						Am	en	ded-	proces		<u> </u>		п п	п г=
CH7140	¥**	D NOTE OF	FIGATIO	State of N N OF AS	law lors						<u>G</u> JAN	<u>E</u> 3	1 20	Print
Date of Notification (1) 01/22/2018			Name Dum	of Buildin ont Terr	g Owner	Operato artmen	or (2) nts In	С	-	AS	BEST	25.0	TIAO	ROL :
Agencies Notified Type Notification EPA Initial	1			Address Riversid	e Drive				AT COUNTY	7.0			SING	101
DEP Amended Amendmer	nt #			tate, Zip (York, N		4				sectionity				
□ Emergency justification □ Cancellation)	ng	Name	of Contac					I Te	lenhone	Nimh	er		
Name of Facility Where Abatement is Taki	na Diana	(0)	FAC	CILITY IN	FORMAT	ION			Tit.				-	
Street Address 75-105 Shadyside Avenue	ng Place	(3)					Typ	School (K- Subchapter Other (i.e. petc.)	12) r 8 (Oth			uildir	igs, ho	mes,
City (5) Dumont							Squ	are Feet	# 0	f Floors		Bld 52	g. Age	
County (6) Bergen				Code (7) USE ONL				rent Use (Pri sidential	or if be	ing dem	olished)		
Name of Monitoring Firm Hired by Building Crown Air Services LLC	Owner (8	3)	ASC	M No.				atement Cor ays Solution						
Street Address 478 Albany Avenue, Suite 76						Street	Addre							
City, State, Zip Code Brooklyn, NY 11203						City, S	State, 2	Zip Code NY 1120						
Project Manager for Monitoring Firm Vanessa Miller			Telepho (347)	one No. 533-209	93	Teleph	none N			Licens 0134				
Start Date (10) _01/15/2018 02/05/2018	Schedu 02/28	led Cor /2018	(10)	Date (11)		Name	of OS	HA Monitor ays Solutio	ne Co	0/2 20-20-20-20-20-20-20-20-20-20-20-20-20-2				
Occupancy Status During Abatement (Chec						Street			113 00	ПР			7-11-11-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of nal Facili	Abaten y Hours	nent s			City, St	tate, Z	nington Av Zip Code						
Scope of Work (Check All That Apply)						Brook	klyn,	NY 11205	5					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mi	II Containme ni-Enclosure ovebag Proc on-Exempted	edure				lura	
450000000000000000000000000000000000000	- 1	s Locati							()		idbic i	2000	atemer Type	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normal ed Sole aintenar stodial S (12)	ly by nce/ Staff?	Asbes (i.e	stos Cont thermal surfac	scription aining Ma systems sing, VAT niscelland	ateria insula T, or	ation,	(S	mount pecify or LF)	Kemoval	Neball	T m	Enclosure
(9) Misc Crawl Spaces	Yes	No	N/A		Pipe	Insulat	tion		94	5 Lnf	X	+	0	-
Name of Registered Waste Hauler Newark Carting Inc		H	JDEP Wauler ID		Cubic Y			Name of R	S					
City, State Newark, NJ 07102		170			Dispos	al Date		City, State		- Company of the Comp				
Completed by Mendy Gorodetsky	Title Presi	dent			Si	gnature	1	11/			Date	2	121	10



LICENSING

75-105 Shadyside Avenue, Dumont, NJ 07628

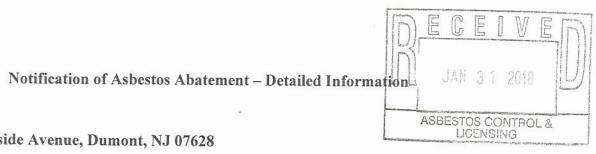
1. (9) Misc Crawl Spaces in Building Number 18

a. Approximately 105 Lnf per Crawl Space to be abated

2. Building Number 18 consists of the following addresses:

- a. 75 Shadyside Ave, Dumont NJ 07628
- b. 77 Shadyside Ave
- c. 79 Shadyside Ave
- d. 81 Shadyside Ave
- e. 83 Shadyside Ave
- f. 85 Shadyside Ave
- g. 87 Shadyside Ave
- h. 89 Shadyside Ave
- i. 91 Shadyside Ave
- j. 93 Shadyside Ave
- k. 95 Shadyside Ave
- 1. 97 Shadyside Ave
- m. 99 Shadyside Ave
- n. 101 Shadyside Ave
- o. 103 Shadyside Ave
- p. 105 Shadyside Ave

3h7141 [9 <u>/</u>		ursuan	tate of Nev NOE ASB	w Jerse ESTOS 8:60 and	ABATE 112:12	MENT			<u></u> JA			¥ri 2018	nt For
Date of Notification (1) OI /22/2018			Dumo	of Building ont Terra				;		ASBES	TOS	CON	NTRO)L &
Agenbies Notified Type Notification I Type Notification I Initial Amended Amendment	4		155 R City, St	Address Liverside ate, Zip Co	de				and the contract of the contra		-10:-	ent-reserv	HOMEONION	
X DOL Amendment Emergency justification) Cancellation Cancellation	(including	9	Name o Brian	York, NY of Contact Tarzik					Tolors					
Name of Facility Where Abatement is Takin Oulding 17. Street Address 107-125 Shadyside Avenue	g Place (3)	FAC	ILITY INFO	ORMATI	ON	Туре	s of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Other ti			ldings,	home	es,
City (5) Dumont							Squa	are Feet	# of Flo	oors		Bldg. A	ige	
County (6) Bergen				Code (7) USE ONLY)		_		ent Use (Prio sidential	or if being	demolish	ied)			
Name of Monitoring Firm Hired by Building of Crown Air Services LLC Street Address	Owner (8)	ASC	И No.		Asbe	stwa	atement Con ys Solutio						
478 Albany Avenue, Suite 76 City, State, Zip Code			-30-02-02-0			Lance and the same	Wash	ss nington Av Ip Code	enue					
Brooklyn, NY 11203 Project Manager for Monitoring Firm			Telepho	no No			klyn,	NY 1120			11			
Vanessa Miller	w: ::::====::		(347)	533-2093	3	(718)	858	-2600	A-358,000	cense No 1340	o.	-		
Start Date (10) -01/18/2018 02/12/2018	02/28/	2018		Date (11) 2/20	18			HA Monitor ys Solutio	ns Corp					
Occupancy Status During Abatement (Checi Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of	Abaten	nent			City, S	Wash tate, Z	ss lington Av lip Code NY 11208						
Scope of Work (Check All That Apply)		350,000,000												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	II Containme ni-Enclosure ovebag Prod n-Exempted	edure				e	
Location of		Locati Normal	ly		Des	cription						Abate	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/		os Conta thermal :	aining M systems ing, VA	lateria insula T, or		Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure
(5) Misc Crawl Spaces	Yes	No	N/A		Pine	Insula	tion		675 L	nf	x		ē	
					pc	modia			0,01	-111	Α.			
Name of Registered Waste Hauler Newark Carting Inc	1	Н	JDEP W auler ID 506	CONTRACTOR OF THE PARTY OF THE	Cubic Y of Was			harasasas en	Registered wn Re Fa					
City, State Newark, NJ 07102					Disposa	al Date		City, State						
Completed by Mendy Gorodetsky	Title Presi	ident			Si	gnature	14	ANK		Dat	e 1/2	2/2	201	8



107-125 Shadyside Avenue, Dumont, NJ 07628

- 1. (5) Misc Crawl Spaces in Building Number 17
 - a. Approximately 135 Lnf per Crawl Space to be abated
- 2. Building Number 17 consists of the following addresses:
 - a. 107 Shadyside Ave
 - b. 109 Shadyside Ave
 - c. 111 Shadyside Ave
 - d. 113 Shadyside Ave
 - e. 115 Shadyside Ave
 - f. 117 Shadyside Ave
 - g. 119 Shadyside Ave
 - h. 121 Shadyside Ave
 - i. 123 Shadyside Ave
 - j. 125 Shadyside Ave

D&S Proj. #: 18-20 Date of Notification (1) 0		Name of	Building Ow	ication of As uant to NJA ner/Operator (2	C 8:6	De Abatement O and 12:120)	ASI	JAN 3	1 20 CONT	Science territoria		
DOL Amendment #			e, Zip Code	3, NJ 08865								
DOH (including justification	11	Name of 0		1, NJ 08803			Teleph	one Numb	er			
DCA Cancellatio	n	EDW	ARD CRO	OT								
			FAC	ILITY INFORM	OITAN	N						
Name of facility where abatement	is taking p	place (3)					Type of Facilit					
EDWARD CROOT								ool (K - 12 chapter 8 (*	than I	C 12\	
Street Address							Othe	r (Private/	Comm		(-12)	
							Square Feet	s./Homes, # of Floo		Гр	ldg. A	Age
City (5)	Cor	unty (6)			Co	unty Code (7)	Oquale 1 eet	# 01 1100)15	١	iug. r	ige
PHILLIPSBURG	w	ARREN			(Sta	ate use only)	Current Use	Prior if bei	ng der	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abatemer	nt Contractor (9)					
Street Address						D & S RESTO	RATION, INC.					
Street Address						Street Address						
City, State, Zip Code					-	20 California A City, State, Zip Code			-	_		
-						Paterson, NJ 0						
Project Manager for Monitoring Firm			Phone Numb	er		Telephone Number		License				
Charles (40)						973-345-8020 Name of OSHA Mo		()1169			
Start Date (10)			tion Date (1	1)		D & S Restora						
02/06/18 Occupancy Status During Abatemer		9/18			_	Street Address						
Facility closed/vacated during Abatement performed outside Describe:	entire per	iod of aba	tement. ours-			20 California A City, State, Zip Code						
Other-Describe: NORMAL H					-1	Paterson, NJ 0	7503					
Scope of Work (check all that apply >3 sf or >3 f ≥160 sf or ≥260 f	Renovation Demolition	n					Full Containment Mini-enclosure Glovebag proced Non-Exempted (*	ure	98 m.S		edure	
Location of asbestos-containing	by maint	enance/cu	y used solely istodial	1			Amount		R	R	E	E
material (acm) to be abated in facility (13)	Yes	No	N/A	material (A		sbestos-containing	(Specify LF)	SF or	m o v e	p a i	c a p	n c L
WORK AREA #1 WAREHOUSE MIDDLE		LX		PIPE INSU			212 L FT		Ň			
WORK AREA #2 BACK OF BLDG.				PIPE INSUI			200 LF		X			
WORK AREA #3 WAREHOUSE GARAGE		LX.		PIPE INSUI	LATI	ON	104 L FT		X			
									H	屵	Η	ዙ
Registered Waste Hauler D & S RESTORATION, INC.	NJD 135	EP Hauler	manufacture in 1970	ubic Yards of W YDS	/aste	Name of Registered		F001:==			Ш	
City, State			Disposal D			City, State	, RESOURCE R	ECOVER	Y		_	
PATERSON, NJ 07503			02/08/18	3		TULLYTOWN	I, PA					
DOOD INTIOT DOTO	Title PRESID	ENT		Signature				Date	201-			
			n for asbesto	s licensure exe	mpted	activities		01/22/	2018			

D&S Proj. #: 18-22	193	0	(Purs	reation of uan of	14C 8:8	s Abatement 0 and 12 120)			GE JAN 3	1 2	V 018		
Date of Notification (1) 0 1 / 2 2 / 1 8 Agencies Notified Type Notifica EPA		Name of I barbara Street Add	klim	vner/Operat	or (2)			ASB	ESTOS (LATEL AND LAND		. &	David St. (PS-11)
DOL Amendment # □ Emergency (including justification) □ DCA □ Cancellation								Telephor	ne Numbe	er			
•			FA	CILITY INFO	ORMATION	1							
Name of facility where abatement barbara klim Street Address	s taking pl	ace (3)						Subch Other Bldgs.	apter 8 (0 (Private/0 (Homes, e	Other to Comme	ercial		
City (5)	Cou	nty (6)			Cou	nty Code (7)	5	quare Feet	# of Floo	rs	В	ldg. A	ge
mountainside	uni					te use only)	C	Surrent Use (P	rior if beir	ng den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM N	lo.	Name of Abatemen	nt Cont	ractor (9)					
Street Address	*					D & S RESTO	RATIO	ON, INC.					
						20 California	Ave						
City, State, Zip Code						City, State, Zip Cod							
Delia de Maria de Santa de Carta de Car						Paterson, NJ (
Project Manager for Monitoring Firm		F	hone Num	ber		773-345-802			License 0	Numb 1169	oer		
Start Date (10)	Sched	. Comple	tion Date (1	1)		Name of OSHA Mo							
02/05/18	02/23	3/18				D & S Restora Street Address	ttion, I	nc.	-		-		
Occupancy Status During Abatemer Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H	entire perio	od of abat	ement. urs-			20 California A City, State, Zip Cod Paterson, NJ 0	le	e					
Scope of Work (check all that apply	Renovatio Demolition	l					Mini-e	Containment wenclosure bag procedur Exempted (*)	е			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	ls location by mainte staff(12) Yes		vused solel stodial N/A	Desc	ription of as rial (ACM)	sbestos-containing		Amount (Specify S LF)	F or	ReEove	Repa	E n c a p	E n c L
basement and 2 crawl spaces		X		PIPE IN	SULATION	NC	1	150 l ft		Ň			
			-								님		뮤
			#	1			-			片	片	H	片
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler 06		ubic Yards 2 yds.	of Waste	Name of Registere TULLYTOWN			COVER	<u>Г</u>			1
City, State PATERSON, NJ 07503			Disposal Dis			City, State							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDI	ENT	02/00/1	Signature	9	TULLYTOWN	N, PA		Date 01/22/2	2018			

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

APPROVED BY: TOM Voorhees, DOL

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

CP# 3310

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)					
	24 /	18		201000000000000000000000000000000000000		Medical Center	-/	MEG	E	n '	W/	Ei
Agencies Notified T	ype Notifica	ation		Stroo	t Address			111),56	<u>L</u>	Ц	V	5
1.0	ype Notine ☑ Initial	ation		1000000	l Hamilto	n Avo		118				
	Amended	d							-	1-9	110	
☑ DHSS	Amendm	ent #	_	100	State, Zip (II U JAN	J	1 6	JIÖ	1
		cy (includin	g		nton NJ							
(NJAC 5:23-8)	justificati			1112400.201	of Contac	t		Telephone Numb	Ele (CONT	BOI	8
	Cancellat	tion		Rit	a Gelli			11			,,,,,,	- ~
				FA	CILITY IN	IFORMATION	AC-2	1 Management of the Control of the C		- total		
Name of Facility Where Aba		Taking Place	e (3)				Type of Facility					
St Francis Medical Ce	enter						School (K-12					
Street Address								8 (Other than K-12) rivate and commerc		uildin	ıs	
601 Hamilton Ave							homes, etc.)		,,,,,		, ,	
City (5)							Square Feet	# of Floors	B	ldg. A	ge	
Trenton							70,000	3		60+		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Mercer							Hospital					
Name of Monitoring Firm His	red by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Conne	ection					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					***	Street Address						
120 North Warren Stre	eet					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Trenton, NJ 08010						BRISTOL, PA	19007					
Project Manager for Monitor	ing Firm		Tele	phone	No.	Telephone No.		License No.				
Rollie Jones			60	09-392	-4200	215-788-6040)	00509				
Start Date (10)	5	Scheduled C	Comple	tion Da	te (11)	Name of OSHA N	onitor					
1/24/	18	_1/	_ 24	1_/	18	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Al	batement (0	Check only	one)			Street Address						
☐ Facility Closed/Vacated [ment		1123 BEAVE	R STREET					
Abatement Performed Or	utside of No	ormal Facilit	y Hour	s - Des	cribe	City, State, Zip Co						
Time of Abatement: 8:00	DAM- <u>5:30</u> F	PM/P	M	AM		BRISTOL, PA						
Scope of Work (Check all the	at apply)											_
		_					tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			enovati emolitio			☐ Mini-Enc	losure g Procedure					
			5111OIILIC	711				n-Friable Procedure	e			
			Locat						Ab	atem	ent T	уре
Location of			Norma		200 100	Description o			10000	_		
Asbestos-Containing Ma TO BE ABATE			ed Sole			stos Containing Ma		Amount	em	Repair	nca	ncl
IN Facility	<u>.U</u>	1000000	todial		(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	Removal	₩.	psu	Enclosure
(13)			(12)	Tomas		other miscellane		0. 0. 2. /	_		Encapsulate	е
		Yes	No	N/A								
Boiler Room		\boxtimes			Pipe Ins	sulation		22 LF				
		П										П
			П						H		-	
Name of Registered Waste I	Haular				Masta	Cubic Vanda of	N (D				Ш	Ш
BRISTOL ENVIRONME		ıc	3000	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis	LANDFILL				
		PAROM.		18706	3	1 Cu Yd	110.0-120.00-0.0000000000000000000000000	LANDI ILL				
City, State						Disposal Date	City, State	[] W m				
BRISTOL, PA 19007						1/24/18	MORRISVI	LLE, PA 19067				
Completed By (Print or Type	2)	Title	• 2000			Signature	0	Dat		2	10	
Gino Pizzigoni		Estima	tor			VII no A	Pamian	16/1/1	12	3-	11	

		orm	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Type Notification Agencies Notified Street Address V 文 文 文 **EPA** Initial DEP Amended City, State, Zip Code DOL Amendment # Emergency (including Name, of Contact DOH justification) DCA Cancellation hvis **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age R/19. County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) 998 X vaucter Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9 Advanced Street Address Street Address 7400 main City, State, Zip Code City, State, Zip Code garreville Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-575-0100 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 1505 Occupancy Status During Abatement (Check Only One) Streét Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 90 Vaneter Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 30 City, State Disposal Date losviquille Completed by Signature

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

Jh 2281	78		NOTE	CATIO	VOR ASI	w Jerse ESTOS 8:60 and	ABATE	MEI 0)	NT		EG		<u> </u>		
Date of Notification (1) 1/26/2018						Owner/C		(2)		ш	JAN	3	Zl	118	F
Agencies Notified	Type Notification			Street A	Address		AND				ASBEST	OS C	ONT	ROL	&
EPA EPA	X Initial		-		SEC. 100 - 11 - 100 - 10	STRE	ET					CENS		area property	weercores
DEP X DOL	Amended Amendmen				ate, Zip C RSON,	ode NJ 075	05								
DOH DCA	Emergency justification Cancellation]		of Contact Y LOBO					To	lankana kli				
Name of Facility Where A	hatement is Takir	na Place (3)	FAC	ILITY INF	ORMATI	ON	Tv	pe of Facility	(4)				2 1	
LEADER DYE FAC		ig i iacc (0)					Г	School (K-						
Street Address 102-124 MADISON	AVENUE							×	Subchapter	8 (Oth			dings	, hom	es,
City (5) PATERSON								Sq	uare Feet	# 0	f Floors	E	Bldg. /	Age	
County (6) PASSAIC					Code (7) USE ONL	n	_	Cu	rrent Use (Pri	or if be	ing demolis	hed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASCN	И No.				batement Cor ROTHERS			IG, IN	IC.		
Street Address							Street 11 V		lress ELAND AV	ENUF	=				
City, State, Zip Code							City, S	tate	, Zip Code		-				
Project Manager for Moni	toring Firm	<u> </u>	T	Telepho	ne No.		Teleph		/A, NJ 0751 No.	12	License N	No.			
Start Date (10)		Cabadul	- d O	! . 4:	D-t- (44)				6-8700		00494				
2/6/2018		4/6/20		npletion	Date (11)				SHA Monitor AS (9) ABO	VE					
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Add	ress						
Facility Closed/Vaca Abatement Performe Other – Describe: V	d Outside of Norn	Period of a	Abaten y Hours	nent		_	City, S	tate,	, Zip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit						Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					
		Is	Locati	on					VOII-EXEMPLE) and	u Non-i nai	JIE F 10	Abate	ement	
Location Asbestos-Containing N			Normal ed Sole		Ashaa		cription		:-! (A C A A)		LDSCHIR	-	13	pe	
TO BE ABA In Facilit (13)	TED		intenar todial S (12)	202120		thermal s	systems ing, VA	ins T, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u> 21</u>		late	ıre
						DING T									
					AN	ID DISF	BESTO		FAS			+-			
		-				AGL	LOIC	,,,				+			
Name of Registered Wast	e Hauler		0.00	JDEP W		Cubic \			Name of I	Registe	red Landfill		L		
TWO BROTHERS C	ONTRACTING	ì	10000	auler ID 8743	NO.	of Wast 4,000			WASTE	AM E	NAGEME	NT G	R.C).W.S	S.
City, State TOTOWA, NJ					*	Disposa 4/6/2			City, State		E PA				
Completed by VIVECA RAMOS		Title	IECT	COOL	POINAT	Sig	gnature		1		Da	ate	140		

page 1

81/22/2818	05:04PM	2013297	7440												
power	~ ^	800	FEETEN.				BEST	REMOVAL	IN:				₹	82/8	4
G		\			CATION	ets of Now Of ASSE to NJAC 8	STOS A	Batement 2:130)						3	VE
Agencies Notified	22/19	Neiffication				-	STA		Ney	0		4	47	3.8	2018 :
DOM DOM DOM DOM	. 6	Initial Amended Amended Amended Energeney (i justification) Cancellation	Reluding	<u>- L</u>	Name of	. Au	36€ 1040	0	٥.٠	9 076	57 .8	BES	TOS	3 CO	NTROL 8
Name of Facility V	Vhere Abstense	et a Takina P	Isco (3)		FACIL	ITY INFO	RMATH	TVE	off silivi	4)					
Street Address	MA	4 5 - 4	040						Sch of (II-1		l buildin	gs, ha	1409, C	RC.)	
Cky (5)	isoca	FELD			·	,		1 2	2200	# of Pieces		19	40		
County (6)	ercer					ise only				r lifbering demolishers to CENCE	d)				
Manue of Probacts	of cam visco	cylinemoling Cr	H305 (8)		ASCN	l No.	1		Meet nichan	1000 000 000 000 000 000 000 000 000 00					
Street Address	4						- 1		eroval	lver Stra	a t				*
City, State, Zip Co	de						1	City, State, 2	Bip C rda	NJ 07601					
Project Manager 2	Menitoring	Pilm			Telephon	ė No.	\neg	Tulsplace N	io.	License N			7/1/2		
Start Date (10)	23/18		Schuduler		Pletina Da		- 1		NA todier		<u> </u>				
Cocapisticy Status Facility Clos Absternant P artif Other - Desc				arricos Eds			1		y ler s	treet					
Scope of Work (C)		1		_	_			South	Ha cker	Back NJ	076	06			
D 5160 405	?	- Alean		emovidi emodil					Uni Enclosed Hare bas Proc	echare					
		+	Т.			-			kor - Xen per	(*) and Non-Frield	è Proces		curiomi	\sim	
	Location of missing Masse		1	Locati formal d Sole	ly		Dos	oription of	141 754		-	T	/pe		
10	BE ABATED In Panility (13)	(ACM)	Cut	interes lodiel ((12)	ripe/ Stuff?		mai system	ining Materia ms insulation VAT, or niscellaneous	en hear g	Amount (Specify SF or LF)	Removal	Repuir	Encepsulate	Enclosure	
6 445	for bear		Yes	No	NA	4 (100	-	-		
BA-561	(elv-c		-		-	MORPH	C Sy	अहम । ७५	كم 110 سال	7528	7	-	-	H	
											7				
	17/														
Name of Registers	2.0				Incher ID	No.	of Wast			Registered Landfill	_				
Best Rem City, State					1710	19	Disposi		Cir., Sie				•	LLLC	
Hackensa Completed by J. Maior		0.7601	Title					ENERTHO (L Williams)H	461		\neg	
ASB41 (R-06-81)			1 251	-10	stor			X		orm for eabsonie fine		-			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check 2216 (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 1/26/2018 Alan Schlesinger Agencies Notified EPA Type Notification Street Address DEP Initial City, State & Zip Code **ASBESTOS CONTROL &** $\overline{\times}$ DOL X Amended Long Branch LICENSING X DOH Emergency Name of Contact Telephone Number DCA Cancellation Alan Schlesinger **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1000 50+ Current Use (Prior if being demolished) Monmouth Long Branch Residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Alpha Environmental Services Street Address Street Address 3525 Quakerbridge Road City, State & Zip Code City, State & Zip Code Trenton, NJ 08619 Telephone Number Project Manager for Monitoring Firm Telephone Number License Number 609-847-2956 01222 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/15/2018 1/31/2018 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 107 Haddon Ave. Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Solely by Material (ACM) Material (ACM) SF or LF) Encapsulate Enclsoure Remova Maintenance or (i.e., thermal systems TO BE ABATED Repair **Custodial Staff?** insulation, surfacing, VAT in Facility (13)(12)or other miscellaneous) Yes No N/A Throughout M Accoustical Ceiling 1000sf X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ALPHA ENVIRONMENTAL 00033330 **Grows Landfill** City, State Disposal Date City, State Various Morrisville, PA Trenton, NJ Completed By (Print or Type) Signature Title Date

Project

Manager

Rad Richardson

1/26/2018

Rod Richardson

NO C	M		NOT			ON		BE	Jersey STOS ABAT 8:60 and 5:10		DE	G	E		\mathbb{V}	
Date of Notification (1)					Na	me	of Buildin	g Ov	wner/Operator (2)		IAN	3	21	118	- 11
/	29 /	18			1	108	Contrac	cting	g ANG - Join	t Base - McGu	ire Dix Lakel	hurst	AF	В		1
Agencies Notified	Type Notifica	ation			Str	eet	Address	-			ASBE	STO	SC	ONT	BOI	2
⊠ EPA	☐ Initial				:	336	9 Wonna	acot	tt Ave			LICE	NS	SING	HOL	. GL
☑ DOLWD ☑ DOH					Cit	y, S	State, Zip (Code	е						Wilder of the last	
□ DCA	Amendme			,		loi	nt Base -	- Mc	Guire Dix La	kehurst AFB, I	NJ 08641-540	06				
(NJAC 5:23-8)	justification		Juding	,	Na	me	of Contac	ct			Telenhone N	umher				-
	☐ Cancellat	tion			(CM	Sgt Dav	id A	A Brown							
					F	AC	CILITY IN	VFO	RMATION		2			55		
Name of Facility Where A	batement is T	Taking	Place	(3)						Type of Facility	(4)	7/				
3322 Cyber Operati	ons Squadr	ron								School (K-12						
Street Address											Other than K		l In			
3322 Wonnacott Av	е									Other (i.e., p homes, etc.)	rivate and comi	mercia	i bu	ılaıng	s,	
City (5)										Square Feet	# of Floors		Blo	dg. A	qe .	
Joint Base - McGuir	re Dix Lakel	hurst	AFB	086	41-5	406	3			10,000	1			50+		
County (6)					C	oun	ty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pr	or if being dem	olishe	d)			
Burlington										The state of the s	Office- Hang		coe.			
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASC	M	No.	Na	ame of Abateme	ent Contractor (9)						-
TTI Environmental<									Controlled En	nvironmental S	Systems					
Street Address									reet Address		•					
1253 N. Church St									1121 N. Bethl	ehem Pike - S	uite 60					
City, State, Zip Code	-	25				7		Cit	ty, State, Zip Co	ode						-
Moorestown, NJ 086	057							1	Spring House	e, PA 19477						
Project Manager for Monit	toring Firm			Te	lepho	ne l	No.	Te	elephone No.		License No.					
				1	856 8	40	8800	:	215 542 7000		00847					
Start Date (10)		Schedu	uled C	omp	letion	Dat	te (11)	Na	ame of OSHA M	lonitor						
_11 / _6 /	17	3	/		2	/_	18	(CES							
Occupancy Status During	Abatement (0	Check	only o	ne)				Str	reet Address				_			
□ Facility Closed/Vacate									1121 N. Bethl	ehem Pike - S	uite 60					
☐ Abatement Performed	Outside of No	ormal l	Facility	/ Но	urs - [es	cribe	Cit	ty, State, Zip Co	ode				-	-	
Time of Abatement: 7:	:00AM- <u>5:00</u> P	M/	PIV		AN	I		5	Spring House	e, PA 19477						
Scope of Work (Check all	that apply)		-					1								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re □ De						☐ Mini-Enc ☐ Glovebag							
					ation								Aba	atem	ent T	уре
Location Containing		.			nally blely b	v			Description o				Z	D.	Ш	Ш
Asbestos-Containing N TO BE ABA		"	Ma	inter	nance				Containing Mar ermal systems i		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facilit	у		Cus	odia (12	I Staff	?	, , ,		surfacing, VAT,	or	SF or LF)		val	7	Insc	sure
(13)		F	Yes	No	1	/A		of	ther miscellane	ous)	1.4				ate	(b
office				No.		-	Dino 9	Ci44i	ing (tent & gl	ove boat	220 LF	-	7			
exterior transite		-			-							-				
exterior transite		_				_	exterio	r tra	ansite (non Fr	riable procd)	634 SF	- 1	亅	Ш		Ш
			Ц		L]] [
] [
Name of Registered Wast Geppert Recycling	e Hauler				NJDE Haule			10000000	ibic Yards of aste	Name of Regis Western B	tered Landfill erks Commu	ntiy L	.an	dfill		
City, State						-		Dis	sposal Date	City, State						
Hatfield, PA									3/2/18	Birdsboro,	PA 19508					
Completed By (Print or Ty	ne)	Title				_			Signature	,		Date				
Patricia Visco	F.77)	fice I	/lan	ager				Patien	- Man	,5-	i	31	7/1	7	

Chau	4	NOT		ATION	OF AS	BESTOS ABAT BESTOS ABAT B:60 and 5:1		DEC] [7 E	7
Date of Notification (1) 01 /	29 /	18			of Buildin	g Owner/Operator ((2)	JAN	.3 1	20	18 -	
Agencies Notified EPA DOLWD	Type Notificat Initial	tion		411	Address Van Zilo			ASBEST · LI	OS C CENS	ONT	ROL	&
☐ DHSS	Amendme	-		1	tate, Zip i bertsvill	Code le, NJ 08724						
(NJAC 5:23-8)	justification	n)	k.		of Contac			Telephone Mumb	ner			
	Cancellation	on		Joh	in De Lo	s Santos						
				FA	CILITY IN	NFORMATION						
Name of Facility Where A Verizon	batement is Ta	aking Place	(3)				Type of Facility (School (K-12)				
Street Address								(Other than K-12)		:1-1:		
411 Van Zile Road							homes, etc.)	ivate and commer	CIAI DU	namg	5,	
City (5)	2704	2,000					Square Feet	# of Floors		dg. A	ge	
Herbertsville, NJ 08	3/24			1.			10,000	2		50		
County (6) Ocean				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm ESIS INC.	Hired by Buildi	ng Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9) tion Inc					
Street Address						Street Address						
10 Exchange Place	13th Floor					47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode					
jersey City ,NJ				and the second		Staten Island	NY 10309					
Project Manager for Monit Rober Kingsbury	toring Firm			ephone i 01 479		Telephone No. 718-605-6256	5	License No. 00774				
Start Date (10)02 /12 /	201.0000	cheduled C 03/				Name of OSHA N Testor Tech	Monitor					
Occupancy Status During	Abatement (C	heck only o	ne)			Street Address						
☐ Facility Closed/Vacate						10 59 Jackso	n Avenue					
Abatement Performed Time of Abatement:					cribe	City, State, Zip Co						
Scope of Work (Check all	that apply)					00000000000000000000000000000000000000	tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De	novat moliti			☐ Mini-End ☐ Gloveba	closure g Procedure	n-Friable Procedu	re			
	628		Loca						Ab	atem	ent Ty	уре
Location of Asbestos-Containing Machine TO BE ABA IN Facilit (13)	Material (ACM) TED	Use Ma	d Sol	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
()		Yes	No	N/A		other miscenane	lous)				te	
Basement A/C Equipr	ment Room				Floor T	ile and Mastic		1000SF				
									ĪП	П	П	
Name of Registered Wast Newark Carting	e Hauler		1000	JDEP V Jauler ID		Cubic Yards of Waste	Name of Regis G.R.O.W.S					
City, State				NJ-56	6	20 Disposal Date	City, State	,				-
Hackettstown, NJ						03/30/17	Morrisville	,PA				
Completed By (Print or Ty Charles Tardy	pe)	Title Project	t Mar	nager		Signature	10000	Da		9-	18	\exists
SB-41				and the second		1000	000 10000	7		1	10	

Cha4	3		NOT	FIC.	ATIO	NOF A	New Jersey SBESTOS ABA AC 8:60 and 5:1	TEMENT	DE	GE	7	<u> </u>	
Date of Notification (1) 01 /	26 /	18		to a		e of Buildi erizon	ng Owner/Operator	(2)		AN 3	1 20)18	
Agencies Notified	Type Notific	cation			Stre	et Address				Manage and an angelor		h Administration	
⊠ EPA					1		ain Avenue		ASBE	STOS C			&
⊠ DOLWD	Amende	0.000				State, Zip				LICEN	DING	***************************************	allower and
☑ DHSS □ DCA	Amendm Emerger						NJ 07090						
(NJAC 5:23-8)	justificat	ion)	Giuuiii	y		e of Conta			Telephone N	umbar			
	☐ Cancella	ation			Al	ex Baylo	r						
					F/	CILITY	NFORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				
Verizon								☐ School (K-12	2)				
Street Address								Subchapter 8	3 (Other than K	-12)			
115 Mountain Avenu	16							Other (i.e., proposed homes, etc.)	rivate and comi	mercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	
Westfield								10,000	3		50		
County (6)			0.99		Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)		-	
Union									3	/			
Name of Monitoring Firm I				(8)	ASCN	l No.	Name of Abatem	ent Contractor (9)					
USA Environmental	Managaen	nent l	lnc.				JVN Restora						
Street Address							Street Address				1000		
8436 Enterprise Ave	nue						47 Foster Ro	ad					
City, State, Zip Code							City, State, Zip C	ode					
Philadelphia, PA 191							Staten Island	NY 10309					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.				-
Mark Jenkins				1		5-5810	718-605-6256	5	00774				
Start Date (10)02/12/						ate (11) 18	Name of OSHA N Testor Tech	Monitor					
Occupancy Status During	Abatement (Check	only o	one)			Street Address						_
☐ Facility Closed/Vacated	During Enti	re Per	iod of	Abate	ment		10 59 Jackso	n Avenue					
Abatement Performed	Outside of No	ormal	Facility	y Hou	rs - De	scribe	City, State, Zip Co	ode					-
Time of Abatement:		PN	1/5:00	PM- <u>1</u>	:30AN		LIC NY 11101						
Scope of Work (Check all t	that apply)						SACCO						-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De	novat moliti			☐ Mini-End	g Procedure					
			Is	Loca	tion	T	□ Non-Exe	mpted (*) and Nor	1-Friable Proce				
Location o				Norma			Description of				_	ent Ty	
Asbestos-Containing M TO BE ABAT		1)		intena	ely by ance/	Asbe	estos Containing Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	(1.6	e., thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	SVOL	air	aps	losu
(13)		ŀ	V	(12)	T	-	other miscellane		Or Or Er)	<u> </u>		ulat	Ē
Basement			Yes	No	N/A	Air Dry	er Room		80 SF	NZ		е	
Basement			-		1=							Ш	Ш
<u> </u>						Power	Room		153 SF				
Name of Device 1991													
Name of Registered Waste	Hauler			7 1 2 2	IJDEP lauler I	11.77 TH 12.57 TH	Cubic Yards of Waste	Name of Regist					
Newark Carting				'	NJ-5		vvaste 15	G.R.O.W.S.	, Inc.				
City, State							Disposal Date	City, State					
Hackettstown, NJ							02/28/18	Morrisville,	PA				
Completed By (Print or Typ Ralph Barnhardt	e)	Title Pi	roject	Mar	ager		Signature		2	Date	26 -	201	00

State of New Jersey

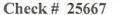
CK # 8682	N	10 IFT	St CATION Ursuan	ate of Ne OF ASB TOWNAC	w Jers ESTO 8:60 a	ey S ABATE nd 12:120	MENT		D-	EC		V	Pr	nt Form
Date of Notification (1)		L	Name o	Building G	wne	/Ope rator	(2)			JAN	3.1	201	3	
Agencies Notified Type Notification EPA Initial				HADLEY		AD			1	ASBESTO LIC	S CO ENSI		DL &	
DEP Amended Amendment #		_ L	SOUT	ate, Zip Co H PLAIN		_D, NJ 0	7080)	Te	lanhona Ni	ımber			
DOH justification) DCA Cancellation			Dou	9 /			2,7	7	_					-
Name of Facility Where Abatement is Taking $SE+G-ORAI$			GA-			, ion	_	of Facility School (K-						
Street Address 451 NEW Mil	100						X	Subchapte	er 8 (Oth	ner than K- & commer		ildings	, hom	es,
City (5)							Squa	ooo		of Floors	1	Bldg.	Age 57	yes
ORADEI/ County (6) BERGEN			(STATE	Code (7) USE ONLY	_			GAS	H	EAD.		RTO	ER.	S
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	vner (8)		0045			UNIC	QUE	- Carlotte		r (9) AMERIC	CA			
Street Address 64 BROAD STREET				, , , , ,		396	ST CONTRACTOR	EHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747						SOU	TH R	Zip Code RIVER, N	J 088					
Project Manager for Monitoring Firm TOM GEIGER				90-2217			432-8	3350		License 01111	No.			
2/7/18	2,	19.	pletion / / &	Date (11)		UNIC	QUE			AMERIC	A			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of A	batem					WHIT	EHEAD	AVE.					
Other - Describe: Mesessary Scope of Work (Check All That Apply)	ape	iai	tors	only				RIVER, N	J 088	82				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			,	<u> </u>	Mi	ni-Enclosu ovebag Pro	re ocedure	n Negative			re	
Location of	N	Location	y			escription	of						emen	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenar odial S (12)	nce/		tos Co therm surf	ntaining M al systems facing, VA miscellar	latéria s insula T, or	ation,	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
MEN'S LOCKER/BATHROOM	Yes	No 🖌	N/A	P: o	<u> </u>	INSU	1/41	(a x)		SO LF	1		Ite	О
THE PROPERTY OF THE PROPERTY O				1.7		day 1- 00	11	, 0,10	- 4					
N/D														
Name of Registered Waste Hauler WASTE MANAGEMENT		Н	JDEP W auler ID 125		of W	ic Yards /aste ** / C	>	GROV		ered Landf RTH	ill			
City, State ELIZABETH, NJ					Disp	osal Date		City, Sta		LE, PA				
Completed by CAROL RAIMO	Title OFFI	CE M	IANAG	ER		Signature		la	in	a	ate	29	/18	2

CR5790

NOTIFICATION OF ASSESTOS ASATEMENT (Fursuant of NJAC 8 50 and 17: 120)



Date of Notification (1)		Name of Building Owner/Operator (2)															
1-29-	Z018			Street Address													
Agencies Notified	Type Notification			Street /	Address	- /	/	1 1		15 6	<i>7</i> 5	Ш	\forall	5			
EPA EPA	☐ Initial						ug tow	Stref	115					100			
EPA DEP DOL	Amended	- 51		City, St	ate, Zip Co	de				IA	N 3	1 1	010				
DOL	Amendment Emergency					k,	NJ	07102	- 4 6	N JA	14 9	1 4	UIO	14			
☑ DOH	justification)	moduling			of Contact	7.1 /	1	1	Tele	hone No	mb						
DCA	Cancellation	- State of the state of			ary /1		and in the second										
Name of Facility Where	Abstoment is Takin	a Diago /	21	FAC	ILITY INFO	RMA	TION	T (F	of Facility (4)								
						7											
PRUDENTIA Street Address	L LANGER	NEE (cips	BANY	0-14	3761	764	-12)		0)							
	1 /	1	10	7			1	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
2-/3 (U)	Ashing tens	5/10	ct					etc.)									
	/ 15	- 1	-,,	. 7				Square Feet			E	Bldg. A		- 1			
County (6)	rk, NJ	U	110					750,000				11					
County (6)	e V				Code (7) USE ONLY)			Current Use (F			hed)						
	/ -					1		UFFICE									
Name of Monitoring Firm				ASCI	M No.			of Abatement C		9)							
Accredited Ennis	one, yet lechou	logies	,70	iC.			6200	LERUICES	Solution								
Street Address	5 40						Address	د د دومسدادا	1 - 1	, ,,,							
City, State, Zip Code	PENNEH Ku							ATTOMAL ROAD									
	1 122 11 3					City, St	State, Zip Code										
Project Manager for Mor	19065						DX TON, 124 / 934/										
at the contribution of which the contribution is	and the same and t		Telepho		9			10 10					1				
Kon KhAcı Start Date (10)	MADLOVIAN	010-8	7/ - 011	7		272-878		01161									
1		2 -0	Date (11)			of OSHA Monito											
Occupancy Status Durin				ŏ				services,	440								
			1000				100000000000000000000000000000000000000	Address		0. ax							
Facility Closed/Vac Abatement Perform	ated During Entire F	Period of	Abate	ement	_41mm	tra.		B NATIO	462 1	COND							
Other – Describe:	ied Outside of North	iai Facility	у нои	is open	X 1.55		7	ate, Zip Code	ガーラングン								
Scope of Work (Check A	II That Apply						617	ON, PA 1	7541								
	ні тпат Арріу)	m					E7	·									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Deserves	Renov Demo	ation			Full Containment with Negative Pressure Mini-Enclosure										
2 2100 31 01 2200 11		П,	Jenio	illion				Glovebag Procedure									
							Non-Exempted (*) and Non-Friable Proced						dure				
		Is	Loca	ation							Abatement						
Location	n of		Norma	ally lely by		D	escription	of			-	1 1 1	rpe				
Asbestos-Containing TO BE AB				ance/				aterial (ACM)	1000000	nount	_		四	m			
In Facil		Cus		Staff?	(i.e.		ar systems facing, VAT	insulation, 「, or		ecify or LF)	₹em	Repair	cap	nclo			
(13)			(12)			miscellane			Zite.i⊞Sie.€	Removal	oair	Encapsulate	Enclosure			
		Yes	No	N/A							-		ite	е			
Tin - Ti	,		W		27.00		7	er week f	2.23	7	V			-			
FIRST FLOOR			X.	+			10000	47701		64	1	-		-			
FIRST FLOOR		-	X	1	VAT				2000	SF	X						
FIRST FLOO	C		X		MAST	70			3/00	SF	X						
				Activity of the Control of the Contr						1							
Name of Registered Was	ste Hauler	_	Т	NJDEP W	Vaste	Cuhi	c Yards	Name o	f Registere	ed Landfill	1						
	Hauler ID	0.0000000000000000000000000000000000000	of Wa		445	70											
CCOSERVICES, L	10						us Landfill										
City, State		Disposal Date City, State															
EXTON PA			1	UT-12	Morra	is ville,	14										
Completed by							Signature Date /-29-2018										
JOSEPH K W	11175	1-120	PRUJECT MANAGER					e Land 1. With 1-29					-1-12016				





Date of Notification (1)	/2018			Name of Building Owner/Operator (2) Van Syckle											
Agencies Notified	Type Notification			Street A	ddress			112/							
× EPA DEP				City Sta	ate, Zip Code				JAN	31	201	8_			
▼ DOL	Amendment Emergency		-			Sum	ummit, NJ 07901								
DOH DCA	justification) Cancellation			Name o	f Contact Peter V	an Syckle		elephone	できていることで						
П рох	Cancellation			FACI	LITY INFORM										
Name of Facility Where	Abatement is Takir Residential	ig Place (3)	1 701	EII I INI OIG	IIIA III III)								
Street Address							2) 8 (Other than K-12) rivate & commercial buildings, homes,								
City (5)	Summit, NJ 0	7901					# of Floors		Bldg. Age 90+/-						
County (6) Union					Code (7) USE ONLY)		Current Use (Prior	if being demo	lished)						
Name of Monitoring Firm	Hired by Building MECS	Owner (8)		ASCN	/I No.		ractor (9) ntal Services	s, Inc.							
Street Address	PO Box 341					Street PO B	50 (1.0 m)								
City, State, Zip Code Ch	esterfield, NJ 0	8515					tate, Zip Code town, NJ 08501								
Project Manager for Mon Bill Weisg				Telephor 609 29	ne No. 98-4070		259-9688 License No. 00493								
Start Date (10) 2/8/2018		Schedule		mpletion I		Name MEC	of OSHA Monitor S								
Occupancy Status During	g Abatement (Chec	k Only On	e)				Address								
Facility Closed/Vaca Abatement Perform	ed Outside of Norn	Period of A nal Facility	bater Hour	nent s		City, S	tate, Zip Code sterfield, NJ 085	15	- 200-111						
Scope of Work (Check A	II That Apply)					01100						_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	enova emoli												
		Is	Locat	ion			1 Hon Exempled	y and Hon TT	I I I	Abatement					
Location			orma d Sole		1170 AT COLUMN SECTION	Description				1)	/pe				
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Mai Cust	ntena	nce/ Staff?	(i.e. the	rmal systems urfacing, VA	ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous) Amoun (Specify SF or LF				Encapsulate	Enclosure			
Baseme	ent	Yes	NO	N/A	Thern	nal Pipe In	sulation	20 lf	Х			-			
Name of Registered Was Stevens Environmen		10000	IJDEP W lauler ID 18292	No. of	ubic Yards Waste 1	Name of Re Fairless I	egistered Land _andfill	Ifill							
City, State Allentown, NJ	10202		sposal Date 2/16/2018	City, State Morrisvill	e, PA										
Completed by Title Mahlon E. Stevens Project Manager						Signature	11/11/1		Date 1/29	/18					

				-	2 (ΙП	F	1						P	rint Fo				
CK0144	42		NOTI	FICATIO Pursuar	State of AS ON OF AS nt to NUA	ew Jers BESTO C 6.60 a	ABAFE	MEN (0)	ŀΤ		EC			\mathbb{V}					
Date of Notification (1) 01-26-18				Name PSE	of Buildir G	g Owner/	Operato	r (2)			JA	N 3	3 1	2018					
Agencies Notified	Type Notification	n			Address														
EPA DEP	Initial				000 Hadley Rd. ASBESTOS CON y, State, Zip Code ASBESTOS CON LICENSIN									ITRO	L&				
X DOL	Amended Amendmer				state, Zip (h Plainfi														
X DOH	Emergency justification	/ (including	9		Name of Contact Telephone Number														
DCA [Cancellatio	'n			ny Sierra														
Name of Facility Where Ab	atement is Taki	ng Place (3)	FAC	CILITY IN	FORMAT	ION	Tvr	oe of Facility (4)									
PSEG Norfolk Newar	k								School (K-1										
Street Address 310 Norfolk St.								×	Subchapter Other (i.e. p	8 (Other	than K-1	12) cial bu	ildings	s, hon	nes,				
City (5) Newark				Square Fee					uare Feet	# of Floors N/A			Bldg. N/A	Age					
County (6) Essex			Î						rent Use (Prio	Use (Prior if being demolished)									
N/A	Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address							ASCM No. Name of Abatement Co N/A WRS Environment											
Street Address N/A					Street Address 17 Old Dock Rd.														
City, State, Zip Code N/A					Zip Code NY 11980														
Project Manager for Monitor N/A	Telepho N/A	one No.		Teleph 631-9				icense N	10.										
Start Date (10) 02-05-18		18	mpletion	Date (11))	Name of OSHA Monitor WRS Environmental Services Inc.													
Occupancy Status During A	batement (Ched	ck Only Or	ne)				Street /		507 F. J.										
Facility Closed/Vacated Abatement Performed Other – Describe: Elec	Outside of Norn	nal Facility	Abater Hour	nent s			City, St	ate, 2	ock Rd Zip Code										
Scope of Work (Check All Ti							Yaph	ank	NY 11980										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Pemolit				×	M GI	ull Containmer ini-Enclosure lovebag Proce	edure				0					
Location of		1	Locati	ly		Des	cription			() () ()	ion i mas	Abaten Type		ement					
Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACM) <u>D</u>	Mai	d Sole intenal odial S (12)	nce/		stos Conta thermal surfac	Description of particular (ACM) and systems insulation, facing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure				
Control		Yes	No	N/A					8			a		late	ıre				
Control Hous	se		1000	Х		Ins	ulators	3		15	_F	х							
lame of Registered Waste H	aular		l h i	IDED III	(Louis	,												
/aste Management	JDEP W auler ID 7273		of Wasi			Name of Re Fairless		Landfill											
ity, State lizabeth, NJ 07201						Disposa TBD	al Date		City, State Morrisvill	e PA 1	9067								
completed by aymond Tutiven			Sig	hature	ĺ	1		Dat	te -26-1	18									

2. 220		19) /	A\ st	e of New	Jersey	/))	b	E		\mathbb{V}	Ľ	
14 328			OZIP	GATION uregand	DF ASBE	STOS	ABATE! 1 12:120	MENT))			3						
Date of Notification (1)			Т	Name of	Building (Owner/C	perator	(2)	<u> </u>	╫	4	JAI	1-3	1	2018	}—	
01/24/2017					DILLM		•										
Agencies Notified	Type Notification			Street Ad	idress						ASE	BEST	OS	CON	ITRO	DL&	
X EPA X DEP X DOL	Initial Amended			City, Star	te, Zip Co	de				-	discounts are a	-	OLI	VOHY	G	Westernan	
X DOL	Amendment Emergency		- L		H AMBC	Y,NJ											
DOH DCA	justification) Cancellation			Name of Peter I	Contact Dillman					Telephone Number							
L BOX	Carlosiation				ITY INFO	1											
Name of Facility Where A	Abatement is Takin	g Place (3)														
Street Address				School (K-12) Subchapter 8									181 2 10000		2		
									other (i.e. priv tc.)		A. C.	ercial				es,	
City (5)				0110-1-01-1-0-0-0				Square N/A	e Feet	# of N//	f Floors Δ			dg. A /A	ge		
PERTH AMBOY County (6)			T	County C	Code (7)			Degrada and the	nt Use (Prior		Stranger and the second	lishe					
Middlesex				ISE ONLY)		_		ATE HOL					1				
Name of Monitoring Firm N/A	Hired by Building		ASCM	No.				ement Contr TEMENT									
Street Address			Street Address														
0: 0: 5: 0			89 FRANKLIN STRE							SE I							
City, State, Zip Code								N,NJ ,075	24								
Project Manager for Mon		Telephor	ne No.			one No 333-5			License 01274								
Start Date (10)		ed Cor	npletion [Date (11)				A Monitor		L							
01/26/2018 Occupancy Status During	a Abatement (Cher	k Only Or	(0)					Addres	TEMENT	LLC							
Facility Closed/Vac				nent					LIN STRE	ET							
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hour	City, State, Zip Code PATERSON,NJ ,075						524							
Scope of Work (Check A	II That Apply)																
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demoli	lition X Mini-End						ontainment with Negative Pressure nclosure pag Procedure xempted (*) and Non-Friable Procedure							
		Is	Locat	ion				and 1401	Lizampiou) 411	4 /1011 / 1		Abatement				
Location		1	Norma ed Sole	lly	28 28		scription					-		Ту	ре		
Asbestos-Containing TO BE AB	ATED	Ma	intena todial	ince/		thermal	taining N system	s insula		(5	mount Specify		Re	R	Encapsulate	Enc	
In Facil (13)		003	(12)				cing, VA miscella			Si	F or LF)		Remova	Repair	psula	Enclosure	
		Yes	No	N/A									_		te	Ф	
BASEM	ENT		X		F	PIPE II	NSULA	NOITA		8	30LF		X				
				LIDEDI		I Control	Varde		Name of R	ogiat	arad! an	4fill					
Name of Registered Was	1	NJDEP W Hauler ID 1037095	No.	of Wa	Yards ste		TRI STA				?						
City, State		Disposal Date City, State TBD , BRONX															
PATERSON,NJ Completed by		Signature /					11/1	1	Date								
VICTOR ESPIRITU	T MAN	EGER	1	hopo	h (WMI.	~1		01/	24/2	2018						

		1	1	1 (1)	of New Jers	<i>[</i> [111	1 5 6		Ц	U				
14229		N	TIFIE (Pur	ATIMUL	F ASBESTO	ABATE) 	N 3	1 2	018						
Date of Notification (1)					Building Owner	Operator ((2)		ш					1			
01/29/2018	- N			treet Add	Newmark				-	ASBES	STOS	CON	TROI	2			
Agencies Notified	Type Notification		3	treet Add	iress	900			0.2000000		LICEN						
× EPA × DEP × DOL	X Initial Amended		C	ity, State	, Zip Code												
X DOL	Amendment Emergency (100		own,NJ,				Talanhana Numbar								
DOH DCA	justification)			lame of C	Contact RT NEWMA	DV			Telephone Number								
DCA DCA	Cancellation		1		ITY INFORMA												
Name of Facility Where	Abatement is Takin	g Place (3)		FAUIL	III IN OKIA	11011											
PRIVATE HOUSE								School (K-12 Subchapter 8	(Otho	r than K_12	1						
Street Address							X C	Subchapter of Other (i.e. pri	vate 8	commercia	al buildi	ngs, l	nomes	,			
							e	etc.) re Feet	# of	Floors	Blo	dg. Ag	ie	-			
City (5) morristown							01000	# of Floors Bidg. Age									
County (6)				County C				ent Use (Prior if being demolished)									
Morris		(STATE U	SE ONLY)	VATE HO												
Name of Monitoring Firm	n Hired by Building		ASCM	No.		Name of Abatement Contractor (9) EHW ABATEMENT LLC											
N/A Street Address																	
					EET												
City, State, Zip Code							ip Code DN,NJ,075	524				U=-1-02					
Project Manager for Mo	- 17	Telephon	e No.	100,000,000	hone N			License N	0.								
						-333-5			01274				_				
Start Date (10) 02/08/2018		Schedule 02/10/2		pletion D	Date (11)			HA Monitor ATEMENT	LLC								
Occupancy Status Duris	ng Abatement (Che	ck Only On	e)														
➤ Facility Closed/Va	cated During Entire	Period of A	batem	ent				KLIN STR	EEI								
Abatement Perform Other – Describe:	med Outside of Non	mal Facility	Hours			524											
Scope of Work (Check	All That Apply)				444												
≥3 sf or ≥3 lf			Renova				Fu	II Containme	ent with	n Negative I	Pressui	e					
× ≥160 sf or ≥260 lf			emolit	ion			Gl	ovebag Proc	edure								
							× No	n-Exempted	(*) ar	d Non-Friat			e ement				
		10 00.00	Locati Vormal	1700								Ty	ре				
Location Asbestos-Containing		Use	d Sole	ly by	Asbestos C	Description	Materia	al (ACM)		Amount			Щ	m			
TO BE A	BATED		intena todial S		(i.e. ther	mal system	ms insul /AT. or	ation,		Specify F or LF)	Remova	Repair	caps	Enclosure			
In Fac (13			(12)			er miscell)			oval	air	Encapsulate	sure			
		Yes	No	N/A									0				
FIRST F	Х			VAT			4	50SF	Х								
											-						
												_	-				
									D	المرما المرموما			L.,				
Name of Registered W	aste Hauler		NJDEP W Hauler ID		ubic Yards Waste	5			tered Landf								
EHW ABATEMEN	T LLC	21	03709	5 TI	TBD TRISTATE TRANSPER												
City, State PATERSON,NJ			Disposal Date City, State TBD BRONX,														
Completed by		-	Şignature / / .						Date 01/29/2018								
VICTOR ESPIRIT	U	DJEC	T MAN	AGER	M	etu	WW	1		J1/29/	201	3					

CK# 8683			_	prod.		w//		ar-search		П	n/		DLFC		
CK # 8603			CATION	ate of Ne NOF ASE to NJAC	BESTOS	ABATEN	MENT		EGE		W				
Date of Notification (1) 1/30/18			Name o	f Building G	Owner/0	Operator	(2)		JAN 3	7 2	U18		y		
Agencies Notified Type Notifica	ation		Street A	ddress	Y ROA	D			ASBESTOS	CON	TROL	. &			
EPA Initial Amenda			City, Sta	ate, Zip Co	ode		7000	-	LICEN	SINC	3	a consideration of			
X DOL Amendi Emerge DOH justifica	ency (including	\neg		H PLAI		J, NJ U	7080		Telephone Num	har		1102			
DCA Cancell	ation		MA	TT /			AND								
Name of Facility Where Abatement is	Taking Place (3	3)	FACI	LITINE	ORWAI	ION	Type of Fac	ility (4)				18-15-01			
PS Ea G								(K-12							
Street Address 207 N. DEA	AN S	T.							(Other than K-12 vate & commercia		dings,	home	es,		
City (5)							Square Fee		# of Floors	1000	ldg. A	-	,		
ENGLEWO County (6)	000		County	Code (7)			13, 34		if being demolish		PX	99	YRS		
BERGEN				USE ONLY)		257	TATION							
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS	ding Owner (8)		ASCN 0045				nt Contractor (9) TEMS OF AMERICA								
Street Address 64 BROAD STREET						Street	Address	AD AVE.							
City, State, Zip Code			,	. "		City, S	tate, Zip Cod	е							
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		Telepho	ne No.			TH RIVER	, IVJ (J888Z).						
TOM GEIGER			732-29	90-2217		732-4	132-8350		01111						
Start Date (10) 2/13/18	Schedule		npletion	Date (11)			OF OSHA MO UE SYST		OF AMERICA						
Occupancy Status During Abatement (100000000000000000000000000000000000000	Address VHITEHE	1A O.A	/F						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Nex eases	Normal Facility	Hours	's City, State, Zip Code												
Scope of Work (Check All That Apply)			/	/	1	000	77170727	, , , , ,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	F	Renova Demolit	ition ion				. Glovebag	Proce							
	4 55	Locati	07.010.01				NOTI-LACT	ipied () and Ivon-i nabi	iable Procedure Abatement Type					
Location of Asbestos-Containing Material (ACN	Llan	Normal d Sole		Ashas		scription	of atérial (ACM	.	Amount		ı y				
TO BE ABATED In Facility (13)	ivia	intena todial 3 (12)			thermal surfa		insulation, Γ, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(10)	Yes	No	N/A		outor i	THO OCH CAT	0000)			/al	ï	ilate	Ire		
WINDOWS	X		ACI	nw	'no Dow	CAULK	reg	350 SF	X						
								-							
								+							
Name of Registered Waste Hauler WASTE MANAGEMENT	Н	NJDEP Waste Hauler ID No. 1125 Cubic Yards of Waste GROWS NO						egistered Landfill NORTH	10.00 to 10						
City, State ELIZABETH, NJ	'	Disposal Date City,						, State DRRISVILLE, PA							
Completed by	Title					ignature	1		. Dat	e //	,	,			
CAROL RAIMO	OFFI	CE N	IANAG	ER			Marl	RN	ima	1/3	30/	18	?		

Print Form

Chase			NOT		ATIO) ursuai	THONLY	BES C 8	105 ABAT 60 and 5:10	6)			<u> </u>						
Date of Notification (1) 01 /	30 /	18	_			of Buildin		ner/Operator (a	2)		JAN	V 3	1 2	:018	-	ש		
Agencies Notified ⊠ EPA	Type Notifica ☑ Initial	ation				t Address Third A	venu	ue 12 th Floor			ASBEST	TOS (&			
☑ DOLWD ☑ DHSS	Amended Amendme				City,	State, Zip												
□ DCA	☐ Emergen		cludina		Ne	w York, N	NY 10	0017										
(NJAC 5:23-8)	justification	on)	J		Name	of Contac	ct			Te	enhone N	lumhe	ar .					
	☐ Cancellat	ion			Dir	o Nappi												
					FA	CILITY IN	NFOF	RMATION		1255								
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	y (4)			5-11-10					
Bank of America				Lane					School (K-1			< 40\						
Street Address									☐ Subchapter ☑ Other (i.e.,				ial bu	ildina	S.			
639 Route 18			140 page 11 mg						homes, etc	.)								
City (5)									Square Feet	#	of Floors		Blo	dg. Ag	е			
East Brunswick									10,000		1		- 1 3	30				
County (6)	Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (F	Prior if	being der	nolish	ed)									
Middlesx					ASCM							-						
	ne of Monitoring Firm Hired by Building Owner (8)								ent Contractor (9	9)								
	v York Environmetal							VN Restora	tion Inc									
Street Address								eet Address										
88 Harbor Road							47 Foster Road											
City, State, Zip Code Port Washington, N		5 - 6	y, State, Zip Co Staten Island															
Project Manager for Monit		_		Tal	ephone	No	100	ephone No.	1 10 10 30 9	Ti	oonoo Na			-				
Mike Baudo	omig i iiii				16-944		25000	18-605-6256	i		icense No 00774	٥.						
Start Date (10)	33700	Schedu	uled C	ompl	etion Da	ite (11)	Nai	me of OSHA N	lonitor									
02 /10 / .				2000	5 /	18	Т	estor Tech										
Occupancy Status During			0.5				Stre	eet Address					-11/100					
Facility Closed/Vacated							1	0 59 Jackso	n Avenue									
Abatement Performed Time of Abatement: Sa							155	y, State, Zip Co										
AM					, , , , , , , , , , , , , , , , , , ,		L	IC, NY 1110	1									
Scope of Work (Check all	that apply)							⊠ Full Cont	tainment with Ne	anative	Droceur	0						
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enc	losure	syative	riessuit	C						
≥160 sf or ≥260 lf			☐ De	molit	ion				g Procedure mpted (*) and N	lon Eri	able Proc	edure						
		T	ls	Loca	ation	T		□ IAOII-EXE	inpled () and is	1011-111	able F100	edule		otomo	nt Ti	vno.		
Location	of		١	Norm	ally			Description of	of				-	ateme				
Asbestos-Containing N		1)			lely by ance/			Containing Ma			Amount		Remova	Repair	inca	Enclosure		
TO BE ABAT IN Facility				todia	Staff?	(1.6		ermal systems surfacing, VAT			(Specify SF or LF		lova	을	sde	uso		
(13)		-		(12	100000	4		her miscellane			0. 0. 2.	,	=		Encapsulate	ē		
			Yes	No	N/A										(D			
ATM Storage Room											100 SF							
				\boxtimes														
Name of Registered Wast	e Hauler				NJDEP			oic Yards of	Name of Reg	Name of Registered Landfill								
Newark Carting	Hauler I NJ-5	The Contraction of the Contracti	Waste IESI															
City, State							Disposal Date City, State											
Newark, NJ							0	2/14/18	Bethelhe	helhem, PA								
Completed By (Print or Ty	pe)	Title					Signature Date					9.00	- The	100				
Ralph Barnhardt	Project Manager						Milh / 1000 01-30					5-2	013	6				