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N. (5. 15. 18)		n.		FAC	ILITY INFO	DRMAT	ION					-		IG		
Name of Facility Where A house	Abatement is Takir	ng Place (3)						of Facility	(5) (V)						
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Morristown								230	0	2				70		
County (6) Morris					Code (7) USE ONLY)			Curre	ent Use (Pr	rior if be	ing den	nolish	ed)			
Name of Monitoring Firm Detail Associates	Hired by Building	Owner (8)		M No.				atement Co						-	
Street Address				000	12		Street		ronment	ai Ser	vices,	LLC		<u> </u>		
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City, State, Zip Code							City, S	tate, Z	ip Code							
Englewood, NJ 076									d, NJ 07	418						
Project Manager for Moni Stephen Jaraczews	177			Telepho	one No. 69-6708		Teleph 973-				Licen 703	se No).			
Start Date (10)		Schedul	ed Cor		Date (11)				HA Monitor		700					
1/28/17		1/31/1			- Michael											
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Facility Closed/Vaca Abatement Performe	ted During Entire I ed Outside of Norn	Period of a	Abaten	nent			City St	tate 7	ip Code		- 61 					
Other - Describe: _						_	Oity, Oi	iaic, z	ip code							
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(13)			(12)				niscellan				,		loval	Repair	Encapsulate	Enclosure
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Old Main Building I	Pump Room			Х		elbov	v insula	ition		4	1 LF			Х		
Vincent Ho	ouse			Х		pipe	insulat	ion		1	0 LF			Х		
Vincent House ste	orage room			X		pipe	insulati	ion		2	5 LF			Х		
Closter A				Х		pipe	insulat	ion		2	2 LF		х			
Name of Registered Waste	e Hauler		94115000	JDEP W auler ID	2222	Cubic of Was			Name of	Registe	red Lar	ndfill				*******
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City, State Freehold, NJ							sal Date		City, Stat							
Completed by		Title				TBD	ignature		Birdsbo	oro, PA	4	Dat				
A. Scott Higgins		Presi	dent			3	ignature	/	1		_	Date 1/1	9/17	7		
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Date of Notification (1) 1/20/17					of Building				Г			-	э п	7		pureto
Agencies Notified	Type Notification				ressive Address	Mainter	nance	Inc			EC		3	\mathbb{W}	B	
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City (5) South River								Square			f Floors			3ldg.	Age	
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Middlesex					USE ONLY)		Curren	Use (Pr	ior ii be	ing aemo	olisne	ea)			
Name of Monitoring Firm	Hired by Building	Owner (8	5)	ASCI	M No.			of Abate Enviro				I C				
Street Address								Address		ar oerv	rices, L					
								3ox 483		Sate D	rive					
City, State, Zip Code								tate, Zip wood,		418						
Project Manager for Mon	itoring Firm			Telepho	one No.		1 32	one No. 764-22	76		Licens	e No				
Start Date (10) 1/31/17		Schedu 2/15/1		mpletion	Date (11)	(of OSHA					-			
Occupancy Status During	Abatement (Chec						Street	Address								
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire F ed Outside of Norm	Period of nal Facilit	Abaten y Hours	nent			City, S	tate, Zip	Code	-				(A) (A)		
Scope of Work (Check Al	I That Apply)									-						
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baseme	nt			X		pipe	insulat	ion		10	00 LF		х			
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City, State Freehold, NJ							al Date		City, State							
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A. Scott Higgins		Pres	dent					1				1/20	0/17			

CK 3926

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)			Name of	f Building (Owner/Or	perator (2)		- Income	P A	F	П	77.77	FI
1/20/17			/	0	GoS	+	CK			E	<u> </u>	W	
Agencies Notified Type Notification			Street A	ddress				III	1				
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□ DEP □ Amended DOL Amendment #				ate, Zip Coo		11=1	CHTS.	ELO	. 07				1 500
☐ Emergency (in		-		f Contact	UCIC	HCI	CHTZ.		phone Num		CON	TRO	1 8.
DOH justification		1		R. He	ECK						CIL	1110	L 04
N CE TO WE ALL TO THE PARTY OF	(2)			LITY INF			m on 31						
Name of Facility Where Abatement is Taking Pl.	HCC	r					Type of Facility						
Street Address	HOC						 □ School (K- □ Subchapter 	The state of the s	than K-12)				
				į		-	Other (i.e.	private &	commercial	buildir	igs, ho	mes, e	etc.)
City (5)	-						Square Feet	# of	Floors	E	ldg. A		
HASBROUCK H	EIG	HTS		8 ₁₀			2200		2		1	AC)
County (6) RENCEN				Code (7) [.] USE CNLY)			Current Use (Price		March Control of Control)			
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCN			Name of	Abatement Cont		ENCE		2001100		
realise of Monitoring First Times by Building Ow	iici (o)		ASCI	VI INO.		P	t Removal		1,8				
Street Address			1			Street A		inc					
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City, State, Zip Code						City, Sta	te, Zip Code						
							kensack, NJ	0760	The same of the sa				
Project Manager for Monitoring Firm			Telephor	ne No.		Telephor 2	ne No. 01 - 329-744	4	License No	388			
Start Date (10)	Schedule	d Comp	letion Da	ate (11)			OSHA Monitor	701	0.00				
Occupancy Status During Abatement (Check Onl	v (ma)	2	2/1	7		Om Street Ac	ega Enviror	nmenta	ıl				
	5 10000000) Huyler Str	eet					.
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal File Other – Describe: 6:00 AM 50	acility Ho	urs		*		City, Sta	te, Zip Code		11.07(0/				
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Scope of Work (Check All That Apply)	-/-						.						
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Date of Notification (1)				Name of B			erator (2)			01111	_			1
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П дон	Emergency (i justification)	ncluding		Name of C						Tele	phone Niin	nber			
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A. F 112 - 147	Abstract in Toking	Place (3)		FACILI	ITY INFO	RMATIO	N	Type	of Facility (4)					
Name of Facility Where Residencial Family		g Flace (3)							School (K-12						
Street Address									Subchapter 8	(Othe	r than K-12	2)	inac l	nome	
									Other (i.e. prietc.)	ivate &	commerci				21
City (5)								Squa	re Feet		Floors	7659	dg. Ag	ge	
Jersey City, NJ 073	307									3		-)+		
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HUDSON	5	2 (0)		ASCM	<u> </u>		Name	11.00	atement Cont	ractor	(9)				
Name of Monitoring Firm	n Hired by Building (Jwner (8)		ASCIVI	INO.				ces Corpor		(-)				
Street Address							Street	Addre	ess						
Oli Cot / Idai ooo									Street						
City, State, Zip Code									Zip Code	000					
property of the same of the sa									rg, NJ 070	193	License N	lo.			
Project Manager for Mo	nitoring Firm			Telephon	e No.		Teleph 201-				01074				
Start Data (10)		Scheduled	Cor	mpletion D	ate (11)				HA Monitor						
Start Date (10) 1/23/17		1/27/17					Sam	e as	above						
Occupancy Status Durin	ng Abatement (Chec	k Only One	;)				Street	Addre	ess						
Facility Closed/Var	eated During Entire	Period of Ab	ater	ment											
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Asbestos-Containin	g Material (ACM)			ely by ance/	Asbest	tos Cont thermal	aining N	Materi	al (ACM)	7.5	Amount Specify	Z.		Enc	m m
TO BE Al		Custo	odial (12)	Staff?	(i.e.	surfa	cing, VA	T, or			For LF)	Remova	Repair	Encapsulate	Enclosure
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Baseme	nt area		X			Pipe	Insula	ation			5 LF		Χ		555
Name of Registered W	aste Hauler		- 1	NJDEP W		100000000000000000000000000000000000000	Yards				ered Landf	ill			
Freehold Carting			- 1	Hauler ID 15939	No.	of Wa	iste		Cumbe	erland	l Landfill				
City, State				.0000		3888	sal Date	е	City, Stat						
Freehold, NJ						tbd			Newbu	irg, P					
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^{*} Do not use this form for asbestos licensure exempted activities.

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Cliffside Park, NJ 07010						-	- Company	Square Fe		of Floors				
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Street Address						Gr Te	th LLC	nent Contracto	n (6)		-	-	-	-
					-	Street	Address			-	-			2000
City, State, Zip Code	-	-	-			576 V	elley Rd	#283						
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Project Manager for Monitoring Fin	m		T	elspha	ne No.	Telephi	NJ 074	70						
Start Data (10)	-					973-63				cense No.				-
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Aspestos-Confaining Material (AC TO SE ASATED IN Facility (13) soment froom-closed The of Registered Waste Hauler (26), State (26), NJ 07470 Inpleted By (Print or Type)	Titie	Ves O	Normal ed Sol sintendial (12)	ally by by anced Staff?	Pipe insul VAT floor	Description Contains the Contain Surfacion other mail of tiles TED	cription of Ining Male Ining Male Ining Male Ining Male Ining In	Mame of Region, State	SD LF 10 SF	Specify For L F)	Removal X X D	Repair	Encapsulate DDD	
Aspestos-Containing Material (AC TO SE ABATED IN Facility		Usa Mil Cure	Normal ed Sol sintendial (12)	ally by by anced Staff?	Pipe insul VAT floor	Description Contains the Contain Surfacion other mail of tiles TED Description TED	cription of Ining Male Ining Male Ining Male Ining Male Ining In	Mams of Regi	SO LF 10 SF	Specify For L F)	REGINALISM SERVICE	Repair	Encaprume C C C	

CHECK #23780

Date of Notification (1) 01-19-17					of Building Owner									
Agencies Notified	Type Notification	1			Jersey Depart	ment of	Irans	portation	1	E C	F		W	E
T EPA		r.			Benigno, Suite	A1				<u> </u>		1 13	<u> </u>	
DEP DOL	Initial Amended Amendmen	t #			ate, Zip Code awr, NJ 0803					JAN	2	1	201	7
<u> </u>	Emergency	(including		111111111111111111111111111111111111111	of Contact	l.			Telephor			. 4	201	1
DOH DCA	justification Cancellatio			100000000000000000000000000000000000000	obias Morello,	RE		J	relepiioi	P		~	1.20	01.0
				FAC	ILITY INFORMAT	TION			Me	i siad	ČE!	CO	NTE	OLA
Name of Facility Where	Abatement is Taki	ng Place (3)				_	of Facility (4)		Per (101		
Street Address Route 295 & 42 / I-7	76 Direct Conn	ect					S × O	chool (K-12) ubchapter 8 ther (i.e. priv tc.)	Other that ate & com	n K-12) imercial	build	dings	, hom	es,
City (5) Bellmawr, NJ 0803	1						Square 25003	Feet	# of Floo	rs		ldg. <i>A</i> 53 y		
County (6) Camden					Code (7) USE ONLY)			t Use (Prior i mercial	f being de	molished	d)			
Name of Monitoring Firm ACER Associates, I	2.17	Owner (8)		ASCI	M No.			ement Contra						
Street Address 1012 Industrial Drive	e.					Street	Address Broad	3	•					
City, State, Zip Code West Berlin, NJ 080						City, S	tate, Zip							
Project Manager for Moni Matt DePalma				Telepho		Teleph	one No.			nse No.				
Start Date (10)		Schedule	nd Co		809-1202 Date (11)		939-65	Monitor	007	56				
01-30-17		04-30-		mpietion	Date (11)		-Air Ind							
Occupancy Status During	Abatement (Che	k Only Or	e)			7.000	Address							
Facility Closed/Vaca Abatement Performs						1.00012.00		son Avenu	е					
Other – Describe: _		nai i aciity	rioui				tate, Zip Island	City, NY	11101					
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	-	enova emoli			×	Mini- Glove	Containment Enclosure ebag Proced Exempted (*)	ure				e.	
		Is	Locat	ion								Abate	ment	
Location			lorma d Sole			scription				-		Ту	ре	
Asbestos-Containing I TO BE ABA In Facilit (13)	TED	Mai	ntena				insulation		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
A 4000 -		Yes	No	N/A	N.C. WARREN				mpore to see a second				ro.	8000
1st Floo	or			X		r & Mas	(BOARS)		250SF	- 1-2	ĸ			
Roof	r.			X		f Flashi			450SF		K			
Siding	S			Х		ite Shin	igles		800SF	2	ĸ			
Bridge Base	2010,550 WWW.00415			X		Caulk			208LF		۲ ا	39		
Name of Registered Waste Newark Carting, Inc.	e Hauler		H	IJDEP W lauler ID 4509	Charles and the second	Yards ste	100	Name of Reg Grand Cer			and	lfill		
City, State Newark, NJ 07105						sal Date		City, State Pen Argyl,	PA 180	72		.====		
Completed by Joseph Patrick		Title Projec	et Ma	nager	NI SOLITION OF	Signature	1	4)		Date 01-1	9-17	7		
		15				1	11	-			763 M	S		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

ND CV				ICATIO	N OF ASI	BESTOS	ABATE		Г				7-52		
Date of Notification (1)	•		()		t to NJAC			115	and the second	m	F (#63	769	V [3 [
01-19-17					of Building nouth U)r (2)		1	<u> </u>		<u> </u>		
Agencies Notified	Type Notification				Address Cedar Av	/enue					JA	N 2	4 2	017	
DEP	☐ Initial ☐ Amended	w 4			ate, Zip C					had ker	1				\top
X DOL	Amendment Emergency		-		Long Br		NJ 077	764-1	898		ASBES	TOS	CON	TRO	L&
DOH DCA	justification) Cancellation				rt L. Cor					Te	lephone I	NAMpe	ISIN	<u>G</u>	
				AND AND ADDRESS OF	ILITY INF	22-4-12-4-4-10	ION								
Name of Facility Where A Monmouth Universi	Abatement is Takin ty: Edison Scho	g Place (3	3) cienc					Туре	e of Facility						
Street Address								×	School (K- Subchapte	r 8 (Oth	er than K	(-12)			
400 Cedar Avenue									Other (i.e. etc.)	private	& comme	ercial bu	ilding	s, hom	es,
City (5) West Long Branch								1000	are Feet ,000	3	f Floors		Bldg. 1968		
County (6) Monmouth					Code (7) USE ONLY)			ent Use (Pr	ior if be	ing demo	lished)			
Name of Monitoring Firm Briggs Associates	Hired by Building (Owner (8)		ASCI 0004				of Ab	atement Co Environm						
Street Address 3 Crosswicks Street	·			000			Street	Addre	ess	iontai	оогр.				
City, State, Zip Code							120000000		d Street Zip Code						
Bordentown, NJ 085									NJ 0707	2	10				
Project Manager for Moni Mike Hoodak	toring Firm			Telepho (609)	ne No. 298-552	20	900000000000000000000000000000000000000	hone N 939-6			License 00756				
Start Date (10) 01-23-17(1)01-25-1	7	Schedule 03-31-		npletion	Date (11)		200000000000000000000000000000000000000	of OS n-Air I	HA Monitor Inc.						
Occupancy Status During		- 5		3 Proc 2 Adv				Addre	ss kson Ave	nue					
Facility Closed/Vaca Abatement Performe Other – Describe: T	ed Outside of Norm	al Facility	Hours		nent		City, S	State, Z	ip Code						
Scope of Work (Check All							Long		nd City, N	110	2000	:E - \ / - :			
≥3 sf or ≥3 If	тпастрыу/	X R	enova	tion			×	7	SHA Class II Containm						
≥160 sf or ≥260 lf		_	emolit				F	Mir Glo	ni-Enclosure ovebag Pro	e cedure					
		le	Locati	on				<u> </u>	n-Exempte	d (*) and	a Non-Fri	able Pr		re ement	
Location		l N	lormali	ly		Des	scription	of					Т	уре	
Asbestos-Containing I TO BE ABA		Mai	d Sole ntenar	nce/	Asbes	tos Cont	aining N	/ateria	I (ACM)		mount specify	71		En	П
In Facilit (13)		Cust	odial S (12)	Staff?	(1.0.	surfac	cing, VA	T, or	30011,		or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other ii	niscellar	leous)				val	=	ulate	ure
Level 3	3			х	Acc	oustical	Ceilin	g Pla	ster	20,	000SF	x			
Name of Registered Waste	e Hauler		I N.	JDEP W	/aste	Cubic `	Yards		Name of	Registe	red Land	fill			
ATC, Inc. / JBT (5007			Ha	auler ID		of Was			Minerva						
City, State Shirley, NY / Bronx, N	ΙΥ					Dispos TBD	al Date	>	City, State Waynes		OH 44	688			
Completed by		Title					gnature		7	7	1	Date			
Richard Doran		Projec	ct Ma	nager			1)	- 11 -	1	. (01-19-	17		

00 011		NOTIC	:ICATI	State of	New Jersey ASBESTOS ABAT	EMENT	In E	C	E		V
(11)				t to NJA	C 8:60-7 and 12:12	20-7)					
Date of Notification (1)					me of Building Ov RCK SHARP & DO		2)	JAN	1 2	4 2	017
1 / 19 17					eet Address		1.00				
Agencies Notified Type Notifi	ication			126	E. LINCOLN AVE	ENUE, P.O. BOX		.=07	00	201	TOC
EPA Initial	Notificati	on		City	, State, Zip Code		ASL	JES I		ISIN	Ġ.
DEP X Amer	nded Notif	fication	#2	RA	HWAY, NEW JER	SEY 07065					-
	ellation						Telephone Numb	0.5			
X DOH On H		NOTIF	IO A TI		me of Contact	£.	i i elennone ivumb	er			
DCA EME	RGENCY	NOTIF			ndra M. Schenk						
	- Tables	Diseas		ACILITY	INFORMATION	Type of Facility	(A)				
Name of Facility Where Abatement i	is Taking	Place	(3)			School (K-					
MERCK SHARP & DOHME CORPOR	ATION						r 8 (Other than K-	12)			
MERCK SHARP & DOHNE CORPOR	ATION						orivate & commcl.		., hor	nes, e	tc.)
Street Address						Square Feet	# of Floors		Bldg	. Age	
126 EAST LINCOLN AVENUE - BUILI	DING 80Y	LINK				7,500	1		3	8	
City (5) Cour	nty (6)				unty Code (7)		ior if being demoli	shed)			
RAHWAY UNIC				(STA	TE USE ONLY)	VACANT		(0)			
Name of Monitoring Firm Hired by E	Building (Owner	(8)		ASCM No.		ment Contractor MENTAL CORPO		ON		
ENVIRONMETAL HEALTH INVESTIG	SATIONS,	INC.			104	Street Address	MENTAL CORPO	KAII	ON		
Street Address						313 SPOOK RC	OCK BOAD				
655 WEST SHORE TRAIL		_				City, State, Zip	COL 21 DA CS 10 X 20 Y G C CS				
City, State, Zip Code SPARTA,	NEW IE	RSEVI	7871			SUFFERN, NEV					
Project Manager for Monitoring Firm	INL VV OLI			Number		Telephone Num		nse N	umbe	r	
WILLIAM S. KERBEL, CIH			729-56			845-369-7500	1101	l			
Expected State Date (10)	Sc	10000000		tion Dat	e (11)	Name of OSHA	Monitor				
1 / 9 /17			/		19 /17	AMERISCI LAB	ORATORIES INC		#1	1480	
Month Day Year		/lonth		Day	Year /						
Occupancy Status During Abatement	(Check or	nly one)		2	Street Address	CTREET				
X Facility Closed/Vacated Du	uring Entir	e Perio	d of A	batemen	t Dogariha:	117 EAST 30TH	ISIREEI				
Abatement Performed Out: X Other - Describe: MON	SIGE OT INC NDAY - FF	imai F	Z AM-	3.30 PM	Describe.	City, State, Zip	Code				
X Other - Describe: MON	NDAT-II	NDAT	/ / Alvi-	0.00110		NEV	V YORK, NEW YO	DRK 1	0016		
Scope of Work (Check all that apply)					Full Conta	ainment with Neg	ative Pressure				
Demolition	X Re	novatio	n		Mini-Encl						
>3SF OR LF						g Procedure ble Procedure					
X >160 SF OR 260 LF					X Non-Friat			ΙΔ	hatem	ent T	vne
Location of Asbestos-containing		s Loca ormally			Containing Materi		Amount	_			
Material (ACM)	110	solely			(ie. Thermal sy		(Specify	REMOVAL	REPAIR	Į	S S
TO BE ABATED	Ma	aint/Cus			insulation, surfaci	ing, VAT,	SF or LF)	18	5	PS	SO
in Facility (13)		Staff (or other miscella	aneous)		12		ENCAPSULE	ENCLOSURE
	Ye	s No	N/A						+	J m	III.
1ST FLOOR -THROUGHOUT			X	DUCT V	VORK FLANGES		800 LN. FT.	Х		_	-
1ST FLOOR -THROUGHOUT			X	COVE E	BASE MOLDING		200 LN. FT.	X			\vdash
ADDITION TO SCOPE:		+	-								
	_		x	CEILIN	G MASTIC		120 SQ. FT.	х			
80 E ROOM 109 & 110			^	CEILIN	G WASTIC		120 04.11.				
N. (8.21	l N	IDEP V	Vacto	Cubic	ards of Waste	Name of Regis	tered Landfill				\vdash
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		uler ID		Cubic 1	30	LYCOMING CO	OUNTY RESOUR	CE M	ANAC	EME	NT S
825 HIGHWAY 33	Inc	1593			-		ER DRIVE/ROUT				
City, State		.500		Disposa	al Date	City, State	1				
FREEHOLD, NEW JERSEY				11.7	6/15/2017	MONTGOMER	Y, PA 17752	. ,		1	
Completed by (Print or Type)	Title		200		Signature	1/1	Dat	é /	10	/, -	7
BENJAMIN SANCHEZ	DIRECT	OR OF	OPE	RATION	S	1//	\times	//	4	1/	

1 500 016	N	OTIFIC	ATIC	State of N	BEST	rsey OS ABAT and 12:12	EMEN	NT		E	7	5		y le
110 QO		(Pursi	iant	Name	of B	uilding O	wner/	Operator (2 E CORP.)	J	AN	2 4	20	017
Date of Notification (1)					t Addr		Committee of the Commit			1				
1 / 13 /16 Agencies Notified Type Notific	ation			126 E	. LINC	COLN AVE	ENUE	, P.O. BOX :	2000, RY28-4	14	777	0.0	011	**DA1
EPA Initial	Notification					Zip Code NEW JER		07065		HODE	LIC	ENS	SINC	3
	ellation			Nome	o of Co	ontact		1	Telephone Nu	mber				\neg
X DOH On Ho	ola RGENCY N	OTIFIC	ATIC					1	r diapriorio					
DCA LIVE	to Enton			CILITY IN				-		-				
Name of Facility Where Abatement is	Taking P	lace (3)		012(11)			Тур	of Facility						
MERCK SHARP & DOHME CORPORA								School (K-	r 8 (Other than	n K-12)	so h	omo	s etc	-)
							X	uare Feet	rivate & comn # of Floors			dg. A		٠.)
Street Address 126 EAST LINCOLN AVENUE - BUILD		INK		Carra	tu Co	de (7)		7,500	1 or if being den			38		4
City (5) Coun						ONLY)		CANT	or it boing don		-,			
Name of Monitoring Firm Hired by B		vner (8)	-	12.07.11		CM No.			nent Contrac					
ENVIRONMETAL HEALTH INVESTIG	ATIONS, II	NC.				104	100000000000000000000000000000000000000	AND THE PROPERTY OF THE PARTY O	MENTAL COR	RPORAT	ION			_
Street Address								et Address SPOOK RO	CK BUAD					
655 WEST SHORE TRAIL								, State, Zip (
City, State, Zip Code SPARTA, I	NEW JERS	SEY 078	71						V YORK 1090				Angar nec	
Project Manager for Monitoring Firm				Number			Tele	ephone Num	5 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	icense	Num	ber		
WILLIAM S. KERBEL, CIH		973-72	500					-369-7500		1101				_
Expected State Date (10)	Sche		plet	ion Date		/17		ne of OSHA	Monitor ORATORIES	INC		#11	480	
1 / 9 /17 Month Day Year	Mo	6 /		15 Day		Year	Aivii	EKISOI EAD	01011011120			2017		
Occupancy Status During Abatement (Check only	y one)	-					et Address	OTDEET					
Facility Closed/Vacated Du	ring Entire	Period (of Ab	atement	o a a riba		117	EAST 30TH	ISIREEI					
Abatement Performed Outs X Other - Describe: MON	DAY - FRI	DAY 7	M- (3:30 PM	2501106		City	, State, Zip NEV	Code V YORK, NEV	V YORK	100	16		
Scope of Work (Check all that apply)								ent with Neg	ative Pressure	9				- 1
Demolition	X Ren	ovation			-	Mini-Enci Gloveba		cedure						
>3SF OR LF X >160 SF OR 260 LF					X	Non-Fria	_							
X >160 SF OR 260 LF Location of	Is	Locatio	n			iption of A	sbest	os-		_	Abat			
Asbestos-containing		mally us		C		ning Mater			Amount (Specify	1 1	XII TAIX		<u> </u>	NO I
Material (ACM)	4 14-5	solely by nt/Custo	255 27	7		Thermal sy on, surfac			SF or LF		Ě		AP.	5
TO BE ABATED in Facility (13)	1 1121/1120	Staff (12			or oth	er miscell	aneou	is)		P			ENCAPSULE	ENCLOSURE
, , , , , , , , , , , , , , , , , , ,	Yes	No N	I/A							_	+	4	П	m
1ST FLOOR -THROUGHOUT		>		DUCT W	ORK F	LANGES			800 LN. FT.	X	+	+		
1ST FLOOR -THROUGHOUT				COVE BA	ASE N	IOLDING			200 LN. FT.	X		1		
ADDITION TO SCOPE:														
80 E ROOM 109 & 110		2	<	CEILING	MAS	TIC			120 SQ. FT.	. X	-	-		
		\perp								-	+	-		
		I I	nt c	Cubic Ya	rde of	Masta	Na	me of Regis	tered Landfill					
Name of Registered Waste Hauler		DEP Wa uler ID N		Cubic 12	30		LY	COMING CO	OUNTY RESC	URCE	MAN	IAGE	MEN	IT SE
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	liac	15939			2800		44	7 ALEXAND	ER DRIVE/RO	OUTE 1	5			
City, State FREEHOLD, NEW JERSEY				Disposal 1/9/17-6/		17		ty, State	RY , PA 17752					
Completed by (Print or Type)	Title)PFI	RATIONS	Sign	nature /	5			Datey .	- ,	13	-/	フ
BENJAMIN SANCHEZ	DIKECI		J1 L1	7110110						ATTER DESIGNATION OF THE PERSON				-

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a of Natification (1)									(2)		. 1 /	N S	1 / 9
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	7.7.7.7.						/ENILIE	= P	V 2000 BV26	111			
	• 17%	tion						_, г.о. во	A 2000, K120	-414 AS			
DEP A			n					07065	1			JUE	ASIM
X DOL	Cancellation			1.0.01		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(OL I	07003					
X DOH	On Hold			Nam	e of (Contact	0000		Telephone N	Number			
DCA	EMERGENC'	NOT	FICA	TION Sand	dra M	. Schenk			1				
				FACILITY IN	VFOF	RMATION							
ne of Facility Where Abater	nent is Taking	Place	(3)				Тур						7 7
DOM SHADD & DOMME COL	PODATION						-	- (2)	5%	17.10			
CON SHARF & DONINE COP	RECKATION						Y					omos	oto \
et Address							1000						
EAST LINCOLN AVENUE -	BUILDING 80'	Y LINK						7,500	1			38	
	County (6)						Curr	ent Use (P	rior if being de	emolishe	d)		
1,1.11,1.11	UNION		14:	(STATE	_		1000.700	20-00392970	NS3		19.		
			(8)		A						TIC::		
	STIGATIONS	, INC.	-			104	-			RPORA	TION		
											102		
SPA	RTA, NEW JE	RSEY	07871				100000			01			
ect Manager for Monitoring F	irm	Tele	phone	e Number			Tele	phone Nun	nber	License	Numb	er	
							845-	369-7500		1101			
(1) [2] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	2010/00/00						123003010			8092			
			1				AME	ERISCI LAE	BORATORIES	INC	#	‡1148	0
	0.000	nly one)				Stre	et Address					
							117	EAST 30TH	H STREET				
					scribe	9:							
X Other - Describe:	MONDAY - FF	RIDAY	7 AM-	3:30 PM			City,			VVODV	1001	•	
be of Work (Check all that ap	ply)					Full Conta	l sinmer				1001	0	
Demolition	X Re	novatio	n					3					
>3SF OR LF	_												
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				400				7.0	Amount				-
Material (ACM)										Ĩ,	F	NO.	NO I
TO BE ABATED	100000000000000000000000000000000000000			200.00					SF or LF) 2	AR	AP.	6
in Facility (13)					or oth	er miscella	neous	5)		P	1.0	SUL	SUF
	Yes	No									+-	m	 m
FLOOR -THROUGHOUT		_	X	DUCT WO	RK F	LANGES			800 LN. FT.	X			
FLOOR -THROUGHOUT			X	COVE BAS	SE M	OLDING			200 LN. FT.	X			
											1	1	
		1									+	+	+
		+								-	+	+	\vdash
X DOL DOH DOH													
		+								_	_	+-	\perp
e of Registered Waste Haule													
	IN II	DEP W	aste	Cubic Yard	is of \	Naste	Mam	e of Regist	ered Landfill				1 1

Signature

Disposal Date

1/9/17-6/15/2017

447 ALEXANDER DRIVE/ROUTE 15

Date

City, State MONTGOMERY, PA 17752

15939

DIRECTOR OF OPERATIONS

Title

HIGHWAY 33 , State

EHOLD, NEW JERSEY

npleted by (Print or Type)

JAMIN SANCHEZ

30459

Date of Notification (1)							(2)				
				Ctro	at Address					r	777
	on			126	E. LINCOLN AV	ENUE, P.O. BO	X 2000 RY28	-4屆 (C	E		W
DEP	d Notif tion	icatio		City, RAH Nam	State, Zip Code WAY, NEW JEF e of Contact			JA	.N 2	4 2	017
DCA EMERGI	ENCY	NOTI	Walter State	MILEMAN PROPERTY				N ZEQ	TOS	CON	ITRO
				FACILITY IN	FORMATION		,				
		Place	(3)			School (K	(-12) er 8 (Other tha				-4- \
Street Address		_				+	~				
126 EAST LINCOLN AVENUE - BUILDING	G 80N					40,000	1			55	
City (5) County (RAHWAY UNION	(6)					Current Use (P VACANT	rior if being de	emolished	d)		
			(8)		ASCM No.						
Street Address	ONS,	INC.			104	Street Address		RPORAT	TION		
	V JER	SEY	07871					01			
Project Manager for Monitoring Firm		Tele	phone	Number					Numb	er	
WILLIAM S. KERBEL, CIH	-		15374 (1545)	ACTION OF		845-369-7500		1101			
2 / 1 /17		10	0.0	30	/17			INC	#	11480)
)	Day	Teal	Street Address					
X Facility Closed/Vacated During Abatement Performed Outside	Entire of Nor	Perio	od of A acility	Hours - Des	scribe:	117 EAST 30T	H STREET				
X Other - Describe: MONDA	r - FRI	DAY	7 AM-	3:30 PM				VYORK	10016		
Scope of Work (Check all that apply) Demolition X	Ren	ovatio	n		X Mini-Enclo	inment with Neg			10010	,	
				-							
1											
Asbestos-containing	non	mally	used	Co	ontaining Materia	al (ACM)	Amount			7	_
					7.7		(8) (8) (90)	NO	PA	CA	CL
	100000000000000000000000000000000000000						SF OF LF) \}	≂	PSL	SC
	_	,						1		E	교
GROUND FLOOR LABS			X	BLACK GL	UE DABS/SEAL	_ANT	330 SQ. FT.	X	T		
GROUND FLOOR LABS			X	COUNTER	TOPS/SINKS		1,180 SQ. FT	г. х			
GROUND FLOOR LABS			X	FIRE STOR	PUTTY		231 LN. FT.	X			
GROUND FLOOR LABS							Francisco Scott				
GROUND FLOOR LABS					~ 000000		****				
GROUND FLOOR LABS				PIPE FITTI	NGS						
GROUND FLOOR LABS								_			
GROUND FLOOR LABS									1		
									1	1	
Name of Registered Waste Hauler	NJDI	EP W	12.2								
Type Facility Type Fac											
825 HIGHWAY 33		1593	9	D:		-	ER DRIVE/RO	UTE 15			
				0.00			Y PA 17752				
	1					1 / /		Date		ei e	
		toce	of			1/1/	i.		-/	7-1	7 '

State of New Jersey

				ursuan	t to NJAC	8:60 an	id 12:12	0)	0	lock	-16	20	90	7
Date of Notification (1)				Name	of Building	Owner/	Operator	(2)						
1/16/17	T - 11 - 15			Sursa	appee R	amsar	oop Ra	amsing	n_suresh	@yahoo e	omp			7 15
Agencies Notified	Type Notification			Street /	Address						9		1 1	
× EPA	× Initial			0:1 0:		,								
DEP X DOL	Amended Amendment	+ #			ate, Zip C		00				JAN	24	201	17
	Emergency				y City N		02			lead basis				
DOH	justification)				of Contact					Telephone I	-			
DCA	Cancellation	1			appee R					ASB	ESTO	SC	ITMC	ROL
Name of Facility Where	Abatement is Takin	ng Place ((3)	FAC	ILITY INF	ORMAT	ION	Type of	Facility (4)		LIC	ENS	NG	
Home		9	-					prompt of the same						
Street Address		_							hool (K-12)	(Other than k	(-12)			
										ate & comme		ildings	, hom	ies,
City (5)								etc	:.)					
Jersey City								Square 2600	Feet	# of Floors		Bldg.	Age	
County (6)				Carrati	0-1-77					2		70		
Hudson					Code (7) USE ONLY)		Current	Use (Prior	if being demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		Name	of Abater	ment Contra	actor (9)		-		
										Services, L	LC			
Street Address							Street	Address						
							POE	3ox 483	, 4 E Gat	e Drive				
City, State, Zip Code							City, S	tate, Zip	Code					
							Glen	wood N	IJ 07418					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	one No.		License	No.	-	-	-
							973-	764-227	76	703				
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)		Name	of OSHA	Monitor					
1/25/17		2/24/1												
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Address						
Facility Closed/Vaca	ited During Entire F	Period of	Abaten	nent										
Abatement Performe Other – Describe: b	ed Outside of Norm	nal Facilit	y Hours	3			City, S	tate, Zip (Code					
Scope of Work (Check Al	That Apply)													
≥3 sf or ≥3 lf		×	Renova	ition				Full C	ontainment	with Negative	e Pressi	ire		
× ≥160 sf or ≥260 lf			Demolit	ion			-	Mini-E	nclosure			73.00		
								1 100000	bag Proced	lure) and Non-Fri	able Pro	redu	· o	
		le	Locati	on						7 4114 11011 1 11	dbio i ic	12.00	emen	t
Location	of		Vormal			D		-6				Ty	/ре	
Asbestos-Containing I			d Sole		Asbes		scription ainina M	ा laterial (A	CM)	Amount	-		m	
TO BE ABA			iintenai todial S		(i.e.	thermal	systems	insulatio	n,	(Specify	Re	R	inc	ill.
In Facilit (13)	У		(12)				cing, VA ⁻ niscellan			SF or LF)	Remova	Repair	sde	Enclosure
(/				Τ		Out of 11	inscondin	6003)			val.	=	Encapsulate	ure
		Yes	No	N/A										
baseme	nt			Х		pipe	insulat	ion		140 LF	Х			
											_			
Name of Registered Wast	e Hauler		1000	JDEP W		Cubic		N	ame of Reg	gistered Land	fill			
Freehold Cartage			10.003	auler ID 5939	No.	of Was	ste	5.5		Berks Land				
City, State				5505			al Date	-	ity, State				200000	
Freehold, NJ						TBD			Birdsboro	. PA				
Completed by		Title					ignature		7		Date			

A. Scott Higgins

President

1/16/17

		1		CATION	OF ASBI	ESTOS	ABATE		NT C	lor	R	1	0(15	4	
Date of Notification (1)					f Building (perator	r (2)	Г		V			_	t	
1/13/17				Adam	Portnoy						E C	F	П	W	F	10
Agencies Notified	Type Notification			Street A	ddress			1	The second second	UJF			U	U		
× EPA	× Initial									1						
DEP	Amended	ı			te, Zip Co						JAN	V 2	4	2017		14)
X DOL	Amendment #		-		eld, NJ	07060)			time hou						hamed
X DOH	justification)				f Contact				1	Te	ephone	Num	ber			
□ DCA	Cancellation			He Tarraneers	Portnoy							77 K	TOTA	10	S JC	
Name of Facility Where A	hatement is Taking	Place (3	(1)	FACI	LITY INFO	DRMATI	ON	Tv	pe of Facility	(4)	L1	CEN	IOIIV	10	-	n.hemanian.ira
Home	iourerrent to running	, 1000 (0	,													
Street Address									School (K		er than	K-12				
								×	Other (i.e.					dings,	home	es,
City (5)								Sc	etc.) uare Feet	T # 0	f Floors		B	ldg. A	ne	
Plainfield								7255	300	2	1110010		1 10	0	90	
County (6)		-		County (Code (7)				urrent Use (P		ina dem	olishe	ed)			
Union				(STATÉ I	JSE ONĹY)				70		3752		*			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	1 No.		100000000000000000000000000000000000000		Abatement Co nvironment		A	LLC				
Street Address				-			Street									
							PO E	Вох	483, 4 E	Gate D	rive					
City, State, Zip Code		Wall Strawn							, Zip Code							
							Glen	nwo	od NJ 074	418						
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph 973-		e No. 4-2276		Licens 703	se No				
Start Date (10)	T	Schedule	ed Con	npletion	Date (11)				OSHA Monito	r						
1/24/17		2/24/1			, ,											
Occupancy Status During	Abatement (Check	Only Or	ie)				Street	Add	dress							
Facility Closed/Vaca	ted Durina Entire Pe	eriod of A	Abatem	nent												
Abatement Performe Other – Describe: b	ed Outside of Norma	al Facility			18		City, S	State	, Zip Code							
Scope of Work (Check All	That Apply)				34.07-24.00		-									
≥3 sf or ≥3 lf		X	Renova	tion]	Full Containr	nent with	Negati	ve Pr	essiii	re:		
× ≥160 sf or ≥260 lf		-	emolit						Mini-Enclosu	re	.		0000	Ü		-
							ř	7	Glovebag Pro Non-Exempto			riahla	Pro	coduir	2	
		Ι.	1 "	0.0					Non-Exempt	T / an	d Non-i	Habit			ment	
1	- f	1	Locati Iormal	-		6									pe	
Location Asbestos-Containing I		Use	d Sole	ly by	Asbest		scription aining M		rial (ACM)	Α.	mount				m	
TO BE ABA	TED		intenar odial S	NOTE THE PARTY OF		thermal	systems	s ins	sulation,	(\$	Specify		Re	D	nca	Enc
In Facilit (13)	У		(12)				cing, VA niscellar			SI	or LF)		Remova	Repair	usq	Enclosure
()		Yes	No	N/A		ound) i	iloooliui	1000	.0)				a	T	Encapsulate	re
baseme	nt			Х		pipe	insula	tior	1		3 LF			Х		
attic				Х		ve	rmiculi	ite		5	0 SF					
Name of Registered Wast	e Hauler	·	1.00000	JDEP W		Cubic			Name o	f Registe	ered Lar	ndfill				
Freehold Cartage			1.5555	auler ID 5939	No.	of Was	ste		Weste	rn Ber	ks Lan	dfill				
City, State						Dispos	sal Date		City, Sta	ate						
Freehold, NJ						TBD			Birdsb	oro, P	A					
Completed by		Title				S	ignature	Э	h.	- 112 - 10 - 10 - 10 - 10 - 10 - 10 - 10		Date				370-372
. Scott Higgins President									le			1/1	3/17	7		

CK 21:	FICATIO	State of N N OF AS It to NJA	BESTOS	ABATE			0	E			\mathbb{V}				
Date of Notification (1) 1/16/17					of Building						JA	4N 2	4 2	2017	
Agencies Notified	Type Notification		-		Address	Board	or Eat	icatio	n		-				
⊠ EPA	Initial				Mill Roa	d					ASBES	STOS	CON	ITRO)L &
▼ DEP	Amended			100000	tate, Zip C							LICE	ISIN	<u> </u>	
	Amendmen Emergency				santville	•	232								
☑ DOH □ DCA	justification) Cancellation				of Contac					Te	lephone	Numbe			
□ bcx	Cancellation	1	-		a Thom	<u>.</u>	1011								
Name of Facility Where A		ng Place (3)	FAC	JILIT IN	ORMAI	ION	Туре	of Facility	(4)					
209 W Washington	Ave							0-0-0	School (K-	50%					
Street Address	640								Subchapte	r 8 (Oth	er than I	<-12)			
209 W Washington	Avenue								Other (i.e. etc.)	private	& comm	ercial bi	ilding	s, hon	nes,
City (5)									re Feet	# c	f Floors		Bldg.	Age	
Pleasantville			,						,000				30+		
County (6) Atlantic					Code (7) USE ONL	n		1	ent Use (Pr	ior if be	ing demo	olished)			
Name of Monitoring Firm	Hirad by Building	Ourner (9)				7 		n/a							
Health & Safety Ser		g Owner (8) ASCM No. Name of Abatement Contractor (9) Site Enterprises, Inc.													
Street Address			Street Address												
PO Box 365					6626 Delilah Road										
City, State, Zip Code	only, older, Elp Code														
Berlin, NJ 08009							Egg	Harb	or Towns	ship, N	JJ 0823	34			
Project Manager for Moni	toring Firm			Telepho				none N			License				
James Proctor Start Date (10)		856-452-1311 609-567-1250 01172 Scheduled Completion Date (11) Name of OSHA Monitor													
2/1/17		2/10/1		npletion	Date (11)				HA Monitor						
Occupancy Status During	Abatement (Chec	ribaliti a balloty bolivices, lile.													
Facility Closed/Vaca						2		Box 3							
	d Outside of Norm	al Facility	Hours	nent s			NE DESIGN		ip Code						
Other – Describe: v	acant								08009						1
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Pemolit				X	Min Glo	Containm i-Enclosure vebag Prod n-Exempted	e cedure	8			re	
		Is	Locati	on					•					tement	t
Location			lormal d Sole			Des	scription	of					Т	уре	
Asbestos-Containing N TO BE ABA	Material (ACM)		intena			tos Cont					mount	_		T.	m
In Facility		Cust	odial 9 (12)	Staff?	(1.6.		systems sing, VA		uon,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)	_		other m	niscellan	eous)				oval	air	sula	sure
		Yes	No	N/A										te	(U
Througho				X		9x9	floor t	ile		21	00 sf	Х			
Througho	out			X		12x1	2 floor	tile		7	5 sf	X			
Througho	out			X Window Units 23 x											
Name of Registered Waste	JDEP W		Cubic '			Name of	Registe	red Land	fill		-				
Site Enterprises Inc.			- 1	auler ID 03522(of Was			Tullyto	wn Lar	ndfill				
City, State						-	al Date		City, State	9				-	-
Egg Harbor Township)					2/10/	17		Bristol,						
Completed by		Title				Si	gnature	1/0			100	Date			
Eric Keys		OM					1 .	11	10			1/16/1	7		

Print Form,

	5	State of Ne	w Jers	sey - Notifica	ation of Asbestos A	batement	EG	EIVEM				
CKIDE	148)	(Pursu	8:60-7 and 12:120-7)		1 4 41	0 4 0047					
Date of Notification (1)					Name of Building Owner/O	perator (2)	net -	2 4 2017				
January 17, 2017					Mr. Thomas Hunka	C/O Johns	ston Air In	ic.				
Agencies Notified		Notification			Street Address	- 1	ASRESTO	S CONTROL &				
		☑ Initia				1		ENSING				
X EPA		□Amende	d Certif	ication	City, State, Zip Code	1	L10	111011101				
DCA		■ Emerge	ency (ir	ncluding	Kearny NJ			research and also				
x DOL		justific		55-56-5-60-7-00-7-03- - 04	Name of Contact		Telephone N	lumber				
X DEP		□ Cancel	lled		Thomas Hunka							
x DOH				FACILITY INF	ORMATION	•						
Name of Facility Where Abate	ement is Ta	aking Place (3)			Type of Facility (4)							
Residence					☐ School (K-12)							
					☐Subchapter 8 (other than							
Street Address					Other (i.e. private & c	commercial bu	ildings, homes	s, etc.)				
					Sq. Feet: Unknown	# of Floors	 2 Bldg. A 	lge: 60 years				
City (5)	County (6)		Code (7)								
Kearny	Hudso	on	(State L	Ise Only)	Current Use (prior if being demolished):							
***************************************							City in the city of the city o					
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM I	No.	Name of Contractor (9)							
EnviroVision Cons	ultants	inc.	0007	9		ENSENT OF	NOUL TAN	ITC INC				
Enviro vision cons					GREENWOOD ABAT	EMENICO	NSULIAN	115, INC.				
Street Address					Street Address							
20-21 Wagaraw Road	i, Bidg i	# 34A			511 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
Fairlawn, NJ 07410					Butler, NJ 07405							
Project Manager for Monitorin	na Firm	Telephone N	Jumber		Telephone Number		License Num	iber				
Fred Larson	19 1 11111	973-636-										
i red Larson		0,000	01.10		973-492-0477		00840					
Scheduled Start Date (10)		Scheduled C	Completion	n Date (11)	Name of OSHA Monitor							
January 28, 2017		January	29, 201	7								
					EMSL inc.							
Occupancy Status During A				1000 POOR	Street Address							
Facility Closed/Vacat	ed During	Entire Period	of Abater	nent	1056 Stelton Road							
Abatement Performed		of Normal Fac	lilty Hour	5 -	City, State, Zip Code							
Describe - Day Sh	1111											
Other - Describe:					Piscataway, NJ 088	354						
Source of Work (Check all that	at apply)											
A STATE OF THE STA						Full Contain	ment with Ne	gative Pressure				
≥ 3 sf or ≥ 3	lf			Renovation		Mini-Enclos	sure					
□ > 160 sf or ≥ 1				Demolition		x Glovebag						
00.000 = \$889,000,0000 0000000 = 00								on-Friable Procedure				
Location of Asbestos-Contain	ning Is I	Location Norma	lly Used	Description of Ast	pestos Containing Material nal systems insulation, surfacir	ng, (Specif		ement Type				
Material (ACM) in Facility (13) S0	lely by Maint./C aff? (12)	ustodiai	VAT, or other mis		or LF)	Remo	ve Repair Encap Enclose				
		ES NO	NA	7711,01 04101,1110	J.,	200000000000000000000000000000000000000						
Basement			X	Pipe & Fittin	g Insulation	140 L	F X					
Dasement			_		3							
Name of Reg. Waste Hauler		NJDEP Was	ste Hauler	ID#	Cubic Yards of Waste:		Name of Reg	gistered Landfill				
See Hauler Below # 1 &	2	See Belov			2		Meadowfill					
							G.R.O.W.S					
Hauler #1) Greenwood	Abaten	nent Consult	ants, In	c Butler, NJ (07405	Disposal Da		City, State				
NJ DEP # 1:	2561 NY	DEP#				January :	29, 2017	Route 2, Box 68 Bridgeport, WVA				
Hauler #2) Newark Cart	ing, Inc.	– Newark, NJ	04509,	NJ DEP # 19551				304-842-2784				
Completed by (Print or Type)		<u>Title</u>			<u>Signature</u>		<u>Date</u>	47 0047				
Marin Graure		Sr. PROJE	ECT MA	NAGER	Marin Graun	re	January	17, 2017				
					110000000000000000000000000000000000000							



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

						*** EMER	RGEI	NCY ***	Chec.	k# 8216	7	ПП	= [aceste.
Date of Notification	(1)		Name	of Buildi	ina Ov	ner/Operator (2	2)		111),55		1	/ 1	=	M
10 11 1/11 17	1/11/7			sica Ke	11411111111111		,							
Agencies Notified	Type Notifi	cation	Street	Address	-	THE STATE OF THE S			 	AN 24	20	17	1	#
☐ EPA	X Initia	al							On the same of the					
X DOL	Ame	ndment	1.00	tate, Zip th Cal		, NJ 07006				STOS CO LICENSI			. &	
X DOH			-	of Conta		,	-			ne Number	-			
☐ DCA	Canc	ellation	Jes	sica K	eowr	1				_				
			ш —		FA	CILITY INFORM	MATIC	DN .		-	-	=		
Name of facility wh	ere abatemer	nt is takir	ng place (3)				T	Type of Facility	(4)				
Jessica Keowi	n								Scho	ol (K - 12)		######################################		
Street Address									X Other	hapter 8 (O (Private/Co	mm			i
									Square Feet	./Homes, et # of Floors		T E	ildg. /	Age
City (5)			County (6)				1	unty Code (7)						
Morristown			Morris				(Si	ate use only)	Current Use (F	Prior if being	der	nolish	ed)	
Name of Monitoring	Firm Hired b	y Bldg. (Owner (8)			ASCM No.		Name of Abatement	_					
<u> </u>						n/a		B & G Restorati	on, Inc.					
Street Address								Street Address 105 Ryerson R	oad					
City, State, Zip Code							-	City, State, Zip Code			et turous			
Project Manager for I	Monitorina Eir			Tol				Lincoln Park, I	NJ 07035					
Floject Manager for i	wormoning Fir	1111		Phone	Numi	per		Telephone Number (973)696-6869	9	License N		ber		
Scheduled Start Date	(10)	So	ched. Com	oletion D	ate (1	1)	-	Name of OSHA Monit						
01/18/2017		(01/19/20	17				B & G Restorati	on, Inc.					
Occupancy Status Du								105 Ryerson Ro	pad					
Facility closed/	vacated durin formed outsid	g entire le of norr	period of a mal facility	batemer hours-	ıt.			City, State, Zip Code						
Describe: Other-Describe	:						-	LincolnPark, NJ	07035					
Scope of Work (chec		oly)												
☐ Demolition	X	Renov	ation				□ F	ull Containment w/neg	ative pressure	Gloveba	g pr	ocedu	re	
> <u>3</u> sf or > <u>3</u> If		≥160 st	f or <u>≥</u> 260 If				X	Mini-enclosure	[Non-fria				
Location of			ation norma			1		***************************************		- 1	R	R	Е	E
asbestos-conta material to be	ining	staff(1		Custoura	<u>'</u>	Descriptio material (A		sbestos-containing	Amount (Specify S		e m	e p	n	n
abated in facility	y (13)	Yes	No		N/A	material (F	(Civi)		LF)		o v	a i	a	C
basement					X	pipe insula	tion		100 lf		e X	r	П	
									10011	T I		H	H	H
DAY OF THE PARTY O														
egistered Waste Hau	ler	IN.	JDEP Haul	ar ID#		ubic Yards of W	acto	Mana of Barinta at	15"					
B & G Restoration			19563	CI 10#	_	2	asie	Name of Registered L Tullytown R	andfill esource & Re	covery C	ente	er		
ity, State Lincoln Park, NJ				Dispo	01/1	ate 9/2017		City, State Tullytown, P						_
completed by (Print or	Type)	Title		-1	T	Signature				Date				
Gordana Luna		Secre	tary/Trea	surer				Gordana Luna		01/17/2	01	7		

17 2017 04:58PM NJ	Asbe	stos Cont	rol 609.63:	3.0664	page 1						
1/8214 8 & G proj. #: 2017			N (Pun	otification of A	ate of NJ Asbestos Abstement C 8:60-7 and 12:120-7) ERGENCY ***		E C	N 2	2 4	201	7 .
Date of Notification (1)		1 Nar	me of Bullding	Owner/Operator		-	JULS:	-		EV:	1/ 1/
10 11 1/11 17 1/11 17		11 1	essica Keov	Am.	(2)		DATO	CE	14.4	Til	101
Agencies Notified Type No	uncati	4.4	et Address					Tartual March Late. The		***	
EPA E	lint		arriod mag				¥.7	: 1		7.	1
LJ DEP		Civ	State. Zip Co	do			10 E E	-	1/	7	
■ DOL □ A	nenda	ment N	iorth Caldwi	ell, NJ 07006				T	V		
₩ DOH		Auto-Ora	e of Contact			T WA	VFR /	App	220	VE	7
D DCA Ca	nosla	tion II	essica Keo			Tale	Thona Nu	mbai	-		
		11-3									
Name of the A			F	acility infor	MATION				- 4	_	-
Name of facility where abatem	ieni is	raking blace	(3)			Type of Fac	lity (4)	-			
Jessica Keown					1	S	chool (K	12)			
Street Address						☐ St	iochepter	B (Ot	her th	an K-1	2)
					*	IN O	har (Priva Igs./Home	telta	MAMMA M	c)al	500 .
City (5)		County (6	21			Square Fee				Elec.	. Age
			9)		County Code (7)			00000	- 1		
Morristown		Morris			(State use only)	Current Use	(Prior if b	paing	demo	ished)
Name of Monitoring Firm Hired	ру В	g. Owner (8)		ASCM No.	Name of Abatement	residentia	l			2010/2010/5T	
				n/a	(c) 104	0.000					-
Street Address					B & G Restorati	on, inc.	-				
					105 Ryerson R)ad					Cared In-
City, State, Zip Code					City, State, Zip Code		-	-			
Project Manager for Monitoring P				_	Lincoln Park, A	IJ 07035					
i rayera seemayor not technicottud b	IE (FF)		Phone Nurr	nbar	Telephone Number		Lician	so Ni	(Inches)		
Scheduled Start Date (10)					(973)696-6869			0037			
01/18/2017			plation Date (11)	Name of OSHA Monito	or .		-			and the same
		01/19/20			B & G Restoration	on, Inc.	-				
Occupancy Status During Abatem	ent (C	hack only on	19)	The second second	105 Ryerson Ro	he				-	
Facility closed/vacated during Abatement performed outside the performed outside the performed outside the performance of the performance outside the performance of	ig end	ira period of a	balament		City, State, Zip Code					also di conso.	
	26 01 11	tormal racing	uonia-		11				100		
Other-Describe:	-				LincolnPark, NJ	07035					
The second secon		lovation								_	
Picon		of or 250 if		į	Pull Containment winaget	Ive pressure	☑ Glow	1000	TOCOC	Sura	
Location of	Tia le	ocalion norm	Mile trans ealer		Mini-ancipsurs		☐ Nen-				
Asbestos-containing	DIVE	maintenanca/ f(12)	custodial	1				TR	R	IE	Τ-
material to be abated in facility (13)				Description material (A)	of ashesios-containing	Amount (Specify	90 A-	m	9	0	E
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Date of Notification (1)			r/Operator (2)			TI	المسال	V	777	1	mry G
Agencies Natified Type Notification	jackie casi Street Address	-	West Control of the C				V	/	-	+	-
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Amendment #:	City; State, Z				81		WAIVEN	TI I	110	<u> </u>	
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Name of facility where abatement is to	king place (3)					Type of Pac	Hity (4) cheol (K - 12)	-			Simple.
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WESTFIELD	UNION			830	.,			S chall	MIIBILA	4)	
Name of Monitoring Firm Hired by Blog	J. Owner (8)		ASCM No.		Name of Abatement						
Street Address		_		ー	Street Address	STION, IN		Mr. Sa			
					20 California Av	re.					
City, State, Zip Coda					Paterson, NI 07	503					
Project Manager for Monitoring Firm	Pho	ne Numbe)[elephone Number		License		er	S ME S	
Start Date (10)	Sched, Completion	Data /14		_	973-345-8020 Name of OSHA Moni	tor	U	1169			
01/19/17	02/10/17	1 CONTACT II	,		D & S Restorati	on, inc.			4		
Occupancy Status During Abatement (C		and the second			20 California Av	enuc					
Facility closed/vacated during ent Abatement performed outside of				11	City, State, Zip Code		and the second s	ON A STATE OF	W. MATERIAL	Sha of C	
Describe: NORMAL HOU	£			-11	Paterson, NJ 07	503					
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Date of Notification (1)		Na	ame of I	Building Owner/O	perator (2)		AN.	24	20'	7	
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Name of Facility Where Abatement is Taking Plac	e (3)		FACIL	ITY INFORMA	HON	Type of Facility (4	1)					
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Street Address 203 HARRUSON	ALIE	_				Other (i.e. pr	ivate &	commercial bu	ilding	s, hon	ies, et	c.)
	7,00			*		Square Feet	# of	Floors	Ble	dg. Ag	e	
City (5)				40		10800	1	f		19	40	
JERSEY CIT	-	TC	ounty C	ode (7):		Current Use (Prior	if being	demolished)			•	
County (6)				SE ONLY)		Bus		APT				
Name of Monitoring Firm Hired by Building Own	er (8)	_	ASCM	No.	Name	of Abatement Contr			0 = = 20			
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Street Address	treet Address											
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City, State, Zip Code			0.000			State, Zip Code	1 Dele					
						ckensack, NJ	0760	1				
Project Manager for Monitoring Firm		T	elephon	e No		ione No.		License No.				
Project Manager for Montoning 1 mm			o.op.i.oii	7.0.20		201-329-744	4	003	88			
Start Date (10)	Scheduled (Comple	tion Da	te (11)	Name	of OSHA Monitor						
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Occupancy Status During Abatement (Check Only	One)	-	1 1			Address						
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Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fa Other – Describe:	cility Hour	Som			City, S	State, Zip Code		** 05/0/				
Other - Describe: 8:00 AM TO	2:00	441			S	outh Hackens	ack, I	NJ 07606				-
Scope of Work (Check All That Apply)												
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						☐ Glovebag Proc ☐ Non-Exempted	(*) and	Non-Friable P	roced	ure		
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In Facility (13)	15,57755	(12)		othe	VAT, or er miscella		3.	i or bry	Remova	pair	Encapsulate	Enclosure
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Project Manager for Monstover	g Firm	-	-	Falapho	me No.		_	nd Park, N.J		1 1)		orbanikilana,		-
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Print Form

Date of Notification (1) 01/18/17		of Building					In	E	C	E		E		
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Name of Facility Where Abatement is Takin Essex County Hospital Bldg # 23 Street Address 204 Grove Ave.	g Place (3)	FAC	CILITY INF	ORMA	TION	Type	e of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Othe	er than I	K-12) ercial b	uildir		nes,
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County (6) Essex			County (STATE	Code (7)	n		Curr	ent Use (Prid	or if beir	ng demo	olished	-		
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.		A CONTRACTOR OF THE PARTY OF TH		atement Cor rvices Inc		(9)				
Street Address City, State, Zip Code						City, St	Maple tate, Z	e Ave. lip Code						
Project Manager for Monitoring Firm			Telepho	one No.		Walli Teleph 862-2	one N			License 01107				
Start Date (10) 01/18/17	/18/17 03/18/17													
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abaten	nent			City, St	Maple ate, Z	ss e Ave. ip Code n, Nj 0705	7					
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City, State Newark, NJ						al Date /17		City, State Morrisvil	le, PA					
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Date of Notification (1	1)
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Agencies Notified	Type No
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Date of Notification (1) 1/20/2017			of Building TON PU							JAN	2 4	201	1			
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Name of Monitoring Firm I		Owner (8))	ASCI	M No.	//		of Aba	atement Co	ntractor	(9)		NC			
Street Address PO BOX 385							Street	Addre				1110, 1	10, 1110.			
City, State, Zip Code OCEANVILLE, NJ 08	3231						City, S	state, Z	ip Code , NJ 075	512						
Project Manager for Monit		Telepho	one No. 52-1833		Teleph		o.	12	License							
Start Date (10) 2/1/2017	ed Co		Date (11)		Name	of OSI	HA Monitor S (9) ABO	\/E	0043	+						
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TWO BROTHERS CONTRACTING					Hauler ID No. of Waste					of Registered Landfill STE MANAGEMENT G.R.O.W.S.						
City, State FOTOWA, NJ							al Date		City, State		E. PA					
Completed by /IVECA RAMOS	COOR	RDINATO	S	ighature	NG A	a t	200	[Date 1/20/2)17	111525					
	ECA RAMOS PROJECT					CT COORDINATOR Unella Kann 1/20/2017										

CK5935

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

Print Form,

CP 5015 5	(1	Pursuan	t to NJAC 8		1					1					
Date of Notification (1)		Name of Building Owner/Operator (2) Joshua Felbauer Private Home													
1/20/17	ma Natification					er Private I	Hor	me		į					
	pe Notification			Street	Address				- Contraction	ASBE	STO	300	NTRO	71 8	
EPA X	200			City	tate, Zip Coo				-	71001.	LICE			J L 0	
X DOL	Amended Amendmen	t #	Liveren I		ate City N									- Malhalas (anti-	
⊠ DOH	Emergency		3		of Contact	10 00402			Tol	ephone	Mumala	_			
DCA DCA	justification) Cancellation			Josh					161	epriorie	Numbe	ir.			
				FAC	ILITY INFO	RMATION							2		
Name of Facility Where Abat		ng Place (3)				T	ype of Facility (4	1)						
Joshua Felbauer Priva	ate Home							School (K-12	2)			53			
Street Address								Subchapter 8	8 (Othe	er than	K-12)				
				55			×	Other (i.e. pr etc.)	ivate d	k comm	ercial b	uildin	gs, hon	nes,	
City (5)	2						1	quare Feet	Taxabara.	Floors		Bldg	. Age		
Margate City NJ 08402								000+	1			35-	-		
County (6) Atlantic					Code (7) USE ONLY)			urrent Use (Prior		ng dem	olished)				
Name of Monitoring Firm Hire	ad by Building	Owner (9)			40			House & Gara	•	423					
N/A	ou by building	Owner (8))	ASCI	M No.			Abatement Cont	: Contractor (9)						
Street Address						Street		and the second second							
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City, State, Zip Code				-				e, Zip Code							
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Project Manager for Monitorin	ject Manager for Monitoring Firm					Teleph				Licens	e No.	_			
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Start Date (10)				mpletion	Date (11)	Name	of (OSHA Monitor							
1/31/17		2/3/17				Sam	ne								
Occupancy Status During Aba						Street	Add	dress			10 may 200 m				
Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire F utside of Norm	Period of A	Abaten Hours	nent s		e, Zip Code	4								
Scope of Work (Check All Tha	at Apply)														
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TO BE ABATED			intenai odial S		(i.e. th	ermal systems	s ins	sulation,	(Sp	pecify	7	x	Encapsulate	g	
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Pernaco Inc.	Н	auler ID	No.	of Waste			-giotoit	Ja Laile							
	2	21787 4 ACUA													
City, State West Berlin NJ		Disposal Date City, State													
Completed by						arbor Twp NJ 08234									
Anthony T Perna		Title Presi	dent	Signature					Date						
and only in onla	ueni	nt 1/20/17													

CHECK# 1674

Date of Notification (1) 01/20/2017	Name of Building Owner/Operator (2) FLAUM MANAGEMENT COMPANY INC.										E li					
Agencies Notified	Type Notification Initial				Address ANDRE	WS ST	REET	SUIT	ΓE 500						=	Picture Comment
DEP DOL	Amended Amendment			City, St ROC	ate, Zip C HESTE	ode R NEW	/ YORI	K 146	320		lead.	JAN	2	4 2	01/	ļ.
DOH DCA	Emergency justification) Cancellation	2K 10.7			of Contact ER FLA					Tel	ephon	e Num	ber (NO:		1.8
				FAC	ILITY INF	ORMAT	ION			1				-		-
Name of Facility Where Ab	oatement is Takin CE - VACANT	g Place (PATH	3) MARI	K					of Facility (School (K-1	12)						
Street Address 949 CHURCH ROAD)								Subchapter Other (i.e. p etc.)	r 8 (Other	er than & comr	n K-12 mercia) I buil	dings	, hom	es,
City (5) CHERRY HILL								Squa 48,0	re Feet 000	# of	Floor	S		8ldg. <i>A</i> 50+	\ge	
County (6) CAMDEN					Code (7) USE ONL	y)		Curre	ent Use (Pri SIDENTIA	or if bei	ng den ARTM	nolishe //ENT	ed) S			
Name of Monitoring Firm H ACER ASSOC.	lired by Building (Owner (8)	ASCI	M No.		Name ASS	of Aba	tement Cor D ENVIR	ntractor ONME	(9) ENTA	LSE	RVI	CES	INC	
Street Address 1012 INDUSTRIAL D	RIVE							Addres	ss MS RUN							
City, State, Zip Code WEST BERLIN NJ 08	8091								ip Code HILL NJ	08062	2		-53/73			
Project Manager for Monito MATT DEPALMA						2		hone No -304-4			Licen 0114	se No 45				
Start Date (10) 02/06/2017	tart Date (10) Scheduled				Date (11)	Name of OSHA Monitor EMSL										
Occupancy Status During A	Abatement (Check	k Only O	ne)	Street					SS							
Facility Closed/Vacate Abatement Performed	d During Entire F Outside of Norm	eriod of a	Abaten	nent 200 RT. 130 NORTH City, State, Zip Code												
Other – Describe:				CINNAMINSON NJ (7					
Scope of Work (Check All T	hat Apply)						97.1	- 10								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Comment	Renova Demolit						l Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					۵	
		ls	Locati	on						7			The same of the sa		ment	
Location of		1	Vormal	ly		De	scription	of				ļ		Ту	ре	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Ma	ed Sole intenar todial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfa	ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A X									70		e e	
	GROUND FLOOR					N	IASTIC)		43,4	15 S	F	X			
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SECOND FLOOR UTILITY AREA						NF1 F	LOOR	TILE		50) SF		Х			
Name of Registered Waste Hauler				JDEP W	laste	Cubic	pic Yards Name of Registered Landfill									
DAVID GEPPERT				auler ID		of Was			WESTE	_			NDF	ILL		
City, State PHILADELPHIA PA				Disposal Date City, State BIRDSBORO, PA												
Completed by Title				NERAL MANAGER Signature Signature WERAL MANAGER Date 01/20/2017							Congress of					

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Date of Notification (1) 1/19/2017		Name of Building Owner/Operator (2) Immaculate Conception High School							AN) /	201	7			
Agencies Notified EPA DEP DOL	Type Notification Initial			Street 33 Co	Address ottage P tate, Zip C clair, NJ	lace		911 3011001		ASBES		S CO	NTR		
□ DOH □ DCA	Emergency justification Cancellatio	(including		Name	of Contact Miscia				Te	lephone N	umber				
Name of Facility Where A Immaculate Concept Street Address 33 Cottage Place	Abatement is Taki otion High Sch	ng Place (3	3)	FAC	CILITY INF	FORMAT	TION	Other (i.e. etc.)	-12) er 8 (Oth private	ner than K- & commer	12) cial bu	ildings	s, hom	nes,	
Montclair County (6)		1		County	Codo (7)			Square Feet n/a	n/a			Bldg. n/a	Age		
Essex Name of Monitoring Firm	Lligad by Duilding	0 (0)		(STATE	Code (7))	_	Current Use (Pin/a		Ti 00000	shed)				
Bioterra Solutions	mired by Building	Owner (8)		ASC	M No.			of Abatement Co x Contracting		(9)					
Street Address 1130 W Chestnut S	treet						77.00	Address Box 734							
City, State, Zip Code Union, NJ 07083								tate, Zip Code dland Park, N	J 0742	24					
Rick Eustaquio	Section for the section of the secti						1000000 TO 100000	one No. 692-6298		License 1 01266	No.				
Start Date (10) 1/30/2017	Start Date (10) Scheduled C						92.5	of OSHA Monitor							
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire	Period of A	bater	ment s			Address ox 734 tate, Zip Code dland Park, N	J 0742	14						
Scope of Work (Check All ≥3 sf or ≥3 If ≥160 sf or ≥260 If	That Apply)	_	enova	vation				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Location	of	N	Locati	lly		Des	scription	of					ement rpe	:	
Asbestos-Containing M TO BE ABA In Facility (13)	TED	Mair Custo	(12)	nce/ Staff?		tos Conta thermal surfac	aining Ma	aterial (ACM) insulation, , or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
Baseme	nt	Yes	No	N/A X		Pipe	Insulat	ion	4) LF	x		е		
Amax Contracting LLC				Hauler ID No. of Waste 3 GR				GROW	S	ed Landfill					
Noodland Park, NJ								City, State Morrisv	City, State Morrisville,PA						
Completed by Title Tome Maslarkov Project Man						gnaturé	Date 1/19/2017								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2699 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 / 20 / 17 Raymond Spieczynski Type Notification Agencies Notified Street Address ASBESTOS CONTROL & ☐ EPA X Initial LICENSING **⋈** DOLWD Amended City, State, Zip Code X DHSS Amendment # Bloomfield, NJ 07003 ☐ DCA Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Raymond Spieczynski **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bloomfield, NJ 07003 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 01 / 29 / 17 01 / 30 / 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/ 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 2 160 sf or 260 If Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of 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 SIF or LF) surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 80 LF \boxtimes П П П 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 N.Jevtic 01/20/17 Owner ASB-41

CK#3088	N	IOTIFI (Pi	CATION	OF ASBE	ESTOS A	BATER 12:128		DE	GE		V [
Date of Notification (1)			Name of	Building C	Owner/Op	erator	(2)	-					H	
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Agencies Notified Type Notification		ė į	Street Ar	A CONTRACTOR OF THE PARTY OF TH	2		_		and the state of t		and the latest			
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DOH Emergency (i	ncluding		Name of	Contact	0			Tel	ephone Au	mber				
DCA Cancellation		CHRACO		Cur	a			1		7			y.	
PORMS			FACI	LITY INFO	RMATIO	2:								
Name of Facility Where Abatement is Taking						į	Type of Facility	(4)						
Passes Resi	des	<u></u>	<u> </u>				School (K-		65 16-65	n i				
Street Address	15-51-						Subchapts Other fi.e.			z) al buildings, homes.				
, , , , , , , , , , , , , , , , , , , ,						- 1	etc.)							
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County (6)							- 1		5		50 t			
7			County C	Code (7) JSE ONLY)		j	Current Use (Pr			red)			1	
Mormonth							100)	Ide	1 ce					
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	î No.	12		of Abatement Co		(9)					
			, , , , , , , , , , , , , , , , , , ,				Insulation Co	., 1115						
Street Address					i		Address ontrose Rd							
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City, State, Zip Code					7		ate, Zip Code Neck, New J	forenzi				i		
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Project Manager for Monitoring Firm		1	Telephor	IS NO.	7		one No. 194 1757	1	License N 00029	EJL.				
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Start Date (10)	Scuedine	7 /00	ubienou i	Date (11)	de recent	Wallie 9	or OSHA Monto	1						
Occupancy Status During Abatement (Check	Only On	$\frac{2}{2}$	1 1			Street	Address							
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Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm					5	City St	tate, Zip Code							
Other - Describe: 1/2m -	700		•			v, , v.	and my oran							
Scope of Work (Check All That Apply)														
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Name of Registered Waste Hauler			UDEP W lauler ID		of Wast		1	100		\$				
Ace Insulation Co., Inc.		1	2086	Total State of the		2		s Landí	114					
City, State				4	Disposa	Date	City, Sta	100	1				1	
Colts Neck, New Jersey				Ç.	213	117	Fastor	1 11	÷	500 U 1500 IV				
Completed by		7.		Skg	宁	X	f	De	ita_	(-			
Bree McGuire	etary	Treasu	rer		10	wh			112	0 1	17			
ASB-41 (R-06-08)	*Do not use this form for asbestos licensure exempted activities.													

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Chris Morley 1/20/17 ASBESTOS CONTROL & Street Address Agencies Notified Type Notification LICENSING × Initial City, State, Zip Code Amended DEP Sea Bright, New Jersey 07760 Amendment # DOL Emergency (including Telephone Number Name of Contact justification) DOH Joe Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Morley Property School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X etc.) Square Feet # of Floors Bldg. Age City (5) 1800 1 65 Sea Bright Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) residence Monmouth Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Ace Insulation Co., Inc. Street Address Street Address 95 Montrose Rd City, State, Zip Code City, State, Zip Code Colts Neck, New Jersey 07722 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 732 294 1757 00029 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 1/25/17 1/23/17 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am-7pm × Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure X Demolition ≥160 sf or ≥260 lf Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Abatement is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulat Enclosure Maintenance/ (Specify (i.e. thermal systems insulation, Remova Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12) other miscellaneous) (13)No N/A Yas 1500sf mastic on bricks Х exterior Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler

Hauler ID No.

04509

Secretary Treasurer

of Waste

1/25/17

Disposal Date

Signature

20

1/20/17

IESI

City, State

Bethlehem, PA

Bree McGuire

Newark Carting

Newark, New Jersey

City, State

Completed by

Ch10031188

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

Print Form

71100011	Name of Building Owner/Operator (2) JAN 2 4 2017														
Date of Notification (1) 01/20/2017			of Building aret Wie		perato	(2)	U	L	JAN	24	20	1	Les		
Agencies Notified Type Notific	ation		Street	Address				1	AS	BESTO	25 00	ONT	301	8.	
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Emera	ency (including	-			e, NJ 07	079			-	-,					
DOH justifica				of Contact aret Wie					ام ۲	phone N	Jumber				
Name of Facility Where Abatement is	Taking Dlass (2)		FAC	ILITY INF	ORMATI	ON			i						
House	raking Place (3)).					Type of Faci								
Street Address							School Subcha			er than K.	.12\				
							X Other (i	.e. priv	8 (Other than K-12) ivate & commercial			buildings, home			
City (5)							etc.) Square Feet		# of	Floors		Bldg.	Δαο		
South Orange							N/A		N/A			N/A	Aye		
County (6)				Code (7)			Current Use	(Prior	if beir	g demol	ished)				
Essex				USE ONLY	Y)	_	House								
Name of Monitoring Firm Hired by Buil N/A	ding Owner (8)		ASCI	M No.		Name D&S	of Abatement Abatement	Contra	ontractor (9)						
Street Address							Address	, 1110.							
								sengren Avenue							
City, State, Zip Code						City, S	tate, Zip Code								
	iect Manager for Monitoring Firm					Toto	va, NJ 075	12							
Project Manager for Monitoring Firm		Telepho	ine No.			one No. 345-8685	- 300		License	No.					
Start Date (10)	d Con	nnletion	Date (11)			of OSHA Mon	tor		01311						
01/30/2017	01/31/20		. ipiotion	Date (11)			Abatement	200211							
Occupancy Status During Abatement (Check Only One	2)					Address		-						
Facility Closed/Vacated During Er	itire Period of Ab	oatem	nent			11 R	sengren A	venue	е						
Abatement Performed Outside of Other – Describe: Occupied	Normal Facility I	Hours	5		ate, Zip Code										
Scope of Work (Check All That Apply)	1					10101	va, NJ 075	12							
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≥160 sf or ≥260 lf	processes.	nova moliti				×	Full Containment with Negative Pressure Mini-Enclosure								
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(13)		(12)			other mi				01 (,, ,,	Remova	Repair	Encapsulate	Enclosure	
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Crawl Space		Х		Pipe	e and Fi	tting I	nsulation		13	LF	X				
Name of Registered Waste Hauler															
D&S Abatement, Inc.	Ha	JDEP W auler ID	20202	Cubic Ya of Waste		100000000000000000000000000000000000000			d Landfil						
	20	996		TBD	Waste Management of PA										
City, State Totowa, NJ	Disposal Date TBD				Date City, State Morrisville, PA										
Completed by	Title	IBD Signature //				A									
Dliver Hegedis	t Manager				01/20/2017										

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 01/20/2017 Rachel Friedman Agencies Notified Type Notification Street Address ASBESTOS CONTROL & × × EPA LICENSING Initial City, State, Zip Code DEP Amended DOL Amendment #_ Maplewood, NJ 07040 Emergency (including Name of Contact × Telephone Number DOH justification) DCA Cancellation Rachel Friedman **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Maplewood N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-8685 01311 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/31/2017 02/01/2017 D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Street Address 11 Rosenaren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Occupied Totowa, NJ 07512 Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf≥160 sf or ≥260 lf	-	Renova Demoli	2141772277	= 200,000	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Location of	100	Locat Norma	5.773.5		Description of					emen ype	t		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ((12)	nce/	Asbe (i.	Description of estos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A					<u>m</u>		ate	re		
Garage		Х			Duct Insulatio	n	40 SF	Х					
Name of Registered Waste Hauler		750	JDEP W		Cubic Yards	Name of	Registered Landfill						
D&S Abatement, Inc.		205	lauler ID I 0996	No.	of Waste TBD	Waste	Management o	f PA					
City, State Fotowa, NJ					Disposal Date City, State TBD / Morrisville, PA								
ompleted by Title					Signature	11	Da	ite			-		

Project Manager

Signature

Oliver Hegedis

01/20/2017

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1/20/2017 NJDEP OFFICE OF RESOURCE DEVELOPMENT Agencies Notified Type Notification Street Address ASBESTOS CONTROL P.O. BOX 420 LICENSING **FPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # 3 TRENTON, NJ 08625 Emergency (including Name of Contact DOH Telephone Number justification) DCA AL PAYNE Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE & GARAGE School (K-12) Street Address Subchapter 8 (Other than K-12) D&R CANAL STATE PARK -Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age FRANKLIN TOWNSHIP County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) SOMERSET Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT, INC. TWO BROTHERS CONTRACTING Street Address Street Address 344 WEST STATE STREET 11 VREELAND AVENUE City, State, Zip Code City, State, Zip Code TRENTON, NJ 08618 TOTOWA, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. WILLIAM WEISGARBER 609-656-8101 973-956-8700 00494 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/10/2017 2/6/2017 SAME AS (9) ABOVE Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: VACANT Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Regis	tered Landfill NAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ		Disposal Date 2/6/2017	City, State MORRISVII	_LE, PA
Completed by VIVECA RAMOS	Title PROJECT COORDIN	ATOR Signature	ra Pans	Date 1/20/2017

SEE ATTACHED

X

no c	K		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)							G	ET	Print Fo
Date of Notification (1) 1/3/2017				of Building Owne P OFFICE O			CE DEVELO	DPM	d tens	JAN	2 4	2017
Agencies Notified	Type Notification			Address BOX 420				1000	ASBE		S COI	VTROL
DEP X DOL	Amended Amendment			ate, Zip Code ITON, NJ 086	525					-10		l hat
☑ DOH DCA	justification) Cancellation	including	Name of	of Contact AYNE				Tel	ephone Nu	mber		
			FAC	ILITY INFORMA	TION							
Name of Facility Where A		g Place (3)				Тур	oe of Facility (4 School (K-12	,				
Street Address D&R CANAL STAT	TE PARK -					×	Subchapter 8 Other (i.e. pr etc.)				dings, h	omes,
City (5) FRANKLIN TOWNS	SHIP					Squ	uare Feet	# 01	# of Floors Bloom			е
County (6) SOMERSET				Code (7) USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm USA ENVIRONMEN				M No.			oatement Cont			JG		
Street Address 344 WEST STATE	STREET			110	Street Address 11 VREELAND AVENU							
City, State, Zip Code TRENTON, NJ 086	18				7		Zip Code A, NJ 07512)	-			
Project Manager for Moni WILLIAM WEISGAF	275		Telepho	one No. 56-8101	Teleph	one			License N	lo.		
Start Date (10) 1/10/2017		Scheduled Co	000000000000000000000000000000000000000		Name	of O	SHA Monitor S (9) ABOV	/F				
	Ahatement (Chaol				Street		and New York Manager	-				
Facility Closed/Vaca	Compancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility House Other – Describe: VACANT				City, State, Zip Code							
Scope of Work (Check All	pe of Work (Check All That Apply)											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	enovation emolition		Mini-Enclosure Glovebag Proces									
Location	of	ls Loca Norma			escription	,						ent

_		10.00	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	70			December				Abat	ement	
Ma	aintena	nce/		stos Containing Mat thermal systems in surfacing, VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsul	Enclosure
Yes No N/A						10		ate	6	
							Х			
	Н	auler ID	[17] [7] [7] [7]	Cubic Yards of Waste 20	160000000000000000000000000000000000000			.R.C).W.S	3.
				Disposal Date 1/23/201/7	1 2 2					
Completed by Title VIVECA RAMOS PROJE			Tolgridate () Date							
	Is Use Ma Cus	Is Locat Normal Used Sole Maintena Custodial S (12) Yes No	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP W Hauler ID 18743	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Waste Hauler ID No. 18743	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Waste Hauler ID No. 18743 Description o Asbestos Containing Ma (i.e. thermal systems i surfacing, VAT, other miscellaned of Waste 20 Disposal Date 1/23/2017 Title DDO IS CT COORDINATOR	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Waste Hauler ID No. 18743 Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NJDEP Waste Hauler ID No. 18743 Disposal Date 1/23/2017 Nore	Normally Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF)	Second S	Second composition Second	Second containing Material (ACM) Amount Second containing Material (ACM) Second containing Material (ACM) Amount Second containing Material (ACM) Second containing Material (ACM) Amount Second containing Material (ACM) Second containing Material (ACM) Amount Second containing Material (ACM) Second containing Material (ACM) Amount Second containing Material (ACM)

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification Name of Building Owner/Operator (2) 12/22/2016 NJDEP OFFICE OF RESOURCE DEVELOPMENT Agencies Notified Type Notification Street Address ASBESTOS CONTROL & P.O. BOX 420 FPA Initial DEP × Amended City, State, Zip Code × DOL Amendment # 1 TRENTON, NJ 08625 Emergency (including Name of Contact DOH Telephone Number justification) DCA AL PAYNE Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE & GARAGE School (K-12) Street Address Subchapter 8 (Other than K-12) D&R CANAL STATE PARK -× Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age FRANKLIN TOWNSHIP County (6) County Code (7) Current Use (Prior if being demolished) SOMERSET (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT, INC. TWO BROTHERS CONTRACTING Street Address Street Address 344 WEST STATE STREET 11 VREELAND AVENUE City, State, Zip Code City, State, Zip Code TRENTON, NJ 08618 TOTOWA, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. WILLIAM WEISGARBER 609-656-8101 973-956-8700 00494 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD 1/6/2017 SAME AS (9) ABOVE Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: VACANT Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × X ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED X

Hauler ID No. of Waste TWO BROTHERS CONTRACTING WASTE MANAGEMENT G.R.O.W.S. 18743 20 City, State Disposal Date City, State TOTOWA, NJ 1/6/2017 MORRISVILLE, PA Completed by

Cubic Yards

Signature

NJDEP Waste

PROJECT COORDINATOR

Title

ASB-41 (R-06-08)

VIVECA RAMOS

Name of Registered Waste Hauler

Date

12/22/2016

Name of Registered Landfill

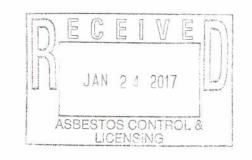
^{*} Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO CK	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)								The Control of the Co	JAN 2 4 2017						
Date of Notification (1) 12/12/2016				f Building P OFFIC				CE DEVEL	OPM		AN	24	20	17		
Agencies Notified Type Notification EPA Initial DEP Amended				ddress 3OX 420 ate, Zip Co					P()) justini i i i i i i i i i i i i i i i i i i	ASBE		S C(ENS		ROL		
X DOL Amendment				TON, N												
□ Emergency (including		Name of	f Contact YNE					Tel	lenhone Nur	nber					
Name of Facility Where Abatement is Taking RESIDENCE & GARAGE	g Place (3)	FACI	LITY INFO	ORMAT	ION	Ту	pe of Facility (4	1)							
Street Address D&R CANAL STATE PARK -							×	School (K-1; Subchapter Other (i.e. p	8 (Oth			dings,	home	es,		
City (5) FRANKLIN TOWNSHIP							Sq	etc.) uare Feet	# 0	f Floors	E	ildg. A	ge			
County (6) SOMERSET		County (Code (7) USE ONLY		Current Use (Prior if being demolished)											
Name of Monitoring Firm Hired by Building C USA ENVIRONMENTAL MANAGE	ASCN	/I No.			ne of Abatement Contractor (9) NO BROTHERS CONTRACTING											
Street Address 344 WEST STATE STREET						Street 11 V		ress ELAND AVE	ENUE	 E						
City, State, Zip Code TRENTON, NJ 08618								Zip Code A, NJ 0751	2							
Project Manager for Monitoring Firm WILLIAM WEISGARBER					ohone No. 3-956-8700			License No. 00494								
Start Date (10) 12/27/2016	ed Cor 17	Dompletion Date (11) Name of OSHA Monitor SAME AS (9) ABOVE														
Occupancy Status During Abatement (Check						Street	Add	ress								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: VACANT	eriod of all Facility	Abaten y Hours	nent s			City, S	State,	Zip Code								
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	_	Renova Demolit				×	4	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure							
	ls	Locat	ion					I ZNOTTI PIGO	() ()	3		Abate	ment			
TO RE ARATED		Normal ed Sole intena todial S (12)	ely by nce/	Description Asbestos Containing N (i.e. thermal systems surfacing, VA other miscellar			Material (ACM) as insulation, AT, or		(8	Amount (Specify SF or LF)		Repair	e Encapsulate	Enclosure		
	Yes	No	N/A										te	CD .		
SEE ATTACHED											Х					
							(19.11.11									
Name of Registered Waste Hauler		L N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Landfill						
TWO BROTHERS CONTRACTING		H	lauler ID 8743		of Wa			WASTE	IAM	NAGEME		.R.C	.W.S	3.		
City, State ГОТОWA, NJ					1/6/2	1		City, State		LE, PA						
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINATO		Signature		an R	In	Da 12	te !/12/2	2016				

Print Form

NJDEP D&R Canal State Park 13 April Lane Franklin Township, NJ 08873



Residence, Franklin To	wnship, NJ				
Material	Location	Quantity			
Drywall Joint Compound	Throughout 1st Floor & Stairwell	5,800 SF			
Floor Tile & Assoc. Mastic (multi-layer tile)	101, 101A, 105, 105A, 106, 106A, 108, 108A, 108B, 108C, H102	1,067 SF			
Brown Adhesive Associated with Wood Wall Paneling	103	264 SF			
Grey Cementitious Wall Panels	001	45 SF			
Black Tar Wrapped Pipe Insulation	001	5 LF			
Corrugated Paper Pipe Insulation	001	80 LF			
Black Tar Flashing at Chimney & Vents	Exterior Roof	16 SF			
Window Glazing	Exterior/Windows	27 Units/36 LF per			
Duct (Imbedded in Concrete Slab)	Buried in Concrete Slab	140 LF			

Material	Location	Quantity
Black Mineral Coat Rolled Roofing	Exterior Roof	550 SF
Black Tar Flashing at Roof Edges	Exterior Roof	100 LF

CK21990	(i) (i) (i)		ICATION ursuant	to NJAC 8:6	TOS ABATE 0 and 12:12	0)	V.T.	Dr	EG	<u>E</u>	20		rint For		
Date of Notification (1) 1/20/2017			ner/Operator		ANY		OAI		20	1. 1	lacanos				
Agencies Notified Type Notification		Street A	ddress	STREET		1	AS	SBEST				&			
X EPA ☐ Initial ☐ DEP ☐ Amended X DOL _ Amendment			ONE MARKET STREET LICENSING City, State, Zip Code ELMWOOD PARK, NJ 07407												
X Emergency justification) DCA Cancellation		Name of Contact ED KNAPICK Telephone Number													
Name of Facility Where Abatement is Takin	g Place (:	3)	FACI	LITY INFOR	MATION	Tv	pe of Facility	(4)		11.5		Barra -			
SOUNDVIEW PAPER COMPANY			37			П	School (K								
Street Address 35 MARKET STREET						×	Subchapte Other (i.e. etc.)	er 8 (Oth private 8	er than I & comm	K-12) ercial bi	uilding	s, hon	nes,		
City (5) ELMWOOD PARK						Sq	uare Feet	# of	Floors		Bldg	Age			
County (6) BERGEN		Code (7) USE ONLY)		Current Use (Prior if being demolished)											
Name of Monitoring Firm Hired by Building (N/A	Owner (8))	ASCM No. Name of Abatement Co TWO BROTHERS					ontractor (9) S CONTRACTING							
Street Address				Street Address 11 VREELAND AVENUE											
City, State, Zip Code							City, State, Zip Code TOTOWA, NJ 07512								
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No. 973-956-8700 00494									
Start Date (10)	ed Con	mpletion Date (11) Name of OSHA Monitor													
1/21/2017 Occupancy Status During Abatement (Chec				SAME AS (9) ABOVE Street Address											
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	Abatem			City, S	tate,	, Zip Code								
Scope of Work (Check All That Apply)													-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti			×		Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				IFO.			
	Is	Locati	on				von-Exemple	d () and	1 14011-1	nable F	Aba	temer	nt		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normall ed Sole intenar todial S (12)	ly by nce/	(i.e. the	Containing N ermal systems surfacing, VA	escription of taining Material (ACM) I systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		I	Encapsulate	Enclosure			
		No	N/A							Removal		ate	ē		
SECTION 1R WAREHOUSE		X		PIF	PE INSULA	ATIC	ON	1	0 LF	Х					
Name of Registered Waste Hauler		N	IDEP W	aste C	ubic Yards		Name of	Registe	red I and	dfill					
TWO BROTHERS CONTRACTING		H	NJDEP Waste Cubic Yards of Waste 2			3							S.		
City, State TOTOWA, NJ					isposal Date 23/2017										
Completed by VIVECA RAMOS	Title PRO					ve	cala	Date 1/20/2017							

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-28 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 24 2017 0 1 / 1 8 / 1 7 jackie cash Agencies Notified Type Notification Street Address **ASBESTOS CONTROL &** Initial ☐ EPA LICENSING Amended DEP City, State, Zip Code Amendment #: DOL Emergency WESTFIELD, NJ 07090 (including DOH Name of Contact Telephone Number justification) DCA jackie cash Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) jackie cash Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) WESTFIELD UNION Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 01/19/17 02/10/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure
Glovebag proce > 3 sf or > 3 lf Renovation M Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of Ε by maintenance/custodial е asbestos-containing n Amount Description of asbestos-containing staff(12) m p C material (acm) to be (Specify SF or material (ACM) 0 C a а abated in facility (13) LF) Yes No N/A p **BOILER INSULATION** garage 40 sq ft X garage PIPE INSULATION 23 l ft garage attic chimney thimble packing 2 sq ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 01/20/17 TULLYTOWN, PA Completed by (Print or Type) Signature BOGDAN JOLDZIC PRESIDENT 01/18/2017

Do not use this form for asbestos licensure exempted activities.

ASB-41