State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

	otification (1):					vner/Operator (2) ral Health								
1/24/2018 Agencies	Type Notifica	tion	-	Addres		rai rieaim			permi	TE	(1)	CI	W	
Notified	Initial	tion.			rive Suit	te 114				1 E	G		///	
⊡ÆPA	☐ Amended		City, S	State, Z	ip Code	:				4	3110-00-11			A PARTIE A
DEP	Amendment#				NJ 0808	35			-11		TA AT	0.0	0010	-
₽DOL.	□ Emergency			of Con	tact:			Telephone	Nilimh	enl	JAN	30	2018	
= 0011	(including justification	1)	Rick (Clark				1.		alee and				
□ DOH □ DCA	□ Cancellation									- Employment	and order	30.00	NTO	1 2
Брск						FACILITY INFO	ORMA	TION		Ab	ilj	DENS!	VG	the GR
Name of F	acility Bellw	eather	Behavio	oral Hea	alth			of Facility (4):			granger and a fall of	and the party	A REPORT LAND	, Ec Klosa
44 Leamo	record and the control of the contro							hool (K-12) bchapter 8 (Other than K-	-12)					
0:1 (5)	1	Carret	(6).		Count	y Code (7):		her (i.e., private & comm		uildings,	homes,	etc.)		
City/ (5) Morris Pla	nine	Count	y (6): s Count	v	07950	y Code (7).	1							
IVIOITIS I 16	11115	IVIOITI	5 Count	J	0,720		Squa	are Feet:		# of Flo	ors:			
							Bldg	g. Age						
							Curi	rent Use: Residence						
Name of N	Monitoring Fir	m Hire	d by Bu	ilding (Owner:	ASCM No.:	Nan	ne of Abatement Contr	actor (9	9):				
	ironmental Te	esting (Consulti	ing &	General	35613	Аре	ex Development, In	c.					
Contractir Street Ado							Stre	et Address:						
	ont Avenue													
								Broadway						
City, State	e, Zip Code:							, State, Zip Code:						
	Park, NJ 088		- CONTROL					vark, NJ 07104		> T				
Project M	nitoring	g Firm:			Telephone No.: 732-406-3129	Tele	phone No.:		nse No.:					
Don Anig	× 250=302							3) 350-0101	0121	15				
Start Date 2/02/18	(10):		chedule 2/06/18		pletion	Date (11):		ne of OSHA Monitor: ro Analytical Laborato	ories					
Occupancy	Status During A	12.3			ne)			et Address:						
Facility (Closed/vacated I	Ouring E	ntire Per	iod of A	batemen	t		West 36th Street, Suit	te 203					
	nt Performed Ot	itside of	Normal	Facility	Hours			, State, Zip Code:	019					
Describe:							New	York, New York, 10	1010					
Other														
Describe:	ork (Check all t	hat appl	v):											
			2.7					□ Full C	Y" 1		th Neg	ative Pr	essure	
$\square \ge 3$ sf or	$r \ge 3$ lf f or ≥ 260 lf				□ Reno	vation olition		□ Mini- □ Glove	hao Pro	ocedure				100000
<u> </u>	0. 2. 200 11							⊪Non-E	xempte	d (*) and	l Non-F			
				Locati		De	escript	ion of					emen ype	
	Location of		Lina	lormal	ly b	Asbestos Cont	taining	Material (ACM)			-		7 P =	
Asbestos-	Containing Ma	aterial	Ma	d Solel	y by	(i.e., therma	al syste	ems insulation,			R		田田	(II)
TO	(ACM)			ustodia		surfa	cing,	VAT, or	1 000	mount	Removal	Repair	Encapsulat	Enclosure
1	BE ABATED			Staff?		other	misce	llaneous)		pecify	101	pai	psı	ISO
	IN Facility (13)			(12)					SF	or LF)	/al	=	ılat	ıre
	(13)		Yes	No	N/A				-		_			
BASEM	ENT			X		FLOOR '	TILES	3	800	SF	*			
						P Waste Hauler ID	No.:	Cubic Yards	Nam	ne of Re	gistere	d landfi	11:	
JIMMY BYRNE TRUCKING 19551							of Waste: 30	MIN	NERVA	ENTE.	RPRIS	ES, IN	C.	
City, State: Disposal Date:							City, State:	1600						
Bronx, NY 10474 Completed By Title:						Cian	Waynesburg, OH 44 ature:	+088	Date:		-			
	d By Oraegbunam				Presid	lent	Signa	1		1/24/20	018			
STITESTEL	-in-Symium				120/2002	2000 P. C.	X	- TO GUIL						





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111 11.	17.7	101	11-	4.5	1.53	1	
11.011	The state of the s						

Date of Notification (1) 1/26/18					r/Operator		511		JA	A 5	3 1) (10		111		
Agencies Notified	Type Notification	-		Street A		יוח כ	vale noi	1116	; 	1	0000		U 2	.010	- +1	7
⊠ EPA	☐ Initial									******	SSES	000			الم	- Anna Paris
II I DEP	X Amended				ite, Zip Co					*****		CEA:	Situe	HOL	. Ó.	-
DOL	Amendment Emergency (-	- [awkin N	J 08	050						With the Same	hit describe	With Control of the C	w/4.4 - 2.2
DOH DCA	justification) Cancellation			Name of Mike	f Contact					1	elenho	ne Niii	nher			
2011	Caricollation				LITY INFO)RMA	TION						- Wes		31532	
Name of Facility Where		g Place (3	3)					T	ype of Facili	y (4)						
Mike Bucchino Priv	vate Home								School (- 16.44	••			
Street Address									Subchap					dings	home	es,
City (5)									etc.) square Feet	- 12	of Floo	rs	TF	Bldg. A	lne.	
Manhawkin NJ 080	050							1 9	1000 +	1 8	.5		100	35+	.90	
County (6)					Code (7)			C	urrent Use (Prior if b	eing de	molish	ned)		-	
Ocean					JSE ONLY)	-			detached (
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCN	l No.				Abatement (Contract	or (9)					
Street Address									idress							
									x 329							
City, State, Zip Code									te, Zip Code Berlin NJ 0	8091						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 856-		ne No. 53-9800			nse N 727	0.			
Start Date (10)			pletion	Date (11)		200000000000000000000000000000000000000		OSHA Monif	or							
2/7/18		8				Sam										
Occupancy Status Durin		AE.	160				Street	Ad	ldress		3					
X Facility Closed/Vac Abatement Perform Other – Describe:						-(6-1)	City, S	Stat	e, Zip Code					-		
Scope of Work (Check A	All That Apply)			200				200								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Communication	Renova Demoliti				F	7	Full Contain		ith Neg	ative F	ressu	re		
Z 2100 01 01 2200 11			remond	011				7	Glovebag P	rocedur			l. D			
		Τ.						71	Non-Exemp	ited (*) a	ina ivor	rnac	le Pro	Villetic Viv	e emení	t
Location	n of	52230	Location Location	S-200		,	Description	2 05	6						ре	
Asbestos-Containing	Material (ACM)	1000000	d Solel intenar			os Co	ontaining N	Vlat	erial (ACM)		Amour		_		Щ	m
TO BE AB. In Facil		10 1000000	todial S		(I.e.	sur	nal system facing, VA	AT,	ог		(Specif SF or L		Remova	Repair	cap	Enclosure
(13)			(12)			othe	r miscellar	neo	ous)				oval	air	Encapsulate	sure
		Yes	No	N/A									_		0	
Exterior S	Siding			Х		Ех	terior Si	dir	ng		1600		x			
Name of Registered Was	ste Hauler		1000	JDEP Wauler ID		15/23/99/25	ic Yards Vaste			of Regis		andfill				
United Containers			175.50	2459		4				0.W.S						
City, State Elm NJ							oosal Date /18		City, S Morr	tate isville	PA 19	067				
Completed by	na President							97	0			Da	35	77-35-5		
Anthony T Perna			5				1/	26/1	8							

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JAN 3 0 2018	

Date of Notification (1)	Nome of D.	Hi O 10	(6)	A CONTRACTOR	-	- WARE	in take colone	
1-27-18		MtRICAN		ACT OR SE	RU	Ct	10F	&
Agencies Notified Type Notification BPA Minital Amended	Street Addre		RE RI	D. SUTTE	И	1		
Manual # Amendment #	City, State, Z	GG HAWS	OR TWI	•		> 7	34	
DCA justification	Name of Con			Telephone Nu			ب ر	
		NFORMATION		4	_			
Name of Facility Where Abatement is Taking Place RESIPEWCE	(3)		Type of Facil					
Street Address			Other (i.e.	er 8 (Other than K- , private & commer	12) cial b	uildin	gs,	
City (5) M LAR GLATE			Square Feet	# of Floors	Т		Age	
County (6) ATLANTIC	County Code USE ONLY)	(7) (STATE	Current Use (Prior if being demo	 Eshed) (5+	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatem	ent Contractor	(9)			- Juli 2	
Street Address		Street Address 369 5						
City, State, Zip Code		City, State, Zip Co	ode					=
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	SHAPE	License No.			_	-
Start Date (10) Scheduled Com	npletion Date (11)	856-77 S		_ 004	4 (_		
7-3-18 2-10.	-18		N/A.	8				
Occupancy Status During Abatement (Check only on Facility Closed/Vacated During Entire Period of Ab		Street Address						
Abatement Performed Outside of Normal Facility H Other - Describe:	lours	City, State, Zip Co	de					
Scope of Work (Check all that apply)		☐ Full Conta	ainment with No	gative Pressure				_
		☐ Mini-Enclo	osure Procedure	on-Friable Procedu	**			
Is Loca Norma		2.10.1	TPICS () BIRG 14	AFT Hable Flooded		bate Tyr		
Location of Used Sol Asbestos-Containing Material (ACM) Mainten	ance/ Asbesto	Description of as Containing Mater		Amount	-	r		
TO BE ABATED Custox IN Facility Staff	?	thermal systems ins surfacing, VAT, or	r	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13) (12) Yes No		other miscellaneous	5)	±	oval	air	ulate	sure
SIDING	X T	RAWSITE		250030	X			
						-	_	-
						-	\dashv	\dashv
	Hauler ID No.	Cubic Yards of Waste	Name of Regis	tered Landfill	1/			
KLCIM CO IWC,	17901	Disposal Date	City, State D 1	EATA	MIT	Vil	LE	=
MAPLE SHADE N. J. Title		Signature A	W OO!	Date 2	14 1	¥, *1		=
MICHAEL KLEMM SUP.		Mill) (u	7 2	4-	18		



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KI	Movedon or United a control	#174 Ap. 27 E.		Print Form
And the second s	JAN	3.0	2018	

			10 11070				-						
Date of Notification (1) 01-26-18		Name o Berge	f Building on Count	Owner/O y Techi	perator nical S	(2) Scho	ols & Spec	ial Se	rvoces	JON I	ROL	l	
Agencies Notified Type Notification X		Street A 327 E City, Sta	address ast Ridg ate, Zip Co	ewood				***************************************	Liberi		* *****	eru arabet	Enrique,
Emergency (including justification)	9	Name o	f Contact					Tele	ephone Nu	nha-		-0.00	L-V-
DCA Cancellation		27 - 27 - 27 - 27 - 27 - 27 - 27 - 27 -	e Thoma	1470				-	164				
Name of Facility Where Abatement is Taking Place (The Academies Street Address 200 Hackensack Ave	(3)	PAG	ILITY INFO	JRMATI	ON	Typ	School (K-1: Subchapter Other (i.e. p	2) 8 (Othe			dings,	, hom	es,
City (5) Hackensack NJ						Squ	are Feet	# of	Floors	E	Bldg. A	Age	
County (6) Bergen			Code (7) USE ONLY)		_		ent Use (Pric		ng demolisi	ned)			
Name of Monitoring Firm Hired by Building Owner (8 TTI Environmental Inc.	3)	ASC	/l No.				atement Con erprises LL		(9)				
Street Address 1253 N Church St					Street 28 L								
City, State, Zip Code Moorestown NJ 08057					City, S Licol		Zip Code ırk						
Project Manager for Monitoring Firm Michael R Stocku		Telepho	ne No.		Teleph 973-		No. 6924		License N 01129	lo.		- //	
Start Date (10) Schedu 02-16-18 02-20		npletion	Date (11)				SHA Monitor arpio						
Occupancy Status During Abatement (Check Only O X Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilit Other – Describe:	Abatem				City, S	Cum tate,	ess berland Av Zip Code NJ 07502						
Scope of Work (Check All That Apply)	- 1, 15-74				Гац	1501	143 07 302						
≥3 sf or ≥3 lf	Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				'e	
	s Locati Normal			-					3411		Abate	emen /pe	t
TO BE ABATED In Facility (13)	ed Sole aintenar stodial S (12)	nce/ Staff?		tos Conta thermal:	system: ing, VA	Materia s insu T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Theater Lobby	No	N/A X	Di	ipe Fitti	ina Ina	sulat	ion	6	.5 Lf	x			-
Theater vestubule		X					& wrap)		5 LF	X			
Name of Registered Waste Hauler	N	JDEP W	/aste	Cubic \	Yards		Name of F	Registe	red Landfill				
DYV Enterprises LLC		auler ID 03414(of Was 20 cy	te		CONTRACTOR CONTRACTOR		Managm				
City, State Lincoln Park NJ				Dispos 02-28	al Date		City, State		19007			(F) (S)	
Completed by Title Dorian Carpio Man			Sí	gnature	19	Paul		100	ite 1-26-	18			

PAID Auto of New Jerry NOTIFICATION OF ASBESTOS ABATEMENT JAN 2018 (Purpusue to NJAC &: 60 and 12: 120) Name of Building Owner Operator (2) Date of Notification (1) G-21-62 1/25/18 MS, OLGA Type Notification Agencies Notified Bettist . EPA Ctry, Steele, Zip Code Amended DEP 07664 . NJ. Amendment # B DOL TEANERK Emergency (impluding justification) Telephone Number Mana of Contact HOO -HS. OLGA GOYGE-Cancellation D DCA FACILITY INFORMATION Type IFa sility (4) Name of Facility Where Abstracts is Taking Fisce (3) 15 OLGA GOMEZ ena H (K-12) D the splet 8 (Other than K-12)

the (i.e. private a commercial buildings, homes, etc.) Street Address of Floors Bidg. Age Soun Feet City (5) 1935 TERNECK 2.000 Curre of Lie (Prior of being demolished) County Code (7) County (6) (STATE USE ONLY) BERGEN Name of Abr me & Commeter (9) Name of Manitoring Firm Hired by Building Owner (8) ASCM No. Sunt Addres Street Address . 450 Scitli River Street City, State, 2tp Code Hacken a:k. NJ 07601 Telephone No Project Manager for Monitoring First Telephone No. 00388 201-32 |- 7444 Name of OSI A h smiler Scheduled Completion Date (11) Seart Dede (10) 1/26/18 1/27/18 Omega in zironmantel Communey Status During Abmement (Check Only One) 280 Hu -1 sr Stree NJ 07606 South Markensack. Scope of Work (Check All The Apply) D F N C mainmont with Negative Pressure 다 51원학교되면 15 1 51원학교되면 Renovation Ove mg Procedur Abs Is Lecation Туре Description of
Asbestos Comaining Maters (A/74)
(i.e. degrees) systems incutations off soing,
VAT, or Noomaliy Location of Used Solely by Containing Material (ACM)
TO BE ABATED
In Facility Amount Maintenance (Specify SF or LF) Curdodial South (12) other mistallaneous (13) NA No Yes 45SF BASEMENT A Name of Registered Landfill Nume of Registered Weste Hauler Cubic Yards or Waste y 1/20 7 Hauler ID No Minerva Enterprises, LLC Best Removal Inc 17109 Disposal Dem 1/29/18 OH Hackensack N.I 07601 Completed by Mayne Bleneture Title 25 Estimator J. Maiorano for sebestos licensure exempted activities. ASS-43 (R-04-99)

NOCH

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Cneck#2963		(Pur	suant	t to NJA	C 8:60 a	nd 5:16)	Cancella	tion				
Date of Notification (1)			Т	Name	of Building	Owner/Op	perator (2	2)	HARRE	F.	11	11/7	[Fa]
01 /	25 / 18				7-27 				11111-12	15.	11	W	
Agencies Notified	Type Notification				rly&Jose Address	ph Conna	aghan						
☐ EPA	☐ Initial			Otroot	riduress				III JAN	30) 20	110	Carrier of the Carrie
□ DOLWD	Amended		ł	City. S	tate, Zip C	ode			1 1	-	<i>'</i> 40	10	-#
☑ DHSS	Amendment #_		1		idge, NJ				Acommon	or the state of the state of	e conseque		All state
DCA (NJAC 5:23-8)	Emergency (inc justification)	luding			of Contact			2033	ASSESTO Telephone Numbe	29 OZ	Trans.	UL	Ö.
(0.51.05.51.52.57)	□ Cancellation		l,	essyca	a Karl			,		140		n en	This may a dis-
				110000	ILITY IN	FORMAT	TION		_				\neg
Name of Facility Where A	Abatement is Taking	Place	(3)					Type of Facility (4)				\neg
Private house								School (K-12)					
Street Address									(Other than K-1 2)	-1 5 31	ar.,		
								homes, etc.)	ivate and commercia	ai buli	aings	1	
City (5)								Square Feet	# of Floors	Bld	g. Ag	e	\neg
Glen Ridge, NJ 07028													
County (6)				Count	y Code (7) (STATE USE	E ONLY)	Current Use (Prid	or if being demolish	ed)			
Essex													ĺ
Name of Monitoring Firm	Hired by Building O	wner (B) A	SCM N	No.	Name of	Abateme	nt Contractor (9)					
						Gr Tech	LLC						
Street Address						Street Ad	ddress				-2016	Tropies	
						576 Vall						0.000	
City, State, Zip Code						1000	te, Zip Co						
Decidet Manager for Man	itarina Firm		Tele		ıl.	Wayne,		0	I Lianna Na				_
Project Manager for Mon	itornig Firm		reiep	phone h		Telephor			License No.				
Start Date (10)	Sched	iled Cr	omolet	ion Dat		973-638	-1/// FOSHA M	Ionitor	01127				
01 / 25 /				1	18	the sent							
Occupancy Status During						Envirovi Street Ad		nsultants,Inc					_
☐ Facility Closed/Vacate				nent		0.0000000000000000000000000000000000000		Dood Dida #3	15E				
Abatement Performed	d Outside of Normal	Facility	/ Hours	s - Des	cribe		te, Zip Co	Road, Bldg .# 3)JE			-	-
Time of Abatement: _	AMPN	N	PM		AM	Fair Lav							
Scope of Work (Check al	Il that apply)					T dir Edv			ation with negative	pressi	ure	united the same	
M >3 of or >3 If		⋈ po	novatio	2.0		H	Full Con Mini-Enc	tainment with Neg	ative Pressure				
>3 sf or >3 If > 160 sf or >260 If		De	molitio	n n		X	Gloveba	a Procedure Π	Tent with Negative I	Pressi	ure		
							Non-Exe	mpted (*) and No	n-Friable Procedure	9	1	-	
		1	Locati Vormal							Aba	ateme	nt Ty	/pe
Location Asbestos-Containing		Use	d Sole	ly by	Asbe		scription of aining Ma	iterial (ACM)	Amount	Rei	Repair	Enc	Enc
TO BE AB			intena todial S			., thermal	systems	insulation,	(Specify	Remova	oair	aps	Enclosure
IN Facil	iity		(12)				cing, VAT niscellane		SIF or LF)	<u>a</u>		Encapsulate	ē
, ,		Yes	No	N/A								CD	
Basement		П	П	\boxtimes	Pipe inst	ulation			105 LF	\boxtimes			
Dasement					i ipo mo						П	П	П
			1	+									
		Ш									ш	Ц	
										Ц			Ш
Name of Registered Wa	NJE	DEP Wast	e Hauler ID No.	Cubic Ya	rds of Was	te Name of Regis	stered Landfill						
Gr Tech LLC	(85	TBI		T.R.R.F. Inc			-53155					
City, State		Disposa	l Date	City, State									
Wayne, NJ 07470		TBI)	Tullytown, P.									
Completed By (Print or		Sig	gnature	1.	Dat	te							
N.Jevtic				Teurc Wend	01/	25/18	3						
ASB-41							- 17						



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

				(P	ursuai	nt to NJA	AC 8	3:60 and 5:1	6)	1	No.	EC	0 [i	[]//	5 1	1
Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator ((2)		11	They le	7 1-	No. of Control	VI	7	
	25 /	18			PT	SI Manag	jed S	Services, Inc	: .		1						A 100 Carrier
Agencies Notified	Type Notific	ation			Stree	Address						J A	Al o	0 2	018		圳
⊠ EPA	☐ Initial				955	L'Enfan	t Pla	aza North, S	W	- A						į.	
⊠ DOLWD	Amende				City,	State, Zip (Code				- Lun	ASSES	27/143	MATERIAL TO	C13 C34	فسد	-
□ DCA	Amendn Emerger	_		,	Wa	shingtor	n, DO	20024			4	Nobel	LICE	SIA	i i nede	. Ot	\$
(NJAC 5:23-8)	justificat		Sidding	9.	Name	of Contac	t				T	Telenho	ne Nu	mber	- 1 1 5 5 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ST and SERVICE	
50	□ Cancella	ition			The	omas Le	Э							0			
					FA	CILITY IN	IFO	RMATION									
Name of Facility Where A		_							Type of Fa	acility	y (4))					
QC4 Remote Comn	nunications	Link	Repe	eater	(RCLF	R) Site			School				.,				
Street Address							87/30 355		Subcha						buildir	ias	
128 Emley's Hill Ro	ad								homes			010 0110	0011111	ioroiai	banan	90,	
City (5)						-			Square Fe	et		# of Fl	oors		Bldg. /	Age	
Cream Ridge									10,000			2			80		
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Us	se (P	rior	if being	demo	lished)		
Monmouth									Govern	me	nt E	Buildin	ıg				
Name of Monitoring Firm	and the second and second and the second	ding O	wner ((8)	ASCM			me of Abatem									
TTI Environmental,	Inc.				0000)3	_	Shade Enviro	onmental,	LLC							
Street Address							27000	eet Address									
1253 N. Church Str	eet							323 Cutler Av									
City, State, Zip Code	0.57			y, State, Zip C													
Moorestown, NJ 08				T= .				Maple Shade	, NJ 08052	2							
Project Manager for Moni Mike Stocku	itoring Firm				phone			lephone No.				Licens					
Start Date (10)		Cabad	Jad C		56-840			356-755-0099		_		008	42				
02 / 06 /	G40x30				etion Da		-1100000	me of OSHA M									
				100				MSL Analyt	icai, iric.				7.10				
Occupancy Status During Status During								eet Address	0.11 (1								
☐ Abatement Performed						cribe		200 Route 13									
Time of Abatement: _								y, State, Zip Co		7							
Scope of Work (Check all	that apply)			-		P n		innaminsor	i, NJ 0007	1							
	tilat apply)							☐ Full Conf	tainment with	h Ne	gati	ive Pres	ssure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf			Re					☐ Mini-Enc									
☐ ≥100 St 01 ≥200 II		3	⊠ De	monu	п			□ Glovebag Non-Exe	g Procedure mpted (*) ar		on-F	Friable I	Proced	lure			
			Is	Loca	ion	-					T				baten	nent T	vpe
Location				lorma	lly ely by			Description of								1	1
Asbestos-Containing I TO BE ABA		1)		intena				Containing Ma ermal systems)		Amo (Spe		Kemova	Repair	ncal	nclo
IN Facilit			Cust	odial (12)	Staff?	(1.0	S	surfacing, VAT	, or			SF o		Val	. =	Encapsulate	Enclosure
(13)		-	Yes	No.	N/A		ot	her miscellane	ous)							ate	
				_							-				1-	-	-
Exterior			Ц	Ш		Caulk a	rou	nd Vents				50	LF				Ш
									mo						ПП	П	
		\rightarrow	П	П			-		(- 10 mm	-	·		1=		T	
Name of Registered Wast	JDEP V	Vaste	Cut	oic Yards of	Name of I	Regi	ster	red Lan	dfill	_ _							
Freehold Cartage	auler II	No.	Wa		GROW												
City, State					15939		1 Dist	nocal Data		1000-01111	.011	Laii					
Freehold, NJ		j.	000000	posal Date 2/09/2018	City, State		ם ה	۸									
			U.		INIOITIS	VIIIE	٠, ٢	^			200211						
Completed By (Print or Ty	he)	Title	. D.	- ادامه	nt of)		Signature	1					Date		4	
Christina Lynch	Operation	ıs	(mss)	000 S					12	5/1	8						

ASB-41 JAN 13

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



PAID

State of New Jersey

Print Form

				ON OF AS					3 W	U.	1	13	15
Date of Notification (1) 1/23/2018			Name State	of Buildin	g Owner/	Operator	r (2) iry and Vetera	ns Affairs	JAN	3 /	7 2	018	
Agencies Notified Type Notification	n		Street	Address Eggerts		1111-					_		PA-US ALMOND
EPA X Initial Amended				tate, Zip (ig Roai	u į	AS	BESTO				- <u>-</u> -
X DOL Amendmen	nt #		Lawr	enceville	e, NJ 08	3648	-	and the second second second second	- Andrews	-1-1	ing.	*************	in the Second
☒ DOH justification ☐ DCA ☐ Cancellation)	3		of Contac IcBride	at			Teleph	none Nun	ber			
Name of Facility Where Abatement is Taki	ng Place	(2)	FAC	CILITY IN	FORMAT	ION					-		
Former Newton Armory	ny Flace	(3)					Type of Facility						
Street Address 5 South Park Drive							Other (i.e.	-12) er 8 (Other t private & co	han K-12 ommercia) ıl bui	ldings	s, hom	ies,
City (5) Newton	- Alexandra						etc.) Square Feet 17,200	# of Flo	oors	1	3ldg. ~55`	Age Year	s
County (6) Sussex County				Code (7) USE ONL			Current Use (Pr	rior if being	demolish				
Name of Monitoring Firm Hired by Building TTI Environmental, Inc.	Owner (8	3)	ASC	M No		Name Neub	of Abatement Co	intractor (9)	rices In		******		
Street Address 1253 North Church Street						Street	Address idge Road						
City, State, Zip Code Moorestown, NJ 08057						City, S	tate, Zip Code nixville, PA 1	9460					
Project Manager for Monitoring Firm Jim Guilardi			Telepho 856 84	one No. 40-8800)	Teleph	one No. 933-4332	Lie	cense No				
Start Date (10) 2/06/2018	Schedu 2/08/2		mpletion	Date (11))		of OSHA Monitor er Environme						
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abater	ment				dge Road						
Other – Describe:	nair adin	y Hour					ate, Zip Code nixville, PA 19	9460					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	- Beautiful -	Renova Demoli	tion By	/ Neube		ment _×	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				e	
	31	s Locat									Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintena stodial ((12)	ly by nce/	Asbes (i.e.	stos Conta thermal: surfac	cription aining Ma systems ling, VAT iscellane	aterial (ACM) insulation, , or	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
Small Boiler Wrap and Dispose	Yes	No	N/A	1-4-								ਰ	
Small Bollet Wrap and Dispose			X	Inter	ior Cem	ent like	e Packing	~12 S	SF	X.			
Name of Registered Waste Hauler	1	IN	JDEP W	aste	Cubic Y	ards.	Name of	Registered	ande"				
leuber Environmental Services, Inc		Н	auler ID 035969	No	of Wast			County S		aste	Fac	ility	
City, State Phoenixville, PA					Disposa Feb 20		City, State Lafayet	e tte Towns	ship, NJ	ti			
Completed by Patrick Larney	ınager		Sig	nature V W	Dim.	~/	Date 1/23	/20	18				

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Date of Notification (1) 01/22/2017			f Building ((2) of the Interior		KI	El America de Contrar en					
Agencies Notified Type Notification			Street A					Agen et Bentlicht außer		J/	W	3 (20	18
▼ EPA □ DEP □ DOL □ Amended □ Amendment #				ate, Zip Co er, CO 80				in the second		ASBE	57K	JE C	CHIT	ROL
DOH Emergency (in justification) DCA Cancellation	ncluding	Ī		f Contact O'Mara				Те	lephone	Numb	-	1417,1-00	ve or 4 miles	HE 1721-20
			FACI	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Sandy Hook Unit of the Gateway Na			- Build	ing 49			Type of Facility School (K	-12)						
Street Address 49 Kearny Road							Subchapte Other (i.e. etc.)				ouilo	lings,	home	es,
City (5) Highlands							Square Feet 50,000	2	f Floors		5	dg. A)+	ge	
County (6) Hudson			County (Code (7) USE ONLY)	W _E	_]	Current Use (P Recreational			olished	1)			
Name of Monitoring Firm Hired by Building O Testor Technology Environmental S		;	ASCN	No.		100000000000000000000000000000000000000	of Abatement Co Environment		27					
Street Address 10-59 Jackson Avenue			1				Address 2 Queens Pla	za Soi	uth					
City, State, Zip Code Long Island City, NY 11101							tate, Zip Code Island City, I	NY 11	101					
Project Manager for Monitoring Firm Sten Evenhouse		1.0	Telephor 718-75	ne No. 52-2090		100	one No. 349-0900		Licens 286					
Start Date (10) 02/05/2018	npletion I	Date (11)		200000000000000000000000000000000000000	of OSHA Monito iech Kowalcz									
Occupancy Status During Abatement (Check	Only On	e)				Street	Address	*IC.***						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:							Beach 98th S tate, Zip Code	treet				77 70-		-
						Rock	away Park, N	IY 116	94					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	THE REAL PROPERTY.	enova emolit				×	Mini-Enclosu Glovebag Pro	re ocedure					9	
	le	Locati	on							-		Abate	95	
Location of	i N	ormal	iy		De	scription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		os Cont thermal surfa	aining M	aterial (ACM) insulation, T, or	(\$	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ф	
1st Floor		Χ			VAT	& Mas	stic		450	X				
1st Floor		X			Pipe	Insula	tion		170	X				
Roof		X			Roo	f Flash	ing		15	X				
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards	Name o	f Registe	ered Lan	ndfill				
ATC		0.000000	auler ID 1310	No.	of Was 20 Ya		Miner	100						
City, State Shirley, NY 11967						sal Date 7/2018	Clty Sta		, OH 4	14688	5			
Completed by Ann A. Ali Title Compliance Admin						ignature		7		Date 01/2	2/2	018		

PATT		(Pı	ırsuant	to NJAC	8:60 a	nd 12:12	0)			CHE	FC	V.,	1:-	71	7	0
Date of Notification (1) 1/8/2018	\$30			f Building ston Ave				LLC					le.	E Partie		
Agencies Notified Type Notification		- 11	Street A						[m]	E C	F		W	7 [7	11 1
EPA Initial		_		Bonhomate, Zip Co		venue			1111	<u> </u>	, [52	1)	NJ 		7	-
DEP Amended Amendment #				uis, MO		5		i. Prontage		LA	ki n	^	004	•	A COLUMNIA	an constant
Emergency (ir justification) DCA Cancellation	cluding	- 1		f Contact			-		L. Fold	nhone		1	201	8—	L	PHODE
DCA Cancellation			AUTORISTIC TEDES	n Vanm				a last and	d por							
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFO	ORMA'	TION	Tvc	e of Facility	(4)	<u>(8605)</u>	ICET	(10) (10)	III.	OL 8	<u> </u>	-
Residential		•						School (K-	and the second	Active ince wi	erin int		aanners	order other discount	des en	
Street Address							×	Subchapte Other (i.e.	r 8 (Othe			mild	inae	home	ae.	
City (5)								etc.)			or Grant				,,,	
New Brunswick							4,5	uare Feet 500	2	Floors			dg. A)0+	ge		
County (6)				Code (7)				rent Use (Pr	ior if beir	ng demo	lished)				-
Middlesex				JSE ONLY)			3000000	sidential		<u> </u>						
Name of Monitoring Firm Hired by Building On TBD	wner (8)		ASCM	I No.				batement Co tracting, L		(9)					Auto-1877	
Street Address						Street 1385		ress lley Road,	Suite l	<						
City, State, Zip Code								Zip Code								-
								New Jerse	y 0747	0						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph (973)		No. 8-5040		License 00874						
Start Date (10)	Schedule	ed Corr	pletion I	Date (11)		A CONTRACT	•	SHA Monitor		0007-						+
	018				Sky	Con	tracting, L	LC								
Occupancy Status During Abatement (Check	Only Or	ne)				Street		ess lley Road,	Suito l					- 10		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma	riod of A	Abatem Hours	ent					Zip Code	Suite							+
Other – Describe:						Way	ne, l	New Jerse	ey 0747	70						
Scope of Work (Check All That Apply)	L	•	•			Г	7									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoliti						ull Containm Ini-Enclosur		Negativ	e Pres	ssur	е			
						×		Blovebag Pro Ion-Exempte		i Non-Fr	riable l	Proc	edure	e		
	Is	Location	on										Abate	ment		1
Location of	100000000000000000000000000000000000000	Normalled Sole	e 100			escription				5	-	-1	ıy	pe	Zie Z	4
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar todial S	ice/		therm	al system:	s inst		(S	nount pecify		Re	æ	Enca	En	
In Facility (13)	Ous	(12)	dii:			acing, VA miscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									<u>a</u>	7	ate	Ге	
Exterior - Window, siding joint		х				Caulking	g		12	5 SF	1	x				1
Basement		х			Pip	e Insula	ation		1	LF	-	x				1
																1
Name of Registered Waste Hauler		153.6	JDEP Wauler ID		Cubi of W	c Yards		Name of								-
Service Transport Group, Inc.			990	, 10.	TBD			Minerv	a Enter	rprises	, LLC)				
City, State New Castle, Delaware					Disp TBD	osal Date		City, Sta Wayne	te sburg,	Ohio						
Completed by	Title				-	Signature	9				Date					-
Predrag Sarcev	Presid	dent		1	1			التنصيب	-	1/18	/20	18				

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Date of Notification (1) 1/23/18		10 000	of Building	ovano	perator	(2)	EG		V E		
Agencies Notified EPA DEP DEP DOL Amended Amendment Emergency		City, St	Address ate, Zip C s, NJ 08	ode 3863		And the state of t	lating and the second	3 0 20		The second secon	And the state of t
DOH justification) DCA Cancellation	1.5	Joann					Telephon	ne Number	LOLE		makes,
Name of Facility Where Abatement is Takin House	g Place (3)	FAC	ILITY INF	ORMATIO	ON	Type of Facility School (K-	12)		3/2//-3		
Street Address City (5)							r 8 (Other that private & com # of Floor	mercial bu	ıildings Bldg.		ies,
Fords County (6)			Code (7)			2200 Current Use (Pr	2		71	.50	win day
Middlesex Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.	<i>"</i>	Name	house of Abatement Co	ntractor (9)				
Street Address					ABS	Environmenta Address	100000	, LLC			
City, State, Zip Code						ox 483, 4 E Cate, Zip Code	Gate Drive		12-12-11	ulina eseena	
Project Manager for Monitoring Firm		Telepho	N-		Glen	wood, NJ 074					
-					973-7	one No. 764-2276	703	nse No.			
Start Date (10) 2/3/18	Scheduled 0 3/1/18	Completion	Date (11)		Name o	of OSHA Monitor					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F	88 887.				Street A	Address					0300007-
Abatement Performed Outside of Norm Other – Describe:	al Facility Ho	ours			City, St	ate, Zip Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processes.	ovation polition				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure			re	
	100000000000000000000000000000000000000	cation mally								emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi (1	olely by enance/ al Staff? 2)		stos Conta . thermal s	systems ing, VAT	aterial (ACM) insulation, , or	Amount (Specify SF or LF	, 2		Encapsulate	Enclosure
Basement	Yes N	lo N/A	tran	nsite exh	aust s	heetrock	30 SF			Х	-
					, rection	30 01			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Name of Registered Waste Hauler	NJDEP W Hauler ID		Cubic Y of Wast		Name of	Registered La	andfill		1	1	
City, State				Disposa	al Date	City, Stat	е				
Completed by A. Scott Higgins	nt		Sig	gnature	an	_	Date 1/23/1	18			

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	NOTIFICATION OF ASBESTOS ASATEMEN' (Persuant to NJAC 8:50 and 12:120)							T	11	17) [E	3 (1)	E	W	14	43	
Date of Notification (1)					of Buildin					1	11.11	= 11.7	tha ii	- M	1 23	7
Janua	ry 25, 2018				egation			1 (4)		1.41	100				:	1
Agencies Notified	Type Notification	·	-	Street	Address	CHIQUE	rment			4	1 111	JAN	-3.0-	2015	}	114
EPA	Initial			415 R	aritan A	Venue				1	108			1		Į.
DEP	Amended				tate, Zip (-			1/			
X DOL	Amendmen	t 75		1	nd Park		2004			5	E.	SSEUT	1/	Hilt:	OL 8	L
DOH DOH	Emergancy justification	(includin	g	Name	of Contac	1 140 00	3904						. Y	140	wan sarqe	action of the Paris
DCA	Cancellation										Te	ephono	Number			
				IL LOIGO	t Manag	er 50044					2 5			4.000	morn'	
Name of Facility Where A	batement is Takid	ng Piace	(3)	ray	ILLI IN	FURMA	NON	Tun	e of F	-1016	. 743					
Congregation Ohav E	meth										4.000.0				- 1	
Street Address		-	-					Н	Sub	11 (1	-12) er 8 (Oth		((0)			
415 Raritan Avenue								X	Othe	(1.6	private	ar inan i	(-12) reisi hu	lidinos	box	700
City (5)					_				BIG.							ra o ,
Highland Park, NJ 08	904							Squ	ere F		# 0	Floors		Bidg	4ge	
County (6)	-			County	Cada (7)				TB			TBD			TBD	
Middlesex					USE ONL			Curr	ent Li	₹ (F	rior if bei	ng demo	(ishad)			
Name of Monitoring Firm	Hirad by Building	Owner (2 (450	M No.						Co	ngrega	tion			
AET, Inc.	oy opilaling	AM1:01 (1	*/	ASC	M NO.						htractor	(9)	8832 17			
Street Address							The M	ACK	Gro	IP,	LLC.					
907 Doolittle Drive							Street	Addm	2.5	-						
City, State, Zip Code						***************************************	1500 H	Kings	HV	11	, STE 2	209				
							City, S	tate,	Zip Co	ie		Te fella.		NO		
Bridgewater, NJ 0880 Project Manager for Monit	7		-				Chern	/ Hill	NJ	80	34					
	oring Firm			Telepho			Teleph			_		License	No.			-
Eric Houseknecht Start Date (10)				(908)2	18-1108	3	(973)	759 -	500	4		00781				
		Schedu	led Co	mpletion	Date (11)		Name	of 05	HA N	ก่า	r				-	
1-28-18	1			2/28/1	8		The M	ACK	Gro	ıp,	LLC.					
Occupancy Status During					1000		Street	Addra	88							
Facility Closed/Vacat	ed During Entire I	Period of	Abste	ment			1500 K	(inge	HVI	11	STE 2	09				
Absternent Performer Other - Describe:	Outside of Norm	ial Facilli	y Hour	S			City, St	late, 2	ip Ci	10						
						-	Cherry	Hill.	NJ (80	34					
Scope of Work (Check All	That Apply)									_						
≥3 sf or ≥3 if		X	Renova	stion			D	Z 5	I Con	ain .		61	_			
≥160 sf or ≥260 lf			Demoli	lion				MIN MI	N-Enc	050	nent with	Negative	Pressu	ře		
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		1			Ι			1 40	<u>0-5%</u>	1pte	d (*) and I	Non-Frist	Ne Proce			
Location :	ı.£	,	8 Local Norma							*				Abata	men	: [
Asbestos-Containing N	laterial (ACM)		ed Sole	siy by	Ashes	De Ins Cont	ecription Bining M	of	1801				-	T 1	μ¢	-
TO SE ABAT			intena Itodial		(i.e.	thermal	systems	insula	(AC)	i	40.00	nount pacify	-		<u>m</u>	E .
In Facility (13)	ks	"	(12)			surfa	cing. VAT	T, or				or LF)	Remova	Repair	Encapsulate	Enclosure
A.174			-	1		othern	niscellan	eous)					90	pa	Sul.	US(
		Yes	No	N/A									1 22	7	ite	e
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lewark, NJ					2	/28/18				n, PA						
Completed by Title						grature	ار مر شم		-	157	10	ste	_			
Michael Cooper	al Cooper President						-	_		1 2	25/18					

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



Date of Notification 1/26/18 Name of Buildir Glackin Saul									an yangu makang mendal	ones de l'accident	to the weather the confidence and		
Agenci	esNotified	Type of Noti	fication		Street Addi		erai	Home	THE	(6)	IG II W		
, igono	EPA		rgency Notifi	cation	P.O. Box			Company of		ar some	Agrico de la 1877 de l		Account of the control of the contro
	DEP		Notification		City, State		de .	5,5	2000			111	The second secon
х	DOL	STATE STREET	nded Notifica		Hamilton			กรรจก	A COLUMN	JAN	3 0 20	18	21
х	DOH	Cano	ellation		Name of Co		140	00000	and similar			Telephor	ne Number
	DCA				Dawn Sel			Media	lann			Leichiloi	ie i fuitibei
						TY INFO	DM	ATION	A_	16	YENSTIA		
Name	of Engility V	Vhere Abater	nont in Takin	a Diago		TTINFO		lar.	and the second of the second of	ing of the state o	and a state of the	CARAMET LANGE AND	ad section
			neral Hom		(3)		Тур	e of Facility (4) School (K-12)					
Street /	Address						1	Subchapter 8	(Other th	an K-1	12)		
		136 M	orrison Av	enue			X	Other (i.e., pri				ngs, home	es, etc.
							Squ	are Feet	# of Flo	oors		Bldg. Age	
City (5)			County (6)	C	ounty Code	(7)		4,000		1.5		7	'0÷
	Hightsto	own	Mercer				Curi	rent Use (Prior	if being o	demoli	shed)		
								neral Home					
		g Firm Hired	by Building	Owner	1 10100000	CM No.		ne of Abateme					
	nmental	lactics			N/A	1	_	bal Abateme	ent Serv	ices,	LLC		
	Address ad Street							et Address					
	ate & Zip C							Schoolhous					
	an, NJ 07							, State & Zip C nroe Townsh		12231			
		or Monitoring	Firm	Tele	phone Numl	ber		phone Numbe		70001	License N	Jumber	
Tom G	-	217 ST-100-141-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	- 100		-290-2217			-605-9062			2.007.007	00714	
Schedu	led Start D		Scheduled C	0.00)	Nam	ne of OSHA Mo	onitor				
0	2/7/18				0/18			bal Abateme	nt Serv	ices,	LLC		
X F	incy Status acility Close	During Abated C	ement (Ched Ouring Entire	k only only of Period	one) of Abatemer	nt		et Address Schoolhous	e Road				
Α	batement F	Performed Ou	itside of Nori	mal Fac	ility Hours -			State & Zip C	The Contract of the Contract o				
D	escribe:						1220	roe Townsh		8831			
0	ther - Desc	ribe:							•				
		neck all that a	apply)			•							
	emolition		X Renov	ation				Full Co	ntainmen	t with I	Negative F	ressure	
	arge Projec							Mini-En	closure				
		$3 \text{ SF or } \geq 3$						X Gloveb	ag				
Q		≥ 160 SF or ≥	260 LF ACM	Λ				Other:	Non-fri	able			
		ocation of			Location			escription of		A	mount	Abater	ment Type
		tos-Containir erial (ACM)	ıg		mally Used	A		stos-Containin	g		Specify		: Removal,
		BE ABATED			Solely by ntenance or	/		aterial (ACM) hermal system			re Feet or		epair,
		n Facility		100000000	odial Staff?			on, surfacing, \		Line	ear Feet)		sulation or closure)
		(13)			(12)			er miscellaneou					losure)
Basement N/A								TSI Pipe		2	0 LF	Rei	moval
Name of Registered Waste Hauler NJDEP Waste Hauler													
			ıler	NJDE	EP Waste Ha			Cu. Yds. of W	aste	1-21-2	of Regist		dfill
Freehold Cartage 18693						3		2		_	berland	County	
City, State Freehold, NJ							Disposal Date 2/11/1		City, S				
			Title					Signature	0	New	ourg, PA		Data
Completed By (Print or Type) Title Manager						Dominick I	vina ~0:				Date 1/26/18		
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Project Manager for A	Antioring Flan		1	Telepho	ne No.	Telep	none No. 282-584			License No	2.			
Start Date (10)	8.	Bohemu /	and Cor	118	Date (11)	Name	of Dar-W.	at the		ervices Inc	n.			
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	Name of Registered Water Hauler Newark Carting, Inc.					o Yende	A IN			se Lendilli Sentary	Lan	dfili	L	Ļ,
City, State	Ry, State Newark, N.J. 07105					San Care		, She	te	08072				_



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Date of Notification (1) 1 - 25 - 2018		1	430	MEY	CER	- STRE	ET	PEA	674 L	10	<u></u>	1418 /SMB	_
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EPA ☐ Initial ☐ Amended			City, State	, Zip Code	.'				8				
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DOH justificatio			RM	ARZU	140								
			FACIL	ITY INFOR	MATION	Time of	Facility (4)	-		-			-
Name of Facility Where Abatement is Taking	g Place (3)	0	1-		~								
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Street Address						Oth	her (i.e. priv	ate & c	ommercial bui	ldings	, hom	es, etc	:.)
City (E)						Square F	eet	# of	Floors	Bld	g. Age	9	
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JERSEY CITY County (6)			County C	ode (7)		Current	Use (Prior i	f being	demolished)		1		
HUDSON		1	(STATE U.	SE ONLY)		RE	SIDENC	JES					
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No. Name of Abatement Contractor (9)											
-		Best Removal Inc											
Street Address		Street Address											
						450 Sout		Stre	et			-	
City, State, Zip Code						y, State, Zip (Hackensa		7601					
			Talamban	a Nia		lephone No.	CK, IVJ C	77001	License No.				\neg
Project Manager for Monitoring Firm			Telephon	e No.	10	201-32	29-7444		0038	38			
Start Date (10)	Scheduled	Comp	eletion Da	te (11)	Na	me of OSHA	Monitor						
2-7-2018	2-2			-		Omega E	environr	nenta	ıl				
Occupancy Status During Abatement (Checi					Str	reet Address		1920					
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Other – Describe:						Souui II	ackerise	ick, i	43 07000				
Scope of Work (Check All That Apply)							_						
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Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	ince/	(i.e. then	nal systems	insulation, su	rfacing,		Specify	Rei	R	inca	Enc
In Facility	Cust	(12)	Staff?			T, or cellaneous)		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
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	Yes	No	N/A	111-				-	102	X			
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2 nd FLOOR		V	V *1 *						506 SF	X		-	-
IN FLOOR		VAT+CEILING GLUE DOTS						_	526 SF	X			-
BASEMENT		V		THER	MALIK	SULATIO	N		100 LF	X			
Name of Registered Waste Hauler			NJDEP V	Vaste	Cubic Yar of Waste	rds	Name of	Registe	red Landfill				
Best Removal Inc		Hauler ID No. of Waste 17109 12 YD5 Minverva Enterprises, LLC							LC				
City, State	Disposal Date City, State												
Hackensack, NJ 07601					2-2	1-18	Way	nesb	urg, OH 4		8		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)							5 1 1	111		004	0	- 5- 1
January 9, 2018)			e of Building act LLC	g Owner/Opera	ator (2)	Transfer of the state of the st	H JA	N 3 O	_201	8	and the second second
Agencies Notified	Type Notification	n		et Address			- disease	ASSES	arris ()	THIT	.UL 8	Q.
X EPA	Initial		-		et, Suite 80	6		Mount	LICELIS	1.9	an one	
DEP DOL	Amended Amendmer			State, Zip C sey City, I	Code NJ 07302		1	-				
DOH DCA	Emergency justification)	2.35.52	e of Contac	t			Telephone	Mumhai	-		
L DCA	Cancellation	n		n Perry				<u>.</u>				-
Name of Facility Where	e Abatement is Taki	ng Place (3)	г/	ACILITY IN	FORMATION	Ту	pe of Facility (4	1)				
Otro de A. I.	0						School (K-12	68				
Street Address 18 Chapel Avenue	٩						Subchapter	8 (Other than	K-12)	.11 all as as a		
City (5)						×	etc.)	ivate & comn	nercial bu	illaings	s, nom	nes
Jersey City						7,200	uare Feet 0000	# of Floors	5	Bldg. 50+	Age	
County (6) Hudson				ty Code (7)		Cu	rrent Use (Prio		nolished)	-		
Name of Monitoring Fir	rm Hired by Building	Owner (8)	AS	CM No.	Nar		batement Cont	ractor (9)				-
Arcadis Street Address					Sh	anno	n Environme					
Street Address 10 Friends Lane, 8	Suite 200				1000000	et Add	dress aver Drive					
City, State, Zip Code							, Zip Code					_
Newtown, PA 189							ark, NY 1175	54				
Project Manager for Mo James S. McLaug	onitoring Firm hlin, PG, CSP		Telep 215	hone No.	Tele 63	phone	No.	Licen: 0106	se No.			
Start Date (10) January 22, 2018		Scheduled Septemb		on Date (11)	(1) [1] [1] [1] [2] [2] [3] [3] [3]		SHA Monitor					
Occupancy Status Duri				10		et Add	n Environme	ntal Corp.				
Facility Closed/Va	cated During Entire	Period of Ab	atement		11 10715335		ver Drive					
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Abatement Perform	med Outside of Non	nal Facility H	lours				Zip Code					
Abatement Perform Other – Describe:		nal Facility H	lours				Zip Code ark, NY 1176	54				
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Print Form

Jan 23 2018 16:49 NJ Asbestos Control 609.633.0664

Hackensack, N.I 07601 Completed by

J. Maiorano

AER-41 (%-04-00)

BEST REMOVAL INC 01/23/2018 04:17PM 2013297440 BEST REMOVAL INC PAGE 82/84 State of New Jermy
NCHTFICATION OF ASBESTOS ABATEMENT
(Furnment to NJAC 8:60 and 12:128) Date of Notification (1) Name of Building OwnersOperator (2) MS. PAKELA BROOKS 43 Type Netification ASS EPA City, State, Zip Code DOL 088115 nadmares à EDISON, NI ergency (decluding Telephone Number DOH DOH gification) MS. BROOKS DCA notalison FACILITY INFORMATION Type of ? oilin (4) Name of Pacifity Where Abatement is Taking Place (3) PAHOLA BROOKS □ Schi of (3-12) O . Sub 'up' ir 8 (Other than K-12)

Oth '(i.e. private & commercial balldings, homes, etc.) # of Floors Blde Age City (5) EDISON 1940 2000 Current of Prior if being devialished County Code (7) County (6) MI DOLESEX " ZESIDENCE Name of Montaring First Hired by Building Owner (8) Name of Abatems n Contractor (8) ASCM No. Best Rem 19.11 Inc. Street Address 450 Sout : River Street City, State, Zip Code Hacksnes k NJ 07601 Project Manager for Monitoring Fit Telephone No. Telephone No. License No. 201-329-14.14 Name of OSHA 5 coil m 00388 Scheduled Completion Date (11) Start Date (10) 1/25/18 1/26/18 Omega En 11 conmental Occupancy Status During Abatement (Chack Only One) 280 Huyler Street City, State, Zip C de Pacifity Closed/Vacated During Entire Period of Abstrment
Databaseracet Performed Outside of Normal Facility House
Other - Describe: 750 JA 50 510 617 South Harkensack, NJ 07606 Scope of Work (Check All That Adply) Full C abai smoat with Nagative Pressure

Mini-I notosure 다 23 xfor≥3 if 전 2160 xfor≥260 if Renovation Mini-I notosure
Glove ag) recedure Demolition NorpE user med (*) and Non-Erisbie Proc is Location Type Normally Used Sofely by Description of Asbestos Containing Meterial (A. M.) (i.e. stemmed systems insulation, rari aim., Location of Asbestos Containing Meteric
TO SE ABATED (ACM) Amount Maintena Custodial Stuff? In Pacility VAT, OF (12) (13) other miscellancous) No NA BASELLEN VAT A MASTIC 2653F lame of Registered Landfill Name of Registered Waste Haute NIDEP Waste Cubic Yards 01 Warm 2 1207 liperva Enterprises, LLC Best Removal Inc 17109 Disposal Date ity, State City, State 1/26/18

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Signe

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Date of Notification (1)			ne of Building Owne	r/Operato	or (2)					-	
01/25/2018 Agencies Notified Type Notification			ena Daniel		- Company of the Comp	III JA	N 30	21)18	The state of	U/
Agencies Notified EPA DEP DEP DOL Amended Amendmer Emergency justification Cancellatio	nt # / (including)	City, Voc Nam	State, Zip Code Orhees, NJ 0804 e of Contact drew Ricco		The state of the s		None Num		eric withhirt	. &	
Vacant SFD Street Address City (5) Voorhees	ng Place (3)				Type of Facilit School (K Subchapt Other (i.e etc.) Square Feet		ommercia	al bui	ildings Bldg.		nes,
County (6) Camden		Coun (STA)	ty Code (7) TE USE ONLY)		Current Use (F	Prior if being	demolish	ed)			
Name of Monitoring Firm Hired by Building Street Address	Owner (8)	AS	CM No.	Ricc	of Abatement C						
City, State, Zip Code				282 City, S	Address Creek Road state, Zip Code nawr, NJ 080	31					
Project Manager for Monitoring Firm			hone No.	Teleph	none No. 466.6452	Lie	cense No	l.			
Start Date (10) 02/05/2018	Scheduled 03/30/20	Completic 18	n Date (11)	1	of OSHA Monito ew Ricco	r					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Nom Other – Describe: Scope of Work (Check All That Apply)	Period of Aba	tement ours		282 (City, St	Address Creek Road tate, Zip Code nawr, NJ 080	31					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		ovation olition		×	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure				-	
Location of	Non	cation nally	De	escription				1.0	Abate	Charles and Control	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	al Staff? 2)	Asbestos Con (i.e. therma surfa other	taining Ma	aterial (ACM) insulation, , or	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
Exterior	Yes N	o N/A		site Sid	iṅg	1800 \$	SF	X		6	
Name of Registered Waste Hauler Ricco Construction Corp City, State	NJDEP I Hauler II 2890	O No. of Was 09 5	<u> </u>	Salem		andfill					
Sellmawr, NJ Completed by				sal Date	City, State Alloway						
Andrew Ricco		S	ignature)	illes	Thi	Date 01/2	25/2	018			





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

			(P	ursuant	to NJAC	3:60 a	nd 12:120	0)			I A z i				71	
Date of Notification (1) 1/24/18					f Building (Bogush	Owner	/Operator	(2)	The state of the s		JAN	1, 1) 2(018		
Agencies Notified EPA DEP DOL DOH DCA	Type Notification Initial	(including	_	Ridge	ddress ate, Zip Co wood, N. f Contact		150		-		ephone	at e	100		&	The state of the s
_				FACI	LITY INFO	RMA	TION									
Name of Facility Where A Street Address City (5)	Abatement is Takin	g Place (3)						×	School (K- Subchapte Other (i.e. etc.)	12) r 8 (Oth private 8		nercia	l build	lings,		s,
Ridgewood								360		""	1110013			iug. 7	gu	
County (6) Bergen					Code (7) USE ONLY)				rent Use (Pr me	ior if bei	ng dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.		AAA	LEA	batement Co AD PROFI							
Street Address	t Address State, Zip Code						100000000000000000000000000000000000000	HITE	DOVE C	OURT						
City, State, Zip Code								Zip Code OOD, NJ (08701							
Project Manager for Mon	itoring Firm			Telepho	ne No.	Telephone No. License No. 732-668-9078 1200										
Start Date (10) 2/4/18		Schedule 2/7/18	d Con	npletion	Date (11)				SHA Monitor AD PROFI		NALS					
Pacility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of A	batem			-	City, S	HITE state,	ess DOVE C Zip Code DOD, NJ (
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	II That Apply)	D De	enova emolit Locati	ion			×	N C	full Containm Mini-Enclosur Blovebag Pro Mon-Exempte	re ocedure	Ü		e Pro	cedure Abate	ment	
Asbestos-Containing TO BE AB In Facil						os Co therma surf	escription ntaining M al system: acing, VA miscellar	Materi s insu T, or		(5	mount Specify F or LF)	16 18 18	Removal	Ty Repair	e Encapsulate	Enclosure
INTERI	OR					Tile	and Ma	astic	;	3:	50SF		х			
Name of Registered Waste Hauler NEWARK CARTING NJDEP Waste Hauler ID No. 04509						Cubi of W	c Yards aste		Name of	Registe	ered Lar	ndfill				
City, State NEWARK, NJ		240				JAP 30	osal Date 18		City, Sta		1 PA			-		
Completed by Title OSEPH PERLSTEIN OWNER							Signature)				Date	е			

Print Form

IN CONJUNCTION WITH ANNU			S	tate of N	ew Jerse	э у								
NOTIFICATION CHECK 1721	ID A	(F	Pursuan	N OF ASI t to NJAC	BESTOS 8:60 an	ABATE 1d 12:12	EMEN (0)	TOF	#E@	K# if	TO:	E		
Date of Notification (1) 01/23/2018	A CA	No.	Name of MAP	of Building	Owner/OD III L	Operato LC	r (2)		<u> </u>	<u> </u>	11		A CONTRACTOR OF THE CONTRACTOR	
Agencies Notified Type Notification				Address MAPLE	WOOL	D DRIV	/E		JA	M s V	2018		ᆀ	
EPA Initial Amended Amendment	#	1	City, St	ate, Zip C	ode DF N.I.	08052)		Manager Labor No.			200 k	and the	
✓ DOH Emergency (justification)		_	22.00016233	of Contact	Victoria de la composición del composición de la composición de la composición de la composición de la composición del composición de la c	00002	-			enhone Nu				1
DCA Cancellation			JIM											
Name of Facility Where Abatement is Taking PARK CROSSING APARTMENT H	Place (3)		FAC	ILITY INF	ORMAT	ION	Тур	e of Facility	(4)	*				
Street Address 20 EVERGREEN CIRCLE	IOIVILO	- 112					\ <u>\</u>	School (K- Subchapte Other (i.e.	8 (Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5) MAPLE SHADE							Squ 800	etc.) are Feet)	# o	f Floors		3ldg. <i>i</i> 50+	Age	
County (6) CAMDEN				Code (7) USE ONLY	n	s =0:	Curr	ent Use (Pri	or if bei	ng demolis ARTMEN	hed)			
Name of Monitoring Firm Hired by Building C ACER ASSOC.							of Ab	atement Cor ED ENVIR	ntractor ONMI	(9) ENTAL S	ERVI	CES	INC	
Street Address 1012 INDUSTRIAL DRIVE							Addre						25.43.55	
City, State, Zip Code WEST BERLIN NJ 08091	State. Zip Code							Zip Code A HILL NJ	0806	2				
Project Manager for Monitoring Firm MATT DEPALMA			Telepho 856-8	ne No. 09-1202	2	Teleph	none N			License N 01145	lo.			
Start Date (10) 01/24/2018	Scheduled 01/24/2	d Con	npletion	Date (11)		Name EMS		HA Monitor						
Occupancy Status During Abatement (Check	Only One)				Street								
Facility Closed/Vacated During Entire Pl Abatement Performed Outside of Norma Other – Describe:	eriod of Al al Facility I	oaterr Hours	nent S			City, S	tate, 2	I30 NORT						
Scope of Work (Check All That Apply)						CINI	NAM	INSON N	J 0807	77			(SA)	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Comment	nova molit				¥	- Mi Gi	III Containme ni-Enclosure ovebag Prod on-Exempted	edure					
	1 0000	.ocati	7			-		II Exemple	() and	I NOII-I Hat	le Più	Abat	ement	
Location of Asbestos-Containing Material (ACM)	Used	ormal Sole tenar	ly by	Asbes	tos Cont	scription aining M	lateria	I (ACM)	Aı	mount		1)	pe	
TO BE ABATED In Facility	Custo			(i.e.	thermal surfac	systems cing, VA	s insul T, or	ation,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other m	niscellan	eous)				oval	air	sulate	sure
LAUNDRY ROOM	LAUNDRY ROOM X JOINT COM							D	6-	4 SF	X			
N. C.														
Name of Registered Waste Hauler NJDEP Waste						Yards		Name of I	Registe	red Landfill				
ASSURED ENVIRONMENTAL SERVICES Hauler ID 0034898					of Was					NDFILL		(3)		
City, State MULLICA HILL NJ				1		al Date /2018	\sim	City, State WAYNE		RG, OH				
Completed by RON SWANSON	ANICON Signature Jacob Date									2018				

ATTA CHILIS TREWES

PAID

CKH438

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											1 40	
Date of Notification (1)	74-18			Name	e of Buildin	ng Owner/Operator	H Com	UTRACTIN	6			_
Agencies Notified	Type Notificatio	n		Stree	t Address			Life by the	444			-
- D BPA	(N. Initial					55 RT	50			-	and	_
	Amended			City	State, Zip	Code						
₩ DOL	Amendment		_	Oity,	(10	LEW FIL	LO N	T 082	30			
	Emergency		g				CD	Telephone Numb				
⊠ DOH	justification)			Name	of Conta			1 elephone Home	~			
□ DCA	Cancelation				151	<i>euce</i>						=
				FA	CILITY IN	FORMATION						
Name of Facility Where	Abatement is Taki	ng Place	e (3)				Type of Facilit	Except and				
	RESIDE	NCE					School (K-	12) r 8 (Other than K-12	1			
Street Address				.1.				private & commercia		finas.		
							homes, etc	S.)				
City (5)							Square Feet	# of Floors	1	dg. A	- 4	
W	ARC-ATE	_	-	V			1500	-1-2-	-	20	1	_
	7 1/2 2	-		Cou	nty Code (7) (STATE		rior if being demolis	hed)			
County (6)	ANTIC			USE	ONLY)		VA	CANT				_
		Owner		ASCM	No	Name of Abatem	nent Contractor (9)				0.00
Name of Monitoring Firm	n ricea by Bullaing	OWITE		/WOW	. 10.			INC				
(8)	JIH		_				CMC	+14				_
Street Address	•					Street Address	S SP	RUCE AU	·`			
						City, State, Zip C		ico cc				
City, State, Zip Code						City, State, 200	LE SH	ADF MIJ	D	80	52	
							<u> </u>	License No.				
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.	9-047	2 0041	14			
			_									_
Start Date (10)	Sche	eduled C			te (11)	Name of OSHA		4				
1-24-18		1-2)-1	8			17/1	T				_
Occupancy Status Duris	ng Abatement (Che	eck only	one)			Street Address	•					
Facility Closed/Vacat	ted During Entire P	eriod of	Abate	ment								_
Abatement Performe	d Outside of Norma	al Facilit	y Hou	rs		City, State, Zip C	ode					
	a Justice of Holling	50.1	50					5.				
Other - Describe:												
Scope of Work (Check a	all that apply)					☐ Full Cor	ntainment with N	egative Pressure				
	£5	По	novati	ion		Mini-En	closure	as a n assault (1907) (1907)				
>3 sf or ≥3 lf	*		molitic			☐ Gloveba	a Procedure					
≥160 sf or ≥260 lf		764				Non-Ex	empted (*) and N	Ion-Friable Procedu				_
		Isl	ocatio	on					A	bate		
			omally			2 0 2 2				Тур	-	
Location	of		Solet			Description of		Amount			m	
Asbestos-Containing	Material (ACM)		ntenan		Asbes	tos Containing Mat thermal systems i	nsulation	(Specify	R	71	Encapsulate	Enclosure
TO BE ABA	TED		ustodia Staff?	ii.	(I.e.	surfacing, VAT,	OF	SF or LF)	em	Repair	aps	Clos
IN Facility	Y	1	(12)			other miscellaneo	ous)		Removal	air	ula	Sure
(13)		-							=		te	0
		Yes	No	N/A			0		1		-	-
	,	+-+		X	-	TRANSI	TE	SOO SE	X			
SIDIN	6	1_		1		1114 91			1			
									+	-	-	-
									-	_	-	-
		+										
			T A	UDEP V	Nacto	Cubic Yards	Name of Re	gistered Landfill				
Name of Registered Wa	ste Hauler		1 6	auler IC		of Waste	IΛ	CIIN				
KLIMCO	INC		17	791	7	_3	1	CUH				_
	710					Disposal Date	City, State	.011		-		
City, State	ILANE MI	T					PLE	ASHUITVIL	TR			_
	HADE NI					Signature-	0/1	Date	21/	18	g.	
Completed By	(Ltwan Tith	้รง	P			71	11/11	- 1	14-	13		_
WICHARI K	IFMAIL						-					

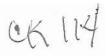
State of New Jersey PAID

NOTIFICATION	OF	ASBESTOS ABATEMEN
		IAC 9:60 and 40:400)

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	20-20 / NA 28 29 20				C. 8:60 and		511 11	EG	E	/\l		
Date of Notification ((1)	Name	of D	uildina	Owner / Operate	05 (2)		IAM		2010		
01-24-2018	(1)	Towe	r Gar	dens 2	Owner / Operato 015 LLC	or (2)		JAN	3.0 2	2018	English of the	
	Type Notification	Stree	t Addi	ress				al distriction			-	
⊠ EPA □ DEP		133 L	awrer	nceville	e-Pennington Ro	ad		ASSEST	SE COM	Troi	-2	
☑ DOL	Amended			& Zip (ode 08648			Li	DENSIN	3	Fed Waller John Co.	Mariago i a
□ DOH	Emergency	Name	of Co	ontact					Telepho	ne N	lumb	er
☐ DCA	Cancellation	David	Dubl	irer- To	ower Manageme	nt Serv	rice					
Name of Facility Wh	ere Abatement is Taking P	F/	ACILI	TY INF	ORMATION	II /A\						
Apartment Building	2	lace (3)			Type of Facil School ((K-12)						
Street Address	2				☐ Subchar	pter 8 (Other than K-	-12)				
1055-1065 South Eli	mora Ave						ate & comme				etc.)	
City (5)	County (6)	County (Code	(7)	Square Feet 20,857		# of Floors		Bldg. Ag	73		
Elizabeth, NJ	Union	Journey .	0000	(.,		(Prior i	f being demo	lished)		15		
N 614 11 1					Residential							
Health and Safety Se	Firm Hired by Building Own ervices	ner (8)	ASC	CM No	1000		t Contractor (nent Group, L					
Street Address					Street Addre	ss						
P.O. Box 365 City, State & Zip Coo	de .				2115 Hamilto City, State &							
Berlin, NJ 08009					Trenton, NJ (ae					
Project Manager for Mr. Jim Proctor	Monitoring Firm	Telephone		ber	Telephone N	lumber		License I				
Scheduled Start Date	e (10) Scheduled Cor	856-452-13)	609-914-427 Name of OSI		nitor		0118	35		
2-6-2018		2-16-2018		<u> </u>	J&S Environr	mental	Laboratories	Inc.				
Facility Close	uring Abatement (Check o ed/Vacated During Entire F	nly one) Period of Ah:	ateme	nt	Street Addres 2333 Route 2		.+					
Abatement P	erformed during Normal H	ours:	201110		City, State &							
	3:30am - 5:00pm				Union, NJ 07							
Scope of Work (Che	pied During Abatement											
osepe of trem (one	on all triat apply)						Full Contains	ment with I	Negative	Pres	sure	
≥3 sf or ≥3 lf	(1 5- 7)	Section 2015	ovatio	*UU.5.0			Mini-Enclosu		J			
≥160 sf ≥260) If	☐ Den	nolitio	n		-	Glove Bag P			_		
Loc	cation of	Is Locati	on	T	Description	n of	Non-Exempt			e Pro		
	s-Containing	Normally U			Asbestos-Con			Amount (Specify	Aba	aterrit	SIIL 1	ype
	rial (ACM)	Solely I			Material (A			SF or LF)	R		ᄪ	Ш
	E ABATED Facility	Maintenan Custodial S			(i.e., thermal s insulation, surface				em	Repair	cap	Clo
17.35	(13)	(12)	Juli .		or other miscell				Removal	air	Encapsula	Enclosure
		Yes No	N/A						-		at	Ф
North Basement			\boxtimes	-	insulation			292 LF				
South Basement			\boxtimes	Pipe	insulation			263 LF				
			H									
		+ +	H							H	H	
			Ħ						ᅥ片	H	H	H
Name of Registered	Waste Hauler	1. ECC-25.0		Naste	Cubic Yards	Name	of Registere	d Landfill				
Resource Manageme	ent Group, LLC		uler II 35218		of Waste TBD	Grow	s Landfill					
City, State		000			Disposal Date	City,					-	
Trenton, NJ 08619					TBD)		sville, PA					
Completed By (Print Mr. Brian Haney	or Type)	Titl	e siden	.+	Signature	,			Date 01-24	204	0	

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								1					AL LA	11 11
Date of Notification 01-24-2018	(1)			Name Tower	of B	uilding dens 2	Owner / Operate 015 LLC	or (2)	ШШ	JAN	30 8	2018	and the same	W
Agencies Notified	Type Notifi	cation		Street			0.0 220		- 1		6112		-	-
			-	133 L	awrei	nceville	e-Pennington Ro	ad	<u></u>	SBERT	of the same of the		- 1	and the same of th
☐ DEP		al		City, S	State	& Zip (Code	1			S CONT	TICL	St.	-
□ DOL	☐ Am	ended					08648			Administration				- I
□ DOH	☐ Em	ergency				ontact					Telepho	ne N	umb	er
☐ DCA		ncellation		David	Dubl	irer- To	ower Manageme	nt Service		,	Tolopile		unib	٥.
Name of Engility \A/I	2012 Ab = t = -		1 /	F/	ACILI	IY INF	ORMATION							
Name of Facility Wi	nere Abaten	nent is Taking P	lace (3)			Type of Faci							
Apartment Building Street Address	building I						School (
1055-1065 South E	Imora Aug							pter 8 (Other th			82			
1000-1000 SOULITE	illiola Ave							e. private & co					etc.)	
City (5)		County (C)	100		2-1-	/71	Square Feet	# of Flo	oors		Bldg. Ag			
Elizabeth, NJ		County (6) Union	00	unty (Jode	(1)	20,857	/D : ::! :				73		
Liizabetti, No		Official					Residential	(Prior if being	demolis	shed)				
Name of Monitoring	Eirm Hirod	by Building Our	205 (0)		TAC	CM No								
Health and Safety S	Services	by Building Owi	iei (0)		ASI	ONI INO		atement Contra						
Street Address	OTVICCO						Street Addre	anagement Gro	oup, LL	C	12.77			
P.O. Box 365								on Ave, Suite 2	02					
City, State & Zip Co	de						City, State &	Zin Code	.02			1111227		-
Berlin, NJ 08009							Trenton, NJ							
Project Manager for	Monitoring	Firm	Teler	hone	Num	ber	Telephone N			License 1	Jumber			_
Mr. Jim Proctor				152-13			609-914-427				0118	35		
Scheduled Start Da	te (10)	Scheduled Cor	npletio	on Dat	e (11)	Name of OSI							
2-6-2018	3		2-16-		•			mental Laborat	ories, I	nc.				
Occupancy Status I	During Abate	ement (Check o	nly on	e)			Street Addre							
☐ Facility Clos	ed/Vacated	During Entire P	eriod	of Aba	ateme	ent	2333 Route 2	22 West						
	Performed of	during Normal H	ours:				City, State &							
Describe:	8:30am - 5	:00pm					Union, NJ 07	083						
☐ Facility Occ	upied Durin	g Abatement												
Scope of Work (Che	eck all that a	apply)												
☐ ≥3 sf or ≥3 l	•			-						ent with N	legative	Pres	sure	.
≥3 \$1 01 ≥3 1 ≥3 \$1 01 ≥3 1 ≥160 \$f ≥26			\bowtie		ovatio			☐ Mini-En		70				
△ ≥100 SI ≥20	UII			Dem	nolitio	n				cedures		_		
12	cation of		1-	4.		т —	· · ·	☐ Non-Ex		d and No				
	os-Containi	na		Locati nally U			Description Asbestos-Con		1	Amount	Aba	ateme	ent I	ype
	erial (ACM)	119		olely b			Material (A			Specify			ш	
	BE ABATED			tenan			(i.e., thermal s		3	F or LF)	₽ R	ਸ	, in	Enc
	Facility	•		odial S			insulation, surface				ă	ep	äp	응
	(13)		033543	(12)			or other miscell				Remova	Repair	Encapsulat	losure
			Yes	No	N/A	1		9#25			-		at	0
Basement			П	П	X	Pine i	insulation		1	94 LF			П	
			H	H		1 ipc	and a calculation of the calcula		1	74 LF		-		H
			H	H	+				-			Η		님
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					<u> </u>							Ш		
					Ц									
N (D)	101	•			Ш									
Name of Registered	Waste Hau	ıler					Cubic Yards	Name of Reg	istered	Landfill				
Resource Manage	ont Crown	11.0				O No.	of Waste	0						
Resource Managem	ent Group,	LLC		003	35218)	TBD	Grows Landfi	111					
City, State							Disposal Date	City, State	0					
Trenton, NJ 08619							TBD	Morrisville, Pa	A					
Completed By (Print	or Type)			Title			Signature	,	2010/6		Date			
Mr. Brian Haney				Pre	sider	it	1				1-24-	2018		
							/							





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Section of the sectio	JAN	3 0	2018		
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Date of Notification	n (1)			Nam	e of Build	ing Owner/Operator (2)				LIDEUS	214 [F		2	
01/23/2018				100000	осо	S operator (c)				The first of the second	e e 1,7 - n names		and a	
Agencies Notified	Type N	lotification			t Address									
⊠ EPA	X	Initial		30	Galesi	Dive, Suite 202 A								
☐ DEP		Amended			State, Zip						-		_	
⊠ DOL		Amendment #		Wa	yne, N	J 07470								
		Emergency (including	3	Nam	of Conta	et			Telephone Num	her				
⊠ DOH		justification)		Dav	e DeSi	mone								
□ DCA		Cancelation							1					
Name of Earlist Mile	- 11				-	FACILITY INFORMA	ATION							
Garden State Pa	rkway	ement is Taking Place (3)	DIJ- 424				Тур	pe of Facility (4)						
	rkway	Maintenance District 8,	Blag 130) - Multi	-Use Blo	ig. & Garage		School (K-1	2)					
Street Address								l Subchapter	8 (Other than	K-12)				
PMD 8 Param	ius Mi	lepost 164.2 SB					IX			nercial buildings, l	nome	. etc)	
City (5)					-		-					,	.,	0.7852
Paramus								are Feet	# of Floors	Bldg. Age				
					-1-			000+	L .	50+			2700-0	
County (6)						y Code (7) E USE ONLY)	1 2 3	rent Use (Prior if be	ing demolished)					
Bergen	F1 10				(SIAI)	OSE ONET)	Ga	rage						
Name of Monitoring	Firm Hir	ed by Building Owner (8)				ASCM No.	Nan	ne of Abatement Co	ontractor (9)					
							Un	icorn Contract	ting Corp.					
Street Address							Stre	et Address						
							32	Willow Way						
City, State, Zip Code							City.	State, Zip Code						12-1
							1	odland Park, I	VI 07424					
Project Manager fo N	tonitorin	g Firm			Teleph	one No.		phone No.	13 07 +24	License No.			-	
					1			3-333-9176		01331				
Start Date (10)				Schadu	led Comp	letion Date (11)	_	e of OSHA Monitor		101221		-	-	
02/05/2018				150000000000000000000000000000000000000	2/2018	retion bate (11)								
AND DESCRIPTION OF THE PARTY OF	ing Abat	rement (Check Only One)		102/12	72016			rirovision Cons	ultants, Inc.				-	
		cated During Entire Per	ind of Al					et Address						
		med Outside of Norma			10			21 Wagaraw R	d., Bldg. 35-E					
☑ Other - De			racility	Hours				State, Zip Code						
cope of Work (Check		7AM-3:30PM					Fair	Lawn, NJ 074	10					
≥3 sf or ≥3		UNE INT		1.	3									
≥ ≥ 160 sf or :					Renov			Full Containm	nent with Nega	tive Pressure				
© 5190 21 OL 5	2260 11			X	Demol	ition		Mini-Enclosus	re					
								Glovebag Pro	cedure					
						Ţ	X	Non-Exempte	d (*) and Non-	Friable Procedure)			
	20000000	**********		Is Locatio									emer	t
Ashestos-	Locati	on of ng Material (ACM)	l u	Normally sed Solely				cription of	25a 0	1	-	1	уре	_
A3DE3(O3	TO BE A	170 July 5		laintenan				aining Material (ACI systems insulation.		Amount				
	In Fa		Cu	stodial St	aff?	(1.6.)		systems insulation, sing, VAT, or		(Specity SF or LF)			Enc	l
	(1:	3)		(12)				niscellaneous)		37 61 617	Rem	20	sde	nclo
			Yes	No	N/A						Remova	Repair	Encapsulate	Enclosure
						SEE NEXT PAG	E				1			
			1				-				+	-	-	
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ame of Registered Wa	sta Uani	ar	1	NUDER		- ID N	Cubic	fards of Waste			1			_
nicorn Contract					aste Haul 1 4	er ID No.	3+	a. as or weste		Name of Regustered		ł		
	CO	ıp.		003584	+4					Fairless Hills La	ndfill			
y, State		5.2						al Date	4	City, State				
oodland Park, 1	vew Je	rsey	T				TBD			Morrisville, PA				
mpleted by			Title					Signature	.11		Date			
imo Golcev			Genera	al Mana	ger			1	1/11		01/	23/2	018	



State of New Jersey Notification of Asbestos Abatement Continuation Sheet



Landing	1 22	Local					1401111	emeni ype	!
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intena odial (12)	nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
By Exterior steel columns at the front & back of Garage		Х		Caulking	200 LF	X			
Exterior side of Garage		Х		Caulking	30 LF	Х			
Lunch Room/ Ladies Locker Room		Х		Double Layer VAT	880 SF	Х			
Ladies Room		Х		VAT & Mastic	100 SF	Х			
Stock Room Exterior Door		Х		Grey cementitous door caulking compound	25 LF	Х			
Recorder Room Exterior Door		Х		White cementitious door caulking compund	25 LF	Х			

043793

2018-27 PAID

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

B & G proj. #:	2010-27			(Puisua	***EME		r and 12.120-7)	1 1	Check	# 8798	W	(c)27		1
Date of Notification	(1)	11	Name of E	building Ou	ner/Operator	(2)	THE PERSON NAMED IN COLUMN		115	A PROPERTY OF STATE OF	121			111
10 11 1/12 12	J/ <u> 1 8 </u>			Mihaylov		(2)		Comments of the Comments of th		N 3 0	201	0	A CHARLEST	
Agencies Notified	Type Notifical	tion	Street Add					- 11	- Wij	HIV 5 (1	<u> </u>	0		7
☐ EPA	X Initial							and the last	e				1	di di
☐ DEP		11	City, State	, Zip Code					Alexander	71.25	7111	100	ě.	+
₩ DOL	Amend			eld, NJ (Ĭ	was eight to a street that a street	All Comments	e Carana		1- (
₩ DOH	Cancell		Name of C	ontact					Telephor	e Numbe	Г			
DCA	☐ Cancell	ation	Vassil	Mihaylo	V				_					
				FA	CILITY INFOR	MATIO	N				- 4			
Name of facility wh	ere abatement	is taking p	lace (3)					Тур	e of Facility					
Vassil Mihaylo	V								=	i (K - 12) apter 8 (C		han k	12)	
Street Address										apter o (C (Private/C			-12)	
								80		# of Floor		R	dg. A	nge.
City (5)		Cot	unty (6)			Co	unty Code (7)		uale i eet	# 01 1 100	5	J.	ug. A	gc
Westfield		Uı	nion			(St	ate use only)	1 22	ırrent Use (P	rior if bein	g den	olish	ed)	
Name of Monitoring	Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abatemen		esidential					
			250 8010		n/a		B & G Restora							
Street Address					.1		Street Address							
City State Zin Cod							105 Ryerson							
City, State, Zip Code	3						City, State, Zip Cod Lincoln Park		7035					
Project Manager for	Monitoring Firm	1	F	hone Num	ber		Telephone Number			License	Numb	per		
							(973)696-68			00	378			
Scheduled Start Dat	te (10)	Sche	d. Comple	tion Date (11)		Name of OSHA Mo		Inc					
01/25/2018			/26/2018				Street Address							
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Registered Waste H		NJE	DEP Hauler	ID#	Cubic Yards o	f Waste	Name of Registere	ed Land	fill			Ц	<u> </u>	1_
B & G Restorati	ion, Inc.	l_	19563		1 1/2		Tullytowi		ource & Re	ecovery	Cent	er		
City, State Lincoln Park, N	IJ			Disposal 01/	Date 26/2018		City, State Tullytown	, PA					v	
Completed by (Print Gordana Luna	or Type)	Title Secreta	ary/Treas	surer	Signature		Gordana Luna			Date 01/22	2/201	8		

page 1

Date of Notification 10 11 //2 12 Agencies Notified EPA DEP E DOL E DOH	200	Street City, to Warne	Notification (Pursus of Building Owness) Milhaylov Address State, Zip Code estilled, NJ 0 of Contact	ani to NJAC (***EMER mer/Operator G	besto 8:60- GEN	s Abatement 7 and 12:120-7	14		F) I		510 110 110	3 0	20	=	-
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Alama of Spellin h.				CILITY INFORM	HOITA	Y									
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Westfield		Union			(Sta	ne nee oulh)	-	Cutrent (Reside	Jae (Prid	or if bain	g de	nolleh	(C)		
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Date of Notification (1)						ding Owner/Op			117	E	<u> </u>	III.	11	11 L	- 1	-
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Agencies Notified	Type Notificat	tion			drey Loye				1	-	_1Δ	N =	0 20	118		1
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Name of Facility Where	Abatement is Ta	king Pla	ace (3)					Type of	Facility	(4)						
Private house Street Address								Scho	ol (K-12	2)						
on our Address							(Co. 7-5-5)	Subc	hapter 8	8 10	ther th	an K-1	2)			
City (5)								Othe home	r (ı.e., p es, etc.)	riva	te and	i comm	ercial	buildi	ngs,	
South River, NJ 08882	re-							Square I			of FI	oors		Bldg.	Age	
County (6)				10-												
Middlesex				100	unty Gode (7) (STATE USE	ONLY)	Current	Use (Pri	ior if	being	demo	lished)		
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			3.1	/1001	VI 140,	Name of A		nt Contra	ctor (9)		**************************************					
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011						576 Valley		102								
City, State, Zip Code						City, State,	Zip Cor	de								
Project Manager for Moni						Wayne, N.										
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	18	02	/ 0	etion D	ate (11)	973-638-17 Name of OS Envirovision	777 SHA Mo on Con		Inc			e No.				_
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01/15/2018		Name	of Building O	Owner/Op	erator	(2)	1 The Control of the	CAN ARREST	T-Automobile of	Maria .								
Agencies Notified		ELAN SEIDMAN Street Address																
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Street Address								Address		W. T. Charles I. J. No. Section V.								
0.							1126											
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Project Manager for Menit					st. STREET													
Project Manager for Monitoring Firm					one No.		elephone No. NORTH BERGEN NJ. 0											
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TO BE ABAT	ED		intena todial S		(i.e. the	ermal sys	ing Ma stems i	iterial (ACM) insulation,	Amount (Specify	70		E	ш					
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4 . 5. 00.	_	Yes	No	N/A								0						
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Kitchen, Storage, Hallway & bathroom						LINOL	EUN	Λ	140SF,	Х								
										1								
Name of Registered Waste	JDEP W		ubic Yar	ds	s Name of Registered Landfill													
TRI-STATE-ASOCC.			9 (8)	auler ID 3951		f Waste TBD		MINERVA ENTERPRISE INC,										
City, State			1.,			isposal D	Date											
BRONX NY.					1	TRD		WAYNESDI IDC OUIO										
Completed by		Title	Pinese estado			Signa	iture-	Egumm	1 = 110	ate								
CARLOS ESQUIVEL	IANAG	ER	9	00	Examp	2 111/ 60 1	1-15/	2018										

-	Date of Notification (1)	Name of Building Owner/Operator (2)																
1	01/15/2018			N SEIDN														
V	Agencies Notified	Type Notification			Street	Address			F-Mg-gg		************	-	-	eers a, -	.++			
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-		Emergency	(includir	ng		STER N				11	one Numb							
	DOH DCA	justification) Cancellation			ELA	of Contact				ind manent	/							
I	trough					CILITY INF	ODMAT	TON		11								
	Name of Facility Where A	Abatement is Takin	g Place	(3)	1730	OILITE HAI	ORMAI	ION	Type of Facilit	VANDEDIN	SCONT	ric			+			
1	PRIVATE								School (F	ار اسا	SMONG	3-45 <u>-</u> 4	- Carte Language	d +54 °				
	Street Address								Subchap	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
1	Ciby (E)								Other (i.e etc.)	. private & cor	nmercial	buil	dings	, hon	nes,			
	City (5) CLOSTER NJ.								Square Feet	# of Floo	ors	Bldg. Age						
1	County (6)								1250	1		1	38					
1	BERGEN				County (STATE	Code (7)	2		Current Use (F	rior if being de	emolished	i)			0-70-80			
1	Name of Monitoring Firm	Hired by Building	Owner ()	3)		M No.		I Manage	YES ne of Abatement Contractor (9)									
	N/A	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,	AGG	NV 140.		NOF	OT Adatement C	ontractor (9)	NITAL I	11	-					
I	Street Address		Detail access					-	PRTH EAST ENVIRONMENTAL LLC.									
L								1126										
	City, State, Zip Code							City, S	State, Zip Code									
								51st.	t. STREET									
Project Manager for Monitoring Firm					Telepho	one No.		Telephone No. License No. NORTH BERGEN NJ. 0										
Start Date (10) Scheduled Co.						D : 440												
Start Date (10) Scheduled Coi 01/16/2018 01/18/2018						Date (11)			Name of OSHA Monitor ENVIRO-PROBE									
	Occupancy Status During						Address											
٠.	Facility Closed/Vacat	ed During Entire P	erind of	Abatan	nent			7,000,000,000	LIBERTY ST									
- STREET, SALES	Abatement Performe Other – Describe:	d Outside of Norm	al Facilit	y Hours	9				State, Zip Code									
-					METUCHEN NJ.													
E	Scope of Work (Check All	That Apply)		, 6.00				10.00					-					
and Keep	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		PROPERTY	Renova				7	Full Containment with Negative Pressure									
=				Demolit	ion			<u> </u>	Mini-Enclosus Glovebag Pro									
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		0.00		Locati								Abatement						
	Location of Asbestos-Containing M	of Naterial (ACM)	1	Normal ed Sole	2	A - 1 1	Des	cription	of		-	Туре						
	TO BE ABAT	TED		intenar todial S		(i.e. t	nermal :	aınıng Ma systems	aterial (ACM) insulation,	Amount (Specify		. l	esano i	En	Ш			
	In Facility (13)	,	Ous	(12)	naii:		surfac	ing, VAT	, or	SF or LF) 2	Removal	Repair	Encapsulate	Enclosure			
			Yes	No	21/4		Outer iii	iscellane	eous)		ğ	2	함	ulat	sure			
_	1st FLOO	D	165		N/A									Ф	142			
1				Х			BLAC	(MAS	TIC	920 SF.	. Х	2						
r	(itchen,Storage,Hallw	vay&bathroom					LIN	OLEUN	Л	140SF,	X							
100												1						
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						aste	Cubic Y		Name of	Registered La	ndfill							
T	RI-STATE-ASOCC.				auler ID I 1951	No.	of Wast	te	MINERVA ENTERPRISE INC,									
	ity, State			1.5			Disposa	al Data										
В	RONX NY.					and the second	TRD		WAYNESRI IPC OUIO									
	ompleted by		Title				Sic	nature	3 7	1 00	Date							
CARLOS ESQUIVEL SAFETY I						ER		0 %	Edin who	will	01-15	5/2	012		1			

PAID

Date of Notification (1)	71		Name of Building Owner/Operator (2)												
	18		Frank Lurch Demolition 3 3 5 5 6												
Agencies Notified Type Notific	ation		Stree	et Address	1		IN EG	E;	ii ii	17 Fr	Auto-mary com-				
☑ EPA ☑ Initial			P	O Box 42				E.	1	/ <u>l</u> l	5 1				
☑ DOLWD ☐ Amended			City,	State, Zip	Code					No. of Section	111				
□ DOH Amendm		_	Av	on by the	e Sea, NJ 07717	JAN 3.0 2018									
DCA Emergen (NJAC 5:23-8)		ig	Nam	e of Contac	at		Telephone Num	ber	201	5 —	1				
☐ Cancella			Fr	ank Lurch	1	-									
			FA	CILITY I	NFORMATION										
Name of Facility Where Abatement is	Taking Plac	ce (3)				Type of Facility (4)									
Norwood Inn						☐ School (K-12)									
Street Address						☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,									
618 Second Avenue						homes, etc.				,-,					
City (5)						Square Feet	# of Floors	BI	dg. A	ge					
Avon by the Sea						10,000 sf	3		100						
County (6)			Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)							
Monmouth						Inn									
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)	V.								
Guardian Contracting, Inc.					Guardian Co	ntracting, Inc.									
Street Address					Street Address										
1889 Rte. 9, Unit 61					1889 Route 9	9, Unit 61									
City, State, Zip Code				-	City, State, Zip Co										
Toms River, New Jersey 08755						New Jersey 08	755								
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.	•	License No.								
Nicholas Fernicola			732-34	9-9932	732-349-9932	2	00624								
Start Date (10)	Scheduled	Comp	letion D	ate (11)	Name of OSHA N	1onitor									
02 /02 /18	_02_	/ _(09_ /	18	E.M.S.L. Ana	lytical									
Occupancy Status During Abatement (Check only	one)			Street Address										
Facility Closed/Vacated During Enti					1056 Stelton										
Abatement Performed Outside of No					City, State, Zip Co	ode									
Time of Abatement:AM	PIVI/		VI	_AIVI	Piscataway, I	New Jersey 08	854								
Scope of Work (Check all that apply)					⊠ Full Cont	tainment with Neg	nativa Pressura								
≥3 sf or ≥3 lf		Renova	ation		☐ Mini-End		gative Flessure								
≥160 sf or ≥260 lf		emoli)	tion			g Procedure									
					☐ Non-Exe	mpted (*) and No	n-Friable Procedu								
I anation of		Is Loc Norm			D			Ab	atem	ent T	уре				
Location of Asbestos-Containing Material (ACN	D Us		olely by	Ashe	Description of estos Containing Ma	(f) Andrew Strategick Trans. (f)	Amount	Re	Re	En	En				
TO BE ABATED	IV		nance/		e., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure				
IN Facility	00	(12	l Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		sula	ure				
(13)	Yes		1		other miscellane	ous)				te					
1 st floor hallways					os containing ce	iling plaster	1500 sf				\Box				
mechanical room				asbest	os pipe insulatio	n	30 If								
mechanical room				asbest	os tank insulatio	n	20 sf								
2 nd floor bathrooms				leveling	g compound		800 sf								
Name of Registered Waste Hauler		1	NJDEP		Cubic Yards of	Name of Registered Landfill									
Guardian Contracting, Inc.			Hauler 2022		Waste 15	T.R.R.F.									
City, State					Disposal Date	City, State									
Toms River, New Jersey		Pennsylvania	nia												
Completed By (Print or Type)	Title				Signature	/ /	Da	te /		1					
Nicholas Fernicola		1		1/2	.3	113	F								



	NOTIF (F	IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)							E (G		1							
Date of Notification (1) 1/22/18					of Building uel & Do	omo.			A 1.1			Section Section	The distance of						
Agencies Notified	Type Notification				Address	mila ot	1 W	J	A N	3.0	201	8	I bone						
⊠ EPA	☑ Initial								Promove	į									
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	Amendment Emergency		_		h Haver	0.01000.00	Ī.,	A Company of the Party of the P	" a to the track of a second	LE.		NO.	ime acri						
☑ DOH □ DCA		Sam	of Contact						phone	e Nun	lumber								
	Cancellation			5,000,000,000,000	ILITY INF	ORMAT	ION		-					-					
Name of Facility Where	Abatement is Takin	g Place (3)			Ortinati	1011	Type of F	Facility	(4)									
Samuel & Donna S	calzo Private h	ome						☐ Sch	nool (K-	-12)									
Street Address								Sub Sub Oth	chapte	er 8 (Oth private	er than	K-12	l)	dinas	hom	00			
City (5)					111-07-27			etc.)							65,			
Beach Haven NJ 0	8008							Square F 1000 +		1 # 0	f Floors	3	1100	Bldg. A	ige				
County (6)			Т	County	Code (7)			Current U			ing don	nolich	100	35+					
Ocean					USE ONLY	n		House		ioi ii be	ing den	1011511	euj						
Name of Monitoring Firm	Hired by Building (Owner (8)	ASC	M No.		Name	ne of Abatement Contractor (9)											
N/A Street Address							12/12/2005	rnaco Inc.											
Street Address							CONTROL REVOKE	et Address Box 329											
City, State, Zip Code								State, Zip Code											
W. 117							F 22	st Berlin NJ 08091											
Project Manager for Mon		Telepho	ne No.		Teleph	Telephone No.).			$\overline{}$					
Ct-+ D-+- (40)					856-	-753-9800 00727													
Start Date (10) 1/1/18		npletion	Date (11)			of OSHA N	Monitor												
Occupancy Status During	Abatement (Check	1/9/18 Only O					Sam	Address											
▼ Facility Closed/Vaca				nent			Otreet	. 1331-333											
Abatement Performe Other – Describe:	ed Outside of Norm	al Facilit	y Hours	3			tate, Zip C	te, Zip Code											
Scope of Work (Check Al	That Apply)															\dashv			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit					Full Co Mini-Er Gloveb	nclosur		Negati	ve Pr	essur	re					
							X				d Non-F	on-Friable Procedure							
		1000	Locati									Abatement							
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TO BE ABA	TED		intenar todial S			thermal	systems	insulation		(8	mount specify		Re	70	Enc	Ē			
In Facili (13)	ty		(12)				cing, VA	Control Control		SF	or LF)		Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A									/al	Α'	late	ıre			
Exterior Siding						Exte	rior Sid	ling		18	00 SF		х			\vdash			
															\neg				
Name of Registered Wasi	to Hauler		LA	IDED W															
United Containers	H	JDEP W auler ID		Cubic 'of Was				Registe	red Lan	dfill									
			2:	2459		4			i.R.O.										
City, State Elm NJ						Dispos 1/9/18	al Date		ty, Stat		1000	27							
Completed by		Title					ignature		1011151	/ille P/	1906	Date	<u> </u>						
Anthony T Perna		100000000000000000000000000000000000000	ident				/	0					: 2/18	3					
				-	1				1/22/10										



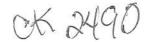
			(F	ursuan	t to NJAC 8	:60 and 1	3ATE	MENT 0)	C1	Kt	5	3(0	L-TH-STORMER	We say many		
Date of Notification (1)		=======================================		Name	of Building O	Owner/Ope	erator	(2)			13 (0 1	5	1 1	7 [3 / /	
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Agencies Notified	Type Notification				Address	SECURE OR PAGE			- topol	11111	.14	N .				111	
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DOH DCA	justification)	C. Cloud Decounty of			of Contact		Ž	Tel	ephone	Nun	ber	G	in CZ				
П всх	Cancellation				D'Astuto					1				The Table	- The Total Association	the state of the s	
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INFO	RWIATION	N T	Type	of Facility	(4)					40		
Camden Demo Sto	res 200-218 N	ew Are	a Sto	re 216				_		2000 2000					79		
Street Address								H	School (K- Subchapte	·12) er 8 (Oth	er than	K-12	1				
216 South Broadwa	ay							X	Other (i.e.	private 8	& comm	nercia	l buil	dings	hom	es,	
City (5)									etc.) re Feet	# 01	f Floors		Te	Bldg. A	100		
Camden NJ 08030								100		1	1110015		- 1	35+	ige		
County (6)					Code (7)			Curre	nt Use (Pr	ior if bei	ng dem	olish	ed)				
Camden				(STATE	USE ONLY)	_	-	Stor									
Name of Monitoring Firm	Hired by Building C	Wner (8)	ASCI	M No.	N	lame	of Aba	tement Co	ntractor	(9)				-		
Pennoni							Pern	aco I	nc.								
Street Address 515 Grove St. S.1B								et Address									
City, State, Zip Code) 							Box 329									
	100025						State, Zip Code est Berlin NJ 08091										
Haddon Heights NJ 08035									11.00	091							
Project Manager for Monitoring Firm Alan Lloyed					ne No. 47-0505	- 1	745	ephone No. License No. 66-753-9800 00727									
Start Date (10)	ad Cor		Date (11)				IA Monitor		0072	.7							
1/12/18	npiedon	Date (11)	1 23	Same		IA IVIONITOI											
Occupancy Status During	ne)	-				Addres	9										
☐ Facility Closed/Vaca				nent		"		iaaioo			۵						
Abatement Performe	ed Outside of Norma	al Facility	/ Hours	S		C	tate, Zi	p Code									
Other – Describe: _			-			- 1	••		be teamine								
Scope of Work (Check Al	That Apply)																
≥3 sf or ≥3 lf			Renova	tion			Full	Containm	ent with	Negativ	ve Pr	essu	re				
≥160 sf or ≥260 lf		X	Demolit	ion			Н	Min	i-Enclosur	e			0000				
							X		vebag Pro	nd Non-Friable Procedure							
		Is	Locati	on		Tron Exemples ()) and reon-r habie			Abatement				
Location	of	1	Vormal	ly	25	Descri	ntion	of						Ту	ре		
Asbestos-Containing	Material (ACM)		d Sole intenar		Asbestos	s Containi	ing Ma	aterial	(ACM)	Ar	nount				т		
TO BE ABA		750000	todial S		(i.e. th	ermal sys surfacing	stems	insula	tion,		pecify		Rer	R	nca	Enc	
(13)	•		(12)		o	other misc	cellane	eous)		or.	or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									<u>a</u>		ate	Te	
Main Ar	92				EI	oor Tile	9 NA	lootio		200	20.05	-					
Wall A				Х	T1	ooi ille	Ot IV	iastic		200	00 SF		x				
Name of Registered Wast	e Hauler		0.00	JDEP W		Cubic Yar	ds	T	Name of	Register	ed Lan	dfill					
United Containers			0.000	auler ID 2459		of Waste 4	G.R.O.W										
City, State					1	Disposal D	Date		City, Stat	e							
Elm NJ				2/2/18				Morrisville PA 19067									
Completed by		Title				Signa	ature	7/				Date	1			\neg	
Anthony T Perna President							1/23/1						3/18	8			

RY.				20 20124				A to the first of	7	E	C	E			SPrii	at Fo
PAID	N		CATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE		und van de padole proprieta	X		JAN	3 () 20	18	And stands to see the see of the see	
Date of Notification (1)			Name of	Building (Owner/C	perator	(2)	12	1			11 1	1.0	10/	000	-
1/22/18			Angne	es Reed	Privat	e hom	е		L	Name of the	No. of the second	-19,000		d to exceed		Christian
Agencies Notified Type Notification			Street A	ddress				and the same	4	ASS	5570	0.20	OHT	HOL	&	
☑ EPA ☑ Initial									to sales grantage.	All periodicina	ane erener	Elis		1-850-1001	epinone cu	
DEP Amended				te, Zip Co												
DOL Amendment Emergency (— L	Shipbo	ottom N	J 0800	8				1.0						
DOH justification)	including			Contact			V			Tele	nhone	Num	har			
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Name of Eagility Where Abstragest is Takin	- Dlass (2)		FACI	LITY INFO	DRMATI	ON	7	f F ii	Ph. (4)							
Name of Facility Where Abatement is Taking	g Place (3)					Тур	e of Facil	lity (4)							
Angnes Reed Private home								School			- 41	14.40				
Street Address							片	Subcha Other (i						linas.	home	es.
011.45								etc.)								
City (5)								uare Feet			Floors	5	1222	ldg. A	ge	
Shipbottom NJ 08008								+ 00		1				5+		
County (6)			County (Code (7) JSE ONLY)	ľ			rent Use	(Prior	if bein	ng den	nolish	ed)			
Ocean						_	0.000	ouse					1000			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	1 No.		V-250		batement	Contra	actor ((9)					
N/A							Contractors of	Inc.								
Street Address						Street										
								329								
City, State, Zip Code								Zip Code								
								erlin NJ	0809	1						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph						ise No).			
						856-	-753	-9800		-	007	27				
Start Date (10)		d Con	npletion [Date (11)		Name	of O	SHA Mon	itor	177						
1/1/18	1/9/18					Sam	1e	Va 2 a - 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2								
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addr	ress								
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:						City, S	State,	Zip Code	Э							
Scope of Work (Check All That Apply)									-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- I	enova emolit					- N	Full Conta Mini-Enclo Glovebag Non-Exem	sure Proce	dure					e	
	1-	Locati	ion							7					ement	t
Location of	100	lormal			Do	scription	of							Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	d Sole intenar odial S (12)	nce/ Staff?		tos Cont thermal surfa	taining N	Mater s insi AT, or)	(S	nount pecify or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A													
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	-	-					-	te e mi temm								
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Name of Registered Waste Hauler		100	IJDEP W lauler ID		Cubic of Wa	Yards		Name	e of Re	egiste	red La	andfill				
United Containers		1 23	2459	NO.	3	310		G.R	R.O.W	I.S.						
City, State					1	sal Date)	Citv.	State					-		
Elm NJ					1/9/1				rrisvil	le PA	190)67				
Completed by	Title				1	Signature	-		_			Dat	-			

1/22/18

Anthony T Perna

President



iliana Serrano	Office I	Mana	ager		Signature	4020	ain	Date 1-1	e 7-20	18		
Jersey City, NJ Completed by	Title			1-17	osal Date -2018	City, State Morrisvi						
Name of Registered Waste Hauler Green Environmental Services City, State		Ha	JDEP Wa Juler ID N J34889	No. of Wa		Name of F	Registered V.S. Nor		dfill			
Name of Posister J.P.												
	1											
Basement		Χ		Pip	e Insulati	on	80 L	_F	Х			
	Yes	No	N/A						val	=	ulate	ure
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Sole tenar	ly by nce/	Asbestos Co (i.e. therm surf	Description on Intaining Ma al systems facing, VAT miscellane	iterial (ACM) insulation, , or	Amo (Spe SF or	cify	Removal	Repair	e Encapsulate	Enclosure
Location of		ocati				Non-Exempted	d (°) and N	Ion-Friab		Abat	emen	t
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova			×	Full Containm Mini-Enclosure Glovebag Prop	e cedure					
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A	hatan	ment s		Street /	Address ate, Zip Code						
1-17-2018	1-17-20	118	inhiellou	Date (11)		of OSHA Monitor as above						
Project Manager for Monitoring Firm Start Date (10)	Schedule	d Co	Telepho	one No. Date (11)	Teleph 201-3	one No. 333-8855	C	icense N 1174	10.			
City, State, Zip Code					City, S	tate, Zip Code by City, NJ 07				-		
Street Address					Street	Address /irginia Avenu		rices, L	LU			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.	Name	of Abatement Co n Environmer	ontractor (9	9)				
Hudson			(STATE	Code (7) USE ONLY)		Current Use (P	rior if being	g demolis	shed)			
City (5) Union City, NJ 07087 County (6)						Square Feet 2400	# of I	Floors		Bldg. 70+		
Street Address		3-2-22				School (K Subchapte Other (i.e.	er 8 (Other	r than K-	12) cial bu	ildina	s hor	mae
Name of Facility Where Abatement is Tak Residential	king Place (3	3)	IAC	JEHT INFORM	ATION	Type of Facility	(4)	**************************************		- The real	Le, Hart Cury	parida az
L DCA Cancellati	on		Carlo	S Guyburu	ATION		i-lele	phone N	imher)L&	
■ DOL Amendme ■ Emergence □ justificatio	y (including		Unio	n City, NJ 07	087	The state of the s		***************************************	J ()	2018		- Commercial Control
EPA X Initial Amended			City, S	State, Zip Code				JAN	9 n	-2014		The state of the s
Agencies Notified Type Notification	on			Address				GI	5	W		
Date of Notification (1) 1-17-2018			Name	of Building Owr	ner/Operato	r (2)	IN E	P i		11 /	, F.	je sta



Data of National (4)								10	CAL	CN	- l	ls	ナ	P	7	
Date of Notification (1) 1/23/18					of Building C n Constru			(10)-10)				nauny Leober School	V-ideae		E	
	Notification			Street A	Address Route 71					\Box	EG		1	<i>yj</i>		
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X DOL	Amendment #				e, NJ 087				1	1	.IAN	3.0	20	110	A LONG	
	Emergency (ir justification)	ncluding		Name o	of Contact					te A	lephone N			110		Impossion
la l	Cancellation				Schmied											
Name of Facility Where Abatem	ant in Taking	Diago (2)	FACI	ILITY INFO	RMATI	ON	T =		F	685670	18 GC 1813	41	1.06	. &	
House	ient is Taking	Place (3)					Туре	of Facility	Name and Address of the			- 19	1 3400	وعطمت	late anatomical area
Street Address				-				H	School (K- Subchapte		ner than K	-12)				
								×	Other (i.e. etc.)					- 53 		es,
City (5)									are Feet	- C-X11-07	of Floors			ig. A	ge	
Manasquan County (6)				0	0-1-77			260		2			72			
Monmouth					Code (7) USE ONLY)			hou	ent Use (Pr ISE	ior if be	ing demo	lished)				
Name of Monitoring Firm Hired	by Building O	wner (8))	ASCN	И No.				atement Co		0.000000					
0									ironmenta	al Ser	vices, LI	LC				
Street Address							Street		ss 83, 4 E 0	Cato F)rivo					
City, State, Zip Code									Zip Code	Jale L	nive					
									d, NJ 074	418						
Project Manager for Monitoring	Firm			Telepho	ne No.		Teleph		Maria Maria Cara Cara Cara Cara Cara Cara Cara		License	No.				
							973-	764-	2276		703					
Start Date (10)	24 0			npletion	Date (11)		Name	of OS	HA Monitor				-			
2/1/18		3/1/18														
Occupancy Status During Abate	78		50				Street	Addre	SS							
Facility Closed/Vacated Du Abatement Performed Out Other – Describe:	uring Entire Pe side of Norma	riod of a I Facility	Abaten / Hours	nent S		_	City, S	State, Z	Zip Code							
Scope of Work (Check All That	Apply)							-								
≥3 sf or ≥3 lf	TF-27	X	Renova	ition			×	7 E.	II Containm	ont with	h Nagativ	. Drasa				
× ≥160 sf or ≥260 lf		Designation of the last of the	Demolit					Mi	II Containm ni-Enclosur	ent witt e	n ivegative	e Press	ure			
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Location of		1	Vormal	ly		Des	scription	of						Ту	эе	
Asbestos-Containing Materia	al (ACM)		ed Sole			s Cont	aining N	/lateria	I (ACM)		Amount				Ľΰ	CTI
TO BE ABATED In Facility		Cus	todial S	Staff?	(i.e. t		systems cing, VA		ation,		Specify F or LF)	Remova		Repair	ncap	ncio
(13)			(12)				niscellar					lova		pair	Encapsulate	Enciosure
		Yes	No	N/A											te	O
Basement Stairca	se			Х		Wa	II Plas	ter		1	50 SF	x				
2nd Fl Left Bedroom & H	all Closet			X	С	eiling	/Wall F	Plaste	er	2	00 SF	x				
1st FI Den				Х			Wall			3	90 SF	х				
Name of Registered Waste Hau	ler		100	JDEP W lauler ID	30.07	Cubic of Was			Name of	Registe	ered Land	fill				
Freehold Cartage				5939	.10.	TBD	,,,,		Wester	n Ber	ks Land	lfill				
City, State							al Date		City, Stat	e.					-	
Freehold, NJ						TBD			Birdsbo	oro, N	J					
Completed by		Title				S	ignature	6	7			Date			1.500	
A. Scott Higgins		Pres	ident					M		-		1/23/	18			



Date of Notification (1) $1 - 22 - 2$	7018		Na	ame of B	uilding Owner	r/Oper	ator (2) GAD STR	PET	21/0		F. J	W	13	*
Agencies Notified	Type Notification		St	reet Add	ress	101	010 O)11	1				**********		
Agencies (Votified	Type (tourisduo)											00	ļ	
□ EPA	Initial Amended		C	ity, State	Zip Code			į.	1	JAN	5 () -	2018	1	TH
DEP DOL	Amendment #_	1,55	F	=(1)	ARET	H	NJO	720	7				1	D. (Personal
	☐ Emergency (inc	luding	N	ame of C	ontact	11	10 4 0	-	Tele	phone Numbe	T.			
₽ DOH	justification) Cancellation				BURG	05		1.	53			1	1 &c	
□ DCA	Cancellation		0		TY INFORM							Part Lines	*******	
Name of Facility Where A	hatement is Taking Pla	ce (3)		FACILI	II INTORN	LALL	Type of	Facility (4)						
625 NORTH	BD040 500	PET	11	C			□ Sc	hool (K-12	1					
Street Address	DOMO SIVE			-			□ Su	bchapter 8	(Other	than K-12)				
Siteet Address							₽ Ot	her (i.e. pri	vate &	commercial b	uilding	s, hom	es, etc	.)
0: (5)			_				Square !	Feet	# of	Floors	Blo	ig. Ag	e	\neg
City (5)	-1						4500		6		500		RS.	
ELIZABET	<u>/ </u>		T 0		2- (7)				100	demolished)	10	70 7	10 2	\vdash
County (6)				ounty Co	SEONLY) _					, demonstrou)		3.5.		
F55EX			L					DENL				_		\dashv
Name of Monitoring Firm	Hired by Building Own	ner (8)		ASCM	No.		Name of Abaten							
							Best Ren	noval Ir	ic					_
Street Address							Street Address							
							450 Sout		Stre	et				
City, State, Zip Code							City, State, Zip							
0000 00 0000							Hackensa	ck, NJ (0760	l				
Project Manager for Moni	itoring Firm		T	elephone	No.		Telephone No.			License No.				
•							201-32	29-7444	5	003	88			
Start Date (10)		Scheduled C	ompl	etion Dat	e (11)		Name of OSHA	Monitor						
2-1-2018		2-2		20	18		Omega F	Environ	ment	al				
Occupancy Status During							Street Address							
			ant				280 Hu	yler Stre	eet					
Abatement Perform	ated During Entire Period ed Outside of Normal F	acility Hours	ient			ı	City, State, Zip	Code						
☐ Other – Describe: _	8AM - 5	DVM				-	South F	Iackens	ack,	NJ 07606				
Scope of Work (Check A													W	
	п тпас Арргу)		~~~~~~ *				D 6.11	Containmo	nt with	Negative Pres	cure			
≥3 sf or ≥3 lf			noliti					i-Enclosure		INCESTIVE I IC	Suic			
☐ ≥160 sf or ≥260 lf		L DC	HOTTEN	011			☐ Glov	vebag Proce	dure					
							医 Non	-Exempted	(*) and	Non-Friable	Proced			_
		Is L	ocatio	on									ment pe	
Locati	on of	No	rmall	y) (a)	Des	scription of				-	, , ,	T	
Asbestos-Containin		Used	Solely stenan				aining Material (Amount	_		ᄪ	m
TO BE A		Custo			(i.e. therma		ems insulation, su VAT, or	urfacing,		Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
In Fac			(12)				miscellaneous)		J	. O. D.	ova	Dair	sula	rnsc
(12	")			1			on the one was the same of				-		ite	c
		Yes	No	N/A			`			^-	-	-		
LAVODRY F	Loom			V	THROW	AL	INSULATI	ON		95 45			7	
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Name of Registered Was	ste Hauler		N	JDEP W			Yards	Name of	Registe	red Landfill	16/0			
			H	lauler ID		of Wa			A:	mio Enta	maic	ec T	IC	
Best Removal	Inc			171		1/8		and the second s		erva Ente	pris	cs, 1		
City, State	*** 0.000					STATE OF THE PARTY	sal Date	City, Star		OII	1160	0		
Hackensack, N	NJ 07601						2-18	Way	nesb	urg, OH		0		
Completed by		Title				1	Signature 00			D	ate	, 7	-15	2
Robert Veldr	an	Es	tima	ator			R. Vielas	an			1 2	1	-18	_

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request forwaiver	4	(Furtunat in N			j	Ţ,		· <u>L</u>	6	L	
Date of Notification (1)		Name of Bulk	ing Owner/Op	crator (2)		-			-		1 .
1-25-/8 Agencies Notified Type Notif	Silicina	Street Address	COMAS	FLI	EN)	DEC_			LAM	_0	o: 2018
D EPA D Intris		SUBE ALLERES						1	1	;	i. Luio
(5) 1789 (5) Ame	- No.	City, State, Zi	Code _ ,			1	-	V		00	
DOM DOM	mens #_ ency (including encon)	- 11000) - KI	DGE, K	12	27075		HOD	_ 11	CEV	CONTROL SING
DCA Ceno	etion (a)	J. C.	WYAS							****	or substitute outside educates
Name of Facility Where Absorpers by	Sitte Place (3)	PACILITY	INFORMAT		of Facilia	745					
J. Comas	ELLEN	DEC			Sohool (S	20050					
Street Address			,	0	2 dochum	-8 (Scher than K- priv sa & comme	12)	1			
CRO (3)		- 48			B Feet	F of Floors				HG. ?	
WOOD-RIDGE					310	/		19	48		
BERGEN		County Code (Curre	nt Use (or i being demoi	ished)		10	-	
Name of Monitoring Farm Rived by Bu	I ing Owner (8)	ASCM No.		Name of Abas	entex C:	DE VCE					
Street Address				Best Re	moval	Inc:					
				Stort Addison		er Street					
City, State, Zip Code				City, State, Zin	Code				_		
Project Merager for Monitoring Firm	 	Telephone No.		Hackens Telephone No		0 7601 Ligare	₩ No				
Start Desc (10)	Trans.			100	29-74		00388				
1-26-18	Squaduled C	27-18)	Name of OSH		nn ental					
Occupantly Status During Abatement (C				Street Address	100	dated to the second				_	
D Facility Closed/Vacated Dwing & Abstement Fanishment Optode of the Other - Describe: B A-P1	onyal Emplity Hour	nant s		280 Hu	-	reit					
				South	Hacke	sack, NJ 07	606				
Scope of Work (Cheek All That Apply) 2 af or >316	_	overion.		~	-		_				
☐ \$160 x or \$260 H		molidon		D Mi	il-Englos		e Pressure				
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Losstinu of	10000	ocation emaily							ype ype		
Asbertos-Containing Material (AC	1 147007	SCHOOL NAME OF THE PARTY OF THE	Asbartos Corta	scription of hining Malorial (Met insulation, s		Amount			100		
in Facility (13)		画副 SMI77 (12)		VAT, or misosilaneous)	erranserig,	(5pecify SF or LF)	Removal	Repair	Sacapadate	Enclosure	
	Yos	No N/A	Cupit I	a ro-control territory)			E	1 5	1	28	
BASEMENT BOILER A	REA	771	EDW H.C.	INSOLATI	222	68	SEX	+	-	Н	
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Name of Registered Waste Hauter) Nilpern et	1871								
Best Removal Inc		NUDER Waste Hauter ID No.	Cubic of Was	Ke .		Rejutered Land		150			
City, State		17109		105	City, S	Mi tverva E	nterpris	es, I	rc		
Hackensack, NJ 07601			1-8	27-18		rik sburg. O	H 4468	8			
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ATT THE T SAME SELL	ESU	imator		R. Vel	WIL.	<u></u>	1-3	45	-10		
AER-41 (R-96-08)			*	* Do no	C LINE CONTRA	inn for sobusion l	iomswe a	Ketebra	ಜೆ ಇದ್ದಾಗ	itias.	

CIL LOE	25		NOTE	FICATIO	tate of N N OF ASI	BESTOS	ABATE	MENT) E (C E		V	
Date of Notification (1) 1/26/18					of Building					14	U J	AN 3	0 7	2010	
Agencies Notified	Type Notification	1			Bucchii Address	no Priv	ate Ho	me				THE SHAPES TO SEE	-		
⊠ EPA	☐ Initial			Otrock	rudicas						ASBE	STOS	CON	TRO	L &
DEP	X Amended				ate, Zip C					- Bossesson	-	LIOLI	10114		
⊠ DOL	Amendmen Emergency	-	_		nawkin I		50								
DOH DCA	justification Cancellation)		Name of Mike	of Contact					Te	lephone N	lumber			
		Geo-Hotterie			ILITY INF	ORMAT	ION						-		
Name of Facility Where A Mike Bucchino Priv	Abatement is Takii	ng Place (3)					Туре	of Facility (4)					
Street Address	ate nome								School (K-1						
City (5)								X	Subchapter Other (i.e. p etc.)	rivate	& commer	·12) rcial bu	ildings	, hom	ies,
Manhawkin NJ 080	50							Squa 100	are Feet	# 0	f Floors		Bldg.	Age	
County (6)				County	Code (7)		-		ent Use (Prid	1	ina demoli		35+		
Ocean				(STATE	USE ONLY	n			ached Ga		ing demon	Sileu)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCI	M No.			of Aba	atement Con	tractor	(9)				
Street Address						0	Street								
City, State, Zip Code								Box 3							
Oity, Otate, Zip Code							100000000000000000000000000000000000000		ip Code Iin NJ 080	91					
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph 856-	753-9			License 00727	No.			
Start Date (10)		Schedule	ed Cor	npletion	Date (11)				HA Monitor		00121		-		
2/7/18		2/13/1	-				Sam	е							
Occupancy Status During							Street	Addres	ss						
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norn	Period of Anal Facility	Abaten Hours	nent S			City, S	tate, Z	ip Code					<u> 1000-00</u>	
Scope of Work (Check All	That Apply)			-73x+1110										-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	STYPPOLABINE THA		enova emolit				×	Mir Glo	I Containme ni-Enclosure ovebag Proce n-Exempted	edure	nie i Talianie e			· ·	
		ls	Locati	on						() and	2 110111110	1		ement	
Location			lormal d Sole			Des	scription	of					Т	ре	
Asbestos-Containing I TO BE ABA	TED	Mai	ntenai	nce/	Asbes (i.e.	tos Cont thermal	aining M systems	aterial insula	(ACM)		mount pecify	_R		En	m
In Facility (13)	у	Cusi	odial 8 (12)	otan?		surfac	cing, VAT	r, or	,		or LF)	Removal	Repair	caps	Enclosure
		Yes	No	N/A		ouiei ii	ii socii ai ii	eous)				val	¥	Encapsulate	sure
Exterior Si	ding			x		Exte	rior Sid	ing		80	0 SF	x			
						390									
Name of Registered Waste	e Hauler			JDEP W auler ID		Cubic of Was			Name of R	egiste	red Landfi	1			
United Containers			1	2459		3	i.c		G.R.O.V	V.S.					
City, State Elm NJ							al Date		City, State			Assessment Seats	Lacerte		
Completed by		Title	-			2/7/18	gnature		Morrisvi	lle PA		-1-			
Anthony T Perna		Presi	dent			31	griduite	(ate /26/1	8		

1/25/18

* Do r.c. use this form for asbastos ligans are exampled activities.

Title

J. Maiorano

ASB-41 (R-06-08)

Estimator

no (X		N	OTIF	-	TION	OF ASE	ew Jersey BESTOS ABAT .C 8:60 and 5:16		DE				
Date of Notification (1)	<u> </u>				Name	of Building	Owner/Operator (2	2)		11 0 0	200	10	
01 /	26 /	18			Stat	e of New	v Jersey		$\prod \prod J P$	N 30	20	10	-
Agencies Notified	Type Notifica	tion			Street	Address						No enterior	
⊠ EPA	☐ Initial	ition					te Street		ASBE	STOS C	ITINO	ROL	8.
⊠ DOLWD				-	10000	tate, Zip C			ACCE	LICENS	ING	vinde (Turte)	nice of the same o
⊠ DOH	Amendme	ent #3				nton, NJ							
☐ DCA	☐ Emergend		ding	1		of Contac			Telephone Nu	ımhar			
(NJAC 5:23-8)	justificatio						ւ - Haverstick-Bo	ethurials	relephone No	mbei			
	Caricellati	1011						HIIWICK					_
					FAC	CILITY IN	IFORMATION		7707				
Name of Facility Where A		aking P	lace (3)				Type of Facility					
Mary Roebling Build	ding							☐ School (K-12		12)			
Street Address								Other (i.e., p			ilding	s,	
20 West State Stree	t			2011				homes, etc.)				- 22	
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Trenton								100,000	10		30		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)		17775-17	
Mercer								Office Build	ling				
Name of Monitoring Firm	Hired by Build	ding Own	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	1				
USA Environmental	, Inc.						Shade Enviro	onmental, LLC					
Street Address							Street Address	000000000000000000000000000000000000000					
344 West State Stre	et						623 Cutler Av	/enue					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08618							Maple Shade						
Project Manager for Monit	oring Firm			Tele	phone I	No.	Telephone No.		License No.				
John Duggan	.01.11.9		- 1		9-656		856-755-0099)	00842				
Start Date (10)		Schedule	ed Co				Name of OSHA M						
04 /06 /				100	_ / _		EMSL Analyt	9.9 July 7.5					
Occupancy Status During	Abatement (0	Check o	nly on	e)			Street Address						
☐ Facility Closed/Vacate					ment		200 Route 13	0 North					
Abatement Performed	Outside of No	ormal Fa	acility Hours - Describe City, State, Zip Code										
Time of Abatement:	AM	PM/5	5:00P	M- <u>1:</u>	MA <u>00</u> :		Cinnaminsor						
Scope of Work (Check all	that apply)							•					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	,,,		Ren Dem				☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No	70				
			Is L	.ocat	ion					Ab	atem	ent Ty	/ре
Location	of			rma			Description of			D	- 20	m	m.
Asbestos-Containing N		1)	Used		nce/		stos Containing Ma		Amount	Remova	Repair	nca	olor
TO BE ABA IN Facilit					Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	Encapsulate	Enclosure
(13)	,			(12)			other miscellane		,	_		late	Ф
		١	/es	No	N/A								
Elevator Equipment F	Room		a			Break F	Pads		9 SF				
0)									-				
	=												
Name of Registered Wast	e Hauler			1000	JDEP V		Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage				H	lauler II 15939		Waste 1	GROWS N	lorth Landfill				
City, State			120		10335		Disposal Date	City, State					
Freehold, NJ							02/09/2018	Morrisville	e, PA				
Completed By (Print or Ty	rpe)	Title	. D	ر دادا -	nt of	Operatio	Signature			Date			

Print I	-0

Ch 173	DY		NOI	FICATIO Pursuar	nt to NJAC	BEST 8:60	os ABATE and 12:12	20)	0	Rei	nk	1	7	3	94	0
Date of Notification (1) 1/25/18						Own	er/Operato	r (2)		Penning		A 1	2		7 15) manuage
Agencies Notified	T 11				y Heart						E	G [5	<u> </u>		
Agencies Notified	Type Notification	n		Street	Address			- 112		IK						111
EPA DEB	× Initial			011 0							1	A M	2 0	20	Q.	
DEP X DOL	Amended Amendmer	nt #			State, Zip C		07070			111		TV FX	V U	LU	9	1
	Emergency	(includin	g		of Contact		0/8/6								-	
DOH DCA	justification Cancellatio				or Contact ane Dalu					Te	lephon	enon	sper(2NTF	OL 8	3.
					CILITY INF	27								-	-PRINCIPLE	
Name of Facility Where A	batement is Taki	ng Place	(3)	TAC	SILIT INF	URIVI	ATION	Type	of Facility	(4)						
House									School (K-	2002						
Street Address									Subchapte Other (i.e.	er 8 (Oth	er than & comn	K-12) al bui	Idinas	s. hon	nes.
City (5)									etc.)							
Boonton								2100	re Feet	2	f Floors	5	- 1	Bldg.	Age	
County (6)				County	Code (7)				nt Use (Pr		ing dom	aoliob		68 		
Morris Name of Monitoring Firm	Hired by Ruilding	Owner (9		(STATE	USE ONLY)		hous	se			1011511	eu)			
	od by Ballaling	Owner (c		ASC	M No.				tement Co onment			LLC				
Street Address								Addres		-			-			-
City, State, Zip Code									$33, 4 \in C$	Gate D	rive					
City, State, Zip Code									p Code							
Project Manager for Monit	oring Firm			Talaah					, NJ 074	418						
, see a see	oning i iiiii			Telepho	one ivo.			one No 764-2			Licens 703	se No				
Start Date (10)		Schedu	led Cor	mpletion	Date (11)	-			A Monitor		703			-		
2/5/18		3/1/18														
Occupancy Status During							Street	Addres	S							
Facility Closed/Vacate Abatement Performed Other – Describe: ba	d Outside of Norn	Period of nal Facility	Abaten y Hours	nent s			City, St	tate, Zi	Code				-		Marie (si	
Scope of Work (Check All	That Apply)														-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini Glo	Containm -Enclosure rebag Pro- -Exempte	e cedure					e	,
		1000	Locati									T		Abate		t
Location o Asbestos-Containing M			Normal d Sole			D	escription	of	1					Ту	ре	
TO BE ABAT In Facility (13)	ED	Ma	intenar todial S (12)	nce/	Asbest (i.e.	therm suri	ntaining Ma al systems facing, VAT miscellane	insulat , or	ACM) ion,	(S)	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_		ate	ਰੇ
Basemen	t			х		pip	e insulati	ion		23	0 LF		x			
Name of Registered Waste	Hauler	L	N.	JDEP W	aste	Cubi	c Yards		Name of F	Pagista	od Las	AED.				
Freehold Cartage			Ha	auler ID		of Wa	aste	11	Western							
City, State							osal Date		City, State							
Freehold, NJ						TBD			Birdsbo							
Completed by		Title				П	Signature		1,		- Т	Date				
A. Scott Higgins		Presi	dent					l.			-	1/25				

						- 1-		(rec	1- L		_)_			
Date of Notification (1) 1/25/18					Building Ow Excavatin		erator ((2)		I C E		7 E			
Agencies Notified	Type Notification		5	Street Ad	ldress				113	Actephone Number & Services, LLC ate Drive 18 License No. 703 Abatement Type Amount (Specify SF or LF) Amount (Specify SF or LF) 2400 SF × 220 SF × 1500 SF × 1					
₹ EPA	× Initial			330 Lin	ncoln Bou	ılevard				1441 0	0 004	A			
DEP	Amended		(City, State	e, Zip Code	9				JAN 3	FU ZU	Ü	1	/	
× DOL	Amendment		_	Middles	sex, NJ (08846									
X DOH DCA	Emergency justification) Cancellation		1.3	Name of Phil Sa					A	elephone	hubber.	OI &			
				FACIL	ITY INFOR	RMATIO	N		MAN AND STROMINES				***********	mont -	
Name of Facility Where	Abatement is Takin	g Place (3))					Type of Fa	acility (4)						
House									ol (K-12)						
Street Address												dings,	home	es,	
City (5)						1100000		Square Fe	eet #	of Floors	В	ldg. A	ge		
Avenel								2300	2	2	6	7			
County (6)				County C	ode (7)			Current U	se (Prior if b	eing demol	lished)				
Middlesex			(ISE ONLY)		_	house	at Cantras	(0)					
Name of Monitoring Fire	n Hired by Building	Owner (8)		ASCM	No.						LC				
Street Address			-				Street	Address							
							PO E	3ox 483,	4 E Gate	Drive					
City, State, Zip Code							10000000	tate, Zip C							
							Glen	wood, N	J 07418						
Project Manager for Mo	nitoring Firm			Telephon	ne No.			one No.			e No.	0.0000000000000000000000000000000000000			
							973-	764-2276	5	703		2120000			
Start Date (10) 2/3/18		Schedule 3/31/18		pletion D	Date (11)		Name	of OSHA N	Monitor						
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)				Street	Address							
In terrorical	cated During Entire			ent											
Abatement Perform Other – Describe:	med Outside of Norr	mal Facility	Hours	ieni		_	City, S	tate, Zip C	ode				***********	**	
Scope of Work (Check	All That Apply)								2000		SCENIER CO				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini-Er Gloveb	nclosure lag Procedu	re			Α.		
						1000		1 NOTE	complete ()	and ivoli i	T T			t	
	-	1.	Locati Normal									Ty	/ре		
Location Asbestos-Containing		Use	d Sole	ly by	Asbesto		cription inina N	⊢ot ∕laterial (A0	CM)	Amount			m		
TO BE A	BATED		intenai todial S			hermal s	systems	s insulatior			Re	Z)	nca	Enclosure	
In Fac (13		000	(12)	ziuii.		other mi	ing, VA iscellar			SF or LF)	vou	pai	psu	US0	
(13	20	Yes	No	N/A							<u>a</u>	1	ate	Te	
1st flo	nor	Yes	INO	X X	w	all & ce	eilina	plaster	-	2400 SF	x	-			
		-		-		floor til					v	+	-	-	
Basemen				X								-		-	
Ro	of 			X		core	shing	les		1500 SF	X	-		-	
						0.11	, .				JEII		L	1	
Name of Registered W	aste Hauler			IJDEP W lauler ID		Cubic Y		100	40						
Freehold Cartage			100	5939		TBD	(4)(5)	V	Vestern E	erks Lan	dtill				
City, State						Disposa	al Date	- 33	ity, State						
Freehold, NJ						TBD		E	Birdsboro,	PA					
Completed by		Title				Si	gnature	e /							
A. Scott Higgins		Pres	ident					11 -	_		1/25/1	8			

Date of Notification (1)			Т		f Building		r/Operator	(2)			1			0.7		in the same of the
1/25/18					Excava	ting					E G	E		\mathbb{V}		
Agencies Notified	Type Notification			Street A	ddress incoln B	oulov	ord									
EPA DEP			-		ate, Zip Co		raiu				JAN	3 (1 2	U18		IJH
X DOL	Amendment		_		esex, NJ		346		14	الما	UMIN) (UTO	L	
⊠ DOH DCA	Emergency (justification)	including		Name o	f Contact					tel	ephone	Numb	er	=00		
DCA	Cancellation				abatino					,	-			_	. či	
Name of Facility Where	Abatement is Taking	Place (3)	í	FACI	LITY INFO	ORMA	TION	Type	of Facility (4	4)	CONTRACTOR TO MAIN	ERRENCOM SAVA	N SIP 4 NAMES	MICHAEL MICHAEL	PARAMONE	Name and Associated Street
House	Todiomoni io Taking	g 1 1800 (0)						-								
Street Address									School (K-1 Subchapter	8 (Oth						
							+		Other (i.e. p etc.)	rivate	& comm	nercial	build	dings,	home	es,
City (5)								Squa	re Feet		f Floors			ldg. A	ge	
Avenel	153222451524545454545454							230		2				7		-
County (6) Middlesex					Code (7) USE ONLY			hou	ent Use (Prid	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN	I No.		Name	1.1	itement Con	tractor	(9)				-	
3	, , , , , , , , , , , , , , , , , , , ,	(-)					1		ronmenta		100000	LLC				
Street Address							The state of the state of	Addre								
									83, 4 E G	ate D	rive					
City, State, Zip Code							C. 1000000000000000000000000000000000000		ip Code I, NJ 074	18						
Project Manager for Mon	itoring Firm			Telepho	ne No.			none N			Licens	se No.				A 400 1
Start Date (10)		Schedule	d Con	noletion I	Date (11)				HA Monitor		703				15555	
2/3/18		3/31/18					1,10,110	0. 00.	ii (mormor							
Occupancy Status During	g Abatement (Check	Only One	e)))''			Street	Addre	SS							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norm	eriod of A al Facility	batem Hours	ent			City, S	State, Z	ip Code						-	
Scope of Work (Check A	II That Apply)		-													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- Commence	enova emoliti					Mir	II Containme ni-Enclosure ovebag Prod	;	Negati	ve Pre	ssur	e e		
		T					×	No	n-Exempted	d (*) an	d Non-F	riable	Pro	cedur	e	
		11	ocati											Abate Tv	ement pe	t
Location Asbestos-Containing		Used	ormall I Solel	y by	Ashes		escription nation		I (ACM)	Δ	mount	ŀ			i	T
TO BE ABA	ATED		ntenar odial S	11.0100.00		therm	al system	s insula		(8	Specify		Re	Z,	Encapsulate	E SC
In Facil (13)	ity		(12)				facing, VA r miscellar			Sh	or LF)		Remova	Repair	nsdi	Enclosure
		Yes	No	N/A									<u>a</u>	7	ate	re
Roof ~ Maiir	n House			x			shingles	S		15	00 SF		K			
North & Eas	t Roofs			х		ro	of core	flat		40	00 SF		×			
										70						
Name of Registered Was	ste Hauler		TN	JDEP W	/aste	Cub	ic Yards		Name of F	Reniste	red I an	odfill				L
Freehold Cartage			Н	auler ID		of W	/aste		Western							
City, State			1	5939		TBI	osal Date		City, State							
Freehold, NJ						TBE			Birdsbo		Ą					
Completed by		Title					Signature	9	1			Date			-	****
A. Scott Higgins		Presid	dent					l	12-	_		1/2	5/18	3		

Chuus No.	(Pu	ATION rsugnet	of New Jersey OF ASBESTOS NJAC 8:60 and	12:120) erator (2)			R G		3		7 E	
1/25/18	L	87	GREEN H	SAMES	uc	own	uer ad	His	TR	Δπ	02	Ш
Agencies Notified Type Notification												
☐ EPA ☐ Initial ☐ DEP ☐ Amended ☐ Amendment #	Ci	tv. State	Zip Code E WARE						NOI	NG		
DOH Emergency (including justification) Cancellation	M	ame of C	Contact EUGAR M	l, u			Telenhone Nin	mher				
Name of Facility Where Abatement is Taking Place (3)	-	FACIL	ITY INFORMAT	ION	Type of Fa	cility (4)						
LIM GREEN HOMES LIC OW				دره	☐ Subc	ol (K-12) hapter 8 (C	Other than K-12) al buik	linos	: hom	ies etc	
171 KNICKERBOCKEY	د ج	(504	ńĎ.					ai buik				
City (5) DE MAREST			re Mo		_	00	# of Floors	-4)	DIG	g. Ag	40	
County (6) BERGEN		ounty Co	ode (7) SE ONLY)		Current Us	se (Prior II	being demolish	5 5				
Name of Monitoring Firm Hired by Building Owner (8)	\dashv	ASCM	No.	Name	of Abatemer							
				Besi	Remo	val	Inc.					\dashv
Street Address				450	South		er Stre	eet				_
City, State, Zip Code				Hacl			J 07601					
Project Manager for Monitoring Firm	Te	elephone	No.		one No.	. , , ,	License 0.03	50 E				
Start Date (10) Scheduled		tion Dat	0	Name	-329-7 of OSHA M	onitor		200				
Occupancy Status During Abatement (Check Only One)	-1	8/1	0	Street	Address	ziron	mental			10-11-0		
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe: 230,544	ire	PM		City, S	Huy 1 e	de		-				\dashv
				Sout	th Hac	kens	ack, NJ	0.7	760	0.6		-
	enovatio emolitio			عر 0 0	Mini-E	nclosure ag Procedi	with Negative I ure and Non-Frial			re		
	*				1 NOIT-LA	cempted () and Hon I had			Abate		
Location of Use	Location Normally d Solely intenance	by	Asbestos Con	escription taining M	faterial (AC	M)	Amount			Ty		H
TO DE ADATEIR	todial Sta (12)	N.7.0	(i.e. thermal system)	VAT, or miscellar		cing,	(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Yes	No	N/A						_	4			_
KATCHEN		×	PNOR	UM			2755	3F)	2			-
								+	-	-		\dashv
								+	-			
Name of Degistered Weste Hauler	NI	DEP W	aste Cubic	Yards	l N	lame of Re	egistered Landfi					
Name of Registered Waste Hauler	Ha	DEP Wa	No. of Wa		1-				1			
Name of Registered Waste Hauler Best Removal Inc City, State	Ha		No. of Wa	Z osal Date	Zey M		egistered Landfi va Ente		cis	ses	,]	LLC
Best Removal Inc	Ha	uler ID	No. of Wa	z te	Zey M	finer ity, State				ses 468	_	LLC

4311	3)	мот	FICA Pursi	TION OF	of New Jer ASBESTO NJAC 8:60	OS ABA	TEMEN 120)	ΙΤ			E C	E	201	Print	OFF
Date of Notification (1)	Check # 3	123			ilding Own		ator (2)				0.111	0 0			
01/17/2018 Agencies Notified	Type Notification	120	Str	eet Addr	A STATE OF THE PARTY OF THE PAR						ASBEST LI	OS CO CENS	ONTF ING	ROL	<u>ય</u>
EPA DEP	Initial Amended		Cit	y, State,	Zip Code					A MANAGEMENT OF	AND THE PROPERTY OF THE	porting agrowables for the			
DOL.	Amendment # Emergency (ir justification)			me of Co	NJ, 0702 ontact	0				Teleph	one Numb	per			
DOH DCA	Cancellation		1	nthony		I STICAL									-
Name of Facility Where	Abatoment is Taking	Place (3)		FACILIT	TY INFORM	IATION	Ty	pe of	Facility (4))					
Bergen Arts & Scie	nces Charter Sc	nool					×] Sch	nool (K-12)	haa 1/ 10\				
Street Address 200 MacArthur Ave								Sul Oth	ner (i.e. pri	Other to	than K-12) ommercia	buildin	gs, ho	mes,	
City (5)					,		150	quare 0,000		# of F	loors	Bldg 50-	g. Ag€ ⊦	•	
County (6)			Co	ounty Co	de (7) E ONLY)			urrent		r if being	demolishe	ed)			
Bergen County Name of Monitoring Firm	n Hired by Building C	wner (8)	\perp	ASCM N	No.		lame of		ment Cont	tractor (9))				
N/A Street Address						S	treet Ac	ddress							
N/A						C	City, Sta	te, Zip	Code						
City, State, Zip Code N/A			T =	elephone	e No		Gutten		NJ, 070	100	License N	0.			
Project Manager for Mo N/A	nitoring Firm		N	N/A		2	201-29	95-17		(01074				
Start Date (10) 02/03/2018		Scheduled 02/05/20		oletion D	ate (11)	1	Same	as al	oove						
Occupancy Status Duri						No.	Street A Same								
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire med Outside of Norr 8:300am	Period of Ab nal Facility I	ateme Hours	ent		1	City, Sta								
Scope of Work (Check							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X Re	enovat emoliti	ion on			×	Min	-Enclosur	e	Negative F			a	
		1					<u>I</u>	Nor	-Exempte	d () and	I NOIT-I III	DIC 1100	Abate	ment	
TO BE A	ng Material (ACM) ABATED acility	Used Mai	ocation or mall sole of the name of the na	ly ly by nce/	(i.e. t	s Conta	systems ing, VA	aterial insula T, or	(ACM) tion,	(S	mount specify or LF)	Remova	Repair	e Encapsulate	Enclosure
(1	3)	Yes	No	N/A						-	F.1. F.		V	6	
Base	ement		Χ		Patch	a & rep	air op	en se	eems	3	.5 LF		X		
												511			
Name of Registered \ Tri-State Transfer			H	NJDEP V Hauler ID 9551	10.7	Cubic of Was			100000000000000000000000000000000000000		ered Landi erprise Ir			4	
City, State							sal Date		City, St	ate esburg	OH				
Bronx, NY		1				TBD	Signatur	e /	20	A		Date			
Completed by		Title Offic	e ivia	nager		_	g. iatai	L	Vula	1-		01/17	/201	8	

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

Ch4107	480	ĵ		(Pursuant to N.)	A.C. 7:26-2 12)	Particular and the second seco		LAM	200	040		
Date of Notification (1)	•				Name of Buildi Paulsboro Refi	ng Owner/C	Operator (2)	Ц	JAN	30 2	UIU		
1/23/18 Agencies Notified		Notification 1	Type		Street Address		ally	- Lanca	4635546000				
	115	27	-540050		800 Billingspor			AS		SCON		<u>ક</u>	
() EPA () DEP		(X) Initial No () Amended		n	City, State, Zip	Code			LIC	ENSIN	7	atom scrape must	
(X) DOL		() Cancelle			Paulsboro, NJ								
(X) DOH		() Emergen	су					T-1 N					
() DCA					Name of Conta Ravi Jarecha	act		Tel Ni	imher				
	<u> </u>			FACILITY IN						_			
Name of Facility Where Al	patement is T	aking Place (3	3)		Type of Facility								
Paulsboro Refining Compa	any				() School (K-1		on K 12)						
Street Address					() Subchapter(X) Other (i.e.			gs., hom	nes, etc.				
800 Billingsport Rd													
					Sq. Feet N/A		# of Floor	sN/A					
City (5) Paulsboro	County (6) Gloucester		County C (State Us		Bldg. Age N/	Α							
Paulsboio	Gloucester		Totate 05	e Omy	Current Use (p		demolished)_	Oil Re	finery				
Name of Monitoring Firm	Hired by Bldg	. Owner (8)	ASCM No	<u>).</u>			Name of Co						
0: (4/1			L	2//2012	Street Address		Mansfield In	dustrial,	Inc.				
Street Address					800 Billingspor								
					City State, Zipo	Code							
		T 1 - 1 - 1	ll.		Paulsboro, NJ			Licens	e Numb	or			
Project Manager for Monit	oring Firm	Telephone I	Number		Telephone Nur 856-224-4392	noer		00857	e Numb	<u> </u>			
Scheduled Start Date (10) 2/6/18		Scheduled 0 3/31/18	Completion	Date (11)	Name of OSHA Mansfield Indu								
Occupancy Status During					Street Address								
() Facility Closed/Vacate () Abatement Performed	d During Entil Outside of No	re Period of A ormal Facility	batement Hours -		800 Billingspor	110.100.000							
(X) Other - Describe - Re	moval of ACI	M within restric	rted work a	rea in outside	City, State, Zip Paulsboro NJ								
area	illoval of Aoi	VI WILLIAM TOOLIN	otou work a	iod iii odtoloo	T adispoto 140 V	00000							
Source of Work (Check al	that apply)		-										
() Demolition (X) Renov	etion.												
() Large Proj. (160 SF or	>260 LF ACN	I) (X) SM Proj	. >25<160	SF or >10 <260	LF ACM) () M		<25 SF or <10	LF ACI	۸)				
() Full Containment with N	Negative Pres	sure - PDA	() Mini-Er	nclosure (X)	Glovebag Proce		0 11 05	. =\	A 1 - 1 -	A T			
Location of Asbestos- Containing Material (ACM		ation Normally by Maint./Cus		Description of a thermal system		Amount (Specify SF or	LF)	Abatei	ment Typ	e		
Facility (13)	Staff?	(12)		surfacing, VAT					_				
	YES	NO	NA	misc.)					Rem.	Кер.	Encap E	<u>=nciose</u>	
North Plant TA Support		X		TSI		Approx 10	00 LF		Х				
Various small areas													
							200						
Name of Reg. Waste Hau	ler	NJDEP Was	ste Hauler I	D#	Cubic Yards of	Waste				Landfill			
Waste Management, Inc.		17273			<1 CY			Glouce		unty Lan	22-22-77		
City, State South Harrison, NJ							Disp. Date Various			City, State South Ha		٧J	
South Hamson, 145													
Completed by (Print or Ty	pe)	<u>Title</u>			Signature			<u>Date</u>					
ANDREW GREEN		MANAGER	- Mansfield	d Industrial, Inc	11	. 11		1-23-1	8				
ANDILLY OILLIY				,	Made	1/1/	eer.						
					Site	perations S	Supervisor						
					//								

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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Date of Notification (1)		-			Nam	e of Buildir	na Ov	wner/Operator	(2)	.	 	Lagran 10			0.05	-					
01/	23 /	18						Services, Inc	22.0	1	ЦЦ J/	N.	3 0	20	18	L					
Agencies Notified	Type Notifica	ation			Stree	t Address					-		no de ballos e			1					
⊠ EPA								aza North, S	W	, [ASBE				ROL	3					
□ DOLWD	☐ Amended					State, Zip						LICE	NS	NG	-manuscritin	nucratical)					
⊠ DOH	Amendm	-	1 1			shingto															
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		cluding]		e of Conta			-0.00		Telephone N	umbe	r								
(Cancellat	20			Th	omas Le	e														
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Street Address			•						- 1	Subchapter 8	(Other than K										
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City (5)									+	Square Feet	# of Floors		Blo	dg. A	ge .						
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County (6)			Cou	nty Code ((7)/ST	ATE USE ONLY)	+		(Prior if being demolished)												
Monmouth				. ,,				ent Building													
Name of Monitoring Firm	Hired by Build	dina C	wner ((8)	ASCN	No.	Na	ame of Abatem	nen	nt Contractor (9)											
TTI Environmental,	SE 0	Ü			000	03	100000			nmental, LLC											
Street Address								reet Address								- Lucie					
1253 N. Church Stre	eet							623 Cutler A	ve	enue											
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Moorestown, NJ 086	State, Zip Code City, State, Zip Code Porestown, NJ 08057 Maple Shade, NJ 0805																				
Project Manager for Monit				Te	lephone	No.		lephone No.	-		License No.	-									
Mike Stocku	•				356-84			856-755-0099	9		00842										
Start Date (10)		Sched	uled C	omp	letion D	ate (11)	Na	me of OSHA N	Mo	nitor			12.5	17.							
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Scope of Work (Check all	that apply)							□ Eull Con	140	inment with Nega	ativo Procesuro										
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Completed By (Print or Ty	pe)	Title						Signature	\dashv			Date			-						
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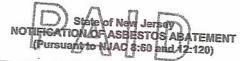
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Camdon														
		ng Qw	ner (E	3)	ASCM	No.				*				
MDG Environmenta Street Address	II, LLC							onment	, LI.C	<u> </u>				
1000 Maplewood Di	rivo, Suita 20	7						VARIUM						
City, State, Zip Code													-	_
Maple Shade, NJ 08							Maple Shade		1 2					
Project Manager for Mont Chris Macri	toring Firm			100000			Telephone No.		. —.	License No.				
Start Date (10)	I S	chedul	ed Co			1-9300 te (11)	856-755-0095 Name of OSHA N			00842			-	
01 / _25_ /						18	EMSL Analys	63000000						
Occupancy Status During		.70					Street Address							
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(13)		,	/es	(12) No	N/A	1	other miscalisms	ons)					日日	100
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	in Hauler			H	auler (City, 5	abp					-
Freehold Cartage	Yearn	Title		H	auler (5 Disposal Date	City, 5			Deip			

Jan 24 2018 16:47 NJ Asbestos Control 609.633.0664



Date of Notification (1)		Namo	of Building Owner	(Operator (O)		-	-	Tarina - All		
Jan 25	,2018) Name	Sak	Oull'S	BROT	DIE	GNE		W	E
Agencies Notified Type Notification		Street	Address D ()	Box	84	TRI	7	~ 1		Ī
☐ EPA Initial ☐ Amended	and the same of th	City, St	ate, Zip Code	WOX .			JAN 3		กำห	
DOL Amendment			Co	Its 1	VecK.	NJ	177	ŽŽ	-	- 1
DOH justification)	150	Name o	of Contact	<i>(</i> •• •	-	1 Telephone	Number			_
□ DCA □ Cancellation		FAC	ILITY INFORMAT	Coutis		_				1
Name of Facility Where Abatement is Takin					pe of Facility	(4) 🖟	-			
Street Address)Wellin	5			School (K-		14.400			
			ä		Other (i.e.	r 8 (Other than private & comm	K-12) ercial bui	ldings	home	es,
City (5)	11	-	A ~ 741	Sq	etc.) uare Feet	# of Floors	.	Bldg. A	ge	
tain Have	n N	7.	07704			2		50)+ -	-
County (6)			Code (7) USE ONLY)	Cu	rrent Use (Pr	ior if being dem	, ~	`	11.	
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Name of A	batement Co	fam:	14 4) W c	1100	25
EPC Technolo	sies	n.	NA	EF	STO		egie	S .	In	14
Ro. Box 3	37			Street Add		337	J		-	
City, State, Zip Code	NJ	80	533	City State		A AL	70	24	7.3	3
Project Manager for Movethri gr-firm		Telepho	ne No.	Telephone	No.	Licens	e No.		4 4	40
Start Date (10)	<u>Cobodicado</u>		758-3365	609 75	8-33	5 (<u>, O(</u>	24	4	
Feb 12,2018	Scheduled C		2018		SHA Monitor	hnologi	. T		•	
Occupancy Status During Abatement (Check		10;	2010	Street Add	ress	1 11000911	<u>ئے ک</u>	nc		-
Facility Closed/Vacated During Entire F	eriod of Abate	ement			Box	337		/cecs//		
Abatement Performed Outside of Norm Other – Describe:	al Facility Hot	irs		City, State,	Egypt	417	00	53	_	
Scope of Work (Check All That Apply)				1100	-JAAL	<u> </u>	00	53	2	
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TO BE ABATED In Facility	Custodia (12	Staff?	surfa	systems insu cing, VAT, or		(Specify SF or LF)	Remova	Repair	тсар	Enclosure
(13)		1	other r	niscellaneous	s)		oval	air	Encapsulate	sure
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EPC Technologies	>	1700		sal Date	City, Stat	e Manag	ener	tof	: 1	M
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Completed by	Title	٦ ١		ignature	SC.11		Date /-	25	_11	0
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Date of Notification (1)			N:	me of Bui	Idina O	er/Operato								
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DCA justification Cancellation	n) ion		- 4	me of Con IDY.	taci			Tol-	2. 8.0					
Name of Facility Where Abatement is Tal	ding Plac	2 (2)		ACILITY	INFORMA	TION						_		
PRIVATE	ang r iet	e (3)					Type of Facility	(4)						
Street Address City (5)							School (K Subchapte Other (i.e. etc.)	-12) er 8 (Other t private & co	than K-12 ommerci	2) al bu	ıildin	gs, ho	ome	
EAST RUTHERFORD NJ.							Square Feet	# of Fi		-		. Age		
County (6)			1 Cou	-t. O. I.	-		2200	2		and the same of th	96			
BERGEN			(STZ	nty Code (TE USE O	(1) VLY)		Current Use (Pr	rior if being	demolish	ed)				
Name of Monitoring Firm Hired by Building N/A	Owner	(8)	A	SCM No.		Name	of Abatement Co	miracior (0)						
Street Address						NOR	TH EAST EN	VIRONM	ENTAL	LL	C.			
						Street /	Address							
City, State, Zip Code							51 STREET ate, Zip Code			2000				
Project Manager for Monitoring Firm						NOR	TH BERGEN	N.I. OZOA	7					
roject manager for Monitoring Firm	tot Manager for Monitoring Firm						one No.		ense No					
tart Date (10)	Sched	ried Co	malaii	on Date (1		8	76-0642		100					
01/13/2018	01/15	5/2019	3	n Date (1	1)		FOSHA Monitor							
ccupancy Status During Abatement (Ched	ck Only (One)				Street A	ANALYTICA	AL INC.						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abate	ment				VEST 38 TH	STREET						
1 Calci - Describe:	- CON	ty riou	is .				te, Zip Code							
cope of Work (Check All That Apply)					-	NY.N'	Y. 10018							
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I and the second		s Local				eren de la francisco		1) GHU NUT	H-rizole		V226 III	e emen		
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	elv by	l nobe	Des	cription of			_			ре		
TO BE ABATED In Facility (13)	Cus	intena fodial ((12)	nce/ Staff?	(i.e	: inermal : surfac	aining Mat systems in ing, VAT, iscellaneo	or I	Amount (Specify SF or LF	- 3	Removal	Repair	Encapsulate	Enclosure	
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ne of Registered Woods 11									- 1		1	1		
	and an artist of the same of t	N. Ha	I IDEP V Buler ID	/aste No.	Cubic Y		Name of Re	gistered La	ndfill	-	- 1			
ne of Registered Waste Hauler I-STATE-ASOCC. , State ONX NY	and regular	Ha	IDEP Vauler ID	/aste No.	of Waste	9	MINERV			, IN	IC.			
I-STATE-ASOCC.	Title	Ha	auler ID	Vaste No.	of Waste	9	4	A ENTER	PRISE	, IN	IC.			

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Date of Notification (1)	manufactured	Pylot	Laurens	State of the Control	CJ8±60 a	nd 12:12	20)	at	D.	E	C [
01/05/2018			Name	of Buildin	ng Owner	/Operato	r (2)				AN :	3.0	2011		H	
Agencies Notified Type Notification	n	-		t Address	RUYA	LPKIN	HIN	G SERVI	ES			Ç7 (J	£ (7.1)		-	
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DEP Amended				State, Zip						ASBE	LICE	NSH	MIK) L &		
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iustification	1)	ng.	E .	of Contac	170			-	Te	elepho	ne Nu	mhe				
DCA Cancellation	מנ		1	ID PAS												
Name of Facility Where Abatement is Tak	ing Place	2 (3)	FA	CILITY IN	FORMAT	TON							~			
PRIVATE	<u> </u>	(-)						e of Facility (isoculuies.	
Street Address								School (K-1 Subchapter	2)	har the	- 1/ 4	0 1				
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County (6)						ĺ	340		2		15	and the last	Bidg.			
HUDSON			County	Code (7)	10		Cur	rent Use (Prid	or if be	ing de	molish	ned)				
Name of Monitoring Firm Hired by Building	Otemor (91			·/											
EMPIRE ENVIRONMENTAL LTD	- where	o)	ASC	M No.		Name	of Ab	atement Con	tractor	(9)						
Street Address						Street		ESAT ENV	/IROI	NME	NTAI	LL	C.			
435 MAIN RD.								ess et. STREET	_				Setting			
City, State, Zip Code							Zip Code									
TOWACO NJ								BERGEN I	VJ. O	7047						
Project Manager for Monitoring Firm MIKE			_	one No.		Teleph	one N	lo.			nse No).				
Start Date (10)				34-334-	2022(25)(5)	2017			1300							
01/15/2018	D1/10	lled Co. 1/2018	npletion	Date (11)			me of OSHA Monitor MPIRE ENVIRONMENTAL LTD.									
Occupancy Status During Abatement (Chec									NMENTAL LTD.							
Facility Closed/Vacated During Entire						Street A		ss I RD. #200	00							
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ame of Registered Waste Hauler	DEP W	aste	Cubic Y	ards		Name of Re				Λ						
RI-STATE-ASSOCC.	uler ID 951	NO.	of Waste	9		MINERV				F	VIC.					
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Source Liver. County (8) Hilloresep	County Code (7)	Bquaro Fe- J V SV Current VI	# of Floors Bidg. Ago + 50	7
Name of Manthorna Fkm Hired by Building Stroot Adwass	Owner (8) ABOM No.	A.MAC Contra i	ling inc.	
City, State, Zip Code Project Menagur for Monitoring Firm	Telephane No	185 Midland A (City, State, Zip Co) Midland Park, / Telephone No.		
Start Date (10) 12.3 18 Occupancy Status During Abatament (Chec	Echilokided Completion Date (11)	201-262-5841 Name of 08HA Mill Omega Enviror	00158	
Facility Closed/Vacated During Entire F Abselvment Performed Outside of Many Other – Describe:		30 set Address 280 Huyler Str. : Cry, Stew Zip Coll Hackensack, N. I	(Andrij Santana andria Andrija Santana andrija Santa); Santana andrija Santana Santana Santana Santana Santana	
Scope of Work (Check All That Apply) 33 of or as it a 160 of or asing if	Flanovation Demoition	Full Conte n Mint Eng :	title sit with Negerive Pressure	Commission of the Commission o
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BASE MENT	Yes No NA	PIPE INFOCATION	Erricosura Erricosura Remoral Remoral	
Name of Registered Wester Harder Newark Carting Inc. Oite, State	NJDEF Waste Heider (D No 04509	or tweste	C BOTTEL Sanitary Landille	
Newark, NJ 07105 Completed by Joseph Vocaturo	Vice President	Bignatyne	ng rl, FA 08702	
A38-41 (R-0\$-08)		Donat use this form	2: appearer accompled activities.	

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Date of Notification (1)	Stand Standard	Name of Buil	lding (Owner/Operato	r (2)		In E	<u> </u>	E	TWER				
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Project Manager for Monitoring Firm			Telepho			Teleph 973-	none N 345-8			Licens 0131					
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Agencies Notified Type Notification	on		Street A	ddress							ASB	ESTC	S C	ONTE	₹OL (
X EPA X Initial Amended Amendment	ent #			ate, Zip Co eld, NJ (					home		PROPERTY.	LIC	EIVO	ING	
➤ DOH justification  DCA Cancellati			Name of David	f Contact Mertz					1 + -						
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City (5) Westfield							Squa N/A	are Feet	# of N/A	Floor	S	1000	Bldg. /	Age	
County (6) Union				Code (7) USE ONLY)		_	Curre	ent Use (Prio	r if beir	ng der	nolish	hed)			
Name of Monitoring Firm Hired by Buildir N/A	ig Owner (8)		ASCN	/ No.				atement Con tement,Inc		(9)					
Street Address						Street 11 R		ess gren Aven	ue						
City, State, Zip Code								Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	none N 345-8			Licer 013	nse N 11	lo.			
Start Date (10) 01/31/2018	Schedule 02/01/2		npletion I	Date (11)				HA Monitor ement, Inc	D.						
Occupancy Status During Abatement (Ch	eck Only Or	ne)				Street		7. Til							
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: occupied	e Period of A ormal Facility	Abaten Hours	nent s			City, S	state, Z	gren Aven Zip Code J 07512	ue						
Scope of Work (Check All That Apply)						1010	vv, 140	07012						-	
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Location of	1	Locat	lly		Des	cription			( <i>/</i> arre		11100		Abat	emen	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intena todial s (12)	nce/	Asbest (i.e.	tos Conta thermal s	aining N system: ing, VA	Materia s insul T, or	ation,	(S	nount pecify or LF	,	Remova	Repair	Encapsulate	Enclosure
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Basement		X			Boiler					SF		X			
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Name of Registered Waste Hauler		1 5558	JDEP W	C204.705(1)(0)	Cubic	/ards		Name of F	Register	red La	andfill				
D&S Abatement, Inc.			lauler ID 0996	No.	of Was TBD	te		Waste N	/lanag						
City, State Totowa, NJ					Dispos: TBD	al Date		City, State Moorisv		A					
Completed by Ned Joksimovic	Title Proje	ct Ma	anager		Si	gnature	, 7	PAC			Da 01	ate 1/18/2	2018		

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Date of Notification (1) 01/18/2018					f Building VIcNulty		Operator	(2)		L		AN 3	U Z	Uit	
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<b>⋉</b> DOH	Emergency justification)				f Contact					T-		5 B	_		
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City (5)								V 0.0000 V V V V	are Feet	# 0	f Floors	E	Bldg. /	Age	
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Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	I No.		Name		atement Conti	ractor	- (9)				_
N/A									tement,Inc.		(-)				
Street Address							Street 11 R		ess gren Aveni	ue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph		STATE AND ASSESSED.		License	No.			
							100000000000000000000000000000000000000	345-8			01311				
Start Date (10) 02/02/2018		Schedule 02/03/2		npletion I	Date (11)				HA Monitor tement, Inc						
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street								
Facility Closed/Vac	ated During Entire	Period of	Abaten	nent					gren Aveni	ıe					
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D&S Abatement, Inc	Σ.			0996	INU.	TBD	sie		Waste M	ana	gement	of PA			
City, State	***					150 November 2017	sal Date		City, State	20 89	·				
Totowa, NJ		10.2200				TBD			Moorisvil	le, F					
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Date of Notification (1) 01/19/2018				Name o	of Building Owner/ ham Funeral H	Operato ome /	r (2) Dove, Inc.	14		1.N	30	201	đ
Agencies Notified  EPA	Type Notification				Address Martin Luther K	ing Jr.	Blvd		ASBE	STO	S CO ENSI	NTR	OL 8
× EPA × DEP × DOL	Amended Amendment			City, St	ate, Zip Code ark, NJ 07102					LIUE	=14211	NG	
DOH DCA	Emergency justification) Cancellation		g		of Contact yn M. Whighan	n		Tal		11			
				FAC	ILITY INFORMAT	ION			-				
Name of Facility Where Funeral Home Base	Abatement is Takir	ng Place	(3)				Type of Facility	(4)					
Street Address 580 Martin Luther k	19 (19 19 19 19 19 19 19 19 19 19 19 19 19 1						School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than K-12 & commerci	2) al bui	ldings	, hom	es,
City (5) Newark							Square Feet N/A	# o	f Floors		Bldg. A	Age	
County (6) Essex					Code (7) USE ONLY)		Current Use (Pri Funeral Hom	ior if bei	ng demolish	ned)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASCI	M No.	Name D&S	of Abatement Co Abatement,In	ntractor C.	(9)				
Street Address							Address osengren Ave	nue					
City, State, Zip Code							State, Zip Code wa, NJ 07512						
Project Manager for Mon	itoring Firm			Telepho	ne No.		none No. 345-8685		License N 01311	0.			
Start Date (10) 01/20/2018		Schedu 01/23/		mpletion	Date (11)		of OSHA Monitor Abatement, Ir	ıc.					
Occupancy Status During Facility Closed/Vaca				nent			Address osengren Ave	nue					
Abatement Perform  Other – Describe: 0	ed Outside of Norm	nal Facilit	y Hour	S			tate, Zip Code wa, NJ 07512						
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)	( Personnell	Renova Demoli			×	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
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Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	Normal ed Sole aintena stodial S (12)	ely by nce/	Asbestos Cont (i.e. thermal surfac	scription aining M systems cing, VA niscellan	laterial (ACM) s insulation, T, or	(S	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
Furnace r	oom	165	X	IN/A	Pine	Insula	tion	E	0 LF	v		w	
Furnace r			X			Incula			O LF	X			

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 20996 Cubic Yards of Waste Name of Registered Landfill D&S Abatement, Inc. Waste Management of PA TBD City, State Disposal Date City, State Totowa, NJ TBD Moorisville, PA Completed by Title Signature Date Oliver Hegedis Project Manager 01/19/2018

Boiler roping

X

Furnace room

60 LF

X

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Name of Monitoring Firm Hared by Building	Oymer (6	)	ASC	N No.	Name	of Absterne	t Contrac	xor (9)	n - <del>1000 - 1000</del>		:		
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Ch wi	`)		(Purs	uant to N.J.A.C	2.8:60-7 and 12:120-7)			1 4 5		0020		-
Date of Notification (1) January 22, 2018					Name of Building Owner St. Phillip The Apo			JAN	30	2018		
Agencies Notified		Notification			Street Address	Joue Fair			THE REAL PROPERTY.			_
X EPA				fication	797 Valley Road		P	ASBEST	OS CO		)L &	
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X DEP		justific  Cance			Name of Contact Dennis Rodano		1					
x DOH		- Carice	ileu	FACILITY IN	SOCIAL MANAGEMAN A STANLAR CONTROL							_
Name of Facility Where Abate				THOILITTIN	Type of Facility (4)							-
St. Phillip The Apost	le Parish	1			School (K-12)							
Street Address					Subchapter 8 (other tha		1.00	22				
797 Valley Road					Other (i.e. private 8 Sq. Feet: 30,000	commercial i	ouildings	s, homes,	etc.)	oore		
City (5)	County (6	1		/ Code (7)	<u>5q. r eet.</u> 50,000	+ 01 1 10015.	I <u>blu</u>	y. Aye.	50 y	ears		
Clifton	Passai	C	(State	Use Only)	Current Use (prior if being	g demolished	i):					
Name of Monitoring Firm Hire	d by Bldg. C	Owner (8)	ASCM	No.	Name of Contractor (9)				-			
<b>EnviroVision Cons</b>	ultants i	inc.	0007							_		
Street Address					GREENWOOD ABA  Street Address	TEMENT C	ONSL	JLTAN'	rs, in	C.		_
20-21 Wagaraw Road	l, Bldg#	35E			Street Address							
					511 MAIN STREET		49.1					
City, State, Zip Code Fairlawn, NJ 07410					City State, ZipCode Butler, NJ 07405							
Project Manager for Monitorin	g Firm	Telephone N	lumber		Telephone Number		Licen	se Numb	er			_
Fred Larson		973-636-						-0000	<u>ur</u>			
Scheduled Start Date (10)		Scheduled C	ompletio	n Data (11)	973-492-0477 Name of OSHA Monitor		0084	40			15/17	_
January 22, 2018		January 2			Name of OSHA Monitor							
0					EMSL inc.							
Occupancy Status During Al Facility Closed/Vacate				mont	Street Address							
Abatement Performed	Outside of	f Normal Faci	lity Hour	'S -	1056 Stelton Road							
Describe			ete <b>a</b> ituliaana		City, State, Zip Code	United States			72.0			_
Other – Describe: Va	cant				Piscataway, NJ 08	854						
					1 locataway, No co	004						
Source of Work (Check all tha	t apply)								72.			+
						Full Contai	nment v	vith Nega	ative Pr	ressure		
≥ 3 sf or ≥ 3 lf				Renovation		☑ Mini-E						
$\square \ge 160 \text{ sf or } \ge 2$	260			Demolition		x Glovebag			. Eriabl	o Droop	dura	
						Non-Exem Wrap & C		and Noi	I-FIIADI	e Proce	dure	
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See naulei below # 1 & 2	۷	See Below			2			dowfill L O.W.S	andfill			
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NJ DEP # 12	561 NY D	EP#			100 march 1972	January	27, 20	,,,		, Box 68 ort, WVA		
Hauler #2) Newark Carti	ng, Inc. – l	Newark, NJ	04509, 1	NJ DEP # 19551					304-842		•	
Completed by (Print or Type)	T	itle			Signature		Date					
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	I N	MANAGER			Marin Graun	3 E			00.000 SSC			

From: GREENWOOD ABATMENT

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State of New Jersey - Notification of Asbestos Al at ment

(Pursuant to N.J.A.C. 8:60 7 and 12:120-7)

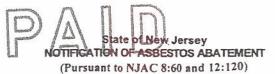
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Date of Notification (1)						Lange -		1	ASE	BEST	OS CO
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Agencies Notified		Notification	Time	St. Phillip The Ap	001	Far	lish "	1	1.	122WHINE'SGATON	DESCRIPTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE
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X DEP		Jualific	callon)	Name of Contact	<del></del> , _		-			- X	
x DOH		☐ Cance		Dennis Rodeno							
V			FACILITY	INFORMATION	_						
Name of Facility Where Abat	rememis Ir	king Piece (3)		Type of Fedility (4)		-					
St. Phillip The Apoel	tie Paris	h		School (K-12)							
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					40 -1 1	16 CIEI	building	ga, hon	N98, 8	ec.)	
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Name of Monitoring Firm Hire	id by Bldg.	Chemer (B)	ASCM No.	Name of Contractor (9)							
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20-21 Wagaraw Road	4 01-4	200		Street Address		-	ONO	VEIA	1419	INC	
	n' midê #	45E									
City, State, Zio Code				511 MAIN STREET							
Feirlawn, NJ 07410				City State ZipCode					-		
Project Manager for Montarin	of Firm	1 Tolombers 11		Butler, NJ 07405							
Fred Larson	S. C. J. L.	76 sphone N 973-638-		Telephone Number			Licar	Tag Nu	raber		
		917-090-	9140	070 too							
Scheduled Start Date (10)		Schoduled C	emplation Date (11)	973-492-0477			008	40			
January 22, 2018		January 2	23 2048	Name of OSHA Monitor							
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Occupancy Status During At	delement (	Check only on	9)	Street Address							
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Abatement Performed	Outside of	Normal Facil	ty Hours -	1086 Stellen Road							
				City, State, Zip Code							
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(1.2)	<u> </u>	Yes N	o N/A	1						е	1
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Name of Registered Was	te Hauler		NUDEP		Cubic Yards	Name of Regi	stered Landfill	. 4			
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City, State	1/4/		1/1		Disposal Date	City, State	VIO 12			1769	
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Completed By	Title	_			Signature_/	1	Date	19-	18	-	
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Date of Notification (1)			Nar	ne of Buildi	ng Owner/Operator	ELOPENIE	NITSB	EGRE	69V	RO	L &	
Agencies Notified Type Notificat  ☐ BPA ☑ Initial	ion		Stre	eet Address			) R		1.1100000	ALL POOL	-	
DEP Amended Amendmen	nt#		City	, State, Zip	Code			7	-			=
☐ Emergency justification	(includi	ing	Nar	ne of Conta	TYME,	PA	1908 T Teleph	one Numb	per		1. 1	_
DCA Cancellatio	n		_	M	ATT							_
		(0)	F	ACILITY IN	FORMATION	T = 75 00	745					
Name of Facility Where Abatement is Tal		ce (3)			18	Type of Facilit						
Street Address						Subchapte Other (i.e., homes, etc.)	r 8 (Other private & o			dings		
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County (6) CAPE MAY			Co	inty Code ( E ONLY)	7) (STATE	Current Use (F			hed)	שנ		=
Name of Monitoring Firm Hired by Building	Owner		ASCA		Name of Abatem		CAW		_		_	-
(8) N/A	- wateredak kumi					LEMCO	Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Commit					
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Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		Licen	se No.				
Start Date (10) Sch	eduled (	Comple	etion D	ate (11)	856-770 Name of OSHA M		1	004	4 4		_	늬
1-79-18	7 - 1	0 -	18	21.0 (11)		NIA						
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☑ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm				}	City, State, Zip Co	ode						ᅱ
Other - Describe:						8	1					_
Scope of Work (Check all that apply)					☐ Full Cont	tainment with Ne	native Pre	esure				
≥3 sf or ≥3 lf ≤160 sf or ≥260 lf		enovat emolitic			☐ Mini-Enc ☐ Gloveba							
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(13)	Yes	No	N/A						/al	-	late	ле
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Name of Registered Waste Hauler		IN	JDEP V	Vaste	Cubic Yards	Name of Regi	stered Lar	ndfill				-
KLEMCO INC		E (200)	auler ID	No.	of Waste	C	ucu					
City, State MAPLE SHAWE W. J	-				Disposal Date	City, State	OBIN	EN	T.I			
Completed By Title	PRES	<u> </u>			Signature	Mu		Date _	19-	18		

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Agencies Notified Type Not							/ENUE	, P.O. BO	X 2000, RY28-4	14				6
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Name of Facility Where Abatement	is Taking	Place	(3)	ACILIT	TINFOR	RMATION	Туре	of Facilit	y (4)					-
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Street Address 655 WEST SHORE TRAIL								et Address	OCK ROAD					
City, State, Zip Code							-	State, Zip			1117			
SPARTA Project Manager for Monitoring Firm	, NEW JER	_					_		W YORK 10901					
WILLIAM S. KERBEL, CIH			pnone 729-56	Numbe	er			phone Num 369-7500		ense i	Numbe	er		
Expected State Date (10)	Sch				te (11)			e of OSHA	Monitor 11	01				
12 / 20 /17 Month Day Year		1	1		22	/18	100000000000000000000000000000000000000		ORATORIES IN	IC	#	11480		
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Abatement Performed Out  X Other - Describe: Mon	side of Non day -Friday				Describ	e:	City	State, Zip	Codo					
		rum	о.оо р			_	City,		V YORK, NEW Y	ORK	10016	i		
Scope of Work (Check all that apply)  Demolition	[V ]□==		2		X				ative Pressure					
>3SF OR LF	X Reno	ovatio	n		$\vdash$	Mini-Enclo		edure					i	
X >160 SF OR 260 LF						Non-Friab								
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Material (ACM)		olely i				ning Materia Thermal sys		VI)	Amount (Specify	REMOVAL	REPAIR	E	EN	
TO BE ABATED	Main	t/Cus	todial		insulati	on, surfacir	ng, VA		SF or LF)	Ş	ĬÄ	Ą	6	
in Facility (13)	Yes	taff (1	2) N/A		or oth	er miscella	neous)	)	**	P	1	ENCAPSULE	ENCLOSURE	
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addition to scope:											$\vdash$			
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80 L MER	BO L MER X								9 SF	Х				
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825 HIGHWAY 33	0.0000000000000000000000000000000000000	15939	2000				Cart metal Comments		R DRIVE/ROUT		11 4/10	-IVI-IV	., 35	
City, State				Disposa			City, S	State //						
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title	-	1	2/19/17	7-6/30/1		MOM	GOMERY	, PA 17752	/		/		
BENJAMIN SANCHEZ	DIRECTOR	OF	OPER	TIONS	Signa	ature	X	$\times \wedge$	Dat	e) /	2	2/1	8	

CK# 316/37

Date of Notification (1)				ame of Building ERCK SHARP &		(2)	) E	C		
12 / 18 /17			S	treet Address			4			
Agencies Notified Type Not	ification		12	26 E. LINCOLN A	VENUE, P.O. BO	X 2000, RY28-4	14	1.5.1.1	27.10	. 000
DEP   x Ame   X DOL	al Notification ended Notification declation	cation	#1 R.	ity, State, Zip Coo AHWAY, NEW JE ame of Contact	de ERSEY 07065	Telenhone N.	ASI	BEST	PROVINCE PERSONNE	2018 CONTROL
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Street Address					Square Feet		CI. DIQ		g. Age	
126 EAST LINCOLN AVENUE - BUIL	DING 80 K				13,900	1			53	<b>'</b>
City (5)	inty (6)		Co	unty Code (7)	Current Use (F	Prior if being dem	olished	1)		$\overline{}$
RAHWAY UNI			(STA	TE USE ONLY)	OFFICE			*		
Name of Monitoring Firm Hired by				ASCM No.		ement Contract				
ENVIRONMETAL HEALTH INVESTIG	GATIONS, IN	VC.		104		NMENTAL CORF	PORAT	ION		
655 WEST SHORE TRAIL					Street Address					
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Project Manager for Monitoring Firm		Telephon		-	Telephone Nur		ense N	I. con la		
WILLIAM S. KERBEL, CIH		973-729-5			845-369-7500	11		Numbe	er	
Expected State Date (10)		d. Compl		e (11)	Name of OSH	11000	01			
12 / 20 /17		6 /		30 /18		BORATORIES IN	IC.	#	11480	,
Month Day Year	Mor		Day	Year		20141101112011	.0	п	11400	
Occupancy Status During Abatement  X Facility Closed/Vacated Du Abatement Performed Out	uring Entire F side of Norm	Period of A	Hours - I		Street Address 117 EAST 30T	H STREET				
X Other - Describe: Mon	day -Friday	7am-3:30	pm		City, State, Zip					
Scope of Work (Check all that apply)				V Full Cont		W YORK, NEW Y	ORK	10016	6	
Demolition	X Renov	vation		Mini-Encl	ainment with Neg	jative Pressure				
>3SF OR LF	r. interior	- 44011			g Procedure					
X >160 SF OR 260 LF					ble Procedure					1
Location of	ls L	ocation		Description of A	sbestos-		T A	batem	nent T	vpe
Asbestos-containing		ally used		Containing Mater		Amount	R	T	m	m
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in Facility (13)		/Custodial aff (12)		insulation, surfactor or other miscella		SF or LF)	Š	72	PS	SO
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addition to scope:		-					+	-	-	$\vdash$
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V (5 )										
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		P Waste	Cubic Ya	ards of Waste	Name of Regist		. 88			
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City, State	1	5939	Disposal	Date		ER DRIVE/ROUT	<b>±</b> 15			
FREEHOLD, NEW JERSEY				7-6/30/18	City, State MONTGOMER	Y PA 17752		1		
Completed by (Print or Type)	Title		1.2.10111	Signature		Dai	te n	1:	A	11
BENJAMIN SANCHEZ	DIRECTOR	OF OPE	RATIONS		100		14	11	0//	7

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	e Notifi	cation	-			eet Address	A \ /E \ II I	E D O DO	( 0000 D)		<b>5.</b> 4.5.77			- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1
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MENON WILL GO	111 010	VIIOIV					V		er 8 (Other t					
Street Address				-			X	Other (ie.	private & co	ommcl.	bldg			
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RAHWAY	UNIO					nty Code (7)	Curi		ior if being	demolis	shed	)		
Name of Monitoring Firm Hire			Jwns	(8)	(STAT	ASCM No.		ICE .						
ENVIRONMETAL HEALTH INV	ESTIGA	ATIONS	INIC	(0)			Nan	ne of Abate	ment Cont	ractor	(9)			
Street Address	201107	110113,	INC.			104			MENTAL C	ORPO	RAT	ION		
655 WEST SHORE TRAIL								et Address						
City, State, Zip Code							200	SPOOK RO						
	DTA N	IEW JEF	DOEV	07074				State, Zip						
Project Manager for Monitoring F		LVVJLI	_				_		V YORK 10					
WILLIAM S. KERBEL, CIH	11111			. Alm ara	e Number		100000000000000000000000000000000000000	phone Num	ber	Licen	ise N	lumbe	er	
Expected State Date (10)		10-1		-729-5			2/415000	369-7500		1101				
12 / 19	/17	Scr			etion Date	A Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	- CONTRACTOR (	e of OSHA						
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Occupancy Status During Abate				1	Day	rear	Ctro	at Add				_		
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		y -Frida				301100.	City	State, Zip (	Code					
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Scope of Work (Check all that ap	oply)					X Full Con	tainmer	nt with Nega	itive Pressu	re		0010		
Demolition	×	Ren	ovatio	n		Mini-End								
>3SF OR LF						Gloveba	g Proc	edure						
X >160 SF OR 260 L	_F			11		Non-Fria								
Location of			Loca			Description of A					At	atem	ent T	vpe
Asbestos-containing		110	mally		C	ontaining Mate			Amour	nt				
Material (ACM) TO BE ABATED			solely			(ie. Thermal s			(Specif	fy	S	REPAIR	0	S
in Facility (13)			nt/Cus			sulation, surfac			SF or L	F)	REMOVAL	₹ I	AP	0
mir admity (13)		-	Staff (1	N/A	(	or other miscell	aneous	)			2		ENCAPSULE	ENCLOSURE
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					No. and many the literature									
Name of Registered Waste Haule	er _	_	EP W		Cubic Yard	s of Waste	Name	e of Registe	red Landfill					
FREEHOLD CARTAGE, INC.	Andes	Haul	er ID	No.		10	LYCC	MING COL	JNTY RESC	URCE	E MA	NAGE	EMEN	T SF
825 HIGHWAY 33 15939							447 A	LEXANDE	R DRIVE/RO	DUTE	15		- relief	JL
City, State					Disposal D	ate		State /7				-		
FREEHOLD, NEW JERSEY 12/						/30/18			, PA 17752			i		/
Completed by (Print or Type)		tle				Signature /	14	X		Date /	1	/	1	
BENJAMIN SANCHEZ	D	RECTO	R OF	OPER	RATIONS		/)	161		1	0	16	1/1	+

011/22		ATIE:	رفيا	te of New	/ Jersey	y LD	1			J)/	<u>U</u>	5	П /	<u> </u>
Chan	N	OTIFI (Pu	rsuant	OF ASBE	3:60 and	ABATEN d 12:120	) )							
Date of Notification (1)		T		Building (						니	JAN	-3 (	20	10
1/22/18				Dimedio	Priva	te hom	е							
Agencies Notified Type Notification		li	Street A	ddress						ASE	BEST	OS C	TINC	ROL
EPA Initial Amended			City, Sta	te, Zip Co	de						L.()	OENO	ING	Automorphic Co.
DOL Amendment		-	Medfo	rd NJ 0	8055									
DOH Emergency (				Contact					Tele	nhone Nu	ımher			
DCA Cancellation			Gene	TOTAL INTERNATION	-	~						-		
Name of Facility Where Abatement is Takin	g Place (3)	)	FACI	LITY INFO	RWAII	ON	Туре	of Facility (4)						
Gene Dimedio Private home							П	School (K-12)						
Street Address								Subchapter 8	(Othe			Idinas	homo	
								Other (i.e. privetc.)	ate &	commerc				5,
City (5)								re Feet		Floors		Bldg. A	ge	
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Burlington				JSE ONLY)			Hou	1/2	ii beii	ig demolis	snea)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.		Name		tement Contra	actor	(9)				
N/A							aco l			1 50				
Street Address				- 12-110-110-1		Street								
						1000	30x 3							
City, State, Zip Code								ip Code lin NJ 0809	1					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph			·	License I	No.			-
			1.00 March			856-				00727				
Start Date (10)	Schedule	d Con	pletion [	Date (11)		Name	of OSI	HA Monitor		-				
1/1/18	1/9/18					Sam								
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addre	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	ient		_	City, S	tate, Z	ip Code		•				
Scope of Work (Check All That Apply)														
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	le	Locati	on								$\top$	Abat	ement	
Location of	N	lormal	ly			scription						T)	/ре П	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	nce/		thermal surfa	taining M I systems cing, VA miscellan	s insul T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
Exterior Siding		х		Exte	erior Sid	ding		35	00 SF	x				
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Name of Registered Waste Hauler United Containers		H	IJDEP W lauler ID 2459		of Wa	: Yards iste		Name of Re G.R.O.W		red Landf	HI			
City, State	City. State							City, State						
Elm NJ				1/9/1	sal Date 18		Morrisvil	le P	A 19067					
Completed by	Title					Signature	3			77	Date			
Anthony T Perna	Pres	ident					0			1 2	1/22/	18		

Print Form

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Ch (0585	48	NOTIF	ICATION ursuan	tate of New Je N-OF ASBEST Tto NJAC 8:60	rsey OS ABATE and 12:12	MEN	г			C	E		/ [
Date of Notification (1) 1/22/18				of Building Own						JAN	3 (	20	18
Agencies Notified Type Notification	ı			Address	vato non			-	ACE		20.0		RP-LAID-ON
EPA Initial Amended		-	City, St.	ate, Zip Code					ASE	BESTO LIC	JS CO CENS	ING	₹OL
DOL Amendmen				oottom NJ 08	8008								
DOH justification;		1	Name of	of Contact	C III			Talan	L	•			
				ILITY INFORM	ATION			-					
Name of Facility Where Abatement is Takin Joseph Lynch Private home	ng Place (	(3)				Туре	e of Facility (	(4)					
Street Address						H	School (K-1 Subchapter	8 (Other	than K-1	12)			
						X	Other (i.e. petc.)	orivate & c	ommer	cial bui	ldings	, hom	es,
City (5) Shipbottom NJ 08008						1	are Feet	# of F	loors		Bldg. A	Age	
County (6)			County	Code (7)		1000000	00 + rent Use (Pri	or if being	demolis	1	35+		-
Ocean				USE ONLY) _		Но	use & Ga	rage		oriou			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASCI	M No.		of Ab	atement Cor	ntractor (9	)				
Street Address						t Addre				-			
			Par Caraca		PO	Box 3	329						
City, State, Zip Code							Zip Code rlin NJ 08(	001					
Project Manager for Monitoring Firm			Telepho	ne No.		hone N			icense l	No.			
	1						9800	(	0727				
Start Date (10) 1/1/18	3chedu 1/9/18		npletion	Date (11)	Name San		SHA Monitor						
Occupancy Status During Abatement (Chee	ck Only O	ne)			Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facilit	Abaten y Hours	nent		City, S	State, 2	Zip Code						
Scope of Work (Check All That Apply)											-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit			3	Mi Gl	ull Containme ini-Enclosure lovebag Procon-Exempted	e cedure				· A	
		s Locati						() and I	on real		Abate	ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Asbestos C	Description		J (ACM)	Amo		-	1)	ре	
TO BE ABATED  In Facility		aintenai stodial S		(i.e. therr	nal system	s insul		(Spe	cify	Rer	R	Enca	Enc
(13)		(12)			rfacing, VA er miscellar			SF or	Lr)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ite	Ф
Exterior Siding			x	E	terior Si	ding		1500	SF	x			
	+		-							+			
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Name of Registered Waste Hauler		25.03	JDEP W	50.5	oic Yards		Name of I	Registered	d Landfil				
United Containers		1 68	auler ID 2459	No. of V	Vaste		G.R.O.						
City, State				Dis	posal Date		City, State						
Elm NJ Completed by	Title			1/9	)/18		Morrisv	rille PA 1		-1-			
Anthony T Perna		sident			Signature	0				ate /22/1	8		

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@110 C.V.	NOT		ATION OF		ersey OS ABATE 0 and 12:12			B			7		
Date of Notification (1) 1-18-2018				uilding Owi Delsea	ner/Operato Dr. LLC	r (2)			JAN	13(	) 2(	)18	
Agencies Notified Type Notification		1	treet Addr 850 S. I	ess Delsea [	Or.			AS	BEST	OS C	ONT	ROL	&
EPA   Initial   Amended   Amendment	. Т			Zip Code , NJ 083						ICENS	SING	-	
DOH Emergency (i justification)		N	ame of Co	ontact				Telephone	Numb	ner			
DCA Cancellation				TY INFOR	MATION			1	_				
Name of Facility Where Abatement is Taking Commercial	Place (3)						of Facility (4) School (K-12)						
Street Address 3850 S Delsea Dr.						S N	Subchapter 8 Other (i.e. pri	(Other than vate & comm	K-12) nercial	buildin	igs, h	omes,	
City (5)							etc.) e Feet	# of Floors	3	Bld	g. Age	)	
Vineland, NJ 08360 County (6)			County Co			102000		if being den	nolishe	ed)			
Cumberland		(	STATE US			a of Abol	tement Cont	ractor (9)					-
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM N	No.				al Services	s, LL	C			
Street Address			•			et Addres 5 Virgin	ss ia Avenue	1					
City, State, Zip Code						State, Z	ip Code y, NJ 073	04					
Project Manager for Monitoring Firm			Telephone	e No.	Tele	phone N 1-333-8	0.		nse No	Э.			
Start Date (10)	Scheduled		pletion D	ate (11)	Nan	ne of OSI	HA Monitor						
1-29-2018	3-16-20					et Addre	chnology						$\dashv$
Occupancy Status During Abatement (Che  X Facility Closed/Vacated During Entire			nent				kson Ave	nue					
Facility Closed/Vacated During Entire     Abatement Performed Outside of Non     Other – Describe: Nighttime Shift	nal Facility	Hours				, State, Z ing Islai	ip Code nd City, N	Y 11101					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf		enova emolit				× Mi	ini-Enclosure					e	
	3,555	Locat	2000/02/7/		320 77						Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use	d Sole ntena	ely by ince/ Staff?		Descrip os Containir thermal syst surfacing, other misce	ng Materia ems insu VAT, or	lation,	Amour (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		VAT/ N	Agetic		80000	FS	x			
Throughout Store		X			Joint Co		4	30700		x			
2nd Floor- SW Storage		X			Flas			3960		x	-		
Main Roof	_	X	-		1 103					_			
Name of Registered Waste Hauler Green Environmental Services			NJDEP V Hauler ID 0034889	No.	Cubic Yar of Waste 300	ds	G.R.O	Registered .W.S Nort			1		
City, State					Disposal 3-2-201		City, Sta Morris	ate ville P.A					
Jersey City, NJ Completed by Liliana Serrano	Title Office	e Ma	anager		Sigh	ature	Ser	raw		Date 1-18-2	2018		

P			NOTII I)	FICATION	tate of No N OF ASI to NJAC	BESTOS	ABATE	MENT 0)			CHEC	~~ I	u /	110	21
Date of Notification (1)	U-U-U-			Name o	f Building ston Av	Owner/	Operato	r (2)	I.C.		F=====				)(
Agencies Notified	Type Notification	1		Street A		0 0100	II I COIN	Swaii			In E				$\mathbb{W}$
EPA	Initial			7711	Bonhon	nme Av	enue								
EPA DEP DOL	Amended Amendmer		_		ate, Zip C uis, MC		i					JA	N 3	0	2018
DOH DCA	justification Cancellatio	)			f Contact m Vann					l Te	Anhono N.	mhar		-	
					LITY INF		ION			7.1	1		JCE		NTRC
Name of Facility Where Residential	Abatement is Taki	ng Place (3	3)					Туре	of Facility	(4)	beautiful				
Street Address								×		r 8 (Oth	er than K-12 & commerci		dings	hom	ies,
City (5) New Brunswick									re Feet	# 0	f Floors		3ldg. <i>A</i>	ge	
County (6) Middlesex					Code (7) USE ONLY	)		Curre		or if be	ng demolish	7		-	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.		Name Sky	of Aba	tement Cor	ntractor	(9)				
Street Address	Sky Contracting, LLC Street Address													_	
							1385	Valle	ey Road,	Suite	K				
City, State, Zip Code									ip Code ew Jerse	y 074	70				
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph (973)		o. -5040		License N 00874	0.		77	
Start Date (10) 1/29/2018		Schedule 2/28/20		mpletion I	Date (11)				HA Monitor acting, LL						
Occupancy Status During Facility Closed/Vaca			-000				Street	Addres			к				
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Non	mal Facility	Hour	nent s			City, S	tate, Z	ip Code						
Scope of Work (Check A	I That Apply)						vvayı	ile, iv	ew Jerse	y 074	70	32645-63			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Pemoli				I X	Mir Glo	ni-Enclosure vebag Prod	e cedure	Negative P			0	
			Locat										Abate	men pe	t
Location Asbestos-Containing		Use	lorma d Sole	ely by	Ashas	Des tos Cont	scription		(4004)	٥			1 9		Т
TO BE ABA In Facili (13)	TED		intena odial ( (12)		(i.e.	thermal surface	systems cing, VA niscellan	insula T, or	ation,	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=	1	ate	Ğ.
Roof			Х		F	Roof Sh	ningles	& Fe	lt	1,3	00 SF	x			
Roof - Chi	mney		Х			Flash	ing Ma	astic		1	5 SF	x			
Name of Registered Was			1,000	IJDEP W		Cubic of Was			Name of I	Registe	red Landfill				
Service Transport Gr	oup, Inc.			0990	140.	TBD	, c		Minerva	Ente	rprises, L	LC			

Disposal Date

Signature

TBD

Title

Vice President

Completed by Predrag Sarcev

New Castle, Delaware

City, State

Date

1/18/2018

City, State

Waynesburg, Ohio

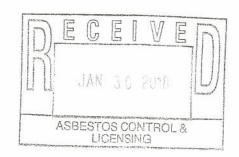


ח מייז ח ו		(P	ursuant	to NJAC	8:60 an	d 12:120	0)	(	, HE	EV	-4	2	4	17	
Date of Notification (1) 1/8/2018				f Building ston Ave											
Agencies Notified Type Notification			Street A		A.				In	TE	G	E		W	
EPA Initial Amended		F		Bonhom ate, Zip Co		enue		-					-		
DOL Amendment		_	St. Lo	uis, MO		5					JAN	3	0	2018	
DOH justification)  Cancellation				f Contact m Vanm	atre		11 (34 (3 (34-2)		1 1000	10	60				
				LITY INF		ION				AS	BES	03	COI	VTRO	)L &
Name of Facility Where Abatement is Takin Mehta Obesity Center	g Place (	3)					-	of Facility (4)	encurie orace	economistro	L	UEI	4011	i hadi na canadanana	ALL PLANTS
Street Address 78 Easton Avenue							×	School (K-12) Subchapter 8 Other (i.e. privetc.)	(Othe			build	lings,	home	es,
City (5) New Brunswick								re Feet	# of 3	Floors		19 19	dg. A	ge	
County (6) Middlesex				Code (7) USE ONLY				ent Use (Prior nmercial / N				d)			
Name of Monitoring Firm Hired by Building (TBD	Owner (8)		ASCN	I No.				atement Contra acting, LLC		(9)					
Street Address						Street 1385		ss ey Road, Su	uite l	—— К					
City, State, Zip Code								Cip Code ew Jersey (	0747	70			7		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph (973)		lo. -5040		Licens	se No.	ŝ			
Start Date (10) 1/29/2018								HA Monitor acting, LLC				77			
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addre	ss							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm							95484	ey Road, Su ip Code	uite l	Κ					
Other – Describe:					_	Wayı	ne, N	ew Jersey	0747	70					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If	processor.	Renova Demoliti				×	Min	Il Containment ni-Enclosure ovebag Proced n-Exempted (*	dure					е	
**************************************	1 2	Locati Normall											Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel intenar todial S (12)	y by nce/		tos Con thermal surfa	scription taining M systems cing, VA niscellan	lateria insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
1st Floor	Yes	No	N/A		N diama a	Glue/N	A 4" -			0.05	_			Ф	
2nd Floor	X			2325051616	Glue/N	200,000			O SF	-	x				
3rd Floor	X			SAME TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE S	Glue/N			_	) SF	-	x				
And a specific to contribute											-	-			
Name of Registered Waste Hauler Service Transport Group, Inc.		Н	JDEP W auler ID )990		Cubic of Wa TBD			Name of Re Minerva E	_			l			
City, State New Castle, Delaware		11 000	į.		Dispo: TBD	sal Date		City, State Waÿnesb	urg,	Ohio					
Completed by Predrag Sarcev	Title Vice	Presid	dent		19	ignature		=		A	Date 1/18		18		

1h 80 12/0	N	OTE	GATION	of ASB	STOS	ABATE	MENT		770-		7 5	ı U	W	<u>5</u>			
Date of Notification (1)	Um.D	PAL JOB# 18-1022  Name of Bullding Owner/Operator (2)							HI								
01/22/2017		United	States			fred bank											
Agencies Notified Type Notification		Street Address 12795 W. Alameda Parkway							ASBESTOS CONTROL &								
DEP Amended	Amended						City, State, Zip Code										
▼ DOL Amendment # Emergency (ii		-	Denver Name of	r, CO 80	)225				T = 1	aub 11							
DOH justification)  Cancellation			O'Mara					1 12									
			FACIL	LITY INFO	ORMATI	ON											
Name of Facility Where Abatement is Taking Sandy Hook Unit of the Gateway Na	Type of Facility (4)																
Street Address	School (K-12) Subchapter 8 (Other than K-12)																
65 Kearny Road		Other (i.e. private & commercial buildings, homes, etc.)															
City (5) Highlands			Squ: 50,0	are Feet	# o	f Floors	1000	ldg. A	ge								
County (6) Hudson	DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF						Current Use (Prior if being demolished) Recreational Center										
Name of Monitoring Firm Hired by Building O Testor Technology Environmental S	ASCM	No.				of Abatement Contractor (9) Environmental Services											
Street Address 10-59 Jackson Avenue		Street 11-02		ess eens Plaza	Sou	ıth											
City, State, Zip Code Long Island City, NY 11101								City, State, Zip Code Long Island City, NY 11101									
Project Manager for Monitoring Firm Sten Evenhouse	Telephor	ne No. Telephone No. 718-349-0900					License No.										
	d Con	npletion [			25537303	3-349-0900 28675											
02/05/2018	inpiction E	Jaio (11)		Wojciech Kowalczyk													
Occupancy Status During Abatement (Check			Street Address 133 Beach 98th Street														
Facility Closed/Vacated During Entire Pond Abatement Performed Outside of Normal Other – Describe:		=	City, S	City, State, Zip Code Rockaway Park, NY 11694													
Scope of Work (Check All That Apply)						ROCK	kawa	у Рагк, МҮ	110	94							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Locati	94.0.20									Abatement Type						
Location of Asbestos-Containing Material (ACM)	lormal d Sole	ly by		scription of aining Material (ACM)			Amount										
TO BE ABATED In Facility	ntena odial S	SUNGS 5-7/4-1-1	thermal	systems cing, VA	s insul		(Specify SF or LF)		Rer	Re	enca	Enc					
(13)						niscellan			Si	OI LF)	Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A								_		ite	Ф			
Please see attached quantity																	
breakdown																	
Name (D		1															
ATC			IJDEP Wa lauler ID I 4310	of Was 20 Ya	ite Minorio F				gistered Landfill Enterprises								
City, State Shirley, NY 11967						al Date /2018	1	City, State Waynesb	ourg,	OH 4468	38						
Completed by Ann A. Ali	Title Comp	liano	e Admi	in	S	ignature	. (	X,		Dat 01	200	2018					

Print Form

<b>Building 65</b>									
			Quantities						
Floor	ACM	SF	LF						
Attic	Pipe Insulation			90					
1st	VAT & Mastic		600						
Basement	Debris		100						
Basement	Boiler Insulation		100						
Basement	Pipe Insulation			100					
Basement	Flue Breech		2						
Roofs	Roofing & Flashing		3000						
		Totals	3802	190					



1139-02	1	OTIFIC (Pu	CATION	OF ASEE to NJAC 8	STOS	BATE	ME 0)	ENT		JAN	3.0	20	18				
Date of Notification (1) 1-24-2018		Name of BOSC	Building COVS	led les				, 0	Longer								
Agencies Notified Type Notification		Street Ad 400 W	ddress ROUTE	38		ASBESTOS CONTROL & LICENSING											
EPA Initial Amended Amendment			City, State, Zip Code MOORESTOWN NJ 08057														
□ Emergency     □ justification)     □ DCA     □ Cancellation	_	1	Name of	Contact	***************************************	Tel	Telephone Number										
			FACI	LITY INFO	RMATIO	ON											
Name of Facility Where Abatement is Takir BOSCOVS		Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)															
Street Address 400 W ROUTE 38																	
City (5) MOORESTOWN						Square Feet 100,000	uare Feet # of Floors Bldg. Ag										
County (6) MORRIS		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Building CRITERION LABS							e of Abatement Contractor (9) LTA/BJDS, INC										
Street Address 400 STREET ROAD		Street Address 1345 INDUSTRIAL BLVD															
								City, State, Zip Code SOUTHAMPTON, PA 18966									
Project Manager for Monitoring Firm ERIC WYSOCKI	ne No. 14-1300		Telephone No. License No. 215 322-2900 00783														
Start Date (10) 02/03/2018	ed Com 2018	D VOLUME CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T					of OSHA Monitor										
Occupancy Status During Abatement (Check Only One)								Street Address 411 SOUTHGATE COURT SUITE E									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: ABATEMENT BEING DONE ON ROOF								City, State, Zip Code MICKLETON, NJ 08056									
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure															
	Location	ation									Abatement						
Location of	Normall ed Solel				scription			١.		-	Туре						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	intenar todial S (12)	nce/		thermal surface	os Containing Material (ACM) hermal systems insulation, surfacing, VAT, or other miscellaneous)			(	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure				
	No	N/A										w					
ROOF COOLING TOWER		X			TRAI	NSIT	T PIPE 75			50 SF	X						
						.,											
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	Н	JDEP W auler ID 0990	of Wa	eto			of Registered Landfill RVA LANDFILL										
City, State 58 PYLES LANE, NEW CASTLE D		Dispos	sal Date	ate City, State WAYNESBURG, OH 44688													
Completed by Title CHRISTINE DEL VISCIO ASST. ADMIN						Signatur	re M	the	DI	N/h/1-	te 24-2	018					