Name of Registered Waste Hauler	/ 3	JDEP W	laste	Cubic	Yards	OR	Name of	NEIS 580 SF X   I   I   I   I   I   I   I   I   I							
WASTE MANAGEMENT		Hauler ID	122 123 127	of Waste			ROWS NORTH								
City, State		1125 <i>APRY 40</i> Disposal Date				al Date City, State									
ELIZABETH, NJ	Title	Dis				BI	3 / MORRISVILLE, PA								
CAROL RAIMO	CE N	ANAG	FR	S	Signature	9	01	Date /107/15					7		

CK# 1736	, NO	TIFICATI (Pursua	State of ION OF A ant to NJ	New Jers SBESTO: AC 8:60 a	SABATE	MENT	<b>"</b>	PEN	N	TICS	FIC	A
Date of Notification (1)	7		e of Buildi			5)		.12	N	2 3	201	7
Agencies Notifiéd Type Notificatio	n		t Address 0 HADL		AD .		p bod book	0,	114	20	201	1
DEP Amended Amendmer	nt #_/		State, Zip JTH PLA		.D, NJ 0	7080	Ā	SBES L	TOS ICE	CO NSI	NTF VG	IOL 8
▼ DOH	)	Name	of Conta HN	ct D 'A	NG	ELO	Teleph	none Nu	mber			
Name of Facility Where Abatement is Taki	ng Place (3)	FA	CILITY IN	IFORMAT	ION	Type of Facilit	y (4)				-	_
Street Address  155 RAYMON	D BL	- V.	)			School (F Subchapt Other (i.e etc.)	(-12) ter 8 (Other ti . private & co	han K-1 mmerc	2) ial bu	ilding:	s, hor	nes,
City (5) NEWARK						Square Feet	# of Flo	ors		Bldg.	Age	
County (6) ESSEX		County (STATE	y Code (7) E USE ONL	.Y)		Current Use (F	Prior if being o	demolisi	ned)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASC 004	CM No. 5		Name of UNIQ	of Abatement C	ontractor (9) AS OF AM	ERIC				
Street Address 64 BROAD STREET					Street A							
City, State, Zip Code MATAWAN, NJ 07747					City, Sta	ate, Zip Code H RIVER, N						
Project Manager for Monitoring Firm TOM GEIGER			one No.	7	Telepho	ne No.	Lic	ense N	0.			
Start Date (10)	Scheduled Co	mpletion	Date (11	)	Name o	32-8350 f OSHA Monito	r	111				
Occupancy Status During Abatement (Chec	k Only One)	0/0	201	7	UNIQI Street A	JE SYSTEM	1S OF AMI	ERICA				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Melanar	Period of Abate	ment	a 0		396 W	HITEHEAD	AVE.					
Scope of Work (Check All That Apply)	y apreca	now	one			H RIVER, N						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demol				N N	WEAP 9 Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	nent with Neg e cedure					
Location of	Is Local						. / /	. , nabi		Abate		t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Sole Maintena Custodial (12)	ely by ince/ Staff?	Asbes (i.e.	tos Conta thermal s surfaci	cription of sining Mat systems in ing, VAT, iscellaned	erial (ACM) nsulation, or	Amour (Specif SF or L	y	Remova	Repair	Encapsulate	Enclosure
out circ in a line	Yes No	N/A							<u>a</u>	3	late	Ге
OLD 26KV DOG HOUSE	×		WIR ACM	E S CAUI	KING	4	250	LF	X			
26 KV HOUSE-CONTROL ROOM			AM	Flos	MAT	ERIALS VERING	2490	SF	×			
11 11 11 11	X		TRAN		Floor	A 1	580		X			
Name of Registered Waste Hauler WASTE MANAGEMENT	H	JDEP Wauler ID 1 125	aste	Cubic Y of Wast	ards	Name of I	Registered La S NORTH	andfill				
City, State ELIZABETH, NJ				Disposa		City, State	SVILLE, P	Α	W-			
Completed by CAROL RAIMO	Title OFFICE M	ANAGE	ER	7	nature	0		Date	1,	11	1	

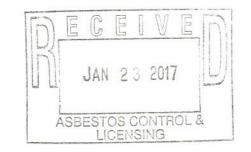
#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2697 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 16 / 17 Alison Mount Agencies Notified Type Notification Street Address **ASBESTOS CONTROL &** ✓ Initial □ EPA LICENSING Amended **⊠** DOLWD City, State, Zip Code Amendment # X DHSS Basking Ridge, NJ 07920 Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation Alison Mount FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchanter 8 Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Basking Ridge, NJ 07920 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01127 973-638-1777 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 01 / 25 / 17 01 / 26 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation >3 sf or >3 lf = 160 sf or 260 lf Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Removal Repair Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes N/A No $\boxtimes$ Crawl space Pipe insulation 150 LF П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date 01/16/17 N.Jevtic Owner ASB-41

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AS	SBESTO LIC	OS CC DENSI	NTRO NG	DL &

Date of Notification (1) 01/13/2017					of Building y well In		er/Operator tional	(2)	and the same of th		JAI	120	EU	11	- Land
Agencies Notified	Type Notification				Address abor Ro	ad				A	SBEST	OS C	ONT	ROL	<u>. &amp;</u>
EPA DEP DOL	Initial Amended Amendment		_		tate, Zip Co s Plains,		7950		1						
DOH DCA	Emergency ( justification) Cancellation	including		Name of	of Contact Stock					Tel	ephone N	lumber			
Name of Facility Where A Administration Build		g Place (3)		FAC	ILITY INF	ORMA	ATION	Тур	e of Facility (	4)					
Street Address 101 Columbia Road								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than K	-12) rcial bu	ildings	, hom	nes,
City (5) Morris Township								200	Jare Feet 8,357	# 0	f Floors		Bldg. 56	Age	
County (6) Morris				County (STATE	Code (7) USE ONLY	)		Cur	rent Use (Pric	or if bei	ng demol ion	ished)			
Name of Monitoring Firm Assessment Resour			T)	ASCI N/A	M No.				oatement Con ironmental						
Street Address 111 John Street Suit	te 538						Street 11-02		ess ueens Plaz	a Sou	ıth				
City, State, Zip Code New York, NY 10038	8		1.5					City, State, Zip Code Long Island City, NY 1110					101		
Project Manager for Monit Paul Ottens							Teleph 718-3	one	No.		License 2867				
Start Date (10) 1/30/17	Date (10) Scheduled						Name Marti		SHA Monitor cRea						
Occupancy Status During		0050	33	Street Address 714 Kennedy Bl											
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire P d Outside of Norma	eriod of Ab al Facility I	atem Hours	HIGH						)					
Scope of Work (Check All	That Apply)						Dayo	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova molit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		ls L	ocati	on				I IN	on-Exempled	() and	I NOII-FIIA	able PTO	Abat	emen	t
Location of Asbestos-Containing N		No Used	rmall Sole		Achost		escription ntaining M		-1 (ACM)	Λ.		-	T	/pe	
<u>TO BE ABA</u> In Facility (13)	TED `	Main Custo				therm surf	al systems acing, VAT miscellane	insu Γ, or	lation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Please	588	attached	aus	antity list					ate	· e
					7 10000	300 (	attachica	que	andry list			+-			
	<b>1</b>														
Name of Registered Waste	e Hauler			JDEP W		Cubi	c Yards		Name of F	Register	red Landfi	ill			
					Hauler ID No. of V 24310 80				Minerva	Ente	prises				
City, State Shirley, NY 11967					Disposal Date C				City, State Waynes		OH 44	688			
Completed by Aric Domozick  Title VP					Signature				Signature Date 01/13/			/17			

M1 Adr	ninistration Bldg			
			Quant	ities
Floor	Location	ACM	SF	LF
G-3	Throughout	Pipe Insulation/Fittings		908
G-3	Throughout	VAT & Mastic	10,280	
G	Throughout	Boiler/Tank Insulation	1463	
G	Throughout	Breeching	1678	
		Totals	13421	908





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Date of Notification (1) 1/16/17				Name of Jeff Me	Building (	Owner/	Operator	(2)								
Agencies Notified	Type Notification		-	Street A	ddress						ASBE					_&
П гол	V 1=11=1											LIC	<u> </u>	DINC	7	
EPA DEP	Initial Amended		-	City, Sta	te, Zip Co	de			7.00-00-00-00-00-00-00-00-00-00-00-00-00-							
× DOL	Amendment		_	Lakew	ood, NJ	0870	11									
X DOH	Emergency ( justification)	including		Name of	Contact					Tele	phone	Numb	er	£11125-2-		7
DCA	Cancellation			Jeff										12000		
Name of Facility Massac A	hatamant in Tabia	- Diago (2)		FACI	LITY INFO	RMAT	TION	Tun	a of Facility (	4)						
Name of Facility Where A	batement is Taking akewood, NJ	g Place (3)	)					Тур	e of Facility (4	65						
Street Address	akewood, 145							H	School (K-1: Subchapter		er than	K-12)				
Street Address								×	Other (i.e. p etc.)	rivate 8	comm	ercial	build	ings,	home	s,
City (5)								Squ	are Feet	# of	Floors		BI	dg. A	ge	
Lakewood																
County (6) Ocean				County ( (STATE L	Code (7) JSE ONLY)			Curi	rent Use (Prid ne	r if beir	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN	1 No.		100000000000000000000000000000000000000		atement Con							
		0.0.2					AAA LEAD PROFESSIONALS									
Street Address							Street			UIDT						
							6 WHITE DOVE COURT  City, State, Zip Code									
City, State, Zip Code										nj 08701						
Project Manager for Monit	toring Firm			Telephor	no No		Telepl			License No.						
Project Manager for Morni	tothig Film			releption	9078	1200										
Start Date (10)		Schedule	d Con	npletion (	Date (11)	37********	Name	of OS	SHA Monitor							
1/26/17		1/30/17	10)	AAA LEAD PRO							NALS					
Occupancy Status During	Abatement (Check	k Only On	e)		Street Address											
Facility Closed/Vaca	ted During Entire F	Period of A	baten	nent			6 WHITE DOVE COURT									
Abatement Performe  X Other – Describe:		al Facility	Hours	5					Zip Code	2704						
					LAKEWOOD, NJ 08701									100		
Scope of Work (Check All	( hat Apply)						Г			tainment with Negative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				2		ull Containme lini-Enclosure		Negati	ive Pre	essur	е		
			Cirioni					G	lovebag Prod	edure	0.000	2000	2	76		
								_ N	on-Exempted	(*) and	Non-F	riable			ement	
		100	Locat	25.435.435										драц Ту		
Location	Edition of the second s		lormal d Sole		Achoo		escription		al (ACM)	Δ	mount	- 1				
Asbestos-Containing TO BE ABA		Mai	ntena	nce/		therma	al system	s insu			pecify	70	Re	Z	Enca	En
In Facilit	у	Cust	(12)	Staff?	Vest		acing, VA miscella		,	SF	or LF)		Removal	Repair	Encapsulate	Enclosure
(13)				T		Other	miscena	licous					/al	Ξ.	late	Tre.
		Yes	No	N/A							2225					
INTERIO	DR					Pop	corn ce	eiling		12	00SF	-	x			
									1 +-							
																course-
Name of Registered Wast	e Hauler			JDEP W	/aste	Cubi	c Yards		Name of	me of Registered Landfill						
NEWARK CARTING		Hauler ID No.					aste		IESI							
	04509					10 IESI										
City, State NEWARK, NJ –						1/30	osal Date /17	9	City, State		1 PA					
Completed by Title							Signatur	е		370000	- Castilla	Date	9			- 7.5
JOSEPH PERLSTEIN OWNER																

(K# 308	3	1	NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)    Name of Building Owner/Operator (2)   IAN 2 3 2017										E			
Date of Notification (1)			Ī				,			16	JAN	23,	201	7		11
Agencies Notified	Type Notification		- 1	Street A	ddress	16-1	2 (1)	CWY	39	1740	1 ()	1-61	1	-	+	+
- Comment	TX Initial		The Assessment of the Assessme	(4)	000	Hor	1700	1000	, Sb 1	OASB	ESTO			ROL	8	
EPA DEP	Amended		anti-city of the	City, Sta	te, Zip Co	de					LICE	ENS	NG			
DOL.	Amendment #		- [		( word	LL	liv !	200	Sex/	0	147	1				
☐ DOH	justification)		1000	4	f Contact				/	1 10	ephone	PSLIPA	ber			
☐ DCA	LI Cancellation		<u>i</u>	and the second second second second	CUT INF	THE RESERVE AND ADDRESS OF THE PARTY.	This									
Name of Facility Where	Abatement is Taking	Place (:	3)	2.545.54	F-8 % 0 50 £0 4	F8-28825-5-4-3	- CONTRACT	Туре	of Facility	(4)						-
Street Address	& Dogert-	1							Schaal (K-							
Street Address	~ 7	E.					40 H-110 H		Subchapte Other (i.e.					nus.	home	S.
300 Kt	13						į.	e e	rtc.)							
City (5)							0.0	Squan	e Feet	1 F O	f Floors		Da	ia. A	je -	
County (6)		****		County (	Code (7)			Curren	nt Use (P	rior if be	ing dem	olishe	d)			
Concre	\				USE ONLY	)		S - S - 7 -	cale		100					
Name of Monitoring Firm	Hired by Building O	wner (8	)	ASCA	A No.		4	ime of Abatement Contractor (9)								
				The state of the s		Sanitation of the same	1	ce Insulation Co., inc								
Street Address						89		eet Address 5 Montrose Rd								
City, State, Zip Code								. State, Zip Code								
Oity, State, Zip Gode							(, New J	lersey								
Project Manager for Mon	itoring Firm	ġ.	Telephor	na No.		Teleph	one No	).		Licens	e No.					
			į				1	294 17			0002	9				
Start Date (10)	richealreness	Schebul	et Con	npletion	Date (11)		Name	of OSF	IA Monito	Ī						
Occupancy Status Durin	a Abatamant (Chaoli	4/1	11 7	t			Stroot	Addres	-5							
							1 00000		23							
Abatement Perform	ed Outside of Norma	l Facilit					City, S	tate, Zi	p Code						***************************************	
Scope of Work (Check A	ll That Apply)							Construction of the Constr								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolifi				and the same of th	Fuil Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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Location	. of	5	s Locati Normal		- PE	Do	scription	ากร์		***************************************		The state of the s		Ty	pe	1
Asbestos-Containing	Material (ACM)		ed Sole sintenar			tos Con	taining N	taterial		19 77	Amount	7			m 2	m
TO BE ABA		1	todial S		(i.e.		systems cing, VA		dion,		Specify F or LF)	and of the same	Removal	Repair	Encapsulate	Enclosure
(13)			(12)	,		other n	niscellan	leous)		and the second		- o to disent	bya	E.	sulat	sure
		Yes	No	N/A						4.			or the first		Ð	
17/200°		X	(10.	つっち	10			145	OD Th	, ,	X					
		E .	Ì		•							111/2017				
		The same of the	target Art													
		TPORT I	A. C.		1					The second secon						
Name of Registered Was	ste Hauler		B 2 17 17 17	NJDEP Waste Cub				Name of Registered Landfill								
Ace Insulation Co., I	3	lauler ID 2086	NO.	OI Wa	of Waste Chrins Landfill											
City, State		Disposal I				1000	City, Sta		Λ							
Colts Neck, New Jer	sey						Easton PA									
Completed by Bree McGuire		Title	Signat cretary Treasurer				ignature = 1 =	201	4 A	2	0.00	Date /	C	1	7	
Diee McGalle		ciary	stary treasurer					1	)		4	10	11	1		

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

Check#2987

GAC Project # 060-17									G I	W L	5,11				
Date of Notification (1)  January	17, 201	17			Name of Building Owner RUTGERS, THE S	r/Operator	(2) (2) (1) NIVERS	SITY OF	: NJ	A4F					
Agencies Notified  EPA  DCA		Notification Initial I Amend	Notificated Not	ification#	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALT	H & SA VINGS	JAN FETY D TON C	EPT. AMPUS	S	Loss				
<b>⊠</b> DOL	1		gency ( cation)	including	City, State, Zip Code PISCATAWAY, NJ	08854	AS	BESTC LIC	S CON ENSIN		L či				
☑ DEP- No Longer REQUIRE	D	□ Cancel	lled		Name of Contact MICHAEL SMITH,		Tele	phone Nu	ımber						
				FACULTY IN	HEALTH & SAFET	Υ									
Name of Facility Where Abatement LIPMAN HALL, BLDG# (		ng Place (3)		FACILITY IN	Type of Facility (4) School (K-12)										
					Subchapter 8 (other that	an K-12)									
COOK CAMPUS					Other (i.e. private & co	ommercial b # of Floors				ears					
	unty (6) MIDDL	.ESEX	Count (State	y Code (7) Use Only)	Current Use (prior if beir	ng demolish	ned): AC	ADEMIC							
Name of Monitoring Firm Hired by ATC	Bldg. Ow	vner (8)	0098		Name of Contractor (9)										
Street Address					GREENWOOD ABATEMENT CONSULTANTS, INC.										
3 TERRI LANE					Street Address 268 MAIN STREET										
City, State, Zip Code					City State, ZipCode										
	016				BUTLER, NJ 07405										
Project Manager for Monitoring Fir BRIAN KEARNY		Telephone N 609-386			Telephone Number			se Numbe	<u>er</u>						
Scheduled Start Date (10)	- 5	Scheduled C	Completic	on Date (11)	973-492-0477 Name of OSHA Monitor		00840								
01/27/17		1/30/17	10		ENVIROVISION, INC.										
Occupancy Status During Abate  Facility Closed/Vacated Durin				nt	Street Address										
□ Abatement Performed Outside Describe				ii.	20-21 WARGARAW City, State, Zip Code	ROAD									
SOther - Describe:					Oity, Otato, Zip Godo										
Schedule: 5PM - 5AM (24 H	OURS 8	& WEEKE	NDS A	S NEEDED)	FAIRLAWN, NJ										
Scope of Work (Check all that app	ly)					<b>-</b>									
□≥ 3 sf or ≥ 3 lf				☑ Renovation		☐ Full Con☐ Mini-End		with Nega	ative Pre	ssure					
≥ 160 sf or ≥ 260	lf			■ Demolition	差	Glove ba		ure / Wra	p & Cut						
Location of Asbestos-Containing	la Lasa	tion Manual	l. Haad	I D		Non-Ex					dure				
Material (ACM) in Facility (13)		tion Normal by Maint./Cu			bestos Containing Material nal systems insulation, surfac	ing, (Sp	ount ecify SF	10000	ent Type Repair E		nclose				
	YES	NO	NA	VAT, or other this	ceii.)	or L	г)	11000010	rtopan z	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2701000				
Rooms 309,328,331		X		VAT		120	00 SF	X							
1															
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	ID#	Cubic Varda of Wester	15 CY	Name	of Regist	ered Lan	dfill					
See Hauler Below #1 & 2	S	See Below			Cubic Yards of Waste:		G.R.	O.W.S. I	f Registered Landfill .W.S. North Landfill						
Hauler #1) Greenwood Abatemen NJDEP # 12561	t Consult	tants, Inc. –	Butler, I	NJ 07405		Disposal Date City, State 100 New Ford Mi				ill					
	Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509					1/27/2017 Rd. Morrisville 19067 215-736-1700				sville,					
Completed by (Print or Type) RAYMOND C. PEDALINO  Title SENIOR PROJECT					Signature  Raymond C. Pedalino  Date  January 17,2017										
	MA	ANAGER	·		Raymond C. Pedalino Sanuary 17,2017										

Agencies Notified    EPA	Date of Notification (1)	100		1	f Building Owner/	, ,	(2)					
EPA				/ 1/		1410	00					
DSP   Amended												
DOH				City, Sta	ate, Zip Code	•						_
DOH				MA	RITATE	N	J 08	402				
Dea		ncluding	F	Name o	f Contact	,	7 0		ımber			
Super Address  County (6)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of OSHA Monitor  Telephone No.  Telephone				AM	NIE 1	KAB	0					
School (K-12) Street Address    School (K-12) Subchapter & Commercial buildings, homes, Other (I.e. private & containing Material (I.e. private & code, private & containing Material (I.e. private & code, p				FAC	LITY INFORMAT	ION						
Street Address  City (5)  ACCOUNTY (6)  ACCOUNTY CODE (1)  COUNTY CODE (1)  COUNTY CODE (1)  COUNTY CODE (1)  COUNTY CODE (1)  ACCOUNTY CODE (1)  ACCOUNTY CODE (1)  COUNTY COUNTY CODE (1)  COUNTY COUNT	1 1	Place (3	)				Type of Facility	(4)			_	
City (5)  ACUTY (Courty (Code (T))  Name of Registered Waste Hauler  Name of Registered Landfill  Square Freet  For Floors  Blog. Age  ACM No.  Name of Registered Landfill  Square Freet  For Floors  Blog. Age  ACM No.  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  ASCM No.  Name of Abatement Contractor (9)  ACM No.  Name of Abatement Contractor (9)  ACM No.  Name of Abatement Contractor (9)  ACM No.  Name of Abatement Contractor (9)  Current Use (Prior if being demolished)  ASCM No.  Name of Abatement Contractor (9)  ACM No.  Name of Abatement Contractor (9)  Current Use (Prior if being demolished)  ACM No.  Name of Abatement Contractor (9)  Current Use (Prior if being demolished)  Name of Abatement Contractor (9)  Current Use (Prior if being demolished)  Name of Abatement Contractor (9)  Current Use (Prior if being demolished)  Name of Abatement Contractor (9)  Current Use (Prior if being demolished)  Name of Abatement Contractor (9)  Current Use (Prior if being demolished)  Name of Abatement Contractor (9)  Current Use (Prior if being demolished)  Name of Name of Registered Landfill												
County (6)  County (7)  County (8)  County (9)  County Cade (7)  (7)  County Cade (7)  (7)  County Cade (7)	Street Address						Subchapt	er 8 (Other than K-	12)	ال	h	
County (6)  County (6)  County (7)  County (8)  County (8)  County (9)  County (10)  Count								private & commen	Jai Duli	ungs,	поппе	es,
County (6)   County Code (7)   Current Use (Prior if being demolshed)   County Code (7)   Current Use (Prior if being demolshed)   Cutter Use ONLy)   Cutter Use (Prior if being demolshed)   Cutter Use (Prior if Advises	City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Name of Monitoring Firm Hired by Building Owner (8)  ATTAS FILV MR  Street Address  City, State, Zip Code  ATTAS FILV MR  ATTAS FILV MR  City, State, Zip Code  ATTAS FILV MR  ATTAS FILV MR  City, State, Zip Code  ATTAS FILV MR  ATTAS FILV MR  City, State, Zip Code  ATTAS FILV MR  ATTAS FILV MR  ATTAS FILV MR  City, State, Zip Code  ATTAS FILV MR  ATTAS FILV MR  ATTAS FILV MR  ATTAS FILV MR  City, State, Zip Code  ATTAS FILV MR  AND FILV MR  A	MARGATE							3		11	4	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Froyed Manager for Monitoring Firm  Telephone No.  Telephon	County (6)						A		shed)			
Street Address    Street Address   Stree							RESIN	FOTTAL				
Street Address   Stre	Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	/I No.	Name	of Abatement C			_		2%
City, State, Zip Code Project Manager for Monitoring Firm Telephone No. 3/7-79/4/6/33 3/6 7-78/4/6/54 Carebon No. Telephone No. 1 Telephone No	ATTAS GNV. INS	·				FI	VIJAR	CONSTR	UC	110	in	11
City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  36 7784453 36 7784469						//		(327)				
Project Manager for Monitoring Firm  Telephone No.								581				
Telephone No.  Telep	City, State, Zip Code					City, S	tate, Zip Code	10/1/				
Start Date (10)    - 3	Broiget Manager for Manitoring Signs		- 1	Talaaha	N-	PH	1/1 1/1	1/110		-		
Start Date (10)  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe:  Scoperd Work (Check All That Apply)  23 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of OSHA Monitor  Full Containment with Negative Pressure Glovebag Procedure  Abatement Type  Ab	The second secon							THE STATE OF THE PARTY OF THE P	NO.	V157 - W152	_	. /
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 lf ≥ 150 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Aba		Schodule	d Cor	6/-/a	Poto (11)				70	0/0	2/	6
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Period Other Describe:    City, State, Zip Code					Date (11)	F	PA IM	1211				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:    Scoperof Work (Check All That Apply)	1 01 12		. /			Street	Address	2011	,			
Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition    Pull Containment with Negative Pressure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type     Abatement Type     Abatement Type     Abatement Type     Abatement Type     City State   Abatement With Negative Pressure   Glovebag Procedure     Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type     Abatement Type     Abatement Type     Asbestos Containing Material (ACM) (i.e. thermal systems linsulation, surfacing, VAT, or other miscellaneous)   SF or LF     Output	_/	(50)	(6)			27	C Hand	DRIV DI				
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Renovation   Demolition   Pull Containment with Negative Pressure   Minin-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exem		eriod of A	Hours	ent	0 -	City S	tate Zip Code	71/1/1.	-			-
Same of Registered Waste Hauler   Name of Registered Waste   Name of Registered Landfill   City, State   City						014,	12 1/2	19/11				
≥160 sf or ≥260 lf	Scope of Work (Check All That Apply)		/			1/10	11 17	1 1110				
≥160 sf or ≥260 lf	23 sf or >3 lf	D R	enova	tion			] _Full Contains	nent with Negative	Draceiii	- -		
Non-Exempted (*) and Non-Friable Procedure    Location of Asbestos-Containing Material (ACM)   Secondary   Seconda		-				L.	Mini-Enclosu	re	1 103301	C		
Sabestos-Containing Material (ACM)   Secondaring Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A						4			bla Dra		_	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED   Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler   NJDEP Waste Hauler ID No.   City, State   City, State		Ι.	•	NO.		-	1 Non-Exemple	d ( ) and Non-Fria				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  City State		1000			_	12.002	52					
Name of Registered Waste Hauler  Registered Landfill  Registered Landfill		Used	d Solel	y by				Amount			_	
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  City State  PA  Disposal Date  1-31-17  TUIE YTOWAP  PIPE WRAP  DISPOSAL DATE  PA  PA  PA  PA  PA  PA  PA  PA  PA  P	TO BE ABATED	80800 80		Section 1	(i.e. therma	systems	s insulation,	(Specify	Re	D D	Enca	En
Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler ID No.  Name of Registered Landfill  OCITY State  PA  Disposal Date  1-31-17  TUIE YTOWA		Oust		tan:				SF or LF)	mo	epa	apsı	clos
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  City State  PA  PA  PRE WRAP  DUF  Name of Registered Landfill  of Waste  City, State	(15)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NI.	N//A	Other i	mocenan	cous		<u>a</u>	₹.	ılate	ure
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  FRYMAR CONSTRUCTION 0036.759  City State  PHAILA  PA  Disposal Date  1-31-17  TUILEYTOWN  PA	/	Yes	No	N/A								
FRYMAR CONSTRUCTION OU 36.759 City State  PHAILE ID No. of Waste  OFROWS  Disposal Date  City, State  1-31-17 TUILEY TOWN PA	CAN SPACE		/		PIPE V	RA	1)	20 LF	1			
FRYMAR CONSTRUCTION OU 36.759 City State  PHAILE ID No. of Waste  OFROWS  Disposal Date  City, State  1-31-17 TUILEY TOWN PA	.,, ,, -											
FRYMAR CONSTRUCTION OU 36.759 City State  PHAILE ID No. of Waste  OFROWS  Disposal Date  City, State  1-31-17 TUILEY TOWN PA												
FRYMAR CONSTRUCTION OU 36.759 City State  PHAILE ID No. of Waste  OFROWS  Disposal Date  City, State  1-31-17 TUILEY TOWN PA									1			
FRYMAR CONSTRUCTION OU 36.759 City State  PHAILE ID No. of Waste  OFROWS  Disposal Date  City, State  1-31-17 TUILEY TOWN PA	Name of Registered Waste Hauler		I N	IDEP W	laste Cubic	Yarde	Name	Registered Landfi	II			
City State Disposal Date City, State 1-31-17 TULEYTOWN PA	=2		H				I value 0	riogistoreu Lariun				
PHILA PA 1-31-17 TULLEYTOWN PA		700	0	036	759		G-RO	uS				
	City State				Dispo	sal Date	City, Sta	ite	_	10		
Completed by  EFRAIM DUA VPRES  Signature  Like Date  1-13-17	PITUA PA				1/-	21-1	7 70/1	-/-		1		
CI-KM101 DUIS V1765 Grand Suc 1-13-17	Completed by	Title	1		.   5	Signature	Lann	/), D	ate	7	_	
	CITATION DUN	V	11	10	>L	4	-0000	ser !	1-1	2-1	//	

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Agencies Notified    Type Notification   Street Addréss   License Number	Date of Notification (1)			1 81			t.	[ L L 0	mut.	6 0	201	1
PA   Initial Amended   A	11-8-14			1 /	7	^ -	3	to ritat	C			
DOH	EPA Initial Amended			6	991 N	Pari	k Dr.	15 VERE	LICE	NSI	NG	30
Name of Facility Where Abatement is Taking Place (3)  COURTER RIVER EAST  COUNTY (ASTATE USE ONLT)  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 9 (Other	□ DOH □ Emergenci	y (includi	ng	P Name	ennsauk of Contact		NJ C		lumber			
Section (8-12)  Subchapter 8 (Other than K-12)  Subchapter 9 (	Name of Facility Where Abatement is Takin		)	1	111 10 10		Type of Facil	ity (4)	<u> </u>			
Square Feet # of Floors Bldg. Age # # # # # # # # # # # # # # # # # # #	Street Address	EAS	/				□ / Subchap	ter 8 (Other than K-1.	2) cial bui	ldings	home	es.
County (c)    County (c)     County (c)     County (c)     County (c)     County (c)     Current Use (Prior if being demolished)   Current Use (Prior if bei	ity (5) Tennicauken						Square Feet	# of Floors	*-	Bldg	. Age	
Street Address   Str	Chmoen			Count (STAT	y Code (7) E USE ONLY)				ned)		7	_
Street Address	ting Inc	Owner (8)		ASO	CM No.	ANI	Joe L	Intractor (9)	Livi		271	1
oject Manager for Monitoring Firm  Telephone No.  Street Address  Telephone No.						Street A	ddress 2 Di. Rli		The	_		-
art Date (10)    II - (16)			-	Telepho	one No.	Telephor	LAICO 10 No.	License 1	50 Vo.	)5	_	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe:    Political Content	urt Date (10) 11-18-16	Schedu	iled Cóm	pletion I	)ate (11)	-			07	77		_
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No NA  ASSESTITE TO BE ABATED ASSESTITE TO	Abatement Performed Outside of Normal Other – Describe:	Facility I	lours 42. Renovat	ion	a		Full Containm	nent with Negative Pre	essure			_
Lecation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Amount (Specify SF or LF)  Yes No N/A  Amount (Specify SF or LF)  To thermal systems insulation, surfacing VAT, or other miscellaneous)  Amount (Specify SF or LF)  To the first of the firs		70	Demonit	ion	-		Mini-Enclosur Glovebag Prod	re cedure		dure		
In Facility (13)  Custodial Staff? (1.e. thermal systems insulation, surfacing VAT, or other miscellaneous)  Yes No N/A  ACM Floor tile 75005F L	Asbestos-Containing Material (ACM)	Us	Normall ed Solely	y y by	Asbestos Conta	ining Mater	rial (ACM)	Amount	10		уре	
St Floors  V ACM Floor tile 75005F L  Floors  V HOW Floor tile 75005F L  Floors  V HOW Floor tile 75005F V	In Facility	Cu	stodial Si (12)	tafi?	V	AT, or			Removal	Repair	incapsulate	
Floors V ACM Floor tile 75005F L Floors V HOW Floor tile 75005F V	st Floor	163	140		Naus	Elean	-1 11-	TENTET	-			1
Floors V APUL Floor tile 7500 SF V	NA EI			1	1	Floor	1110	T. (1986)	1			H
Home				V	Anul	Floor	14/1-		1.		-	-
of Registered Waste Hauler NIDEP Waste Cubic Varia NIDEP Waste	7 10- 7 2			V	Arm	Flan	2 4/15	7500 SF	V	-		
State Dispersion Dispe	Del Mice M.	Title	0 1	-		RD	0.00	lytown &	02			_
Disposal Date City, State, 10 (Lytow) n Proposed by 1 - 11 (1) Title Signature (1) 1 (Lytow) n Proposed by 1 - 11 (1) Title Signature (1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (	- Jeph 1 Hill.	V.	MERIC	ent.	1-18		H.	Date	- 5	3-/	6	_
Disposal Date  City, State,  Disposal Date  Title  Signature  Date  Date	11 (R-06-08)					* Do n	ot use this form	for asbestos licensur	e exem	) - j	ctiv	it

CKDUZ	OF ASBI	BESTOS ABATEMENT 8:60 and 12:120)					IAN 23 2017									
							g Owner/Operator (2) / Private Home								Lucia	
Agencies Notified	Type Notification	8		Street A	ddress				Appendix of the same of the sa	ĀS	SBESTO	S CO	NTR	OL 8	X	
EPA DEB	✓ Initial									The Contract of		ENSI		Name and the		
I I DEF	Amended				ite, Zip Co		000									
DOL	Amendment Emergency		-	The Address of the Australia	Haven	NJ 08	800			T						
☑ DOH DCA	justification)	, *********** <del>*</del> *			Contact					I el	ephone No	umber				
☐ DCA	Cancellation	1		Jeff	LITY INIT	DHAT	ON				•					
Name of Facility Where	Abatement is Takir	ng Place (3	3)	FACI	LITY INFO	JRIMATI	ON	Tyr	pe of Facility (4	-)						
Sean Clancy Priva								П	School (K-12							
Street Address								Ħ	Subchapter 8	8 (Oth						
								X	Other (i.e. pr etc.)	rivate &	& commer	cial buil	dings,	home	es,	
City (5)								Sq	uare Feet	# 0	Floors	Е	ldg. A	ge		
Beach Haven NJ 0	8008							10	+000	1		3	35+			
County (6)			T	County Code (7)				Cu	rrent Use (Prio	r if bei	ng demolis	shed)				
Ocean				(STATE L	JSE ONLY)	-	-	9.0	ouse							
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.		Name	of A	batement Cont	tractor	(9)					
N/A									o Inc.					15,000,000		
Street Address							Street									
0: 0: 7: 0 1									O Box 329							
City, State, Zip Code					City, State, Zip Code West Berlin NJ 08091											
Project Manager for Monitoring Firm				Telephone No.			Telephone No. 856-753-9800				License No. 00727					
Start Date (10) Scheduled 0				ompletion Date (11)			Name of OSHA Monitor									
1/30/17		Sa					Same									
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)	Street					et Address							
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho Other – Describe:									State, Zip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf				lition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						e		
		T .		•				<u> </u>	VOII-EXCITIPICA	( ) (1)	4 14011-1 110	1010 1 10		ement		
			Locat Norma			D-		n of					Туре			
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Ma	ed Sole	enance/ lial Staff? (i.e. th				Material (ACM) s insulation, AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	<i>\$</i> 1	Yes	No	N/A										6		
Trough out				×		fl	oor Tile	Tile			00 SF	x				
Name of Desistered 14/2	eta Haulos		N	NJDEP W	lasta	Cubic	Yards		Name of F	Paniete	red Landf	ill .				
Name of Registered Wa United Roll Off	ste Flaule!		F	Hauler ID 22459		of Wa			G.R.O.\	Registered Landfill W.S.						
City, State			4	2400			osal Date City, State				SU NOV. SIMAN					
Elm NJ						2/3/1			Morrisvi		A 19067					
Completed by		Title					Signature'				Date					
Title 1100					5				EV.	Duic						

President

1/19/16

Anthony T Perna

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.