Ch # 3230

Date of Notification (1)					Nam	e of Buildir	na O	wner/Operator	(2)	1		OHERES - 00		-	D 6	
6 /	29 /	17			Contract of the Contract of th			. Board of Ed	7.05	n	一個	G			\mathbb{W}	E
Agencies Notified	Type Notific					et Address		. 20010 01 20			1					
☐ EPA		oution						Road East			1	11.11		0	1047	
□ DOLWD	☐ Amende	365			_	State, Zip					4	بالال		0 8	2017	
☐ DHSS	Amenda			-		olumbus,										
DCA (NJAC 5:23-8)	☐ Emerge justificat		cludin	g		e of Contac		00022		- alon	ASE	EST	08	100	ITRO	21.8
(10/10/0.20/0)	Cancella				100000000000000000000000000000000000000	ed Knaak	200			eleb	mone	Νυmb	er	IS!	G_	
								RMATION		!			-		***	
Name of Facility Where	Abatement is	Taking	Place	e (3)		COLLIT I		MATION	Type of Facility (4	1		-				
John Hydock Elem									School (K-12))						
Street Address									Subchapter 8							
19 Locust Avenue									Other (i.e., priv homes, etc.)	te a	nd co	mmer	ial b	uildin	gs,	
City (5)									Square Feet	# of	Floors		T D	dg. A		
Columbus, NJ 080	22								Oquale Feet	7 01	11001	5	В	uy. r	vge	
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Prio	be	ing de	molish	ed)			
Burlington									School							
Name of Monitoring Firm		lding C)wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)							
TTI Environmental	Inc.						I	BRISTOL EN	VIRONMENTAL,	NC.						
Street Address							Str	reet Address			110			11.675-1		
1253 N Church St.							1	1123 BEAVE	R STREET							
City, State, Zip Code							Cit	y, State, Zip Co	ode							
	Moorestown						E	BRISTOL, PA	19007							
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Те	lephone No.		ice	nse N	0.				
Jim Guilardi				8	56-840	0088-0	2	215-788-6040	1	00	509					
Start Date (10)				100		ate (11)	Na	me of OSHA N	1onitor							-
//					1_/	17	E	BRISTOL EN	VIRONMENTAL,	NC.						
Occupancy Status During							Str	eet Address								
☐ Facility Closed/Vacate	ed During Enti	ire Per	iod of	Abate	ment		1	1123 BEAVER	R STREET							
Abatement Performed	d Outside of N	ormal I	Facility	y Hou	rs - Des	scribe	Cit	y, State, Zip Co	ode							
Time of Abatement: 7		PIVI/	—P	VI	AIVI		E	BRISTOL, PA	19007							
Scope of Work (Check al	I that apply)								5 50 50 60% NOS							
≥3 sf or ≥3 If			⊠ Re	novat	ion			☐ Full Cont	ainment with Negat	i e Pr	essur	e				
≥160 sf or ≥260 lf			☐ De	moliti	on				Procedure							
								Non-Exer	mpted (*) and Non-	iable	e Proc	cedure				
Location	of			Loca: Norma				D					Ab	atem	ent T	уре
Asbestos-Containing		A)	Use	d Sole	ely by	Asbe	stos	Description of Containing Mar		Ar	nount		Re	Re	Ē	En
TO BE ABA				intena	ince/ Staff?	(i.e	., the	ermal systems i	nsulation,	(S	pecify		Remova	Repair	cap	Enclosure
(13)	ty		Ouoi	(12)	Otan:			surfacing, VAT, her miscellaned		SF	or LF)	<u>a</u>		Encapsulate	ure
			Yes	No	N/A		0.	TOT THIS GONGTIC	543)						te	
Janitor's closet			\boxtimes			Pipe fiit	ings			3	LF		\boxtimes			
Gymnasium	\boxtimes		Pipe fitt	tings	S		- 4	LF					П			
Gymnasium Foyer						Floor til	le ar	nd mastic		2	5 SF		П			
			П	П									_] [
Name of Registered Was	te Hauler				JDEP \	Naste I	Cub	oic Yards of	Name of Register	c 41 -	ndfill				Ш	П
						O No.	Was		MINERVA LA							
City, State							Disp	posal Date	City, State						TEST TO	_
NEW CASTLE, DE 19720									WAYNESBU	3.0)H 44	1688				
Completed By (Print or Type) Title								Signature	PO 11 200 X 11 200 X	-		Date				
Brian Scafiro	timat	or				Brian	Scalino/	n	2			29	-1-	7		

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m 244	183716	87'	(P	ICATION ursuant	tate of Nev N OF ASBI to NJAC	ESTOS 8:60 an	ABATE d 12:120	0)	Т	Samuel Sa) E	C				
Date of Notification (1) 06/27/17		/			of Building ia McCa		Operator	(2)		Janes .		JÜL .	- 6	20	117	
Agencies Notified	Type Notification			Street A	Address						ASBI	ESTOS	S C	TNC	ROL	_&
× EPA × DEP × DOL	Initial Amended Amendment	#			ate, Zip Co vood , N		75					LICE	NS.	NG		
ĭ DOH	Emergency justification)	(including			of Contact	0 01 01				Ti	elephone	e Numbe	er			
	Cancellation			FAC	ILITY INFO	DRMAT	ION		-	\perp	-					
Name of Facility Where Patricia McCarthy	Abatement is Takin	g Place (3	3)					Тур	e of Facility School (K-	3.3.						
Street Address								×	Subchapte Other (i.e. etc.)	r 8 (C	her than & comr	K-12) nercial b	ouildi	ngs,	home	es,
City (5) Westwood								Squ	iare Feet	#	of Floors	3	Blo	lg. A	ge	
County (6) Bergen County					Code (7) USE ONLY)			Cur	rent Use (Pr	ior if t	eing den	nolished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				ement Se			lutions				
Street Address							Street 8600	50.00	ress wkirk Ave							
City, State, Zip Code									Zip Code ergen, NJ	0704	7				*****	
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Teleph	none				ise No. 23	7-1-1-	33180		
Start Date (10) 07/07/17		Schedule 07/21/		npletion	Date (11)				SHA Monitor		IG LLC					
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street			T CI	ITC 40	7				
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	tate,	Zip Code NJ 07083		IIE II) /				
Scope of Work (Check A	II That Apply)	-						-								\neg
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoliti				×	M G	ull Containm lini-Enclosur Blovebag Pro Ion-Exempte	e cedur	1				_	
			Locati						ion-Exemple		id Non-	r nable i			ment	
Location Asbestos-Containing TO BE AB, In Facil (13)	d Sole intenar todial S (12)	ly by nce/		tos Con thermal surfa	scription taining M systems cing, VA niscellar	Materi s insu T, or			Amount (Specify F or LF)		Removal	Repair	Encapsulate	Enclosure		
basemo	No	N/A		No.	VAT			1	200 SI				te			
Daselli	GIII.						VAI				200 31	F				
Name of Registered Was	ste Hauler		l N	JDEP W	Vaste	Cubic	Yards		Name of	Regi	tered La	ndfill				
NEWARK CARTING	Н	auler ID 4509		of Wa			WAST				GF	NOS	/S N	l.		
City, State HILLSIDE, NJ						Dispo	sal Date		City, Sta MORR		LE PA					
Completed by Bryan Parra		ect Ma	anager		S	Signature	14	runn	Va	Vim	Date 06/2	7/17	7			

CIFECK# 2339

Date of Notification (1) 6/26/2017					of Building aic Coun			(2) y College		M	E C	, [W	E
Agencies Notified X EPA DEP	Type Notification			Street A	Address ege Bou	ılevard			5)		ji		- F	201	7
➤ DEP ➤ DOL	Amended Amendmen		_		ate, Zip Co son, NJ				- Company						
DOH DCA	Emergency justification) Cancellation				of Contact rian Ega	n, AVF	P Facili	ties	1.7	elephor	ie Ni in	har	17:0	NIH	OL 8
Name of Facility Where	Ahatement is Takir	ng Place (2	1	FAC	ILITY INF	ORMAT	ION	T	- (4)						
Residential	Abatement is Takii	ig Flace (3)					Type of Facili							
Street Address								School (I Subchap Other (i.e etc.)	ter 8 (C				dings	, hom	es,
City (5) Passaic								Square Feet 2,000	# 2	of Floor	'S		Bldg. A	\ge	
County (6) Passaic				County (STATE	Code (7) USE ONLY)		Current Use (I Residential		ing de	molish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Sky	of Abatement (Contracting,		ır (9)					
Street Address							1385	Address Valley Road	d, Suit	١K					
City, State, Zip Code								tate, Zip Code ne, New Jers	sey 07	170					
Project Manager for Mon	itoring Firm			Telepho	ne No.			one No. 928-5040		Lice 008	nse No 74				
Start Date (10) 7/6/2017		7/16/20	17	npletion	Date (11)			of OSHA Monit Contracting,	Maria Constant						
Occupancy Status During							100000000000000000000000000000000000000	Address	1 Cit	V				-01-	
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norn	Period of Anal Facility	batem Hours	ent			City, S	Valley Road tate, Zip Code ne, New Jers							
Scope of Work (Check A	II That Apply)						vvayi	ie, ivew sers	sey or	170	ZATI JA		_		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		The same of the sa	enova emolit				×	Full Contain Mini-Enclos Glovebag P Non-Exemp	ure rocedur	1					
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Location			lormali d Sole				scription						Ту	pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai	ntenar odial S (12)	rice/ staff?		thermal surface				Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
See attac	No	N/A						-		Х		· ·			
Name of Registered Was	to Hauder		N1	IDED V	lasta	0	Vast-				15"				
Service Transport Gr			Н	JDEP W auler ID 1990		Oubic of Was 10		100000000000000000000000000000000000000		ered La		C			
City, State New Castle, Delawar	re					Dispos TBD	al Date	City, St Wayn		, Ohio)				
Completed by Predrag Sarcev	dent		-	ignature	<u></u>	CO	poli,	Date	6/20)17					

1	Vormall	у	Description of						t
Ma	intenar	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Remov	Repair	Encapsu	Enclosu
Yes	No	N/A				<u>a</u>	8	ate	ře
	Х		Pipe Insulation	1/2	85 LF	X			
	X		Window Glazing	-	25 LF	X			
	X		Wall - Plaster Patch	-	5 SF	X			
	X		Floor Tiles/Floor Sheeting	+	950 SF	X			-
	X			-					
	Х		Roofing Cement/Flashing	-	15 SF	X			
	Use Ma Cus	Normali Used Solel Maintenar Custodial S (12) Yes No X X X X	Yes No N/A X X X X X X	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X Pipe Insulation X Window Glazing X Wall - Plaster Patch X Roof Pitch Pockets	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X Pipe Insulation X Window Glazing X Wall - Plaster Patch X Roof Pitch Pockets	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X Pipe Insulation X Window Glazing X Wall - Plaster Patch X Roof Pitch Pockets X Roof Pitch Pockets No N/A Description of Asbestos Containing Material (ACM) (Specify SF or LF) Amount (Specify SF or LF) Amount (Specify SF or LF) Amount (Specify SF or LF)	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X Pipe Insulation X Window Glazing X Wall - Plaster Patch X Roof Pitch Pockets X Roof Pitch Pockets Amount (Specify SF or LF) X SF or LF X Roof Pitch Pockets	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X Pipe Insulation X Window Glazing X Wall - Plaster Patch X Roof Pitch Pockets X Roof Pitch Pockets T) Amount (Specify SF or LF) SF or LF) Amount (Specify SF or LF) SF or LF) Amount (Specify SF or LF) Amount	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X Pipe Insulation X Window Glazing X Wall - Plaster Patch X Roof Pitch Pockets Type Amount (Specify SF or LF) Amount (Specify SF or



CK# 3189	NC	TIFICATIO	State of New Jers IN OF ASBESTOS It to NJAC 8:60 at	BABATE) EC		\mathbb{V}	E	
Date of Notification (1) Agencies Notified Type Notification Agencies Notified Type Notification EPA Initial Amended Amendmen Emergency justification	t# (including	Name Street City, St	of Building Owner	'Operator	1(2) ak med	ASBESTOS LIGE Telephone N	NSIA	!G	CAP DL &	
DCA Cancellatio	n	FAC	NGK SLITY INFORMAT	TON	17. 68 11.	·			· · · · · · · · · · · · · · · · · · ·	
M. LUDS ZC Zak Mar Street Address 1420 Moetinghwse (hanical CC	(s)tra	ctos pigp	erty	Other (i.e. p) I (Other than K- ivate & commen	cial bu			165,
County (6) My Murth			Code (7)	and it to an any angular and any any and any any and any any and any	4	# of Floors		Bidg.		
Name of Monitoring Firm Hired by Building Street Address	Owner (8)	ASC	M No.	Ace	of Abatement Cor Insulation Co., Address					
City, State, Zip Code				95 M City, Si	Iontrose Rd late, Zip Code Neck, New Je				001-111-10-00	The state of the s
Project Manager for Monitoring Firm Start Date (10)	Scheduled (Telepho Completion		Teleph 732 2	one No. 294 1757 of OSHA Monitor	License II 00029	Vo.			1,1
Occupancy Status During Abatement (Chec	k Only One)	iement			Address	-				Action to part the part part in the
Abatement Performed Outside of Norn	ial Facility Ho	urs		City, St	ate, Zip Code	-				The state of the s
⊇3 sf or ≥3 if ≥160 sf or ≥260 if		vation olition	ę		Mini-Enclosure Glovebag Proc				·e	december of the control of the contr
Location of Asbestos-Containing Material (ACM)	Is Lot Nom Used S	nally		scription					pe /pe	1 10 10 10 10 10 10 10 10 10 10 10 10 10
TO BE ABATED In Facility (13)	Mainte Custodia (12	nance/ ol Staff? ?)			insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
becernint	Yes No	A NA	Piper	27CQ		HULF	X		Ø	The same of the sa
		100	1 1							10.00
Name of Registered Waste Hauler Ace Insulation Co., Inc.	-drives	NJDEP W Hauler ID 12086			Name of R	gistered Landfill 2) \$ ndfill	- Contraction of the Contraction	design and the state of		And the State of t
City, State Colts Neck, New Jersey			Dispos	1811	City, State Easton	PA				* Pochality or place
Completed by Bree McGuire	Title Secretar	y Treasu		gnature	sul '	Da	te /		L_	the state of the s

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CK# 312	14	NOT	IFICATIO (Pursuar	ON OF A at to MJ/	SBESTO: AC 8:60 a	5 ABATE nd 12:12	ment 0)) EC	E			
Date of Notification (1)			Name	of Buildi	ng Owner	/Operator	r (2)	larer	{ 				#
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Agendies Notified Type Notification	m		Street	Address	<u> </u>		2011	34	L JUL		2.0	11	- Loon
EPA Initial			15	1	CLOC	55	(orners	3	-40		C Tempo image to	-	
□ Amended			City, S	tate, Zip	Code)	- VOIIV:	1	ASSEST	98 C	THO	ROL	8
DOL Amendme		~	100	1 te	10	dra	meah	E	7-3	TEN S	779		
DOH justificatio		y	Name	of Confa	ict		V. J.	+1	T-1 -			-	
☐ DCA ☐ Cancellati	on		•	1950	2								
Name of Equilibria Mineral St. 4			FAC	CILITY IN	IFORMAT	TON		2	,	~~			
Name of Facility Where Abatement is Tak	ing Place	(3)					Type of Facili	ly (+)			-	-	
Street Address	}						School ((-1:)					
11000 11 1	0		١			1	Subchap	ter (Other than K-	12)	74.47		
City (5)	RIC	0	<u> </u>				etc.)	s. pr ve	ite & comme	iciai bi	araing	s, non	nes,
Tillos Cool A						with date	Square Feet		# of Floors	T	Bidg.	Age	-
County (6)						- Cana	3500	Ì	/	1	5	TH	
(10:00)			County (STATE	Code (7	(Y)		Current Use (Prio if	being demoli	ished)			
Name of Monitoring Firm Hired by Building	0	>5					HU106	201	492				
The or monthly ruth ruled by building	y Owner (8)	ASC	M No.			of Abatement (-	
Street Address			-			Ace	Insulation Co	o., n	5				
Olice Aggless						1	Address						
City, State, Zip Code						Ī	ontrose Rd						
							ate, Zip Code						
Project Manager for Monitoring Firm			Telepho	- RF-			Neck, New	Jel 36	У				
,		100	respire	HE FED.		Telepha			License	No.			
Start Qate (10)	Schedul	led Co	mpletion	Data (4)			194 1757		00029				
Higher	7	7	mpraeon	Date (1	1)	Mams (of OSHA Monito	37					
Occupancy Status During Abatement (Che	ck Only O	nel	<u> </u>			Ctrant /	2 42						
Programme			[5] (8)(4)(8)(2)(7)			Onest 1	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	nal Facilih	Abater v Houe	nent s			City Ct							
Other - Describe: 1Am - 3	2m					City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
[] ≥3 sf or ≥3 F	1 1 5	Renova	etieure.			-							
≥160 sf or ≥260 lf	风	temolii	ion				Full Contains Mini-Enclosu	nen w	ith Negative	Pressi	re		
	V						Glovebag Pro	oce u	e				
	1			1			Non-Exempt	ed () :	and Non-Fria	ble Pro			
		Locat Vormal		2								emen	Ĩ
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Ach-		scription o		1			1	ype T	Ŧ
TO BE ABATED		intena Iodiai S		(i.e	thermal	svstems i	iterial (ACM) insulation,	Tourse of the same	Amount (Specify	29	1	19	int
In Facility (13)	Cusi	(12)	Stant?		surfac	ing, VAT,	. 07		SF or LF)	Removal	Repair	Encapsulate	Enclosure
1.02	1		1		otner m	iscellane	ous)			levc	el.	Sula	SUN
	Yes	No	N/A							į	1	5	100
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Name of Degister 111	The state of the s		1							1	•		
Name of Registered Waste Hauter		- 2	JDEP Wa		Cubic Y		Name of	Re is	tered Landfill	-	I	لـــــا	
Ace Insulation Co., Inc.			2086		or was	20	Chrins	La 10	ifill				
City, State					Dispos	1 Date 1	City, Stat	6					
Colts Neck, New Jersey					7	117/	Easton		A				Pro tanks
Completed by	Title				l Sic	mature—	1	f	Da	to i			
Bree McGuire	Secre	tary T	Treasur	er	The same		BIN		100	71.	11-		4
							JULY-			#11	1+		l
ASB-41 (R-06-08)						Do not u	ise this form for	as es	tos licensure	exem	pted :	activári	ies
								1000000					~~.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

NOTIFICATION OF ASBEST (Pursuant to NJAC 8:60											11/	A 101	9			
D-4-	EN-NG V	(4)						10 12.	.1201	(1	+ 111	1			
(S. 1917)	f Notification	(1)					Owner/Operator (2)			Too	- E		7.77	P	[e	7
6/27	ies Notified	Type Notific					d of Education				1	E C E	W	4	IT	111
X					7.75	Address	1: 4				11	A CONTRACTOR OF THE PARTY OF TH	-			111
100000	EPA		nitial			artholo					2/				11	
	DEP	200.00	mended		18.00	ate, Zip Co				- Aller	1	JUL - 6	2017	i	1	41
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1027	2011		mergency (including			of Contact				Telenhon	Number	•				
X	DOH	100	stification)		Barb	ara Mu	ırphy				V.E.	BESIOS CON	TRO	1 8		1
X	DCA	□ c	ancelation								AO	LIGENSIN	16			
Name	of Engility M/h	Ab-t	nt is Taking Place (3)			F.F	CILITY INFORMAT					Estimated the second			- section - sect	-
	ard Butle		nt is Taking Place (3)					Туре	of Facility (4)	-		*				
	Contract Con	3011001						X	School (K-12	2)						
	Address								Subchapter	8 (Other	han K-	12)				
3 Pe	arl Place								Other (i.e. p	rivate &	omme	rcial buildings, hor	nes, et	c.)		
City (5)								_				1		-111		
Butle								Squa	re Feet	# of Floor:		Bldg. Age				
								22,0	000+	1		50+ yrs				
County	(6)						Code (7)		ent Use (Prior if be	ing demoli:	red)					
Mori	V-10-0-1					STATE	USE ONLY)	Sch	ool							
			y Building Owner (8)				ASCM No.	Name	e of Abatement Co	ontractor (9						_
Envir	ovision C	onsultan	its, LLC				00079	Uni	corn Contra	cting Co	rn					
Street	Address						1000.0		t Address	cting ct	р.			-		_
20-2	1 Wagara	w Rd R	lda 35-F						Willow Way							
20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code								-	and the second second		-				_	_
	Lawn, NJ	07/10							State, Zip Code							
								_	odland Park	, NJ 07	24					
	Manager fo N		rm			Telepho		Telep	hone No.			License No.				
	erick Lars	on				973-6	36-9145	973	-333-9176			01331				
	ate (10)				Schedul	ed Compl	etion Date (11)	Name	of OSHA Monitor							
7/3/:	17				7/11/	17		Env	irovision Co	nsultan	s, Inc.					
Occupa	ncy Status Du	ring Abatem	ent (Check Only One)		-			_	t Address		-					
X	Facility Clo	osed/Vaca	ted During Entire Perio	d of Ab	atemen	t		20-	21 Wagaraw	Rd Bl	g 35.	.F				
			ed Outside of Normal I			-			State, Zip Code	1101, 01	6.00					_
	Other - De		ea oatside of Norman	acinty	iours			100		7410						
	f Work (Check		nly)					raii	Lawn, NJ 0	7410	N _e				_	_
			~11		-	7620	20	II <u>essa</u> y								
	≥3 sf or ≥3				X	Renova		×	Full Contains	ment wit	Negat	ive Pressure				
X	≥160 sf or	≥260 If				Demoli	ition		Mini-Enclosu	ıre						
									Glovebag Pro	ocedure						
									Non-Exempt	ed (*) an	Non-F	riable Procedure				
					Is Locatio								Al	oaten		
		Location			Normaliy			Des	cription of				-	Тур	e T	_
	Asbestos		Material (ACM)	1 33	ed Solely aintenand	1			aining Material (A			Amount				
		TO BE ABA In Facilit	A CONTRACTOR OF THE PARTY OF TH	1000	stodial St	10000	(i.e. ti		systems insulation	n,		(Specity		1	5	
		(13)	· y	1000	(12)	1001			cing, VAT, or niscellaneous)			SF or LF)	Re .	. 1	ncanculate	Enclosure
Yes						N/A		other ii	mocenaricous				Removal			osur
BOILER ROOM XXX						14/14	Dine Insulation 6		11	and the same	-	27615		-	0	e l
BOILER ROOM XXX							Pipe Insulation, f				etc.	276 LF	XX	+	\dashv	\dashv
SOILER ROOM						Breed	ning/	Duct Insulati	on		140 SF	XX	1	4	\dashv	
lame of Registered Waste Hauler NJDEP Waste Hauler ID No						er ID No.	Cubic	Yards of Waste			Name of Regustered	.andfill				
Unicorn Contracting Corp. 0035844					344		20+				Fairless Hills La	andfill				
ity, State							Dispos	sal Date		10	City, State				\neg	
Noodland Park, New Jersey						TBD	after a)	1	Mørrisylle, PA						
ompleted by Title							Signatyfe/	1	1	111	Date		_	\neg		
							11/11	NI	11		6/27	/17				
Dimo Golcev General Manager						XIX	1	1		0/2/	/ 1/					

CK5710			ICATIO		w Jersey BESTOS ABAT 8:60 and 12:1		ΙΥ	Summer of Louising)[[G [₩_	ring
Date of Notification (1) 6/27/17					Owner/Operato Construction	or (2)				نـــــال	<u>- b</u>	2017	1
Agencies Notified Type Notification EPA X Initial	1			Address East Co	unty Line Ro	ad			ASBES	STOS			DL &
DEP Amended Amendmer	nt #			ate, Zip C vood, N					10				-
□ Emergency justification □ DCA □ Cancellation)	3	Name of Shlore	of Contact				Ti	elephone N	lumbe			
			FAC	ILITY INF	ORMATION								
Name of Facility Where Abatement is Taki 201 East 4th St Lakewood	ng Place (3)				Typ	oe of Facility (4 School (K-12						
Street Address 201 East 4th St						×	Subchapter of Other (i.e. pretc.)	8 (C			uilding	s, hom	ies,
City (5) Lakewood						Squ	uare Feet	#	of Floors		Bldg.	Age	
County (6) Ocean		Andrews Constitution		Code (7) USE ONLY)	Cur	rent Use (Prio	rift	sing demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.			batement Cont AD PROFES						
Street Address						t Addi HITE	ress E DOVE CO	UF	ī				
City, State, Zip Code							Zip Code DOD, NJ 08	70					
Project Manager for Monitoring Firm	***************************************		Telepho	ne No.	14	hone -668-	No. -9078		License 1200	No.			
Start Date (10) 7/7/17	Schedul 7/10/1		mpletion	Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SHA Monitor	SSI	DNALS				
Occupancy Status During Abatement (Che	ck Only O	ne)				t Addi		-					
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of mal Facility	Abaten y Hour	nent s		City,	State,	Zip Code DOD, NJ 08		<u></u>	-			
Scope of Work (Check All That Apply)	wr.				LA		JOD, 140 00				Seeller		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	AMERICAN CO.	Renova Demolii			Constitute Bases Bases	l N	ull Containmen dini-Enclosure Blovebag Proce Ion-Exempted	edur	2			ıre	
	ls	s Locat	ion						2.		Aba	temer	it
Location of		Normal ed Sole			Descriptio					-		уре	T
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	intena itodial ((12)	nce/ Staff?	Asbes (i.e.	tos Containing thermal system surfacing, V other miscella	ns inst AT, or	ulation,		Amount Specify F or LF)	Kemoval	Repair	Encapsulate	Enclosure	
INTERIOR	Yes	No	N/A		Floor Ti	l o			00.05	-		0	
	-	-0.01	-						00 SF	X	4	-	-
EXTERIOR					Siding				500 SF	X			
Name of Registered Waste Hauler			JDEP W	laste	Cubic Yards		Name of D	eak	ered Landf	SII .			
NEWARK CARTING	No.	of Waste		IESI	eyit	Gred Landi	1/1						
City, State NEWARK, NJ		Disposal Date 7/10/17		City, State BETHLE	HE	VI PA							
Completed by		Signatur	е				ate						

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Date of Notification (1) 06-29-2017					f Building Owner/0 Gundlah	Operator	(2)		H) L -	- 6	2017	1
Agencies Notified	Type Notification			Street A	ddress				ASBES	TOS	CO	VTR	OL (
× EPA × DEP × DOL	X Initial ☐ Amended Amendment				ate, Zip Code nus NJ 07652			1,			NSIN		-
DOH DCA	Emergency (justification) Cancellation	inciuaing			f Contact Gundlah			T	Telephone Nu	mher			
				FACI	LITY INFORMATI	ION		-			-	-	_
Name of Facility Where	Abatement is Taking	g Place (3)				Type of Facility	(4)					
Private Dwelling							School (K-	12)					
Street Address							Subchapte	r8 ()ther than K-1				
							Other (i.e. etc.)	priva	e & commerci	al bui	ldings,	hom	es,
City (5)							Square Feet	-	f of Floors	T	Bldg. A	ge	
Paramus NJ 07652							n/a		V/A	1	N/A		
County (6)				County	Current Use (Pr	ior if	being demolish	ned)					
Bergen				(STATE	USE ONLY)		Private Dwe	lling	Land the second				
Name of Monitoring Firm	Hired by Building C	Owner (8)	ASCN	/I No.	Name	of Abatement Co	ntra	tor (9)				
Standard Environm	ental					Ama	x Contracting	LL(
Street Address						Street	Address	10-10-				- 11-73	
2108 Fulton Street,	Suite 2A					POE	3OX 734						
City, State, Zip Code				7		City, S	tate, Zip Code						-
Brooklyn NY 11233	1					Woo	dland Park N.	J 07	124				
Project Manager for Mon	itoring Firm			Telepho	ne No.	Teleph	one No.		License N	lo.			
Kayode Adefisoye				347-24	41-7673	973-	692-6298		01266				
Start Date (10)		Schedul	ed Cor	npletion	Date (11)	Name	of OSHA Monitor						
07-08-2017		07-15-	-2017			Ama	x Contracting	LL(
Occupancy Status During	g Abatement (Check	k Only O	ne)			Street	Address	_					
Facility Closed/Vaca	ated During Entire F	eriod of	Abaten	nent		POE	3OX 734						
Abatement Perform	ed Outside of Norm	al Facilit	y Hours	5		City, S	tate, Zip Code						
Other - Describe: _						Woo	dland Park N.	J 07	124				
Scope of Work (Check A	ll That Apply)												
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Location	of	1	Normal	ly	De	scription	of				Ту	ре	
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TO BE ABA			todial S		(i.e. thermal	systems cing, VA			(Specify SF or LF)	Ren	Re	ncar	ncl
(13)			(12)			niscellan			J. J. L.	Remova	Repair	Encapsulate	Enclosure
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Baseme	SLIF			X	Pipe	Insula	lion		120 LF	X			
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Name of Registered Waste Hauler		NJDEP Waste	Cubic Yards	Name of Reg stered	l Landfill
Amax Contracting LLC		Hauler ID No. 0036184	of Waste 3 cy	Fairless H Is	
City, State			Disposal Date //	City, State	
Noodland Park NJ 07424			07-22-1017 //	Morrisville PA	
Completed by Tome Maslatrkov	Title Projec	ct Manager	Signature	2	Date 06-29-2017

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CK# 3188			CATION	ate of New Jers I OF ASBESTO to NJAC 8:60 a	S ABATE			D	EG] W	E	
Date of Notification (1)			Name of	Building Owner	/Operator	(2)				- 6	201	7	II
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Agencies Notified Type Notification		BO CAPORA	Street A	ddress		r	0 _	Bearing Control			0.17	201	0
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DEP Amended	ž.	de Company		te, Zip Code		, ,		2 (787	/ La 1 (C	11160	-	
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DOH justification)		8	ivame of	f Contact \ なひつつ				i le	lenkana Nii	nner		-20	•
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Name of Facility Where Abatement is Taking	Place (3)	0 54551	THE G TAGE CONSESSES.	12014	Туре о	f Facility (4	P					
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Street Address						☐ St	ubchapter	(Olh	er than K-12				
1130-1136 South A	we !	عزر	2) +				lher (i.e. p: c.)	vate	& commerci	al buik	iings,	home	S,
City (5)		·				Square		1#0	f Floors	18	ldg. A	ge	-
Westteld						Sa		and the same of th	2		001	_	
County (6)			County C	Code (7) USE ONLY)		1 1			ing demolish	ned)			
Union							ner hos						
Name of Monitoring Firm Hired by Building (huner (8))	ASCN	No.	1		ment Con		r (9) ^x				
01			<u> </u>		1		ion Co.,	nc					
Sireet Address						Address							and the same of th
City, State, Zip Code						itate, Zip							
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Project Manager for Monitoring Firm		Taple 2	Telephor	ie No.	Telept	ione No.			License N	D.			
		ĺ			732	294 17	57		00029				7
Start Date (10)	Schedul	ed Cq	mpletion l	Date (11)	Name	of OSH/	A Monitor						
1/8/17	71	4	17		-			-					
Occupancy Status During Abatement (Check	Only Or	ne)			Street	Address	i						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm					07.0	N /	<u> </u>						
Other – Describe: 1AM		יוטטוי			City, S	state, Zip	Code						
Scope of Work (Check All That Apply)	J				_1								_
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≥ 25 st 01 ≥ 5 ft ≥ 160 sf or ≥ 260 ft	2000 Page 1	Jemoli Jemoli			jus Lee	Mini-	Enclosure		r isedense t	Frabu			1000
	4				k	J Glove	ebag Proc	dure (*) an	d Non-Friab	le Pro	redur	A	
	1 40	Local	ion		399	14011	ZXGITIPICO	Laboration		1		ement	
Location of	-	Norma	lly	17	ascription	ากร์	91				Ty	pe	
Asbestos-Containing Material (ACM)		ed Sole intena		Asbestos Co	ntaining A	faterial (P	mount	2	-	m	
TO BE ABATED In Facility	7	todial	10.00 T. 10.00 \$	(i.e. therm	al system acing, VA		on,		Specify For LF)	Ren	70	lcar	nol
(13)	- Alexandra	(12)			miscellar		1	C,	0, 2, /	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		3	lauler ID	집에 가장하다 그 얼마 얼마나 있다.		1 9		1 185					1
Ace Insulation Co., Inc.		1	2086		<i>it</i>		Chrins t	andi	111				
City, State				Disp	sal Date		City, State	531	1				TO SEE A SOUR
Colts Neck, New Jersey Completed by	Title			<u>i</u> †	114	1 1	Easton	11	1 55-	lo.			
Bree McGuire	rer	Signature	Å			Da	1/2	sli	7	District Bloom			
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Date of Notification (1) 6-28-2017				f Building Owner Camden	er/Operato	or (2)			1111	_ 6	5 20	17	1000	
Agencies Notified Type Notifica	tion		Street A 520 M	ddress arket Street			Leef ho		JUL		20	1 /		
DEP Amende Amende	ment #			ite, Zip Code en, NJ 0810	1			SB	ESTO LIC		ONT	ROL	&	
DOH justifica Cancell		100		f Contact w Ricco			mail .	Tel	ephone	e Num	ber			
N	Disse Disse (0		FACI	LITY INFORMA	ATION	I T	of Facility (4)		×.					
Name of Facility Where Abatement is 1 Vacant Structure	aking Place (3)		-			of Facility (4)							
Street Address						TIT :	School (K-12 Subchapter 8	Oth						
447-449 Kaighn Avenue						E-1	Other (i.e. prietc.)		& comr			ings, dg. A		s,
City (5) Camden							re Feet					ug. A	ge	
County (6) Camden				Code (7) USE ONLY)		Vac	ent Use (Prior ant	be	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Build	ding Owner (8)		ASCN	/I No.			tement Cont struction (
Street Address	****				100000000000000000000000000000000000000	t Addres Creek	ss Road							
City, State, Zip Code							ip Code NJ 08031							
Project Manager for Monitoring Firm		1	Telepho	ne No.	A COLORADO	hone N .466.6			Licer 013	nse No 39	0.			
Start Date (10) ASAP	Schedule 8-25-2		pletion	Date (11)		e of OSI	HA Monitor							
Occupancy Status During Abatement (Linearing	t Addres	ss Road							
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:	ntire Period of A Normal Facility	Abatem Hours	ent		City,	State, Z	ip Code NJ 08031							
Scope of Work (Check All That Apply)							ž							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renoval Demoliti				Mir Glo	Il Containment ni-Enclosure ovebag Proce n-Exempted	ure					9	
	Is	Locati	on				II Exempted	1 / 41	10 11011	11100	_	Abate	ment	
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	M) Use	Normall d Solel intenar todial S (12)	ly ly by nce/	Asbestos C (i.e. then su	Description ontaining mal system of the contraction	Materia ns insula AT, or	ation,	(Amount Specify F or LF	,	Removal	Ty	e Encapsulate	Enclosure
	Yes	No	N/A			IV.							Φ	
			-							*********				
Name of Registered Waste Hauler		100000	JDEP W		bic Yards Waste		Name of R							100
Ricco Construction Corp			3909		TBD sposal Dat	re.	G.R.O.V		North	Lan	dfill			
City, State Bellmawr, NJ					TBD		Morrisvii		PA	-				
Completed by Andrew Ricco	Title Own	er			Signatu	re II	will	1	in	6-	te 28-20	017		

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Camilla Finch 6/28/2017 Agencies Notified Street Address Type Notification 2017 JUL []EPA [X]Initial Notification []DEP City, State, Zip Code []Amended South Orange, NJ, 07079 ASBESTOS CONTROL & [X] DOL Notification LICENSING Name of Contact [X]DOH Telephone N mber [] EMERGENCY Camilla Finch []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Camilla Finch []School (K-: 2) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e , private & commercial buildings, hores, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) (STATE USE ONLY) South Orange Essex Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building Name of Abatement Contractor (5) AZTECH MANAGEMENT, inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 7- 11- 17 7- 12- 17 N/A Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with 1 egative Pressure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation [X]Mini-Enclosure []>160 sf or >260 lf []Demolition [X] Glove-bag Procedure []Non-Friable Procedure Abatement Type Location Location of Description of Normally NCAPSU N Asbestos-Containing Asbestos-Containing Amount REPAI CLO EMOV Solely By Maintenance/ Material (ACM) Material (ACM) Specify TO BE ABATED SF or (i.e., thermal systems Custodial S In Facility insulation, surfacing, VAT, LF) Staff (12) AL (13)or other miscellaneous) Yes No N/A Basement X Pipe Insulation O LF Basement Bare Pipe wash & clean 00 LF Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill NJDEP Waste Hauler ID No. of Waste 1.0 AZTECH MANAGEMENT, INC. Minerva Enterprise INC 17040 City, State Disposal Date City, State Montclair, NJ 07042 7-13-17 Waynesburg, Ohio 44688 Completed By (Print or Type) Signature Date Constantine Vivian 6/28/2017 President

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

Date of Notification	n (1)		Name	of Bui	ldin	g Owner/Operator	(2)	Ir	7 E3	m r	, U	D //	[=1
6/28/2017			Pa	tric	ia :	Molino			[] [[]	C	, [W	E
Agencies Notified	Type Notific	ation	Stree	et Addr	ess				31				- !!
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[]DEP	Notific	cation	City	, State	. Zi	p Code		14	<u>U</u> U	UL	U L	U.	
[X]DOL	[]Amended					NJ,07072			<u>L</u> .				-
[X]DOH	Notific	cation		of Con			Telenhon	- 37	ASBE	STOS	CON	TRO	11 &
20 - 200 P	[]EMERGENO	CY .				Molino	Terannon	A NIT	nna*	1 12 11-9	tesis i	<u></u>	to the designation
[]DCA	[]Cancella	ation	1			1011110	1-						
						INFORMATION		- 400		William Control			
Name of Facility Who		is Tak:	ing Pl	ace (3))		Type of Facili	ity	4)				
Patricia Moli	no						[]School						
Street Address							[]Subchapt [X]Other (i						la c
							buildings,				Jiiiii C 1	· Oal Ga	
							Square Feet	#	f Floor	s Bl	dg.	Age	
City (5)		County				ounty Code (7)	1056		2		1	17	
Carlstadt		Berge	en		1	SIRIE USE UNEI)	Current Use (F	rio	· if bei	ng der	nolis	hed)	
Name of Monitoring	Diem bissed bee	D. 47 44	30	CN N		https://doi.org/10.1011/							
Owner (8)	erim nited by	BULLOII	ig AS	CM No.			ment Contractor ANAGEMENT	-					
N/A								, 1					
Street Address						Street Addres	s stopher St.						
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City, State, Zip Coo	ie					City, State,	r, NJ 0704	12					
Designat Variance for	V							2 2					
Project Manager for	Monitoring F	Secretarian and the second	/A	ne Numb	er	Telephone Numl (973)744				cense		er	
										0037	۲		
Scheduled Start Date 07 07 2	017 Sche	ed. Comp	oletion 08	n Date 201		Name of OSHA 1	Monitor						
	and the same of th		Day	Year		N/A							
Occupancy Status Du	ring Abatemen	t (Check	only	one)		Street Address	S			-			
[X]Facility Clo of Abatemen		uring E	ntire	Period									
[]Abatement Pe				Facili	ty	City, State,	Zip Code						
lother - Desc	ribe: <u>«OffHour</u> ribe:«Other O			ript»									
Scope of Work (Chec)					77								-
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[X]≥3 sf or []>160 sf of				ovatior olitior			Enclosure -bag Procedure						
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In Facil			Custod: taff (ial	i	nsulation, surfa	1000		LF)	V	AI	S	o s
(13)		Yes	No	N/A		or other miscel	llaneous)			A L	R	T L	U R
Basement				X	Pir	e Insulati	On	5	0 LF	X		-	E
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Name of Registered V	Vaste Hauler	l ho	JDEP V	Waste		ubic Yards	Name of Regis	ter	d Tandf	111			
AZTECH MANAG		IC H	auler	ID No.		f Waste 1.0	Minerva				INC	3	
City, State	,		1704	U		ignogal Pata							
Montclair, NJ	07042				٢	isposal Date 07/09/2017	City, State Waynesbu	4,	Ohi	0 44	689	2	
, NO	J. 70 T.					01,0012011	/ /	19	, OIL	O -1-1			
Completed By (Print		tle			-	Signature	11+	1		Date			
Constantine V	ivian Pr	reside	ent			// ==-	Jak . I	/	100	6/28,	2017	5	
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Date of Notification (1) 06/27/17					f Building		Operator	(2)	The state of the s	1		0.000			1	
	otification		-	Street A	Shulmar	1				4_	.10	_	6 3	017		4
				Oacot	ladiess											
DEP Ar	tial nended			City, Sta	ate, Zip Co	de			1	73	BEST	OST	CON	TRO)L &	
	nendment #_ nergency (in	cluding	<u> </u>		rn, NJ 0	7041					Li	CEN	ISIN	<u>a_</u>		
DOH jus	stification)	o.uumig		155	f Contact					e	elephon	e Nun	nber			
DCA Ca	ncellation				Shulmar		ION							-		
Name of Facility Where Abateme	nt is Taking F	Place (3	3)	PAG	LITT INFO	JKIVIAI	ION	Тур	e of Facility (4)	-				- 692		
Private House		-	(6-)						School (K-12)						
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Abatement Performed Outsid	de of Normal	Facility	Hours				City, S	state,	Zip Code							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUL - 6 2017 6 30 17 Lenape Regional High School District Agencies Notified Type Notification Street Address **⊠** EPA 93 Willow Grove Road **ASBESTOS CONTROL & ⊠** DOLWD ☐ Amended City, State, Zip Code LICENSING **⊠** DOH Amendment # Shamong, NJ 08088 ☑ DCA Talanhana Mumhar Name of Contact (NJAC 5:23-8) justification) Cancellation Anthony Voiro **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Lenape Regional High School School (K-12) ☐ Subchapter 8 Other than K-12) Street Address Other (i.e., pri ate and commercial buildings, 235 Hartford Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Medford 80,000 2 80 County (6) Current Use (Prio if being demolished) County Code (7)(STATE USE ONLY) Burlington School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Shade Environmental, LLC Street Address Street Address PO Box 365 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 06 / 17 07 / 14 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Nega ve Pressure ≥3 sf or ≥3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount nclosure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No A201, A204, A205, A210, A213 \boxtimes Pipe Insulation 100 LF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registe ed Landfill Hauler ID No. Waste Freehold Cartage GROWS Nor h Landfill 15939 1 City, State Disposal Date City, State Freehold, NJ 07/14/2017 Morrisville, I A Completed By (Print or Type) Title Signature Date Diana Lynch Owner ASB-41

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

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State of New Jerney NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 6:16)

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Date of Notification (1)				Name	of Building	g Owner/0	Operator (2	2)	+	ní				- 11
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Agencies Notified EPA	Type Notificatio	n		Street	Address				-	A CONTRACTOR OF THE PERSON OF				1
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□ DHSS	Amendment	#			State, Zip C				1-		LICEN	SING	ì	
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(NJAC 5:23-8)	justification)			Name	of Contac	t			T	elephone Nu	mber			
	Cancellation	1		John (Cherekjiai	n			Ů.					
				FA	CILITY IN	FORMA	TION	•			_			
Name of Facility Where Al	patement is Taki	ing Place	(3)					Type of Facility	(4)		*	/2 p==1504 000		200.11-715
Private house								School (K-12		b 17 4	- 01			
Street Address								Subchapter 8 Other (i.e., p				uildina	s	
								homes, etc.)		io una comm	1010101	uug	· .	
City (5)					- CD+8W2-4-4			Square Feet	T	of Floors	В	ldg. Ag	ge	
Rutherford, NJ 07070									1					
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Bergen			Lance of the lance											
Name of Monitoring Firm H	Hired by Building	g Owner	(8)	ASCM	No.	Name o	f Abateme	nt Contractor (9)						
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Street Address						Street A	Address							
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						-	NJ 0747	0		61) 			HISS-S-S	
Project Manager for Monitor	oring Firm		Tele	phone	No.	Telepho	one No.			_icense No.			700	
						973-63			(1127				
Start Date (10)	Sch	eduled C	omple	ion Da	te (11)	Name o	of OSHA M	onitor						
07 / 18 /				_ / -		Envirov	ision Co	nsultants,Inc						
Occupancy Status During						Street A	Address			Maria Maria Maria				
Facility Closed/Vacated						20-21 V	Vagaraw	Road, Bldg .#	351					
Abatement Performed of Time of Abatement:	Outside of Norm AM-	nal Facilit PM/	y Hour PM	s - Des	cribe	City, Sta	ate, Zip Co	ode						
					Ulai	Fair La	wn, NJ 0	7410						
Scope of Work (Check all t	that apply)					H		and decontamir			ive pres	sure		
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Wayne, NJ 07470						TBI)	Tullytown, P.	Δ					
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Date of Notification (1)			Sec. 10	Nam	e of Buildir	na Owne	er/Operator	(2)	112					
06/	29 /	17					opcrator	(2)		1151	- 6	201	7	
Agencies Notified					y Kaloud et Address				11	1 JUL		CUI	1.	-
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Private house	toatement is Tak	ing Plac	€ (3)					Type of Facili	05 85 5/1					
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Flemington, NJ 08822													Ĭ	
County (6)			-200-2003	Cou	nty Code (7)	(STATE	USE ONLY)	Current Use (Prior i	being demol	ished)			_
Hunterdon											SOMEWICH COMP.			
Name of Wonitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name	of Abatem	ent Contractor (9)	-				-
Ct						Gr Te	ch LLC							
Street Address						Street	Address			-			72.5	
City Chata 7: 0						576 V	alley Rd #	[‡] 283						
City, State, Zip Code						City, S	State, Zip C	ode		·				
Project Manages for Manife	par e						e, NJ 0747	70						
r toject wanager for Monit	oring Firm		Tele	phone	No.	Telepi	none No.			icense No.				
Start Date (10)	101		<u></u>			100000000000000000000000000000000000000	38-1777		0	1127				
	17 Sche	eduled (Comple / 1:	etion Da 5 /	ate (11) 17	The second second	of OSHA N		6					
Occupancy Status During	Abatement (Che	ck only	one)				Address	nsultants,Inc						_
□ Facility Closed/Vacate	d During Entire P	eriod of	Abate	ment		Chinasa Chan		David Dide	255	ro.				
Abatement Performed	Outside of Norma	al Facilit	y Hou	rs - Des	scribe	City, S	state, Zip Co	Road, Bldg .#	33E					_
Time of Abatement:		PM/	PIVI_		_AM	25000000	awn, NJ 0							
Scope of Work (Check all	that apply)	- 4				T un D		and decontam	inatio	with negative	e press	ure	_	men
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Name of Registered Waste	Hauler	1	NJD	EP Waste	Hauler ID No.	Cubic Y	ards of Waste	Name of Regi	stere	Landfill				_
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.Jevtic	f Notification (1)							Henric Wes						

Date of Notification (1) 06/29/2017			Name o Readii	of Building O ngton Tw	wner/Operato p. Public	or (2) Scho	ools	ch	+ H7	95			And the second second
Agencies Notified © EPA IXI DEP © Amendee Amendment Emergency (inc)	#		City, Sta	adington late, Zip Cod		3889		Daniel Communication of the Co)[C I	E (\mathbb{V}	E
justification) (S Cancellation) (S Cancellation)	n		Donal	of Contact d Race				1 11	41:	****	6	2017	200
Name of Facility Where Abatement is Taking	Place (3	()	FAC	ILITY INFO	RMATION	Tryr	e of Facility (4	1.	ASBE	STO	9-00	NTR	& JC
Whitehouse Station School	, 1 1200 (C	')				I X		77984	-	LICE	ENSI	VG_	
Street Address 50 Whitehouse Ave						6		r 8 (Ot			dings,	home	s,
City (5) Whitehouse Station							uare Feet		Floors		Bldg. A	\ge	
County (6) Hunterdon			(STATE	Code (7) USE ONLY)		sch				shed)			
Name of Monitoring Firm Hired by Building C T&M Associates	Owner (8)		ASC	vi No.	Nam Lilio	e of Al	orporation	tractor	3)			VIII DOMESTI	
Street Address 11 Tindall Road					Stree 606	et Addi McE	ress Bride Ave					***************************************	-
City, State, Zip Code Middletown, NJ 07748					City, Woo	State, odlan	Zip Code Id Park, N.	074	4				
Project Manager for Monitoring Firm Kevin Burns				76-1726	7eler 973-	phone 225-	No. ·8400		License I	No.			
	07-12-2	2017	mpletion 7	Date (11)			SHA Monitor ronmental	Labo	atories	s, LL	C		
Occupancy Status During Abatement (Check	- 50	18				t Addr	ess ute 22 Wes		· · · · · · · · ·				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: start 6 pm uno	mal Facili	f Abai	tement urs		City,	State,	Zip Code IJ 07083	SL .	-				
Scope of Work (Check All That Apply)							ne satheres		-				
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Location of Asbestos-Containing Material (ACM)		mally Solely	Used by	Ashesto	Descriptions Containing		IOL (ACM)			-	T - ' '	pe	
TO BE ABATED In Facility (13)		intena todial (12)	Staff?	(i.e. th	nermal system surfacing, V other miscella	ns insu AT, or	ılation,	(S	ecify or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler Lilich Corporation		1	NJDEP W Hauler ID 8724		Cubic Yards of Waste		Name of R GROWS	tegister S Lan	ed Landfil lfill	1			
City, State Woodland Park, New Jersey					Disposal Date	9	City, State Morrisvi	lle, F	A				
Completed by Adriana Olejarova	Title presid	ent			Signatur	16	Gel	ay, maine	06	ate 5/29/2	2017	***	

CK#1066

Date of Notification (1) 6/30/17			100	Name of BCSI	Building C	wner/Operato	r (2)			P		- I	1 17/		P***
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D DCA	Cancellation	1			t Cimmir							7		OL	&
Name of Facility Where At	natement is Takir	og Place (3)		FACIL	LITY INFO	RMATION	Tv	pe of Facility (4)		レルに	NOI	Ma		-
Residential House	Jatement is Takii	ig i lace (5)					1 1								
Street Address							H	School (K-1 Subchapter		er than	K-12)				
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Westfield							1000	000	2			1	0+		
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Name of Monitoring Firm F	Hired by Building	Owner (8)		ASCM	No.	1		batement Cor							
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Street Address						Stree									
n/a								isade Ave							
City, State, Zip Code								, Zip Code							
n/a								I, NJ 07026	·	T					
Project Manager for Moniton n/a	oring Firm		- 1	relephon n/a	ie No.	Telep 973		.6026		0125	se No.				
Start Date (10)		Scheduled)ate (11)			SHA Monitor							_
7/3/17		7/6/17	00,,,	piodoii E	, ato (,			y Contract		С					
Occupancy Status During	Abatement (Che	ck Only One))			Stree	t Add	ress							
Facility Closed/Vacat	ed Durina Entire	Period of Ab	atem	ent		360	Pal	isade Ave							
Abatement Performer	d Outside of Norr					City,	State	, Zip Code		-					
X Other - Describe: So	cheduled for Demo					— Gai	rfield	d, NJ 07026	3						
Scope of Work (Check All	That Apply)		CALL TO SERVICE						===777-775						
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≥160 sf or ≥260 lf		X De	moliti	on				Mini-Enclosur Glovebag Pro							
					£			Non-Exempte			riable	Proc	edure)	
		ls L	ocatio	on								-	-	ment	
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TO BE ABAT		Custo			(i.e. t	thermal systen surfacing, V				Specify F or LF)		Rem	Repair	cap	nclo
(13)			(12)			other miscella				,		Remova	pair	Encapsulate	Enclosure
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Garfield, NJ						TBD		Morris	ville,	PA_	-				
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Tina Caporino		Secre	tary			Uma	((1) DODENS	2		6/3	0/1/	′		

977		NOTII ()	FICATIO	N OF AS	BESTOS	ABATE	MENT	- Ct	山道	:475	53			
Date of Notification (1) 06/28/2017			Name Scoto	of Building	g Owner/ s/Fanw	Operator	(2) DE			In	E	G	E	
Agencies Notified Type Notification			Street	Address Evergre								1711	0	0045
X DEP Amended Amendment	#			ate, Zip C h Plains		7076							<u>- h</u>	2017
× DÓH justification) × DCA Cancellation				of Contact ony Mira	č. ().		-025		T-	Tahana A	Sinte		S CC ENSI	
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J. Ackerman Coles Elementary Sc	g Place (. hool	3)						of Facility (4 School (K-12	E.1					
Street Address 16 Kevin Road								Subchapter 8 Other (i.e. prietc.)	(0	ner than K- & commer	12) cial be	ildings	s, hon	ies,
City (5) Scotch Plains							Squa	are Feet	#	of Floors		Bldg.	Age	
County (6) Union			County (STATE	Code (7) USE ONL	Y)		Curre	ent Use (Prior	if b	ing demoli	shed)			
Name of Monitoring Firm Hired by Building of Envirovision Consultants Inc	Owner (8)		ASC 0079			Name VMC	of Aba	itement Contr ipany Inc	acti	r (9)				***************************************
Street Address 20-10 Maple Avenue		1,				Street	Addre	얼마다 요즘하다라면						
City, State, Zip Code Fair Lawn, NJ 07410						City, S	tate, Z	ip Code J 07011						
Project Manager for Monitoring Firm Willy Morales		T	Telepho	ne No. 49-3525		Teleph 973-2	one N	0.		License	No.			
Start Date (10)	Schedule	ed Cor		Date (11)		1		HA Monitor		00704				
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Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	haten	nent											
Other – Describe: occupied Scope of Work (Check All That Apply)	ar r dointy	riour	,	Anto-2		City, St	ate, Z	ip Code						
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≥160 sf or ≥260 lf	Parties and the same of the sa	emolit					Mir Glo	l Containmen ni-Enclosure ovebag Proced n-Exempted (dure					
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TO BE ABATED In Facility (13)	Cust	ntenai odial S (12)	Staff?	(i.e.	thermal surface	systems cing, VAT niscellane	insula , or	ition,	(mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A		Dino	insulati	ion			20 5		-	Te .	
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Newark Carting Inc		H	auler ID		of Was			GROWS	yıst	red Landiii				
City, State Newark, NJ					Dispos	al Date		City, State Morrisville	 e, F	4				

Completed by

Voytek Roszkowski

Title

President

Date

06/28/8

Signature

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

Date of Notification	n (1)		Name	of Bui	lding	Owner/Operator	(2)	100		Cher than K-12) rivate & commercial etc.) Floors Bldg. Age E being demolished) License Number 00371 Abatement Type The R R C C C C C C C C C C C C C C C C C				
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[X]DOL		Rose Blessing Street Address City, State, Zip Code Glen Ridge, NJ, 07028 Name of Contact Rose Blessing FACILITY INFORMATION is Taking Place (3) FACILITY INFORMATION FACILITY INFORMATION Is Taking Place (3) FACILITY INFORMATION FACILITY INFORMATION Is Taking Place (3) FACILITY INFORMATION FACILITY INFORMATI												
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Glen Ridge		Lssex	4		1.0		Current Use (Prior	if b	eing	demo	lis	hed)	
Name of Monitoring F	Firm hired by	Buildin	G 250	M No		Name of Abate	ment Contracto	r (9)	-					
Owner (8)	TIM HILLEG Dy	Durrarii	g ASC	11 110.					c.					
N/A Street Address														
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City, State, Zip Coo	io			-					_					
crey, scace, zip coc								42						
Project Manager for	Monitoring F	i som Ma	lonhon	a Mumb					-	T :	\	T		
rioject Manager Ior	Monitoring E			e Num	er								er	
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Name of Registered W	Maste Hauler	N.	JDEP W	aste	Cı	bic Yards	Name of Regi	stere	Land	dfill	L			
		VC. H	auler	ID No.	1000							INC	:	
City, State	•	-	/040		Di	sposal Date	Type of Facility () [] School (K-12 [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, home, etc.) Square Feet # c Floors Bldg. Age (X) Current Use (Prior if being demolished) atement Contractor (9) MANAGEMENT, It c. ress istopher St. a, Zip Code air, NJ 07042 Number 44-8800 It Containment with Ne ative Pressure ni-Enclosure ove-bag Procedure ni-Friable Procedure tion of containing A bount							
Montclair, NJ	07042							with Ne ative Pressure A Date A Date						
				State, Zip Code en Ridge, NJ, 07028 of Contact se Blessing FACILITY INFORMATION ace (3) Type of Facility ()										
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Constantine V	ivian P	reside	ent			(10	Western	Mis	automas .	7/	1/20	17		
					T		- spage	11	Vegale					S

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

Check # 554

Date of Notification (1) Name of Building Owner/Operator (2) 06-27-2017 500 High Street LLC Agencies Notified Notification Type Street Address ☑ Initial notification - 6 163 Market Street 2017 □ EPA ☐ Amended City, State, .Zip Code DCA ☐ Emergency notification Pert Amboy NJ 08861 X DOL ☐ Cancelled Name of Contact: Teléphone Number ONTROL & IN DEP Michele Sandrik **XDOH** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former General Cable Facility School (K-12) ☐ Subchapter 8 (other than K-1:) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc. 500 High Street Square Feet # floors Bldg. Age 24,000 SF 97 City (5) County (6) County Code (7) Current Use (prior if being demol shed): Pert Amboy Middlesex (State Use Only) Vacant Industrial Facility Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) N/A BL Contracting .Inc Street Address Street Address 5 Marguerite Lane City, State, Zip Code City State, Zip Code Towaco 07082 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973-901-0153 01265 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/08/17 07/10/17 BL Contracting Inc. Occupancy Status During Abatement (Check only one) Street Address 5 Marquerite Lane □Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code □ Other Towaco, NJ 07082 Source of Work (Check all that apply) ☐ Non Exempte I and Non Friable Procedure $\boxtimes \ge 3$ sf or ≥ 3 lf ⊠Renovation ☐ Mini-Enclosur : □ > 160 sf or > 260 lf ☐ Demolition ☑ Glove bag Pr cedure ☐ Full Containment with Negative Pressure Location of Asbestos-Is Location Normally Description of Asbestos Containing Amount (Spi cify SF or Abatement Type Containing Material (ACM) in Used Solely by Material (ACM) (i.e. thermal systems Facility (13) Maint/Custodial Staff? insulation, surfacing, VAT, or other Remove Repair Encap (12)misc.) Enclose YES NO NA Exterior Bldg. Rear Tunnel X TSI on Pipe 40 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill Waste Management of Pennsylvania 0036784 Disposal Da : City, State Tullytown, PA 07/12/17 Completed by (Print or Type) Signature Date Nedo Vasilio President Neds 06/27/2017



Date of Notification (1)				TNI	(D							1,	
06 / 23 /	17				e of Buildir seph Var	ig Owner/Operator (2)	F	NEC	E		7 [8	3 [
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Cancell	ation			J	oseph Va	nnelli							
				FA	CILITY IN	FORMATION	****						
Name of Facility Where Abatement is	Taking	Place	e (3)				Type of Facility (4	4)	-				
Resident							School (K-12))					
Street Address							Subchapter 8	(C	her than K-	12)			
							Other (i.e., pri homes, etc.)	svi	e and comm	nercial b	uilding	JS,	
City (5)							Square Feet	Т	of Floors	TR	ldg. A	ne en	_
Vineland, NJ 08360							1710 Sf		1 Floors		53	90	
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City, State, Zip Code						958 Jackson							
Oity, State, Zip Code						City, State, Zip Co							
Droignt Manager for Mary 11 - 11			1 -			Mays Landing	g, NJ 08330						
Project Manager for Monitoring Firm			Tel	lephone	No.	Telephone No.			icense No.				
						609-561-1901			01158				
				etion Da		Name of OSHA M							
06 /24 /17	0	6 /	_2	9_/	17	Graham-Tech	Environmenta	15	ervices, L	LC.			
Occupancy Status During Abatement						Street Address		-					
☐ Facility Closed/Vacated During Ent	ire Peri	iod of	Abate	ement		958 Jackson	Rd						
Abatement Performed Outside of N	lormal I	Facilit	у Ног	urs - Des	scribe	City, State, Zip Co	ode		***************************************				-
Time of Abatement: 7AM-11:30PI	Λ/	_PM-		AM		Mays Landing							
Scope of Work (Check all that apply)							,,	_			-		
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Name of Registered Waste Hauler				NJDEP	Vaste	Cubic Yards of	Name of Registe	ere	Landfill				
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14 Read Drive Sicklerville, NJ	10004					Disposal Date	City, State			0000000			
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Completed By (Print or Type)	Title					Signature	· B			ate	2		-
Vernice Graham	Pro	eside	ent			NONNO	LON	1	1	10-8	15	>-/	A

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Date of Notification (1)				Name	of Building	g Owner/0	Operato	r (2)	7-10-10-10-10-10-10-10-10-10-10-10-10-10-		m					-11
Agencies Notified)- Type Notification	3		Strans	OCOC Address	29hc	+ 1	76-	tains	3		JUL	_	6 2	2017	
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DOH DOH	justification)	3	Name	of Contact	t				1	Telephor	ne Nun	ber			
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Street Address							Street				***************************************					
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Project Manager for Monit	loring Firm		-	Telepho	ine No.	1	Teleph					ise No.				
Start Date (1,0)		0:::					732 2				000	29				ĺ
7/10/17		Schedin	ea Ca	mpletion	Date (11)	a deposit de la constante de l	Name	of OS	HA Monitor	ī.						
Occupancy Status During	Abatement (Che	ck Only O	ne)				Street	Addre	iss							
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Scope of Work (Check All	That Apply)															Action Action
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City, State						Disposa	I Date		City, State							
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Resident								School (K	-12)					
Street Address					3-37-417-111-11-11			Subchapte	er 8 (C	ther than	K-12)			
								Other (i.e. homes, et	, priva	e and cor	nmercia	ıl buil	dings,	
City (5)								Square Feet		of Floors	3	Blde	g. Age	
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County (6)	1300000				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Prior i	being de	molishe	d)		
US; Camden CO.								Resident				8		
Name of Monitoring Firm	Hired by Bui	ilding	Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor	(9)			-		
							Graham-Tech	n Environme	ntal (ervice, l	LLC.			
Street Address			2000 J. J. S. S.				Street Address							
0''							958 Jackson	Rd						
City, State, Zip Code							City, State, Zip Co	ode						
5							Mays Landing	g, NJ 08330						
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.	X	TI	icense No	٥.			
01 1 5 1 115							609-561-1901			01158				
Start Date (10)	47					ate (11)	Name of OSHA M	lonitor						
		-			9_ /	17	Graham-Tech	Environme	ntal S	ervices,	LLC.			
Occupancy Status During							Street Address					-		
☐ Abatement Performed (During Ent	ire Pe	riod of	Abate	ment		958 Jackson	Rd						
Time of Abatement: 7A	M-11:30PN	iormai /I/	PM-	y Hou	rs - Des	scribe	City, State, Zip Co	de						
			- 111				Mays Landing	g, NJ 08330						
Scope of Work (Check all t	nat apply)						M Euli Cant			1250	1907			
□≥3 sf or ≥3 lf			⊠ Re				☐ Mini-Encl	ainment with No	egativ	Pressure	ŧ			
≥160 sf or ≥260 lf			☐ De	molitie	on		Glovebag	Procedure		11				
			Is	Loca	tion	T	□ Non-Exer	npted (*) and N	lon-Fr	able Proc	edure			
Location o			1	Norma	lly		Description of	:	Ī				ement 7	Гуре
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IN Facility					Staff?	(i.e.	, thermal systems in surfacing, VAT,	nsulation,		(Specify		Removal	Encapsulate	Enclosure
(13)				(12)			other miscellaneo	ius)		SF or LF)	1	<u> </u>	sula	ure
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Garage						Transite)			300Sf	D	аг		
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Name of Registered Waste	Hauler				IDED:	N/oot-	Outin V	I][[
Graham-Tech Enviro		ondo	0 114		JDEP V		Cubic Yards of Waste	Name of Reg			50 50	ou un Trib is		
City, State	milental 3	er vic	G, LL		00345	00		G.R.O.W.	Nort	Landfil	I & Tul	lyto	Nn	
14 Read Drive Sickler	nilla 1110	0004					Disposal Date	City, State						
							\wedge	1513 Broc	lento	vn Rd. N	/lorris\	rille,	PA	
Completed By (Print or Type	e)	Title		50			Signature	, 4			Date	^	7	1
Vernice Graham		Pr	eside	nt			MINIM	1	DA.		10	-4	5-1	1

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Date of Notification (1)	113			N		ling Owner/Operato		1 111	- 6	50	17	11
Agencies Notified	Type Notifical	tion		-	reet Addres		ERPRIS	5			Common	
☐ BPA	Initial	uOH		1 50	reet Addres		ARKHAIS	ASBESTO AS AVE	S CC ENSI	NTI NG	ROL	. હ્ય
DEP DEP DEP	Amended Amendmen	nt#		Ci	ty, State, Zip	Code	3 44					
₩ DOH	☐ Emergence	y (inclu	ding	<u>_</u>		ANTIC CI	TY., K	.) 09	504			
□ DCA	Cancellatio			Na	A(A(i)	Y MASON	(,
				1-		FORMATION						W
Name of Facility Where A	Abatement is Ta	king Pk	ace (3)				Type of Facility	(4)		-		
Street Address	SINEWCE						School (K-1 Subchapter Other (i.e., phomes, etc	(Other than K- ivate & commer	12) cial bu	ilding	ıs,	
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ATLANTI	C	-			SE ONLY)	(1) 31A1L		CANT	lished)			
Name of Monitoring Firm (8)	Hired by Building	g Owne	r	ASC	M No.	Name of Abatem	ent Contractor (9					_
Street Address						Street Address	100 In	<u>C.</u>				
						369	S SPE	UCE AU	-			
City, State, Zip Code						City, State, Zip Co	ode					
Project Manager for Monit	oring Firm		T Tol	ephon	o No	Telephone No.	SHAD		C	8c	55	2
	oring rillin		161	срион	e No.	8-56-7°	19-0477	License No.	ų ų	1		
Start Date (10)	Sch				ate (11)	Name of OSHA M						=
Occupancy Status During	Abstement (Ch.		10-	1)			N/A					_
Facility Closed/Vacated				ment		Street Address						
Abatement Performed C Other - Describe:						City, State 7in Co	de				_	=
Scope of Work (Check all t	that apply)											
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TO BE ABATED IN Facility		Ct	ustodia Staff?			hermal systems ins	ulation,	Amount (Specify	Re	D D	Enc	En
(13)			(12)		8	surfacing, VAT, o other miscellaneous		SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste H	Hauler		LAL	DEP V	Vacto	Cubia Vanda T						
KLtmco	TA)C			uler_ID	No.	Cubic Yards of Waste	Name of Regist	red Landfill Λ				
City, State	145		-11	790		Disposal Date	City, State	5			_	=
	SHADE							INTULL	E.	, 1	U.	I
Completed By	Title		1 -			Signature	A-/	Date 1		1	717	-

CK4 4256

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

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Date of Notification (1)	7	Name of Bu	INELAN		STRUCT	101	tire	201	20
Agencies Notified Type Notific	ation	Street Addre	ess _		If I had been been had a had	ENSI		100	-
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DOH Emerger	ncy (including			CIII	and the latest and th	38C	24	>_	
DCA Cancella		Name of Cor			Telephone Nu	mber			
			RAMIC		*				_
Name of Facility Where Abatement is	Taking Place (3)	FACILITY	INFORMATION	Type of Facility	4)				
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				homes, etc.) vale a comme	uai uu	iluring	5,	
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CAPE MA	U	USE ONLY)	(I) SIMIE	Current Use (Pr	r if being demo	itished)			
					CHUT				
Name of Monitoring Firm Hired by Build	ing Owner	ASCM No.		nent Contractor (9)					
(8) N/A			1<1<	CMCO	INC				
Street Address			Street Address		1.00				_
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City State 7:- C-1				J. 38K	SCE AL	5		-	
City, State, Zip Code			City, State, Zip C		25 27 27				
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Project Manager for Monitoring Firm	Tel	ephone No.	Telephone No.		License No.				
	1	*	856-77	9-0472	000	1111	1		
Start Date (10) Sc	cheduled Comple	tion Date (dd)				17	1		_
Start Date (10)	- 1	; ~	Name of OSHA	MONITOR /					
1-3-11	1-10	-()		NI					
Occupancy Status During Abatement (C			Street Address						
Facility Closed/Vacated During Entire	Period of Abate	ment							
Abatement Performed Outside of Nor	mal Facility Hou	rs	City, State, Zip Co	ode					_
Other - Describe:									
Scope of Work (Check all that apply)			I ———						=
Scope of Work (Check all that apply)			Full Con	tainment with Nega	ivo Processes				
≥3 sf or ≥3 lf	Renovati	on	Mini-Enc	losure	ive Pressure				
≥160 sf or ≥260 lf	Demolitio		☐ Gloveba	g Procedure					
			Non-Exe	mpted (*) and Non	Friable Procedu	ire			
	Is Location	5000				Δ	bater	nent	
		1							
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Location of	Used Soleh	by	Description of				Тур	e	-
Asbestos-Containing Material (ACM)	Used Solely Maintenand	by Asbes	tos Containing Mate		Amount		Тур		
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Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Used Solely Maintenand Custodia Staff?	by Asbes	tos Containing Mate , thermal systems in surfacing, VAT, o	sulation, or					Enclos
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely Maintenand Custodia Staff? (12)	by Asbes (i.e.,	tos Containing Mate thermal systems in	sulation, or	(Specify	Removal	Repair		Enclosure
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Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Solely Maintenand Custodia Staff? (12)	by Asbes (i.e.,	tos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneou	sulation, or us)	(Specify SF or LF)				Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Used Solely Maintenand Custodia Staff? (12)	by Asbes (i.e.,	tos Containing Mate , thermal systems in surfacing, VAT, o	sulation, or us)	(Specify				Enclosure
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Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDIM G-	Used Solen Maintenand Custodia Staff? (12) Yes No	N/A Asbes (i.e.,	tos Containing Mate, thermal systems in surfacing, VAT, on other miscellaneous	Sulation, or us)	(Specify SF or LF)				Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING SIDING ame of Registered Waste Hauler KLEMCO DUC,	Used Solen Maintenand Custodia Staff? (12) Yes No	N/A Asbes (i.e.,	tos Containing Mate, thermal systems in surfacing, VAT, other miscellaneous TIZIAW SIT	Name of Registe	(Specify SF or LF)				Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING SIDING Tame of Registered Waste Hauler CLEMCO DUC, ity, State	Used Solen Maintenand Custodia Staff? (12) Yes No	N/A Asbes (i.e.,	tos Containing Mate, thermal systems in surfacing, VAT, oother miscellaneou	Name of Registe	(Specify SF or LF)				Enclosure
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Date of Notification (1) 06/30/2017				Name Monto	of Building (lair Board	/Operator ucation	(2)	check# 4759							
Agencies Notified Type Notification				Street Address 22 Valley Road				I pan			G		\mathbb{V}	E	
IXI EPA IXI DEP IXIDOL	Initial Amended Amendmen		1	City, State, Zip Code Montclair, NJ 07042					Total Control of the				2017	The second secon	
Emergency (including justification) ✓ DCA Emergency (including justification) X Cancellation				Name of Contact Lenny Saponara					Te	e phone Number					
Name of Facility Where Abatement is Taking Place (3)					FACILITY INFORMATION				- 1	ASBESTOS CONTROL &					
Northeast school	Abatement is Taki	ng Place (3)			#3		Type of Facilit	300 U	- hander ou management of	LIUL	MOIN	<u> </u>		
Street Address 603 Grove Street				☐ Subc					K-12) oter 8 (Other than K-12) e. private commercial buildings, homes.					es.	
City (5) Montclair	1000							Square Feet	# 0	Floors		Bldg.	Age		
County (6) Essex				County Code (7) (STATE USE ONLY)				Current Use (F school	i g demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc				ASCM No.			Name of Abatement Contractor Lilich Corporation			9)					
Street Address 300 Grand Ave								Street Address 606 McBride Ave							
City, State, Zip Code Englewood, NJ 07631							City, St.	City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Anthony Valentine				Telephone No 201-569-6078			Telephone No. 973-225-8400			License No. 01104					
Start Date (10) Scheduled C 07-05-2017 07-08-2017				ompletion Date (11)			Name of OSHA Monitor Iris Environmental Laborator			es IIC					
Occupancy Status During	g Abatement (Che	ck Only Or	ne)				Street A	ddress							
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hour Other – Describe: unoccupied				ment			City, Sta	2333 Route 22 West City, State, Zip Code Union, NJ 07083					Markey) a service		
Scope of Work (Check A							Union	1, 143 07063							
□ ≥3 sf or ≥3 lf IX Renormal IXI ≥160 sf or ≥260 lf □ Demonstrate								☐ Mini-Enclosure							
Is Loc				tion			LJ_	Li Non-Exempted (Non-Fr	Abatement Type				
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TO BE ABA In Facili	ATED	Ma	intena	ance/ Asbestos (i.e. the			Containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)		(S	ount scify or LF)	Removal	Repair	Encapsulate	Enclosure	
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Name of Registered Waste Hauler			IN	NJDEP Waste Cubic			Yards Name of Rec		f Registe	stered Landfill					
Lilich Corporation			H	Hauler ID No. of W 18724			G.R.O.W.S L				11.50				
City, State Woodland Park, New Jersey				Dispo			sal Date	ate City, State			sville, PA				
Completed by Momo Glavatovic	1 Title				manager			gnature			Date 06/30/2017				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) 6/15/17 Public Schools of Plainfield Agencies Notified Type Notification Street Address \boxtimes **EPA** 920 Park Avenue DEP Initial City, State & Zip Code $\overline{\boxtimes}$ DOL \boxtimes Amended R#4-6/27/17 Plainfield NJ ASBESTOS CONTROL & \boxtimes DOH Emergency Name of Contact Telephone Number X DCA Cancellation Sean Sutton FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cedarbrook Elem School School (K-12) Street Address Subchapter 8 (Other than <-12) 1049 Central Avenue Other (i.e. private & comm ercial buildings, homes, etc.) Square Feet # of Floors Blda. Age City (5) County (6) County Code (7) 20,000 50 Plainfield Current Use (Prior if being den olished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contracto (9) TTI 00003 BRISTOL ENVIRONMENTAL INC Street Address Street Address 1253 N. Church Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Moorestown NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mike Stocku 856-840-8800 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/26/17 7/1/17 BRISTOL ENVIRONMENT/ L INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 10:00 PM - 6:00 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Contai ment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclo ure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exem Ited and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Encisoure TO BE ABATED Maintenance or (i.e., thermal systems Removal Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No First Floor Custodial Hallway Pipe insulation/Fittings 350 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registe ed Landfill Hauler ID No. of Waste

NEW CASTLE, DE 19720

Completed By (Print or Type)
PATRICK T. DeCARO

TBD
WAYNESBUR;, OH 44688

Signature
Fatrick I. De Co is / P. 15/17

PD 17066

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Disposal Date

MINERVA LAN DFILL

City, State

20990

SERVICE TRANSPORT GROUP, INC.

City, State

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

CQ#3224

Date of Notification (1)				N	ame	of Buil	ding	Owner / Oper	ator (2)	IIm		1 W		ma \
	15/17							of Plainfield		111)],	医 医 E	. 11 1/1		
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DCA		cellation				of Con Sutto				į.	SBESTOS	Telephon	e Nur	mber
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Name of Facility Where	Abatem	ent is Taking	Place	(3)	FAC	ILIIY	INF	DRMATION	oilitu (4)		·			
Cedarbrook Elem Sc		orit io Taking	i lace	(5)				Type of Fa						
Street Address										(Other than	K-12)			
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City (5)		County (6)	(Coun	ty C	ode (7)	ï	20,000			I		50	
Plainfield		Union				0.3002			e (Prior	if being der	olished)		00	
								School		3	omorrou)			
Name of Monitoring Firm	Hired b	y Building Ow	mer (8)		ASCM	No.	Name of At	atemen	t Contracto	(9)			
TTI						00003	3	BRISTOL						
Street Address								Street Addr					100 V/2	
1253 N. Church Stree	t							1123 BEA			MV Story Charles and Charles			
City, State & Zip Code Moorestown NJ 0805	7							City, State 8						
	ect Manager for Monitoring Firm					lumber		BRISTOL,			T			
Mike Stocku	Stocku				0-88			Telephone I 215-788-60			License			
Scheduled Start Date (10	duled Start Date (10) Scheduled Con							Name of OS		nitor		00509		
6/26/17	6/26/17				7	(11)		BRISTOL			LINC			
Occupancy Status During	Abaten	ent (Check o	nly o	ne)				Street Addre			<u>_ </u>			
Facility Closed/Va								1123 BEAN	/ER ST	REET				
Abatement Perfor			al H	ours	– 7a	m to 3	pm	City, State &	Zip Co	de				
		MA 00:8						BRISTOL,	PA 190	07				
Facility Occupied Scope of Work (Check all														
scope of Work (Check all	mar app	ny)								Full Contain	ment with N	Inantius De		
≥3 sf or ≥3 lf				R	enov	ation			and the same of th	Mini-Enclos		regative Fr	essui	е
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in Facili			Cust					i.e., thermal s ulation, surfa		т		Remova	cap	ncls
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			Yes	No	N	/A							te	0
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lame of Registered Waste						bic Yards	Name	of Register	d Landfill					
ERVICE TRANSPORT	RVICE TRANSPORT GROUP, INC.					r ID No	. 01	Waste	BAINE	DVA I AND	PU I			
ity, State		21	0990			sposal Date	-	RVA LANE	TILL					
EW CASTLE, DE 1972	/ CASTLE, DE 19720						TE		City, S		OH 44688	3		
ompleted By (Print or Type	eted By (Print or Type)						Sig	nature	1		-	Date		
ATRICK T. DeCARO				Es	stim	ator		Patrick.	1)	Je P	il	6/15/17		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) JIII Public Schools of Plainfield 6/15/17 Type Notification Agencies Notified Street Address X EPA 920 Park Avenue X Initial DEP City, State & Zip Code LICENSING DOL Amended R#2-6/20/17 Plainfield NJ Emergency Name of Contact DOH Telephone Number Cancellation DCA Sean Sutton FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cedarbrook Elem School School (K-12) Street Address Subchapter 8 (Other than K 12) 1049 Central Avenue Other (i.e. private & comme cial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County (6) County Code (7) City (5) 20,000 Plainfield Union Current Use (Prior if being demo ished) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (1) 00003 BRISTOL ENVIRONMENTAL INC Street Address Street Address 1253 N. Church Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Moorestown NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mike Stocku 856-840-8800 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD BRISTOL ENVIRONMENTAL NC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 10:00 PM - 6:00 AM BRISTOL, PA 19007 Facility Occupied During Abatement cope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Pro :edures Non-Exemptec and Non-Friable Procedure Location of Is Location Description of A nount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Remova (i.e., thermal systems Repair Custodial Staff? in Facility insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A rst Floor Custodial Hallway Pipe insulation/Fittings 3! OLF me of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered L Indfill Hauler ID No. of Waste RVICE TRANSPORT GROUP, INC. 20990 20 MINERVA LANDFIL L /, State Disposal Date City, State W CASTLE, DE 19720 WAYNESBURG, OF 44688 TBD npleted By (Print or Type) Title Signature Date TRICK T. DeCARO Estimator 6/15/17 Mich T. DeCars/

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 6/15/17 Public Schools of Plainfield Agencies Notified Type Notification Street Address X EPA 920 Park Avenue DEP Initial City, State & Zip Code X Ø DOL Amended R#1-6/19/17 Plainfield NJ \boxtimes DOH Emergency Name of Contact Telephone Number M DCA Cancellation Sean Sutton **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cedarbrook Elem School School (K-12) Street Address Subchapter 8 (Other than <-12) 1049 Central Avenue Other (i.e. private & comn ercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 20,000 Plainfield Union Current Use (Prior if being den plished) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI 00003 BRISTOL ENVIRONMENTAL INC Street Address Street Address 1253 N. Church Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Moorestown NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mike Stocku 856-840-8800 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor June 21, 2017 June 26, 2017 BRISTOL ENVIRONMENTA . INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code 10:00 PM - 6:00 AM Describe: BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Contains sent with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosu e ≥160 sf ≥260 If Demolition Glove Bag P ocedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing Specify Material (ACM) Solely by Material (ACM) (For LF) Encapsulate Enclsoure TO BE ABATED Maintenance or (i.e., thermal systems Removal in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) N/A Yes No First Floor Custodial Hallway Pipe insulation/Fittings 50LF lame of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ERVICE TRANSPORT GROUP, INC. 20990 20 MINERVA LANDF LL ity. State Disposal Date City, State EW CASTLE, DE 19720 TBD WAYNESBURG, (H 44688

Title

Estimator

Signature

Patrick D. D'Caw/p.

Date

6/15/17

ompleted By (Print or Type)

ATRICK T. DeCARO

NOTIFICATION OF ASBESTOS ABATEMENT WORKEE (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 6/15/17		Na	me of Buildin	g Owner / C	perator (2)	17)) <u>E</u>	C E		7 6
Agencies Notified	Type Notif	ication		blic School	s of Plain	field		-7/	Specialist Street, 1998, 500 Com-		harry man a second
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Street Address					Sul	ochapter 8 (Other than	-12)			
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Project Manager for M	onitoring Fi		Telephone			e Number		License	Number	г	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUL 6 29 17 Edgewater Park Township School District Agencies Notified Type Notification Street Address , SBESTOS CONTROL & Initial Deno 6/2 **⊠** EPA 25 Washington Ave LICENSING **⊠** DOLWD City, State, Zip Code **⊠** DOH Amendment #1 Edgewater Park, NJ 08010 ☐ DCA Emergency (including justification) (NJAC 5:23-8) Name of Contact Te aphone Number ☐ Cancellation Robert Irwin/Nancy Lane **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Anne C Jacques School School (K-12) ☐ Subchapter 8 (Ot er than K-12) Street Address Other (i.e., private and commercial buildings, 25 Washington Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Edgewater Park, NJ 08010 30,000 1 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if eing demolished) Burlington School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Epic Environmental Services Controlled Environmental Systems Street Address Street Address 1930 Brown Rd 1121 N. Bethlehem Pike - Suite 30 City, State, Zip Code City, State, Zip Code Newfield, NJ 08344 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. L :ense No. James Eberts 856-205-1077 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __6__ / __26 / 17 7 / 31 / 17 CES Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 10 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-2:00PM/___PM-2:00AM Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf □ Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Fri ble Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Doorways \boxtimes Soffit Plaster X 5 SF П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Champion Waste Hauler Grows-Tullyto in City, State Disposal Date City, State Hainesport, NJ 7/31/17 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Patricia Visco Office Manager 6-29-2017

State of New Jersey

Date of Notification (1)			blan	f D :11"		- Chart	-4282		-
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City, State, Zip Code						ehem Pike - Suite	30		
Newfield, NJ 08344					City, State, Zip Co				
Project Manager for Monitoring Firm		I Tal			Spring House	e, PA 19477			
James Eberts		- 1	ephone		Telephone No.	L	ense No.		
Start Date (10)	Scheduled			5-1077	215 542 7000)0847		
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^{*} Do not use this form for asbestos licensure exem

State of New Jersey

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	- <u>- </u>		-					-		' 2	_	-	_	
Name of Registered Waste	Hauler	N. FI	DEDIA	/aste H	laulo:	Cubic Yards of	Name of Re	ictored Land	ecu					
Best Remov		1	No.		rawei	Waste				20-		тт	~	
			173	109		11/2 YD	Minery	a Ente	ELPIIS	ses	,	لمال	10	
City, State	N T OF	CO-				Disposal Date	City, State							
Hackensack Completed by	, N.J. 07	601				7-8-17	Wayne	sburg,	0h,4	446	88	8		
	Est:	imaa				Signature 1	5.0			rte Z			っ	
RVELDRAN.				for as	bestos lic	zensure exempted	octivities		16	2	1	1	/	

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NO CK				(Pursu	ant to r	IJAC	8:60 and 1	2:120)	- 1) 1	Check # 1			
Date of Notification (1)	June 28, 2017				e of Buildi		er / Operator	(2)		JUL		2017	
	Type Notification	n			t Address				-	1	10.75	-	
□EPA	CORI	RECTE	ED						a panto a servor	ASDESTO	5 <u>C</u> O	vīŘ	JL &
DEP										NOBEL (I)	-MSE	<u> 1G</u>	
DOL	Initial	SOCIETY I			State & Z								
⊠DOH	Amend Amend	ed ment #		Bridg	jewater, I	NJ 088	07						
DCA	Cancell			Name	of Conta	ct				T	elepho	ne Nu	mber
				FA	CILITY	INFO	RMATION	į					
Name of Facility Where	e Abatement is	Taking P	lace (3)				Type of Fac	cility (4)					
Residence Street Address							1-	l (K-12)	K 40)				
Street Address								apter 8 (Other than (i.e., private & c	mmer	cial building	s, hor	ne, et	ic.)
Cit. (E)							Square Fee			Blo	lg. Age		
City (5) Bridgewater							2,3 Current Use Residence	(Prior if being der	2 olishe	d)	9	7 yea	rs
County (6) Somerset			unty Cod				Residence						
Name of Monitoring Fir	m Hired by Buil				ASCM	No.		patement Contracto	(9)				
N/A Street Address							Synatech, Street Addr	ess					
City, State & Zip Code							829 Radio City, State		(-				
							Little Egg l	Harbor, NJ 08087	1				
Project Manager for Mo				elephone			Telephone 609-296-69	16		License Nun	nber 0081	7	
Scheduled Start Date (July 8, 201		heduled		tion Date y 31, 201			Name of OS Synatech, I	SHA Monitor nc.					
Occupancy Status Duri	ng Abatement (Abateme	nt		Street Addr 829 Radio	ess					
	rformed Outside	of Norm	nal Hou	s			City, State 8	& Zip Code	-				
Other – Descri							Little Egg I	larbor, NJ 08087					
	ied During Abat	ement											
Scope of Work (Check	all that apply)						г	7 5 0		laasti sa Daas			
≥3 sf or ≥ 3 lf				Renovati	on		<u> </u>	☐ Full Containmer Mini-Enclosure	WITH IN	legative Pres	sure		
	If			Demolition	on		Ď	Glovebag Proce	lure				
								Non-Exempted) and N	Non-Friable P	rocedu	re	
Locat Asbestos-Contain	tion of ing Material (AC	M)		tion Norm by Mainte			Descrip Asbestos-	otion of Containing	Amo	ount (Specify	Ab	ateme	ent Type
TO BE A	ABATED			odial Staf			Materia	I (ACM)		SF or LF)			
	acility 3)						(i.e., therm insulation, su	al systems irfacing, VAT			_		m m
,	8.f						or other mis				Rem	Repair	ncic
	Yes										Removal	pair	Enclosure Encapsulate
Basement - Steam Lir	asement – Steam Lines						Pipe	Wrap		170 LF	X	\dashv	\dashv
											+		
Name of Registered Wa	aste Hauler		NJDEP Hauler I		Cubic `	Yards of	f Waste	Name of Regist	ered La	ındfill			
Synatech, Inc.				7429	6			Fairless Hills					
City, State					Dispos	al Date		City, State					
Little Egg Harbor, NJ							7	Morrisville, PA					
Completed By	T	itle			0:			2 1	ate				
Diane Aloia	E	xecutive	Admin	istrator	1	Mare	alou	1	une 28	3, 2017			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		110	(Purs	uant to	NJAC 8	:60 and 12:120)	1	Check # 11883	E		4
e of Notification (1)		- V	Na	me of Bui	lding Owne	er / Operator (2)		Type to the second of the seco			
	June 28, 2017			eet Addre				JUL - 6 201	17		/
ncies Notified	Type Notification			00171			1.1				
EPA .								ASDESTUS CONTI	TUL	N.	+
DEP			Ci	ty State 8	& Zip Code			FIGENSHIO			
DOL	Initial		Bi	idgewate	er, NJ 088	07	1				
DOH	Amended Amendme	ent#						Telepho	ne Nur	mber	
DCA	Cancellati	ion	N	ame of Co	ontact						
					TY INFO	DMATION					
				FACIL	II Y INFO	RMATION Type of Facility (4)					
me of Facility Whe	ere Abatement is Ta	aking Place	(3)			School (K-12)	Other than I	-12)			
reet Address		(1)				Subcriapter o	rivate & col	mercial buildings, ho	me, e	etc.)	
reet Address						Square Feet	# of Floo	s Bldg. Ag	2 -		
						2 27/		2	97 ye	ars	
ty (5)						Current Use (Prior	if being dem	lished)			
ridgewater						Residence					
ounty (6)			Code (7)							
		USE C		I A	SCM No.	Name of Abateme	nt Contractor	(9)			
ame of Monitoring	Firm Hired by Build	ling Owner ((0)			Synatech, Inc.					
/A						Street Address 829 Radio Road					
treet Address						City State & Zip C	ode				
city, State & Zip Co	ode					Little Egg Harbor	, NJ 08087	License Number			
roject Manager fo			Telep	hone Nur	mber	Telephone Number 609-296-6916	er	00	0817		
roject Manager 10	I Montoning \			= : (11		Name of OSHA N	lonitor				
Scheduled Start Da	1.0	cheduled Co	mpletion	1, 2017)	Synatech, Inc.					
June 28	, 2017	(Check only	onel			Street Address					
Occupancy Status	During Abatement osed/Vacated During	na Entire Pe	riod of Al	oatement		829 Radio Road	Ondo				
Facility C	nt Performed Outsic	le of Norma	Hours			City, State & Zip	Lode				
Other - D						Little Egg Harbo	ir, NJ 00001				
Other - L	ccupied During Aba	atement									
	heck all that apply)						u o -talame	nt with Negative Pressur	re		
Scope of Work (C	Heck all that app.					∐ Fu	ni-Enclosure	It with nogative			
≥3 sf or ≥ 3	If			Renovatio			ovebag Proc	adure.			
>160 sf or	>260 If			Demolition	į.		on Evennte	(*) and Non-Friable Pro	cedure	9	
☐ 2100 si oi						Description		1 1	Aba	teme	nt Ty
	Location of		Is Location	on Norma Mainten	ly Used	Asbestos-Conf	aining	Amount (Specify SF or LF)			
Asbestos-C	ontaining Material (/	ACM)	Custo	dial Staff?	(12)	Material (A	CM)	SF OI LIT			m
<u>T</u>	O BE ABATED IN Facility			1	1	(i.e., thermal sinsulation, surface	ing, VAT		교	70	Encapsulate
	(13)	1				or other miscell	aneous)		Removal	Repair	psu
									val	=	late
			Yes	No	N/A						
				V		Pipe Wr	ар	170 LF	X		
Basement - Ste	eam Lines			X		•					
					10.11.1	ards of Waste	Name of Re	jistered Landfill			
Name of Regist	ered Waste Hauler		NJDEP Hauler	Waste D No.	Cubic Y	alus oi vvaste					
				7429	6		Fairless Hi City, State	15			
Synatech, Inc.					Disposa	al Date					
City, State					Augus	1, 2017	Morrisville				
Little Egg Harl	bor, NJ	Title			Signato	Tre Mari ale		Date			
Completed By					(live alle	2	June 28, 2017			
		100000000000000000000000000000000000000	A Juni	nistrator	1 1	, , , ,		100 the control of th			

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Date of Notification (1) 06/26/2017	1			wner/Operato		1		JUL	- 6	20	17	
Agencies Notified Type Notification EPA Initial		Street A 630 S		PARKWAY	SUI	TE 300	ASU	ESTO:	5 C	TNC	HOL	3
DEP Amended Amendment			ate, Zip Cod BELL PA			L	***		<u>. 619</u>	1110		
DOH Emergency (justification) Cancellation	including		f Contact THY SMI	ТН			Tolonhon	n Mumh	or			
Name of Facility Where Abatement is Taking	- Diago (2)	FACI	LITY INFOR	RMATION	1 -						-	
COMMERCIAL	g Place (5)					pe of Facility (4) School (K-12)						
Street Address 1555 ALMONESSON ROAD					V	Subchapter 8 Other (i.e. priv			build	ings,	home	es,
City (5) DEPTFORD						uare Feet 000	# of Floor	s	BI 2	dg. A 0	ge	
County (6) GLOUCESTER			Code (7) USE ONLY)			rrent Use (Prior i	being der	nolished	1)			
Name of Monitoring Firm Hired by Building C THE VERTEX COMPANIES INC.	Owner (8)	ASCN	A No.			batement Contra ED ENVIROI		LSEF	RVIC	ES	INC.	av.
Street Address 700 TURNER WAY					t Add	ress EMS RUN						
City, State, Zip Code ASTON PA 19014	·					, Zip Code CA HILL NJ 08	062					
Project Manager for Monitoring Firm DON HEIM	***	Telepho 610-5	ne No. 58-8902		hone -304	No. 1-4676	Licer 011	ise No. 45				
Start Date (10) 07/07/2017	Scheduled Co 07/08/2017	mpletion 7	Date (11)	Name EM		SHA Monitor						
Occupancy Status During Abatement (Check	Only One)			300000000	t Add							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Abate	ment				130 NORTH	/ <u></u>					
Other – Describe:				_ CIN	INAI	MINSON NJ (8077					
Scope of Work (Check All That Apply)				Г	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov				_ 1	Full Containment Mini-Enclosure Glovebag Procec	ıre					
	is Loca	tion		L		Non-Exempted (*	and Non-	Friable	- 0	100 Care	ment	
Location of	Norma Used Sol	ally		Descriptio	n of				-	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainten: Custodial	ance/		s Containing iermal systen	ns ins	ulation,	Amount (Specify		R	_	Enc	m l
In Facility (13)	(12)			surfacing, V. other miscella	AT, or	s)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
527. 35	Yes No	N/A				70			<u>a</u>		ate	Ге
FITTING ROOM		X	G	LUE DOT	S NI	=1	100 SF		X			
Name of Registered Waste Hauler		NJDEP W	'aste	Cubic Yards		Name of Re	istered La	ndfill				
ASSURED ENVIRONMENTAL SER		Hauler ID 003489	5	of Waste 6		MINERV	LANDF	ILL	<u> </u>			
City, State MULLICA HILL NJ				Disposal Date 07/10/2017	7	City, State WAYNES	3URG, 0	DΗ				
Completed by RON SWANSON	Title GENERA	AL MAN	AGER	Signatu	e Ku	wel Dura	DON	Date 06/2	26/2	017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2822 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 06 29 _ / 17 John Sophias ASHESTOS CONTROL Agencies Notified Type Notification Street Address LICENSING ☐ EPA X Initial **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # Hillsdale, NJ 07642 ☐ Emergency (including) □ DCA Name of Contact (NJAC 5:23-8) justification) Te ephone Number Cancellation Tom Sophias **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., priva) and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hillsdale, NJ 07642 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior it being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. icense No. 973-638-1777 0 1127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 17 / 17 07 / 18 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontaminatio with negative pressure Full Containment with Negativ : Pressure >3 sf or >3 lf 2 160 sf or 260 lf Renovation Mini-Enclosure Glovebag Procedure Ten with Negative Pressure Demolition Non-Exempted (*) and Non-Fr able Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) No N/A Yes \times X Basement Pipe insulation 250 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registere | Landfill Gr Tech LLC 0033785 **TBD** T.R.R.F. Inc City, State Disposal Date City. State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date 06/29/17 N.Jevtic Owner ASB-41

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Date of Notification (1) June 28, 201	17			e of Build les Mulle		er / Opera	ator ((2)]]] -		2017		
Agencies Notified	Type Notific				t Address	5-001				-	I JUL 3	. 0	CUIT		
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DEP										1	ASSESTOS)L &	i.
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				FA	CILITY	' INFOI	RMATIC	ON							
Name of Facility Wher Residence	e Abatement	is Taking	Place (3)				Type of I				-				
Street Address									K-12)	V :	2)				
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							Square F		# of F			g. Age		ic.)	
City (5)								2,374			t		7 7 yea	ars	
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County (6) Somerset			County Cod												Orași-li -
Name of Monitoring Fi	rm Hired by E				ASCM	1 No.	Name of	Abat	ement Contrac	tor (9)					
N/A Street Address			XI.				Synatec								
otreet Address							Street Ad 829 Radi								
City, State & Zip Code							City, Stat	te & 2	Zip Code						
Project Manager for Mo	onitoring Firm	1	Те	lephone	Number	- 1	Telephon	ne Nu			License Num				
Scheduled Start Date (10)	Schedule	ed Completi	on Date	(11)	_	609-296- Name of	-	A Monitor			0081	7		
June 28, 20	17		July	31, 201			Synatech								
Occupancy Status Dur Facility Closed	ing Abatemer d/Vacated Du	nt (Check iring Entire	only one) e Period of	Abateme	ent		Street Ad 829 Radi								
Abatement Pe						Į.	City, Stat				·			-	
Other - Descr							Little Eg	g Hai	rbor, NJ 0808	7					
Facility Occup															
Scope of Work (Check	all that apply	')							=						
$\ge 3 \text{ sf or } \ge 3 \text{ If}$				Renovati	on			E 2	Full Containme Mini-Enclosure	nt wit	Negative Press	ure			
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	tion of	A C N A)			ally Used			criptic	on of		//22 //28	-	atem	ent T	уре
Asbestos-Contain TO BE A	ABATED	ACIVI)		dial Staff	nance or ?? (12)		Asbesto Mate			^	nount (Specify SF or LF)	ĺ			
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(1)	3)								cing, VAT llaneous)			Rei	_Z	nca	Enc
									58			Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A							<u>a</u>		ate	re
Basement – Steam Lir	nes			Х			Pip	e Wr	ap	İ	170 LF	Х			
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lame of Registered Wa	aste Hauler		NJDEP V		Cubic	Yards of	Waste		Name of Regis	stered	andfill				\dashv
Synatech, Inc.	tech, Inc.			No. 429	6				Fairless Hills						
City, State		-7	21	-20	Disposa	al Date			City, State))				
ittle Egg Harbar N.															1
ittle Egg Harbor, NJ Completed By		Title			Signato	t 1, 2017 îre			Morrisville, P.	A Date					
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iane Aloia		Executiv	ve Adminis	strator	1 1	vun	- 00	100		Llune	28 2017				

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Emerge justifical DCA Cancelli	ncy (including tion)		Name of	f Contact e Mitiler					1	elepho		*	Legal Lo		
Cancell	allon			LITY INFO		ON	11700		-58					8	-
Name of Facility Where Abatement is T House	aking Place (3)					Тур	e of Facility							
Street Address							×	School (K-Subchapter Other (i.e. pate)	r 8 (C				dings,	home	es,
City (5) Mendham							Squ N/A	etc.) are Feet	- 1	of Floo	ors	155	ldg. A	ge	
County (6) Morris				Code (7) USE ONLY,)			rent Use (Pri use	or if	eing de	emolish	ed)			
Name of Monitoring Firm Hired by Build N/A	ding Owner (8)		ASCN	1 No.		100000000000000000000000000000000000000		atement Contemporate Ir		or (9)					
Street Address	400					Street 11 R		ess ngren Ave	nue						
City, State, Zip Code							Zip Code NJ, 07512	9							
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 973-				300.200	ense N	0.				
Start Date (10) 07/08/2017	Schedule 07/12/2		npletion l	Date (11)				SHA Monitor tement,In							
Occupancy Status During Abatement (0	Check Only On	e)				Street									
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe: occupied	tire Period of A Normal Facility	baten Hours	nent			City, S	tate,	Zip Code	nue	3		-			
Scope of Work (Check All That Apply)					_	loto	wa, i	NJ 07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	M G	ull Containm ini-Enclosur lovebag Pro	e iu cedu	PAP.	2 Cu	ī			
		200 - 100 24 - 100					J N	on-Exempte	d (*)	ind No	n-Friab	le Pro	cedur Abate		
Location of		Locati ormal	2000.00		Dec	scription	of							ре	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Mai Mai	d Sole ntenar odial S (12)	nce/		tos Cont thermal surfac	aining M	Materia s insu T, or			Amour (Speci 3F or L	fy	Remova	Repair	Encapsulate	Enclosure
	Yes													ite	Ф
Basement	Χ			22 25 400 60	Insula				000 L	200	X				
Garage	X			Pipe	Insula	tion			50 LF	=	Х				
Name of Registered Waste Hauler D&S Abatement, Inc.	Н	JDEP W auler ID 0996		Cubic of Was TBD			Name of Waste				PA				
City, State Fotowa, NJ					sal Date		City, Stat		PA	5					
Completed by Oliver Hegedis	Title Projec	ot Ma	ınager		S	ignature	1	0/_			Da 06	te /24/2	2017		

Print Form

JK 0899	1141		(P	ursuant	to NJAC	8:60 and	d 12:120	0)								7
Date of Notification (1) 06/24/2017					f Building ley Goul		perator	(2)			li J	ÜL -	- 6	20	17	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified	Type Notification		\exists	Street A	ddress						i ,					
X EPA	× Initial		L								ASUES	STOS	CO	INC	ROL	8
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X DOH	justification)				f Contact	٦				1 14	alanhona	Numh	er			
DCA	Cancellation			***************************************	ey Goul											
Name of Facility Where	Ahatement is Takin	Place (3)	FACI	LITY INFO	DRMATI	ON	Tyr	ne of Facility (4)						
House	Abatement is Taking	g 1 1000 (0	7					1 1 1	· · · · · · · · · · · · · · · · · · ·							
Street Address		V.74						×	School (K-1 Subchapter Other (i.e. p	8 ()t			build	lings,	home	es,
City (5)								Sai	etc.) uare Feet		of Floors		TRI	dg. A	ne.	
Maplewood								N/A			/A			/A	ge	
County (6)				County	Code (7)			Cur	rrent Use (Prid	or if of	eina dem	olished	1)			
Essex				(STATE	USE ONĹY)	<u> </u>		Но	ouse							
Name of Monitoring Firm N/A	Hired by Building (Jwner (8)		ASCN	/I No.				batement Cor atement, In		or (9)					
Street Address							Street 11 R		ress ngren Aver	nue						
City, State, Zip Code	- Un-vin-vin				100				Zip Code NJ, 07512	00.0						- 1-35
Project Manager for Mon	itorina Firm			Telepho	ne No		Teleph		16		Licen	se No.				
-				100		12.5	973-	345	-8685		0131					
Start Date (10) 07/07/2017		Schedule 07/08/2		npletion	Date (11)				SHA Monitor atement,Inc	: .						
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Addı	ress							
Facility Closed/Vaca Abatement Perform	ed Outside of Norm								ngren Aver Zip Code	nue — –						
X Other – Describe: 9	occupied					-	Toto	wa,	NJ 07512							
Scope of Work (Check A	II That Apply)	750.00											0			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processed.	enova				×	N 0	Full Containme Mini-Enclosure Glovebag Proc	edi re	2					
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		0.000	Locat											Abate Ty		
Location			lorma d Sole		A - l		scription		:-1 (A CBA)		^					
Asbestos-Containing TO BE ABA		Mai	intena	nce/		thermal			ial (ACM) ulation,		Amount Specify		Z	_	Encapsulate	四
In Facili (13)	ity	Cust	odial ((12)	Statt?			cing, VA niscellar			S	F or LF)		Removal	Repair	aps	Enclosure
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D&S Abatement, Inc	And an analysis of the contract of the contrac								Waste N	via a	agemer	nt of F	Α			
City, State Totowa, NJ						Dispos	sal Date	1A	City, State Morrisvi		PA					
Completed by		Title				No.	ignature	11	1/		general l	Date	_			
Oliver Hegedis		10.000	ct Ma	anager				6	1		~	06/2	4/2	017		

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no 04558alo	1		ICATION	ate of Nev I OF ASBI to NJAC	ESTOS	ABATE		Г	1				/W		
Date of Notification (1) 06/24/2017				f Building (Alvarez	Owner/C	perator	(2)	4	U	I J	儿 -	0	201	1	L
Agencies Notified Type Notificatio	n		Street A	ddress			VIII III		_	ASBES	TOS	CO	NTE	₹ÖL	1
X EPA X Initial X DEP Amended X DOL Amendmen		-	City, Sta	ate, Zip Co	de	-011		-	-		ICEA				
Emergence	nt # y (including	-		field, NJ	07003	3			_						
DOH justification Cancellation				f Contact Alvarez						Tolonhone	Numbe	er			
Name of Facility Where Abatement is Tak	ing Place (3	3)	FACI	LITY INFO	ORMATI	ON	Tvp	e of Facility (4)						
House								School (K-1	2)						
Street Address							×	Subchapter Other (i.e. p				uildir	ngs,	home	es,
City (5) Bloomfield	War and the second						Squ N/A	etc.) lare Feet		of Floors		Bld N//	g. A	ge	
County (6)	-9			Code (7)	.7		Curi	rent Use (Pri	or if		olished				
Essex Name of Monitoring Firm Hired by Building	Outpor (0)		ASCN	USE ONLY)		Nomo		use patement Cor	atro	or (O)					
N/A	g Owner (8)		ASCI	I NO.				atement, In		tor (9)					
Street Address						Street 11 R	distriction.	ess ngren Aver	nue	; 					
City, State, Zip Code						City, S	tate,	Zip Code	-						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		NJ, 07512 No.		Licens	e No.				_
2. (5.4.40)						NS0350		8685		01311	1				
Start Date (10) 07/06/2017	07/07/2		npletion	Date (11)				SHA Monitor atement,Inc	Э.						
Occupancy Status During Abatement (Che						Street 11 R		ess ngren Aver	nue						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: occupied						City, S	tate,	Zip Code NJ 07512		<u></u>		-			
Scope of Work (Check All That Apply)		50					٦			NAV 6500 NO					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	M G	ull Containme lini-Enclosure llovebag Prod on-Exempted	e cedi	re					
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial ((12)	ely by nce/		tos Cont thermal surfac		fateria s insu T, or			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
00 W	Yes	No	N/A					0.						ate	Ğ.
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0&S Abatement, Inc.		777	lauler ID 0996	No.	of Was	ste		Waste I	Ma	agemen	t of P	A			
City, State otowa, NJ					Dispos TBD	al Date		City, State		PA		V2300==	CW -		
Completed by Diver Hegedis	Title	ct M	anager		S	ignature	1				Date 06/24	4/20	117		

Date of Notification (1)	30811	+7		Pursuant Name o	tate of New N OF ASB to NJAC	ESTOS 8:60 an	ABATE d 12:120	0)					= 6	20	17	Management of the second
06/24/2017 Agencies Notified	Type Notification				h Doria				100			28 11 1		- Jan Harrison		
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X EPA X DEP X DOL	Initial Amended Amendmen				ate, Zip Co Caldwell		7006		L			tan i Augusta	The Hold Cons			
DOH DCA	Emergency justification Cancellation)			f Contact h Doria					Ι.	alenhone	Num	ber			
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House		.gcoc (-)					П	School (K-							
Street Address								×	Subchapter Other (i.e. petc.)	18 (C	her than : & comm	K-12) nercial	build	dings,	home	es,
City (5) West Caldwell								N/A	are Feet	1	of Floors /A		N	ldg. A	ge	
County (6) Essex				(STATE	Code (7) USE ONLY)			Ηοι				olishe	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASC	ИNo.		D&S	Aba	atement Cor tement, Ir		or (9)					
Street Address								osen	gren Ave	nue						
City, State, Zip Code							Toto	wa, N	Zip Code NJ, 07512							
Project Manager for Moni	itoring Firm			Telepho			Teleph 973-3				Licens 0131					
Start Date (10) 07/06/2017		07/07/	2017	npletion	Date (11)				HA Monitor tement,Inc							
Occupancy Status During Facility Closed/Vaca				nent			Street 11 R		ss gren Ave	nue	8	8				
Abatement Performe Other – Describe: 0	ed Outside of Norr	mal Facility	y Hour:	S		_	15000		Zip Code NJ 07512							
Scope of Work (Check Al	I That Apply)													- 12		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X F	Renova Demoli	ation tion			×	Mi Gl	III Containment- ni-Enclosure ovebag Prod on-Exempted	e cedui	3				_	
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Location Asbestos-Containing I		1	Normal ed Sole	lly			scription					-		Ту	ре	
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Baseme	ent		Х			Pipe	Insula	tion			30 LF		X			
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Name of Registered Wast D&S Abatement, Inc.			H	IJDEP W lauler ID 0996	100000000000000000000000000000000000000	of Was			Favores or se-		ered Lan		PA			
City, State Totowa, NJ						Dispos	al Date		City, State Morrisv		PA					
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Date of Notification (1) 06/23/2017				of Building ns Instit				/	Z	JU		- 6	201	7
Agencies Notified Type Notification X EPA X Initial			7.70.70	Address tle Point	t On Hu	ıdson			Ā	SbEST		S CC		HOL
X DEP Amended X DOL Amendmen				ate, Zip Co ken, NJ					The State of the S		av sila.	2000	- 7(4	
			Name o	of Contact Klich					elepho	ne Numb	er			
Name of Facility Where Abatement is Takir Campus Building (school)	ng Place (3)	FAC	ILITY INF	ORMATI	ON	Тур	e of Facility (4)	_			-		
Street Address 806 Castle Point Terrace					-		×	School (K-12) Subchapter 8 Other (i.e. priv	(ther the		build	dings,	hom	es,
City (5) Hoboken	W						Squ N/A	etc.) lare Feet	of Floo	ırs	1000	Bldg. A	\ge	
County (6) Hudson				Code (7) USE ONLY)	_		rent Use (Prior nool Campu		emolished	d)			
Name of Monitoring Firm Hired by Building TTI Environmental, Inc.	Owner (8)	ASCI	M No.		D&S	Aba	atement Contra atement, Inc	or (9)					
Street Address 1253 N. Church Street							oser	ngren Avenu	E					
City, State, Zip Code Moorestown, NJ 08057								Zip Code NJ 07512						
Project Manager for Monitoring Firm Jeff Seaman				40-8800		Teleph 973-		No. 8685	Lice 013	ense No. 311				
Start Date (10) 07/07/2017	Schedul 07/10/		mpletion	Date (11)				SHA Monitor Itement, Inc.						
Cocupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abaten				City, S	oser	ess ngren Avenu Zip Code NJ 07512	е					
Scope of Work (Check All That Apply)					1	1010	۹				24115			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	automotione.	Renova Demoli				Ě	M G	ull Containmen lini-Enclosure lovebag Proced on-Exempted (dı e				0	
Location of		s Locat Norma			5	<u> </u>		ori-Exempled () and ivoi	I-I Habie		Abate		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial ((12)	ely by nce/		tos Conta thermal	systems sing, VA	fateria s insu T, or	lation,	Amoun (Specif SF or LI	A(E)	Remova	Repair	Encapsulate	Enclosure
1 st floor stairwell	Yes	No X	N/A		Cailir	ng Pla	eter		50 SF		X		ate	Ф
1 St 11001 Stall Well					Cellii	ig r ia	3(6)				^			
Name of Registered Waste Hauler		H	JDEP W	151555	Cubic '			Name of Re Waste Ma	. 		A.			
City, State Totowa, NJ			0996		TBD Dispos TBD	al Date		City, State Morrisville						
Completed by	Title	ect Ma	anager	<u> </u>	Si	ignaturé	1/1	/		Date 06/2	3/2	017		40.5V

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Data of Natification (1)				1.					4				-	
Date of Notification (1) 05 /	31 /	17			Nam		ng Owner/Operator (17		_	6	2017	,
Agencies Notified	Typo Notific	notion			01		anobaat oon, L			3 14 00	_		LUII	
⊠ EPA	Type Notific ☐ Initial	cation				et Address	ago Ave #860			ASTITON	~~	0.0		
						State, Zip			+	ASHEST	US	JSIN	TRO)L 8
⊠ DHSS	Amendm				1000	icago, IL			_	£.,		12114	<u> </u>	
DCA (NJAC 5:23-8)	☐ Emerger justificat		luding	3		e of Contac			1-	T				
	☐ Cancella				Ivaiii	Barry			2.1	Menhone Num	per			
					ΕΛ		VEODMATION		3			-	-	
Name of Facility Where Ab	atement is	Taking F	Place	(3)	ГА	CILITY	NFORMATION	Type of Facility	(4)					
Warehouse		9		(-)				School (K-12						
Street Address		-						Subchapter	2) B ((ther than K-12				
1500 Suckie HWY								Other (i.e., p	riva	e and commer	cial b	uildin	gs,	
City (5)								Square Feet	Т	of Floors	IB	lldg. A	nge.	
Pennsauken, NJ 081	10							50,000Sf		1 Floors		192		
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior		had)	132	-	
Camden COUNTY						,	, (Warehouse	101	being demons	neu)			
Name of Monitoring Firm H	ired by Build	ding Ow	ner (8)	ASCM	No.	Name of Abateme		_					
								Environment		ervice LLC				
Street Address							Street Address							
							14 Read Drive	Э						
City, State, Zip Code					28-11-50		City, State, Zip Co	ode						
							Sicklerville, N							
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.		T	icense No.				
							856-318-1341			01158				
Start Date (10)		Schedule	ed Co	omple	tion Da	ite (11)	Name of OSHA M	onitor						
06 /12 /		_ 11, 25, 29			_ /	17	Graham-Tech	Environmenta	al S	ervices, LLC				
Occupancy Status During A							Street Address		_		-		-	
Facility Closed/Vacated	During Entir	re Perio	d of A	Abater	ment		14 Read Drive)						
Abatement Performed O Time of Abatement: 7AM	utside of No	ormal Fa	acility	Hour	s - Des	cribe	City, State, Zip Co	de			-			
			PIVI-		_AIVI		Sicklerville, N	J 08081						
Scope of Work (Check all the	at apply)						☐ Full Contr	ainment with Neg	otiv	. Denonues				
				ovati			Mini-Encle Mini-Encle	osure	aliv	rriessule				
<u> 1500 St of ≥250 IT</u>			Der	nolitio	n		⊠ Glovebag	Procedure npted (*) and Nor	, E.	able Dropedure				
		T	ls	Locat	ion		□ NON-EXP	inpled () and Not	1-1-1	able Procedure		-4		004040
Location of				ormal Sole	-		Description of					atem		
Asbestos-Containing Ma TO BE ABATE	iterial (ACM))		ntenai		Asbes	stos Containing Mat	erial (ACM)		Amount	Ren	Repair	Enc	Enc
IN Facility			Custo	odial S	Staff?	(1.6.	, thermal systems in surfacing, VAT,	nsulation,		(Specify SF or LF)	Remova	air.	aps	Enclosure
(13)				(12)		-	other miscellaneo	ous)		SI OI LF)	<u>a</u>		Encapsulate	ıre
Basement			'es	No	N/A								е	
Basement			-				s mud/refractor	у		100SF				
Basement			-				s boiler rope			60LF				
2nd Floor			-			Floor Ti				700SF				
	Javilar		لل		Ш	Floor Ti				100Sf	\boxtimes			
Name of Registered Waste I Graham-Tech Environ		ervice	LLC	Ha	JDEP V auler ID	No.	Cubic Yards of Waste	Name of Regist		Landfill & T				
City, State					00346	00	Diaposal Data		UIL	Lanuill & I	uny	town		
14 Read Drive Sicklen	ville, NJ 08	8081					Disposal Date	City, State	ntr	wn Rd. Morri	svill	2 DA	V.	
Completed By (Print or Type		Title		- 111			ASignature					G, F F		
Vernice Graham	,	Pres	ider	nt			What I A	0 /	1	A Date)	72	1	7
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Date of Notification (1) 06 /	27 /	17				ng Owner/Operator (a Excavating Co.,		12	7	1 <	4	
Agencies Notified	Type Notifica	ation			t Address			ASBEST	051		IH	1 8
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☑ DOLWD	Amended									41	-	
□ DOH	Amendme	ent #	_	10000000								
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		1011		1								
Name of Eacility Where A	hatament is T	akina Di	200 (2)	FA	CILITY	NFORMATION	T					
	batement is 1	aking Fi	ace (3)									
								ther than K-12	Ý			
Street Address							Other (i.e., priva			uilding	js,	
City (5)								of Floors	RI	da A	70	
Seaside Park											ge	
County (6)		***	-77	Cou	ntv Code (7)(STATE USE ONLY)						
Ocean	Subchapter 8 (C ther than K-12) Other (i.e., prive e and commercial buildings, homes, etc.)											
Name of Monitoring Firm	Hired by Build	ing Own	er (8)	ASCM	No.	Name of Abateme						
	₹.	π.	3.5			Description of the second of t						
Street Address							3,					
						1889 Route 9	, Unit 61					
City, State, Zip Code	Cancellation Fernando Messercola FACILITY INFORMATION											
	Cancellation Fernando Messercola FACILITY INFORMATION											
Project Manager for Monit	Name of Contact Franando Messercola Type of Facility (4) School (K-12) Subchapter 8 (C ther than K-12) Market 1000 Top											
	Address School (K-12) Subchapter 8 (Cither than K-12) Subchapter 8 (Cither than K-12) Subchapter 8 (Cither than K-12) Other (i.e., prive e and commercial buildings, homes, etc.)											
Start Date (10)	200720	chedule	Compl	etion Da	ite (11)	Name of OSHA M	lonitor					
07 /10 /	17	07	/ _1	2_/	17	E.M.S.L. Ana	lytical					
Occupancy Status During	Subchapter 8 (C. ther than K-12) Other (i.e., priva e and commercial buildings, homes, etc.) Square Feet 1000 sf 1 65 Square Feet 1000 sf 1 65 County Code (7)(STATE USE ONLY) Coean Residence Ime of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 0875 Telephone No. Telephone No. Telephone No. 732-349-9932 opicit Manager for Monitoring Firm Telephone Date (11) O7 / 10 / 17 O7 / 12 / 17 Cupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Other (i.e., priva e and commercial buildings, homes, etc.) Other (i.e., priva e and commercial buildings, homes, etc.) Other (i.e., priva e and commercial buildings, homes, etc.) Other (i.e., priva e and commercial buildings, homes, etc.) Other (i.e., priva e and commercial buildings, homes, etc.) Square Feet 1000 sf 1 0 65 Current Use (Prior i Bidg. Age 1000 separate Se											
(A)	~					1056 Stelton						
LATER REPORT OF THE STATE OF TH						City, State, Zip Co	ode					
Time of Abatement	AIVI-	PIVI/	PIV		AM	Piscataway, I	New Jersey 0885	4				
Scope of Work (Check all	that apply)											
☐ >3 sf or >3 lf			Renova	tion		☐ Full Cont	ainment with Negati Iosure) a Pressure				
≥160 sf or ≥260 lf		\boxtimes	Demolit	ion		☐ Glovebag	Procedure					
	Name of Contact T											
Location	AC 5:23-8)											
	Cancellation Fernando Messercola FACILITY INFORMATION Facility (Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Cher than K-12) Subchapter 9 (Subchapter 8 (Cher than K-12) Subchapter 9 (Subchapter 1000 s ft 1	En										
	Cancellation	clos										
	Amended Amendence Amende											
V /		Ye	s No	N/A			000)				te	
exterior					asbest	os siding		1000 sf		П	П	П
			$\exists \sqcap$	П					+			П
4			15					19 -	+=			
		-15		+-					무			
Name of Registered Waste	Hauler			NJDEP I	Monto	Cubic Yards of	N (D)	11		Ш		Ш
Guardian Contractin				Hauler II		Waste	Name of Register T.R.R.F.	e 3 Lanonii				
City, State	J,o.			20223	3	3 Diamagal Data	- WARRANGE WARRANGE THE C					
Toms River, New Je	reav					Disposal Date 07/12/17	City, State					
		T:41-					Tullytown, Pe	1			,	
Completed By (Print or Type Nicholas Fernicola	Je)	Title	04 B/-			Signature		// Da	te /	-	/,-	
		Proje	ct Mar	ager			Jer er	1 4	12	- 1,	1/7	
ASB-41 JAN 13		* Do r	ot use t	his form	for asbes	tos licensure exemp	ted activities.		1			

JAN 13

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	JUL	- 6	201	7	
	27/	17				/ Management, L	111	1	1 3	32	15	j L
Agencies Notified	Type Notifica	ition		Street	Address		No.	ACOLOTO		A 178 F		
				89	White St	reet, Apt. A		ASBESTO:			IUL	ä
⊠ DOLWD	☐ Amended			City, S	State, Zip (Code		Box (2) C	4 / /	4/7	-	
Ø DOH	Amendme		_	Eat	ontown,	NJ 07724						
DCA (NJAC 5:23-8)	☐ Emergend justification		ng		of Contac	ENG-STATE CONTRACTOR		elephone Nu '-	~ =			
,	Cancellati			Hed	tor Bon	ora	11	(\$ *))				
				FΔ	CILITY IN	FORMATION		-		-		
Name of Facility Where A	natement is T	aking Plac	ne (3)	IA	JILIT III	TORMATION	Type of Facility (4)					
Residence		aning i la	30 (0)				School (K-12)					
Street Address					E-11.		Subchapter 8 (I			ildina	S.	
							homes, etc.)				-1	
City (5)							Square Feet	# of Floors	Blo	dg. Ag	je	
Manasquan							2000 sf	2	1	65		
County (6)				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Prior	f being demolish	ned)			
Monmouth							Residence					
Name of Monitoring Firm I	Hired by Build	ling Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Guardian Contractir	ig, Inc.		20 62			Guardian Co	ntracting, Inc.					
Street Address						Street Address						
1889 Rte. 9, Unit 61						1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co	ode	-				\neg
Toms River, New Je	rsey 08755					Toms River,	New Jersey 0875	5				
Project Manager for Monit	oring Firm		Tel	ephone	No.	Telephone No.	•	License No.				\neg
Nicholas Fernicola			7	32-349	-9932	732-349-9932	13	00624				
Start Date (10)	S	cheduled	Comple	etion Da	te (11)	Name of OSHA N	Ionitor					
07 /12 /	17	07	/ _1	4 /	17	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (0	Check only	one)			Street Address						
☐ Facility Closed/Vacated	d During Entir	e Period o	f Abate	ement		1056 Stelton						
☐ Abatement Performed						City, State, Zip Co	ode	-				-
Time of Abatement:	AM	PM/	PM		AM		New Jersey 0885	13				
Scope of Work (Check all	that apply)					200		5				
≥3 sf or ≥3 lf		M	Renova	ion		☐ Full Conf	tainment with Negat	/e Pressure				
≥160 sf or ≥260 lf)emoliti				g Procedure					
				525.00.00			mpted (*) and Non-	riable Procedure	е			
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Location of Asbestos-Containing N		v U	Norma sed So		A = b =	Description of		A	Re	Re	ш	m m
TO BE ABA		' N	1ainten	ance/		stos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	cap	clo
IN Facility		Ct	ıstodial (12			surfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure
(13)		Yes			-	other miscellane	ous)				ate	
basement/crawlspace		T e:	S 140	IN/A	ashesto	os pipe insulatio	in .	100 If		П	П	П
porch	s 					os transite	-	90 sf				
				1					H			
Name of Registered Wast	a Haular			NJDEP I	Masta	Cubic Yards of	Name of Register	ad Landfill			Ш	Щ
Guardian Contractir			1.0	Hauler II	O No.	Waste	T.R.R.F.	30 Landiii				
City, State				20223)	3 Disposal Date	City, State					
Toms River, New Je	rsey					7/17/17	Tullytown, P	nnsylvania				
Completed By (Print or Ty	pe)	Title				Signature	// /	Dat	te /	1		
Nicholas Fernicola		Proje	ct Mar	nager			intel	(5/2	7/1	7	

Date of Notification (1)				Name	of Buildin	g Owr	ner/Operator (2)		1111 -	- 6	2017	7
06 /27	/	17		Jos	hua Alle	n Th	omas		4/5	31	5	3"	
Agencies Notified Type N	otificatio	on		Street	Address						~~		70. 6
									ASUL	STOS			ULA
☑ DOLWD ☐ Am	ended endment	. #		City, S	state, Zip (Code				Carbon V 127	(* *	132	
		(including		Bay	ville, NJ	0872	21						
	ification)			Name	of Contac	t		Т	lephone Nu	mber			
☐ Car	cellation	1		Jos	hua Alle	n Th	omas						
				FAG	CILITY IN	NFOR	MATION						
Name of Facility Where Abateme	nt is Tak	ing Place	(3)					Type of Facility (4)					
Residence								School (K-12)					
Street Address		illococco						Other (i.e., priva			uilding	JS,	
City (5)									of Floors	В	da. A	ae	
Seaside Park								2000 sf	2	1000		J -	
County (6)				Cour	ity Code (7)(STA	TE USE ONLY)	Current Use (Prior	being demo	olished)			
Ocean					# S			Residence	8.33				
Name of Monitoring Firm Hired by	Building	g Owner (8)	ASCM	No.	Nan	ne of Abatem	ent Contractor (9)					
N/A		55	200			G	uardian Co	ntracting, Inc.					
Street Address						Stre	et Address						
						18	889 Route 9), Unit 61					
City, State, Zip Code						City	, State, Zip C	ode	*				
						T	oms River,	New Jersey 0875					
Project Manager for Monitoring F	rm	77, 417	Tel	ephone	No.	Tele	phone No.		icense No.				
						73	32-349-9932	2	00624				
Start Date (10)	Sch	neduled C	omple	etion Da	te (11)	Nan	ne of OSHA N	Monitor			TENT		
07/10/17	12	07 /	1	1_/	17	E	.M.S.L. Ana	lytical					
Occupancy Status During Abaten	ent (Che	eck only o	ne)			Stre	et Address						
□ Facility Closed/Vacated During	Entire F	Period of	Abate	ement		10	056 Stelton						
						City	, State, Zip C	ode					
Time of Abatement:AN	1	_PM/	_PM		AM	Р	iscataway,	New Jersey 0885	i.				
Scope of Work (Check all that ap	oly)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 							☐ Mini-End	closure g Procedure		di Vani			
Street Address	T												
School (K-12) School (K-12) Subchapter 8 (c) Hort flies, privale and commercial buildings, homes, etc.)													
Residence reet Address	Enclosure												
	Cancellation Joshua Allen Thomas FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (C ther than K-12) Subcha	uso											
(13)		All Nego at	(12)			ner miscellane		Of Of Lif	=		ılate	Ге
		Yes	No	N/A				974 	95 <u>0 311 1 1900 19</u> 00			(0	
exterior					asbest	os si	ding		2000 sf				
	- Zillen		П	П							П	П	
Name of Registered Waste Haule	r		7	NJDEP \		Cub	ic Yards of	Name of Register	d Landfill			170-100	
Guardian Contracting, Inc				Hauler II		Was	ste	T.R.R.F.					
City, State				20223)	Disp	osal Date	City, State					
Toms River, New Jersey							12/17	Tullytown, Po	nnsylvani	а			
Completed By (Print or Type)	T	Title					Signature		1	Date /			
Nicholas Fernicola		Project	Mar	nager					. (6/2	27 /	1-)

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Date of Notification (1)				Name	of Buildin	ng Owner/Operator (2)	. 1 , 200	1	2	317	11
	27 /	17		We	ldon Qu	arry Company	a Copyright	132	15	5		ĺ
Agencies Notified ⊠ EPA	Type Notifica	ation		10.00	Address	Avenue		ASBEST	OS C	ONT	RO	_ &
□ DOLWD	☐ Amended	d			State, Zip			-	/ Service Appellance		-	
□ DOH	Amendm					NJ 07090						
DCA	☐ Emergen	cy (including	J		of Contac		1 7	lephone Numl	205			
(NJAC 5:23-8)	justificati					520	1.	lennone Numi	Jei			
	☐ Caricella			1	b Whale					_		
				FA	CILITY II	NFORMATION						
Name of Facility Where	Abatement is 1	Taking Place	(3)				Type of Facility (4)					
Residence							☐ School (K-12) ☐ Subchapter 8 (0	her than K-12				
Street Address							Other (i.e., priva			ilding	IS,	
City (5)							Square Feet	of Floors	BI	dg. A	ge	
Watchung							1500 sf	2		65		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Prior	being demolis	hed)			
Union				400000471011	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence		/			
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	8.			-	
Guardian Contracti	ng, Inc.					Guardian Co	ntracting, Inc.					
Street Address						Street Address		-	7.77		-	-
1889 Rte. 9, Unit 61						1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co						
Toms River, New J	ersey 08755	i					New Jersey 0875	Į.				
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		icense No.				
Nicholas Fernicola			7	32-349	-9932	732-349-9932	2	00624				
Start Date (10)		Scheduled C	omple	etion Da	te (11)	Name of OSHA M	Monitor					
07 / _07_ /	_17	_ 07_ /	1	4 /	17	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (Check only of	one)			Street Address						
☐ Facility Closed/Vacate				ement		1056 Stelton						
☐ Abatement Performed					scribe	City, State, Zip Co	ode					
Time of Abatement: _	AM	PM/	_PM		AM		New Jersey 0885	4				
Scope of Work (Check al	I that apply)	0				,,						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Re				☐ Mini-Enc ☐ Glovebag	g Procedure					
		lo	Loca	tion		□ Non-Exe	mpted (*) and Non-F	able Procedur		-/		
Location	of	1.4	Norma			Description o	of.		_	atem		Γ
Asbestos-Containing	5 7 .00	1/		ely by	Asbe	estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA		1 2 4 200 3		ance/ Staff?	(i.€	e., thermal systems		(Specify	VOD	a i	aps	losu
IN Facili (13)	ıy		(12)			surfacing, VAT, other miscellane		SF or LF)	<u>m</u>		ulat	Гe
3.57		Yes	No	N/A							O	
furnance room & kito	hen		\boxtimes		duct in	sulation		200 sf	\boxtimes			
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						12		-	ַ	Ш	Ш	Ш
Name of Registered Was Guardian Contracti				NJDEP Nauler II 2022	D No.	Cubic Yards of Waste	Name of Register T.R.R.F.	ed Landfill				
City, State				~~~~		Disposal Date	City, State					
Toms River, New Je	ersey					07/17/17	Tullytown, Pe	ınşylvania				
Completed By (Print or Ty	ype)	Title		-	5)	Signature		// Da	te /		1	
Nicholas Fernicola		Project	Mar	ager			~ . t	. /	61	17	1,-)

Date of Notification (1)			Trade of the second		Name	of Building	g Owner/Operator (2)]]]]]	_	0 ,	1017	i
	27 /	17			We	ldon Qua	arry Company		13 =	2/3	56		Ì
Agencies Notified T	ype Notific	ation			Street	Address			ASBES	TOS	CON	IH	JL 8
	Initial				141	Central	Avenue		Ĺ	KCEN	45HN	<u>G</u>	
	Amended				City, S	State, Zip C	Code		Trial and the second				
⊠ DOH	Amendm	_			1000	stfield, N							
DCA (NJAC 5:23-8)			luding					T	lenhone Numi	ner			-
						5 ASSESS 100	-						
					FAG	CILITY IN	IFORMATION		-			1000000	
Name of Facility Where Aba	atement is 7	aking	Place	(3)				Type of Facility (4)	-				
Residence								☐ School (K-12)					
Street Address											ildine	15	
								homes, etc.)				.	
City (5)									of Floors	BI	dg. A	ge	
Watchung								2500 sf	2		65		
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Prior	being demolis	hed)			
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Name of Monitoring Firm His	red by Build	ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)		920			
Guardian Contracting	, Inc.						Guardian Co	ntracting, Inc.					
Street Address							Street Address						_
1889 Rte. 9, Unit 61							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
				T = .				New Jersey 0875				22511377	
	ing Firm			15,600,500,00			17579000 #4071047004040540594414						
		Chadi	ulad C						00624				
Occupancy Status During Al	batement (<u> </u>	-				
					nent								
						cribe		nde	-	-			
Time of Abatement:	AM	PM	/	_PM-		AM			4				
Scope of Work (Check all the	at apply)												_
			□ Rei	novati	on				v : Pressure				
☐ ≥160 sf or ≥260 lf								Procedure					
			9				☐ Non-Exe	mpted (*) and Non-F	able Procedur	е			
1	Cancellation Rob Whaley FACILITY INFORMATION Type of Facility (4) School (K:12) Subchapter 8 (C) her than K-12) Subchapter 8 (C) her than K-12 Subchapter 8 (C) her tha	ype											
	torial (ACN	n				Acho			A	Re	Re	Щ	Щ
	The state of the s	9	Mai	intena	nce/					ome	pai	cap	clo
			Cust		Staff?		surfacing, VAT,	or		val	_	lus	sure
(13)	School Cancellation Name of Contact To lenhone Number												
garage & laundry room				\boxtimes		asbesto	s pipe insulatio	n	45 If	\boxtimes	П	П	П
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		-											
		-											
Name of Registered Waste H	Jaulas		ш		IDED !	0/	O. bis Vasata at	- IN- 15 11	11 150		Ш	Ш	
Guardian Contracting				Н	JDEP V auler ID	No.	Cubic Yards of Waste	Name of Register T.R.R.F.	e I Landfill				
City, State	¥				20223		2 Disposal Date	City, State					
Toms River, New Jers	еу						07/17/17	Tullytown, Pe	nsylvania				
Completed By (Print or Type)	Title					Signature	1	Da	te i	- 1		
Nicholas Fernicola	*	1000000	oject	Mana	ager		Tanada o		1/	1/	_/	\neg	
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	Ame	aha	ent	11/							1	7511	HTU
(K#3172 212CK# 3180		TIFIC	Sta ATION	te of New Jersey OF ASSESTOS o NJAC 8:60 and	ABATE			700		E		V// [
Date of Notification (1)		Na	ame of	Building Owner/C	perator	(2)		Į kaz	1. 10	L -	6 2	017	- Lucian
(B)				m. Kel	Nil.	507	U	į.					
Agencies Notified Type Notification		St	reet Ad	dress				İ	ASDES!	7150	TOM.	rani	- 1
N EPA W Initial		2						Ĺ	L	CEN	CHAC	HOL	- OL
DEP Amended	-	Ci	ly, Stat	e, Zip Code			Ţ			ACC IN SERVICE			
DOL Amendment #_ Emergency (in	clustine	- 1 /	30	& Brench	N	KW	Je-50	2					
N DOH (ustification)	กลดแห้	M	ame of	Moturaci	•		-	1 fans					- Second
DCA Cancellation				1. Re								_	
	D1 (01)		FACH	LITY INFORMATI	MO	Tuno	of Facility (1					
Name of Facility Where Abatement is Taking			1/	ond herse	1	pecen							4
W. Son Desidence	yara	1 98	_/\	out very			School (K-1 Substanter		er than K-12	ř.			et garage et il
Street Address						5	Other (i.e. p	ivate &	k commerci	-, zi build	ings,	home	s,
						290	etc.)						
City (5)					1	Squar	re Feet	4 4 0	Floors	1	dg. A		
Long Branch						\mathcal{L}	00	1			50	ナ	
County (8)				Code (7) ISE ONLY)		Gurre	nt use (Pn	r in bei	ng demolish	14	1 35		1
INUMOUTH		1			T		yara	90	图制	T1 1-	~~~	· · ·	
Name of Monitoring Firm Hired by Building Os	wner (8)	Open-code	ASCM	I No.	Name	to ADS	egieni Co. ation Co.,	Tactor	(9)				j
		1				Addres							
Street Address							ss se Rd						catty plants
							p Code						- min
City, State, Zip Code							r code k, New Je	reav					Li Se pet F.
		7 =	1 1	. 54					License N				
Project Manager for Monitoring Firm		1 €	elephon	e No.		tone No 294 1			00029	G.			Total Section
Si (D. (III)	Scheduled	Cocon	dation f	Tata (111)	1		-IA Monitor		00020				
	1 1 11			2000 (11)	1 140110	. 01 0 01	the mediates						3
Occupancy Status During Abatement (Check		ell			Street	Addre	22						
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal			nı		City, S	tate, Z	p Code	-					
Other - Describe: 79M-70	7												at/abenes/i
Scope of Work (Check All That Apply)													-
≥3 sf or ≥3 if	II Po	novatio	**		-	T Evil	Containm	nt with	Megative F	TASSUT	0		2000
≥160 sf or ≥260 lf		molitio				. i Mic	ni-Enclosure		HACHERIA .	10000	_		The state of the s
9	Am				-	J/ Glo	vebag Pro	edure (*) or	d Non-Friat	do Dros	and in		1
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	*	.ocatioi ormally								Service Servic	Ty	pe	20-00-00-00-00-00-00-00-00-00-00-00-00-0
Location of Aspestos-Containing Material (ACM)	\$ 10 CO	Solely		Asbestos Con	scription		VACIN.	۵	mount			-	
TO BE ABATED		itenanc dial Sta		(i.e. thermal	system	s insula		(5	Specify	Ro	70	ince	Enc
In Facility		uiai Sia (12)	3112		cing, VA niscellar		A Company	SF	or LF)	Remova	Repair	psc	Enclosure
(13)				OHIDI I	HSUTHER	icus)	1			2	= 1	Encapsulate	Jro.
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PX+Cror-Garage			V	Siding			1	50	OTA	N		11111	
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(exterior-proset gores)			7	1001111	9)		00	N IJ	~			
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Name of Registered Waste Hauler			DEP W uler ID		Yards	. >	and the same of th		ered Landfil				And Age Sur
Ace Insulation Co., Inc.		1	386			10	Chrins	.andl	Pennin Pennin Pennin				1
City, State	-			Dispo	sal Date	 !	City, Stat		^	- 3 - 4			The state of
Colts Neck, New Jersey				1	11.3	12	Easton	PI	- sign				ton lend
Completed by	Title		and the same of th	1	algnatur	3		-	Da	its /	./	_	1000
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					1	1	7	Carried curtarian		17	1	3	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) - 6 2017 06 22 Manuel Lima Agencies Notified Type Notification Street Address ASSESTOS CONTROL & ☐ EPA ☐ Initial ☑ DOLWD ☐ Amended City, State, Zip Code Amendment # M DHSS Union City, NJ 07087 ☐ Emergency (including) ☐ DCA T ----hone Number justification) Name of Contact (NJAC 5:23-8) □ Cancellation Manuel Lima **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4 Residence School (K-12) ☐ Subchapter 8 Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Union City 1,800 2 80 yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prio if being demolished) Hudson House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A East Coast Haz Mat Remova Inc. Street Address Street Address 494 East 41st Street City, State, Zip Code City, State, Zip Code Paterson, NJ 07504 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-0022 00507 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 24 / 17 06 / 30 / 17 Same as above Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Scope of Work (Check all that apply) ☐ Full Containment with Nega ve Pressure ☐ Mini-Enclosure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non- riable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Remova Enclosure Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes Pipe Insulation 60 LF M П M П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registe ed Landfill Hauler ID No. Waste East Coast Haz Mat Removal, Inc. G.R.O.W.S., North W/M of PA 419 1 City, State Disposal Date City, State Paterson, NJ 6-30-17 Morrisville, I A Completed By (Print or Type) Title James Unger Sr. Estimator/Project Mgr. 6-22-1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(1	ursu	ant to NJ	JAC 8:60 and 5:1	6)		- 117			
Date of Notification (1)					Nar	ne of Build	ing Owner/Operator	(2)		I F G	0	2047	e e
	21 /	1	7		13/3	irtua				JUL -	b i	2017	
Agencies Notified	Type Notifi	ication	1		Stre	et Address	3						
□ EPA							Road, Suite 3		ASBE	STOS	CON	TRO);
⊠ DOLWD						, State, Zip				LICEA			_
☑ DHSS □ DCA	Amend					ariton, N.					Ton can no through		-
(NJAC 5:23-8)		ency (i	ncludi	ng		ne of Conta			T-1-1				
,	☐ Cancell				100000	ohn Ange	10767//		Telephone N	lumber			
					1								
Name of Facility Where	Abatement is	Takin	n Pla	20 (3)	Г.	ACILITY	NFORMATION	-					
Virtua - Berlin Cam		Takin	g i iai	Je (J)				Type of Facility					
Street Address								School (K-12 Subchapter 8	(Other than k	(12)			
100 Townsend Ave	nue							Other (i.e., pr	rate and com	mercial	buildi	ngs.	
City (5)				-				homes, etc.)					
Berlin								Square Feet	# of Floors		Bldg.	Age	
County (6)					10-								
Camden					Col	unty Code ((7)(STATE USE ONLY)	Current Use (Price	r if being dem	nolished)		
Name of Monitoring Firm	Hirad by Bui	Idina (2	. (0)	1001			Hospital					
Vertex Air Quality S		iding (Jwnei	(8)	ASC	/I No.	Name of Abateme	and the second s					
Street Address	bervices						BRISTOL EN	VIRONMENTAL	INC.				
700 Turner Way							Street Address		,				
							1123 BEAVE	RSTREET					
City, State, Zip Code							City, State, Zip Co	de					
Aston, PA 19014							BRISTOL, PA	19007					
Project Manager for Moni	toring Firm			1	ephone		Telephone No.		License No.				
Don Heim						8-8902	215-788-6040		00509				
Start Date (10)						ate (11)	Name of OSHA M	onitor			enomia		
6 /30 /					/	17	BRISTOL ENV	/IRONMENTAL	INC.				
Occupancy Status During	Abatement (Check	only	one)			Street Address						-
Facility Closed/Vacate	d During Enti	ire Per	riod of	Abate	ment		1123 BEAVER	STREET					
Abatement Performed Time of Abatement: 7:	Outside of No	ormal	Facili	ty Hou	rs - De	scribe	City, State, Zip Co	de			_		
		-IVI/	F	/IVI	AM		BRISTOL, PA						
Scope of Work (Check all	that apply)					12	1000				_		
≥3 sf or ≥3 lf			M R	enovat	ion		☐ Full Conta	inment with Nega	ve Pressure				
∑ ≥160 sf or ≥260 lf				emoliti			☐ Mini-Enclo						
							☐ Non-Exen	pted (*) and Non-	riable Proce	dure			
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Location of Asbestos-Containing N	270	,		Norma ed Sole			Description of				_	T	1
TO BE ABAT		''	Ma	intena	nce/		stos Containing Mate ., thermal systems in		Amount	em	Repair	nca	2
IN Facility	/		Cus	todial	Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)	Removal	≝.	Sde	Liciosaio
(13)		-	Yes	(12)	1 11/0	-	other miscellaneo	us)		-		Encapsulate	a
st ECO Room & conn	acted Cam	oro		No	N/A								
Soom	Coleu Gaill	cid				Floor til	e and assoicated	mastic	650 SF				
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	C								V		12		_
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lame of Registered Waste					JDEP \		Cubic Yards of	Name of Registe	ed Landfill		-		
CEDVICE TO	KI GROUP	, INC			auler II 2099 0	25.000	Waste 20	Minerva Lan	fill				
SERVICE TRANSPOR							Disposal Date	City, State	•		-		_
ity, State								7. C. 1970 C. 1970 C. 1970 C. 1970 C. 1970 C. 1970 C. 1970 C. 1970 C. 1970 C. 1970 C. 1970 C. 1970 C. 1970 C.					
	720						7/3/17	Waynesburg	OH				
ity, State NEW CASTLE, DE 19		Title						Waynesburg		\			
city, State			timat	or			7/3/17 Signature	Waynesburg		Date /2	8/	,7	

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

State of New Jersey NOTIFICATION OF ASSESTOS

	1					NJAC 8:60 and 5:	,						
Date of Notification (*		17		N	lame of Bui Virtua	ilding Owner/Operato	r (2)	* 1.0	Tom	JUL	- 6	20	017
Agencies Notified ☐ EPA ☐ DOLWD	Type Notifica ☑ Initial ☐ Amended			S	treet Addre	ss w Road, Suite 3			ASUE	8109	300	MT	Fic
⊠ DHSS	Amendme				ity, State, Z					LICE	MS	NO.	_
☐ DCA (NJAC 5:23-8)		y (incl	uding	-	Mariton, i								
(110/10 3.23-0)	☐ Cancellatio			- 1	ame of Con John Ang				elephone N	lumbe	er		
Name of Facility When	re Abatement is Ta	akina P	lace (3	1)	FACILITY	INFORMATION	T= :=						
Virtua - Berlin Ca	ampus			6			Type of Facilit						
Street Address							☐ Subchapter	8 (ther than K	-12)			
100 Townsend Av	venue						Other (i.e., homes, etc	priva	te and com	mercia	al buil	lding	s,
City (5)							Square Feet	.) 	of Floors		Dir		
Berlin							oquate rect		- 01 F1001S		Bla	g. Ag	je
County (6)				C	ounty Code	(7)(STATE USE ONLY)	Current Use (P	rior	being dom	olicha	41		
Camden						,	Hospital	1101	being dem	olisne	a)		
Name of Monitoring Fire		g Own	er (8)	ASC	M No.	Name of Abateme)	-				
Vertex Air Quality	Services						VIRONMENTA		IC				
Street Address						Street Address			-				
700 Turner Way						1123 BEAVE	R STREET						
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Project Manager for Monitoring Firm	T	conone	No	Talephone No.		Licar	IS No.		_		
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Nicholas Fernicola		Pro	oject	Man	ager			at.	1	6/-	15/	17	

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Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, LLC 00079 Street Address 20-21 Wagaraw Rd., Bldg. 35-E 20-21 Wagaraw Rd., Bldg. Bldg. 35-E 20-21 Wagaraw Rd., Bldg. Bldg. 35-E 20-21 Wagaraw Rd., Bldg. Bldg. 35-E 20-21 Wagaraw Rd., Bldg. Bldg. 35-E 20-21 Wagaraw Rd., Bldg. Bldg							100		1000000								
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Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	X	Facility Clo	sed/V	acated During Entire Peri	od of Ab	atemen	t		20-2	21 Wagaraw	Rd., E	dg. 35-	E				
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≥3 sf or ≥3 lf		Other - De	scribe:						Fair	Lawn, NJ 0	7410						
≥160 sf or ≥260 lf	Scope o	f Work (Check	All That	Apply)													
Glovebag Procedure Non-Exempted (*) a d Non-Friable Procedure Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13) Pes No N/A BOILER ROOM XXX Pipe Insulation, fittings, elbows, joints, valves, to the miscellaneous Normally Description of Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Pipe Insulation, fittings, elbows, joints, valves, to the miscellaneous Normally Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Republic Room Normally Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Republic Room Republic Room Normally Description of Asbestos Containing Material (ACM) Amount (Specity SF or LF) Republic Room Republic Room Normally Description of Asbestos Containing Material (ACM) Amount (Specity SF or LF) Republic Room Republic Room Normally Description of Asbestos Containing Material (ACM) Amount (Specity SF or LF) Republic Room Republic Room Republic Room Normally Description of Abate Ty Amount (Specity SF or LF) Republic Room Republic Room Republic Room Republic Room Republic Room Republic Room Name of Regustered Landfill Name of Regustered Landfill Name of Regustered Landfill Fairless Hills Landfill		≥3 sf or ≥3	If			X	Renova	ation	X	Full Contain	ment w	:h Negati	ve Pressure				
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City, State Disposal Date City, State			L NI-	u lorgou									Resident Amerika 1994 / ST				
Woodland Park, New Jersey TBD Morrisville, PA			k, Nev	w Jersey	1				IIRD	_	1		iviorrisville, PA	T			
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Dimo Golcev General Manager (6/27/1	חוחס	Goicev			Gene	ai ivia	nager			1/	111	46		0/2	//1	/	

Date of Notification (1) 07/01/2017				Name Mata	of Building wan Aber	Owner/deen re	Operator egional	(2) School District		chec	k#6128	96	201	7
Agencies Notified	Type Notification	1		1 Cres	Address st Way		1		7	A5 ₁₀	ESTO	5.00		1
☑ DEP ☑ DOL	Amended Amendmen Emergency (-		Aberd	tate, Zip Co een, NJ 0				_		LIC			
☑ DOH □ DCA	justification) □ Cancellatio			Name of Alex F	of Contact erreira				I_T	lenhone	Numbe	,		~
Name of Facility Where A	batement is Taki	ng Place (3)	FAC	ILITY INFO	ORMAT	ION	Type of Facility	(4)					
Street Address 170 Ravine Drive			-					School (K-SubchapteOther (i.e.	er 8 (Ot	er than I	K-12) ercial bi	ıildin	gs, hon	nes,
City (5) Matawan								etc.) Square Feet	#	f Floors		Bldg	. Age	
County (6) Monmouth					Code (7) USE ONLY,			Current Use (P school	rior if b	ing demo	olished)			
Name of Monitoring Firm Environmental Connec	Hired by Building tion	Owner (8)		ASC	M No.		Name Lilich	of Abatement Co Corporation	ontracto	(9)				
Street Address 120 North Warren Stre	et							Address 1cBride Ave						
City, State, Zip Code Trenton, NJ 08608							City, S Wood	tate, Zip Code land Park, Nev	/ Jerse	у			•	
Project Manager for Monit Rollie Jones	toring Firm			Telepho 609-27	one No 73-1396		Teleph 973-2	one No. 25-8400		Licens 01104				1127
Start Date (10) 07-13-2017		Schedul 07-15-2		mpletion	Date (11)			of OSHA Moniton		ries, LL				
Occupancy Status During Facility Closed/Vaca		2.0	8					Address Route 22 West						
☐ Facility Closed/Vaca☐ Abatement Performe☐ Other – Describe:	d Outside of Norr	mal Facility	Hour:	ment s				tate, Zip Code on, NJ 07083						
Scope of Work (Check All	That Apply)		5-11-01											
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demolit	1507070				Mini-Enclosus Glovebag Pro	e cedure	7				
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TO BE ABA In-Facility (13)	TED	Ma	intena todial ((12)	nce/ Staff?	(i.e.	thermal surfa	systems cing, VA niscellan		(5	mount pecify or LF)	Kemova	Kepair	Encapsulate	Enclosure
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City, State Woodland Park, Ne	w Jersey					Dispos	al Date	City, Sta	te	isville,	 PA			
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State of New Jersey

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DCA	☐ Cancellation			FAC	Shadl	RMATIC	Pate		-					
Name of Facility Where	Abatement is Taking	Place (3		11				Type of Facility (4)					
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Sileet Address.	0 . '	-						Other (i.e. p	ri ate & com			lings,	home	es,
City (5)	6.1	4		, \			1 8	etc.) Square Feet	# of Floor	s	В	ldg. A	ige	
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County (6) MeR	re R				Code (7) USE ONLY)		_]	Current Use (Pri	or fbeing der	molishe	d)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASC	VI No.		Name of	Abatement Cor	1	1	0 0			
EPC C	e nno 16	316	<u> </u>		MIN		Street A		100	1091	16.		LA	16
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City, State, Zip Code	LAL	NJ		08	533	3	City, Sta	te, Zip Code	1.4 A	IT	0		13	3
Project Manager for Mo	off ri go Firm	73 -	T	Telepho	ne No.		Telephor	ne No.	Licer	nse No.	9	A	A A	45000
Steve S	chen kea				758-3			58-336	2	OC) 6	11	7	
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Occupancy Status Durin	g Abatement (Check	Only On	ne)	(),	QUIT		Street A	idress	1.0.09	165	-	LC		-
Facility Closed/Vac							P	O. BOX	337					
☐ Abatement Perform ☐ Other – Describe:	ned Outside of Norma	I Facility	Hours			_		te, Zip Code U Egypt	417	- 🛆	0	53	2	
Scope of Work (Check A	II That Apply)						1000	- Jypt	<u> </u>		0~	دد	_	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK# 2433€	0047
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Date of Notification (1) 06-30-17	4				of Building Prudentia				npany of Am	rica	A second of the last					
	Type Notification				Address road Str	reet			of the same		ASUES	HOE				n. d
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× DOH □ DCA	Emergency justification) Cancellation				of Contact	tt				Те	lephone !	Numha	r			
				FAC	ILITY INF	ORMAT	ION								2	
Name of Facility Where Ab	atement is Takin	g Place (3)						Ту	pe of Facility (4							
Street Address 751 Broad Street								×		(Oth			uildii	ngs,	hom	es,
City (5) Newark						<u> </u>		1000000	etc.) Juare Feet	# 0	f Floors			lg. A		
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Name of Monitoring Firm H N/A	ired by Building	Owner (8)		ASC	Л No.		77 52 57 62 57 65 65		batement Cont Environme							
Street Address							Street 200	777	ress ad Street							
City, State, Zip Code				James I a a sa					, Zip Code It, NJ 07072							
Project Manager for Monito	ring Firm		T	Telepho	ne No.		Teleph 201-		No. 9-6565		License					
Start Date (10) 07-11-17		Scheduled 08-25-17		pletion	Date (11)		Name	of C	SHA Monitor		00,00					
Occupancy Status During A	hatement (Chec	ATMITULTINGS SIN					Street		nalytical, Inc	-						
Facility Closed/Vacate	d During Entire F	Period of Ab	atem						st 38th Stree							
Abatement Performed Other – Describe:	Outside of Norm	nal Facility H	lours			_			, Zip Code rk, NY 1001{							
Scope of Work (Check All T	hat Apply)								OSHA Class I							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			nova				×	1	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted (lure						
		le L	ocati	on				- '	von-Exempled (Zan	d Non-i ii	able I			ment	
Location of	E .	No	rmall	у		Des	scription	of				-	_	Ту	oe	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Used Maint Custoo	enar	ice/		thermal surfac		s ins	r	(\$	mount Specify or LF)	Kemoval		Repair	Encapsulate	Enclosure
		Yes	No	N/A											æ	
12th Floo	r			х		VA	T/Mast	tic		15,	000SF	X	-			
										_						
Name of Registered Waste	Hauler		1000000	JDEP W		Cubic '	Yards		Name of Re	giste	red Land	fill				
ATC, Inc. / JBT (50071)			auler ID 310	No.	of Was	te		Minerva I	nte	rprises					
City, State Shirley, NY / Bronx, NY	/					Dispos TBD	al Date	7	City, State Waynesb	ırg,	OH 44	688				
Completed by Kevin Moriarty		Title Project	Ma	nager		Si	gnature	1		1	100	Date 06-30	-17			
							1	1	MUCIAL!	+						

State of New Jersey

	0.5			to NJAC							* Helena			
Date of Notification (1) 6/29/2017				of Building e Prope		Operator	(2)			JL	IL -	- 6	2017	7
Agencies Notified Type Notification			Street A	Address		HIROTOCK 45504		72-11-0000-170-10-1	T	A CALLED	121.5	0.0	V 77 474	
EPA X Initial Amended		+	City, Sta	ate, Zip Co	ode				Ł	ASBES 1	Section 1	VOI NSIN		JL &
■ Amendmen ■ Emergency		_	Sumn											
DOH justification Cancellation	V 375		Name of John	of Contact					Ţ	alenhone Mur	nhar			
Name of Facility Where Abatement is Takin	a Diago /2	\	FAC	ILITY INFO	ORMAT	ION	T	f Fillb - /A						
Private property	ig Flace (S)					Т	e of Facility (4 School (K-12						
Street Address							×	Subchapter 8 Other (i.e. preetc.)	(C			ldings	, hom	es,
City (5) Summit							Squ 120	are Feet 00	# 2	of Floors	- 11 2	3ldg. <i>F</i> -50	Age	
County (6) Union	H- MMH			Code (7) USE ONLY)		Cun	rent Use (Prior	ift	ing demolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN N/A	M No.				atement Cont utions Serv						
Street Address N/A	4					Street 1435		ess t Street						
City, State, Zip Code N/A								Zip Code rgen NJ 070)47			***************************************		
Project Manager for Monitoring Firm N/A	777	- 1	Telepho N/A	ne No.		Teleph 201-				License N 01320	0.		1000000	
Start Date (10) 7/11/2017	Schedule 7/15/20		npletion	Date (11)				SHA Monitor Onmental La	abc	ratories				
Occupancy Status During Abatement (Chec	k Only On	e)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	batem Hours	ent			City, S	tate, 2	ite 22 West Zip Code 07803	_					
Scope of Work (Check All That Apply)						Unio	II INJ	07603	_					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	The state of the s	enova emolit				×	M GI	ull Containmer ini-Enclosure lovebag Proce	dur	i e e e e e e e e e e e e e e e e e e e				
	Is	Locati	on				7 1/1/	on-Exempted) c	id Non-Friab	PIO	Abate	ement	
Location of	N	ormali I Sole	y			scription						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii	ntenar odial S (12)	taff?		thermal surface	aining M systems cing, VA niscellan	insu T, or			Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	Yes	No	N/A		chine	gles sic	lina		_	OOCE				
Exterior			X		Silling	gies sic	ung			00SF	x			
Name of Registered Waste Hauler		50000	JDEP W	200	Cubic			Name of Re	egis	ered Landfill				
Newark Carting Inc		14 0000	auler ID 1509	140.	of Was	sie .		ISES Bet	hle	nem Rd La	ndfil	I		
City, State Po Box 5670					Dispos	al Date		City, State 2335 App	ole	utter Rd B	ethle	hem	PA	
Completed by Marcos Regato	Title Presid	lent			S	ignature	U	vees /c	De.	n & Dat 6/2	e 29/20)17		

Print Form

CB 1114		(F	Pursuan	t to NJAC 8:60 ar	nd 12:12	(0)		-	JUL	_	6 2	017	:/
Date of Notification (1) 06/29/2017			Name o	of Building Owner Jence	Operato	r (2)	į						Table and the
Agencies Notified Type Notification			Street /	Address				At	obliš M				Lά
EPA DEP DOL DOL		_	Closte	ate, Zip Code er, N.J. 07624						EN	DIN	4	
DOH justification) Cancellation				of Contact Fielding				Teler	ohone Ni	mhor			
Name of Facility Where Abatement is Takir	a Dlaga	(2)	FAC	ILITY INFORMAT	ION	1 -		2					-
Residence	ig Place ((3)				Тур	e of Facility (4)						
Street Address						×	School (K-12) Subchapter 8 Other (i.e. privetc.)	Other			ldings	, hom	ies,
City (5) Closter						Squ 3,1	are Feet	# of F	loors		Bldg.	Age	
County (6) Bergen	12-7			Code (7) USE ONLY)		Cur	rent Use (Prior	being	g demolis	hed)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASC	M No.	100000000000000000000000000000000000000		atement Contra ank Services		9)				
Street Address PO Box 354					Street 1256		ess erty Avenue	202					
City, State, Zip Code South Orange, NJ 07079							Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666	Teleph 844-			1 - 00	icense N 01316	lo.			
Start Date (10) 07/17/2017	Schedu 07/24/		mpletion	Date (11)	(F)		SHA Monitor Lighthouse S	oluti	ons				
Occupancy Status During Abatement (Chec	k Only O	ne)			Street			Report -			108ê		
Facility Closed/Vacated During Entire I Abatement Performed Outside of Nom Other – Describe:	Period of nal Facilit	Abaten y Hours	nent S			tate, 2	Zip Code			- 19-00			
Scope of Work (Check All That Apply)					Sout	h Or	ange, NJ 07	79					
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	Is	Locati	ion					A.			Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintena todial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfa	scription taining M systems cing, VA niscellan	lateria insu T, or	lation,	Amo (Spe SF o	ecify	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									ite	Ф
Basement		X		Pi	pe wra	р		120	LF	X			
Basement		X		Cardbo	ard ins	ulatio	on	45	lf	х			
								_					
Name of Registered Waste Hauler Newark Carting		H	JDEP W auler ID 1509				Name of Reg Waste Ma			andfi	11		
City, State East Orange, NJ				Dispos	sal Date		City, State Penn Argy	·	A				
Completed by Alison Lamers	Title Office	e Man	ager	S	ignature	W	MAD		Da	te /29/2	2017		

New Jersey Department of Health

Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly ICENSING

	I. NOTII	FICATION INFORMAT	ION			
Date of Notification: ☑ Initial ☐ Amended Type of Work: ☐ Demo		_ ☐ Emergency (must in	nclude justification)			19
	II. BU	ILDING INFORMATIO	N	a, i vinsi		
Name of Building Owner/O	perator:	Vick	cie Sewell			
Street Address:	Cit	y: Moorestown	State:	NJ	Zip:	08057
Name of Contact: Vickie	e Sewell	т	elephone No			4
	III. FA	CILITY INFORMATIO	N			
Name of Facility Where Wo	rk Activity is to Take Place:		Residence			
Describe Facility Use:	20.7		ce			
Street Address:	Cit	y: Moorestown		NJ	Zip:	08057
County Name: Burlingto	n	County Code (S	State Use Only): _			
	7 / 15 / 2017					
Occupancy Status During	Activity (check only one):					
□ Facility Closed/Vacated	During Entire Activity					
	de Normal Facility Hours—D	escribe:				
	,					
Scope of Work (check all	20 22 (79310)					
	Square Footage:	490 SF	Percentage A	sbestos	:	%
	Square Footage:	490 SF	Percentage A			
	IV. CON	TRACTOR INFORMAT	TON			
Company Name:	Shade Environment	al. LLC	Telephone No	8	56-755	-0099
	er Avenue Cit		5 A		Zip:	08052
Oli oot / laarooo.						
New Jersey Ashestos Licen					-	
New Jersey Asbestos Licen Monitoring Firm (if applicable	se Number (if applicable): _ e): _ Mgmt. & Enviro. Co	00842	Telephone No.:	6	09-298	-4070
New Jersey Asbestos Licen Monitoring Firm (if applicable	se Number (if applicable): e):Mgmt. & Enviro. Co	00842		6	09-298	-4070
New Jersey Asbestos Licen Monitoring Firm (if applicable Completed By (type or print legibly):	se Number (if applicable): e):Mgmt. & Enviro. Co	00842 onsulting Services				

05/28/2017 09:37

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Date of Notification (1)					Ilding Owner/Operator			Title	- 1 6	A	1	10	SCC
/ _	29 /	17		Vineland	Board of Education	on					٠	Lic	
Agencies Notified	Type Notificali	חדו		Strent Aridre	153		-+						
Ø EPA	⊠ leitlal			27 Cone	y Avenue	1		JUN	- i	2017			
⊠ DOFMD	Amended Amendman	N A		City, State, 2	Zip Codo	+	+		- 1	1. f.			
□ DCA	⊠ Emergency		laa	Vineland	I. NJ 08360				1	V			
(NJAC 6:23-8)	justification		lily.	Name of Cor	ninci	\rightarrow	12	A I Hala		Wuhibar	(47)	7	
	Cancellatio	11		Paul Far	inaccio	1_	Vi	-	er united t	KUINDI	7.4. 9		l
				FACILITY	YINFORMATION							-	
Name of Facility Where		king Ple	es (3)			Type	o/ Fac	Ury (4)	_	Name -		_	
Vineland High Scho	ool South					181 5	nool (r	C-12)					
Street Address						1 D SI	bchap	or 8 (Othe	nan k	(-12)			
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Vinaland							000	2			80		P
County (6)	- E			County Cod	& (T)(STATE USE ONLY)	Curre	ni Usa	(Priorif ba	n den	in all a			
Cumberland			Company.				loor		31		č.		
Vaine of Monitoring Firm			r (B)	ASCM No.	Name of Abalama	nt Con	iractor	(9)					
Eple Environmental	Services, LL	C			Shade Enviro	nnen	tal, LI	C					
Sireal Address					Street Address							é	*** * * =
1930 Brown Road			7.50		623 Cutler Av	renue							
City, State, Zip Code				1	City, Stale, Zp Co				_		700		
Newfield, NJ 08344 Project Manager for Monit			-1-22		Maple Shade,	NJ 08	3052						
Jim Eborts	oring Firm			phone No.	Telephone No.	e seans		Licer	No.				
DIIII CADITA								7		20			
lan Dan 1100	10-1	- dod- d 4		8-205-1077	868-755-0099			00	8 2	30			
			complet	an Date (11)	Name of OSHA M	onito:		00	2	*			
07 / 01 /	17	07	Complet / 05		Name of OSHA M EMBL Analyti	onito:	e.	00	8 2	*			
Эксприлку Занав Опинд	17 Abatement (Che	Q7 ck unly	one)	(11) eta (11)	Name of OBHA M EMBL Analyti Street Address	onito/ cal, in		00	8 2			~~	
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' Do not use this form for esbestos licensure exempted activibos

B & G proj. #: 2017-80

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

	TT-3 (CD TT
Che	k#8458

				**	*EMER	GE	N C Y ***	<u>Ć</u> he	k #8458		
Date of Notification	7/11/7		Name of I		-6° 20°/						
Agencies Notified EPA DEP	Type Notifica	tion		edar Aver	nue			A second	SAMEST OS LICE	NSING.	OK:84
DOL DOL	Amend		West		nch, NJ 0776	64			Ministration and account		
DOH DCA	☐ Cancel	- 11	Name of C					Telepi	one Number		
				FAC	CILITY INFORM	OITAN	N				
Name of facility wi									ool (K - 12)		0)
Street Address 400 Cedar Av	/enue							Oth Bldg	r (Private/Cor s./Homes, etc	mmercial	
City (5)	***********	T Co	unty (6)			Col	inty Code (7)	Square Feet	# of Floors	Bldg	g. Age
West Long Br	ranch		nmouth				ate use only)	Current Use non-Sub 8	Prior if being	demolished)
Name of Monitorin AHERA Cons		Bldg. Ow	ner (8)	Δ.	ASCM No. 0057		Name of Abatement C				
Street Address PO Box # 385							Street Address 105 Ryerson Road	d			
Oceanville, N.		5					City, State, Zip Code Lincoln Park, NJ	07035			
Project Manager for			F	Phone Numb	per	-	Telephone Number	07033	License N	umber	
John Smoyer			e	609-652-1	833		973-696-6869		0378		
Scheduled Start Da	te (10)			tion Date (1	1)		Name of OSHA Monit B & G Restoratio				
06/29/2017			6/30/201	7			Street Address	.,			
Occupancy Status I Facility closed Abatement per Describe:		entire pe	riod of aba				105 Ryerson Road City, State, Zip Code	d			
Other-Describ						=	Lincoln Park, NJ	07035			
Scope of Work (ch Demolition 3 sf or >3 If	2	y) Renovat ≥160 sf o				_	Full Containment w/nega	ative pressure		cut g procedure ble procedu	
Location of asbestos-con material to be	taining	Is locati	on normally	y used solel istodial	Description	on of a	sbestos-containing	Amoun (Specif	SEO	R R e e m p	E E n
abated in faci		Yes	No	N/A	material (LF)		v i i	a C L
rear hallway				X	texture .	ACM	paint	18 sf			
			1-	╫	1					╡┼┼┼	##
											計宣
Registered Waste H			DEP Hauler	r ID# C	Cubic Yards of V	Vaste	Name of Registered L		[
B & G Restoration City, State Lincoln Park, N.			,505	Disposal D	2 Date 03/2017		Tullytown Resour City, State Tullytown, PA	ce & Recove	y Center		BOOK STREET, S
Completed by (Print Gordana Luna		Title Secreta	ry/Treasu	-1	Signature		Gordana Luna		Date 06/2	27/2017	

Jun 27 2017 03:29PM NJ A	Aspestos Control 603	1.033.0004	page		-		at the second
2	303) <u>E (; </u>	G I W B
B & G proj. #: 2017-80	(Pursu	ant to NUAC 8:	estos Abatement 80-7 and 12:120-7).	a n.	100	N W	- 6 2017
	w	** EMERC	ENCY ***	Obscid #	H\$80 D		-
Date of Notification (1)	Name of Building On	ener/Operator (2)	¥		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	ASU STO	SCONTROLA
1018/1217/1117	Monmouth Univ	ersity		1 1000	- 1 101	1 1000	NSING
Agencies Notified Type Notification	Street Address	And the last of th	and the state of t			/ 	-
DEP Initial	400 Cedar Ave	nue			IV		
	City, State, Zip Code			WAIVER	APPRO	with I	-
DOL Amendme	West Long Bri	nch, NJ 07764		Telephone	a man and a section of the		
DOM Cancellatio	Name of Contact		, , , , , , , , , , , , , , , , , , ,				
DOA Carlestotte	" Tim Orr						· -
	FA.	CILITY INFORMA	TION				
Name of facility where abatement is to	aking place (3)			Type of Facility (4)		-	-
Monmouth University - Beech	wood Hall		1	School			
Street Address	Maria California				ar 8 (Other b	11(5)	
400 Cedar Avenue			al control of the con	AL applie	mes, etc.		
Cly (5)	County (6)		A-1-1-101	Square Feet #	f Floors	Bidg. Age	
West Long Branch		1	Caunty Code (7) (8tate use only)	Current Use (Price	if helps doe	allohad)	BL.
	Monmouth			non-Sub 8	a RatuR can	(Maries)	
Name of Montaring Firm Hired by Bid	g. Owner (3)	ASCM No.	Name of Absternant	Contractor (8)			
AHERA Consultants, Inc.		0057	B & G Restoration	on, Inc.		No. 11 (1980) (1971) 11 (1971) (1981)	
Street Address			SVest Address	Secondarios - Secondarios Seco			
PO Box # 385 City, State, Zip Code			103 Ryerson Ro	ad			_
Opaanville, NJ 08231-0385			City, State, Zip Code				
Project Manager for Monitoring Fifth	Phone Num	ned	Lincoln Park, N	1 07035	cense Numo	Ar	ь.
John Smoyer	609-652-		973-696-6869		378		
Scheduled Start Date (10)	Sched. Completion Data (Name of OSHA Mon				L .;
08/29/2017	08/30/2017	100	B & G Restoration	on, inc.			
Occupancy Status During Absternant (C	heck only one)						
Featility desed/vacated during ent	ire period of absternant.		Oity, State, Zip Code	80			
Describe: Other-Describe;			Lincoln Park, N.	7 07035		100	
Scope of Work (check all that apply)					wrap & cut		-
Demotition Re	novetton		Full Containment wines	tative pressure	Blovebag pro		
🖾 >3 sfor>3 lf 🔲 ≥18	0 si or ≥260 fi		Mini-enclosure		4on-triable p	50 F. T. T. W. C.	
	location normally used sole	У			IRI	REL	-
asherme-containing	maintenance/custodial	Description	of estastos-containing	Amount	e D	e n E	
about the disables (1971)	res No NA	material (AC	M)	(Specify SF (0	2 2 C	
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rear hallway	X	texture AC	ivi paint	18 s/		<u> </u>	5
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		1			119		O.
Registered Weste Hauter		upic Yards of Was		Landfill			
B & G Restoration, Inc. City, State	19563 Disposal D	2	Tullytown Resour	rce & Recovery Ce	ter		
Lincoln Park, NJ 07035	07/0	3/2017	City, State Tullytown, PA			S INNASA S ANNO SAN	
Gordana Luna Sec	retary/Treasurer	Signature	Geralaua Lama		06/27/2	017	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1 Church of the Little Flower 6/22/2017 Check #3029 ASSESTOS CONTROL & Street Address Type Notification Agencies Notified LICENSING 110 Roosevelt Ave Initial **EPA** City, State, Zip Code DEP Amended Berkely Heights, NJ 07922 × Amendment # DOL Emergency (including Telephone Number Name of Contact justification) DOH Nicholas Sblendorio Cancellation DCA FACILITY INFORMATION Type of Facility (-) Name of Facility Where Abatement is Taking Place (3) Church of Little Flower -Chapel School (K-1 !) Subchapter 3 (Other than K-12) Street Address Other (i.e. p ivate & commercial buildings, homes, 110 Roosevelt Ave etc.) # of Floors Bldg. Age Square Feet City (5) 50+ 50,000 Beerkely Heights Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Church UNION Name of Abatement Cor ractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) EA Services Corp N/A Street Address Street Address 426 69th Street City, State, Zip Code City, State, Zip Code Guttenberg, NJ 07 93 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-295-1700 01074 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same as above 6/24/2017 6/23/2017 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: starting at 4 PM Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf W/NEGATIVE AN Pressure Mini-Enclosur : Demolition ≥160 sf or ≥260 lf Glovebag Prc :edure Non-Exempte I (*) and Nord-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 10 SF ACM debris X Chapel area Name o Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Miner a Enterprises Inc TST-Tri State Transfer Assoc tbd 19551 City, State Disposal Date City, State Wayn sburg, OH tbd Bronx, NY Date Signature Completed by 6/22/2017 Office Manager

Print Form

Gina Betances

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

								In	IEUEIWE				
				STATE OF	NEW JERSEY			1.	The state of the s				
11/ 11/04	10		NOT	FICATION OF A	SBESTOS ABA	TEMENT							
(h) 1401	13				.C. 8:60 AND 12				JUL - 6 2017				
Date of Notification (1)					Name of Buil	ding Owner	Operator (2)	-					
	6/21	/2017			South Brui	nswick B	pard of Edu	ation	ASSESTOS CONTROL 8				
Agencies Notified		Notification	Туре		Street Addres				ittersive				
X EPA		Initial			4 Executiv	e Dr		A Secretaria	The second secon				
DEP			ed #		City, State, Z	ip Code		1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
X DOL			ncy (inclu	•	-	Name and Address of the Owner, where	, NJ 08852						
X DOH		justificat			Name of Con	A TANK	, 110 00002		lumber				
X DCA		Cancella	ation		Mr. Todd A								
Name of Facility Where A	hatement is T	aking Place (3	Y	FACILITY II	NFORMATION	tu 74)							
Greenbrook School	batement is i	aking Flace (3	<u>)</u>		Type of Facili	ty (4)							
					School	K-12)							
Street Address					Subchar	oter 8 (Othe	r than K-12)						
23 Roberts St							& commercial	uildings	,				
<u>City (5)</u>	County (6)			Code (7) Ise Only)	homes,		a commercial	ununiga	,				
Kendall Park	Middlese					XX							
Name of Monitoring Firm I	Hired by Bldg.	. Owner (8)	ASCM N	<u>10.</u>	Name of Cont		en-constant						
Briggs Associates			00004		MTM Metro		tion						
Street Address					Street Addres	_							
3 Crosswicks St.					135-137 M	Bride Av	re						
City, State, Zip Code	_				City State, Zip	Code							
Bordentown, NJ 08505					Paterson, N	NJ 07501							
Project Manager for Monito	oring Firm	Telephone N			Telephone Nu	ımber		Licens	se Number				
Michael Hoodak		609 298 5	520		973-742-50	30		0800	9				
Scheduled Start Date (10)		Scheduled C	completion	Date (11)	Name of OSH	A Monitor	U KA						
7/10/2017		7/28/2017			MTM Metro	Corpora	ition						
Occupancy Status During	Abatement (C	heck only one)		Street Addres	S		-					
SSTEAD					135-137 M	cBride A	/enue						
Facility Closed/Vacat	ed During Ent	tire Period of A	batement	E .	City, State, Zip	Code		4					
Abatement Performed	d Outside of N	Normal Facility	Hours										
Other-Describe: O	ccupied				Paterson, N	J 07501							
Source of Work (Check all	Control No. 1 - Operation												
> 3 sf or > 3 lf	×	Renovation		X Full	Containment wi	th Negative	Pressure	☐ Mi	ni-Enclosure				
> 160 sf or > 260 lf		Demolition			n-Exempted(*) &			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
Location of Asbestos-	LISTOCA	tion Normally	Head		(t) 202								
Containing Material (ACM)	10 CO CO CO CO CO CO CO CO CO CO CO CO CO	by Maint./Cust		Description of thermal system		Amount	Specify SF or	F)	Abatement Type				
Facility (13)	Staff? (100000	NUA	surfacing, VAT	, or other				Bom Bos Fares Failure				
Boiler Room Old Wing	X	NO	N/A	miscell.) Boiler Insulation		60 sf			Rem. Rep. Encap Enclose				
Boiler Room Old Wing	X			Elbow insulation		30 count			X X				
Boiler Room New Wing Boiler Room New Wing	×			Breeching and boile		90 sf	8 E0 agust -15 -	77-2	XXX				
Name of Reg. Waste Haule		NJDEP Wast	e Hauler I	Pipe and Elbow insu D #	Cubic Yards or		& 50 count elbows	Name	X X X				
MTM Metro Corporation		26552			15			ullitown	and the constitution of th				
City, State							Disp. Date		City, State				
135-137 McBride Ave		41.12- <u>- 41 </u>					7/25/2017		Tullytown, PA				
Completed by (Print or Type	e)	Title			Signature			Date					

Mike Damevski

Project manager

Mike Damevski

/21/2017

			(Pur	suan	t to	NJAC 8	:60 a	na 5:16)	,	111	1111	6 2	017	ŧ	4//		
Date of Notification (1)						uilding Ow		, Lal	7 7	19	1	1					
06 /	30 / 17	7	Thomas M Rich Associates							124	(/	1	1 2				
Agencies Notified	Type Notification		- + :	Street			Minneyeens	ASSESTOS LICE	NSP	anc G	n_ cx						
⊠ EPA	Initial					x 1037					Emmilijoskommi Garbi b. S.	171-000					
□ DOLWD	_ Amended	u.		10.00		, Zip Code											
□ DOH	Amendment #			Mo	unta	ainside, l	NJ 07	092			- bass Numbo			=300 T	-		
☐ DCA (NJAC 5:23-8)	justification)	noluding		Name	of C	contact				le	phone Numbe						
(NJAC 3.23-0)	☐ Cancellation			To	n Ri	ich	59								-		
			*	FA	CILI	TY INFO	RMA	TION							\dashv		
Name of Facility Where	Abatement is Taki	ng Place	(3)						10000000	e of Facility (4)							
Building										School (K-12) Subchapter 8 (Of	ier than K-12)						
Street Address										Other (i.e., privat	and commerci	al build	ings,				
354 Bloomfield Av	renue								_	homes, etc.)	of Floors	Blda	Age		-		
City (5)										allo i oot	1	80					
Caldwell									500 sf rrent Use (Prior if			_					
County (6)				Cou	inty (Code (7)(S	TATE U	SE ONLY)	5500000		being demonsin	00)					
Essex										Building					_		
Name of Monitoring Fir	m Hired by Building	g Owner (8)	ASCN	/ No	. N				Contractor (9)							
Guardian Contrac							ntra	ecting, Inc.									
Street Address						S		Address		ait 64							
1889 Rte. 9, Unit (61							Route									
City, State, Zip Code						C		ate, Zip C									
Toms River, New	Jersey 08755						Toms River, New Jersey 0875 Telephone No										
Project Manager for M	onitoring Firm			ephon					2		00624						
Nicholas Fernico	la			32-34				349-993		tor							
Start Date (10)				etion Date (11) Name of OSHA Monitor 4 / 17 E.M.S.L. Analytical													
07 /13		07	A 10	4_ /			0.0000000000000000000000000000000000000		aryu		L						
Occupancy Status Dur	ring Abatement (Ch	neck only	one)			3		Address	_								
☐ Facility Closed/Vac	ated During Entire	Period of	Abate	ement	0005	ibo	100000	6 Steltor	70								
Abatement Perform	ned Outside of Nor t:AM	_PM/	PN	Irs - L I	Af	M		tate, Zip (cataway,		w Jersey 0885	1						
Scope of Work (Check	call that apply)							7 F. II Co	ntoir	nment with Negat	ve Pressure						
		Mp	enova	tion			ſ	Mini-Er	nclos	ure							
≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf			emolit	ion			į	Gloveb	ag F	Procedure oted (*) and Non-	iriable Procedu	re					
□ 5100 St of 7200 ii								☐ Non-Ex	xem	ned () and Non	TIGDIO I TOSSE	Aba	Abatement Type				
			s Loc Norm				Г	escription	n of					1000	Transaction of		
(0.7)					у	Asbes	tos Co	ntaining N	Mate	rial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure		
Asbestos-Contain TO BE	ABATED		lainter stodia			(i.e.	, therm	nal system facing, VA	ns ins	sulation,	(Specify SF or LF)	oval	=	psul	Sure		
IN F	acility	100	(12				othe	r miscella	neou	is)				ate			
(1	(3)	Yes	N	0 1	I/A										-		
basement						asbesto	s pip	e insula	tion		175 If						
					7	boiler in	nsulat	ion			100 sf						
basement				-	7												
				L		Vacto	Cubi	c Yards of	F	Name of Regist	red Landfill				_		
Name of Registered						Vaste No.	Wast			T.R.R.F.	100 may 200 may						
Guardian Contr	acting, Inc.				223		3	and Date		City, State			4 - 10				
City, State								osal Date			² ennsylvania	ı					
Toms River, Ne	w Jersey						-07	/17/17		Tullytown,	11	Date/	- A		-		
Completed By (Print	or Type)	Title						Signature	3		1	6/3	0/1	7			
Nicholas Fernicola Project Manager										1	1	11	_/_	_			

'K 23DD	NOT	TIFICAT (Pursua	State of New ION OF ASBE ant to NJAC 8	ESTOS A	BATEN 12:120	ЛENT)	The control of the co	The state of the s				- N	Print	For	
Date of Notification (1) 6-29-2017		V5V67292000	Name of Building Owner/Operator (2) 462 Newark Street, LLC										17		
Agencies Notified Type Notification			et Address 3 Willow Ave	enue				ASLES	ASLESTOS CONTROL & LICENSUIG						
EPA Initial Amended Amendment			State, Zip Co boken, NJ (
X Emergency justification) DCA			ne of Contact ofrio Chiller	mi				T	lephone Number						
Name of Facility Where Abatement is Takin	g Place (3)	F	ACILITY INFO	ORMATIO	N	Туре	e of Facility (4)	_							
Commercial Street Address	gacc (-)						School (K-12) Subchapter 8	(0			ildin	ne h	omes		
462 Newark Street City (5)			Squ	Other (i.e. pri etc.) are Feet		of Floors			gs, 11 g. Ag		,				
Hoboken, NJ 07030		200		1	·		60+								
County (6) Hudson			nty Code (7) ATE USE ONLY		_		rent Use (Prior			snea)					
Name of Monitoring Firm Hired by Building	A	ASCM No. Name of Abatement Cor Green Environment							LC						
Street Address		Street Address 235 Virginia Avenue													
City, State, Zip Code							Zip Code ity, NJ 0730)4							
Project Manager for Monitoring Firm	Tele	ephone No.		Telep 201-		No. ∙8855	License 01174	No.							
Start Date (10) 6-30-2017	Scheduled 6-31-201		tion Date (11)		Name of OSHA Monitor Same as above										
Occupancy Status During Abatement (Che	ck Only One)				Street	Addr	ess								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: unocupied	Period of Abamal Facility H	atement lours			City, S	State,	Zip Code								
Scope of Work (Check All That Apply)						_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition				$\exists \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ull Containme Mini-Enclosure Blovebag Proc	edu	е				0		
	1000000	ocation			E		Non-Exempted		ind Non-Fri	lable P			ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	rmally Solely b tenance dial Staf (12)	/ Asbe	stos Cont e. thermal	systen	Mater ns ins AT, or	r		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes		N/A		November 1				2000 SF	-			е		
Roof		X		Roofi	ing material					X					
Name of Registered Waste Hauler Green Environmental Services, LL		Hau	EP Waste ler ID No.	of Wa	Yards ste		5-10-00-00-00-00-00-00-00-00-00-00-00-00-		stered Land						
City, State		003	4889		sal Dat		City, Stat	e							
Jersey City, NJ Completed by	Title	9		6-31-	2017 Signatu		Morrisv	ille	PA	Date		47			
Liliana Serrano	Office	mana	ger		4	D C	12177	N	We	6-29	1-ZU	17			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2821 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUL - 6 2017 06 29 / 17 Anthony Romano Agencies Notified Type Notification Street Address ☐ EPA X Initial ASBESTOS CONTROL & **⋈** DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # Fair Lawn, NJ 07410 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Tilephone Number Cancellation Anthony Romano FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Street Address Subchapter 8 (Oner than K-12) Other (i.e., priva and commercial buildings, homes, etc.) City (5) Square Feet ; of Floors Bldg. Age Fair Lawn, NJ 07410 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior i being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. icense No. 973-638-1777 C1127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 15 / 17 07 / 17 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM- __PM/ PM_ __ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or 260 lf X Renovation Mini-Enclosure Glovebag Procedure Ten with Negative Pressure Demolition Non-Exempted (*) and Non-F able Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A \boxtimes X Basement Boiler insulation 60 F \times M Pipe insulation Basement 15(LF П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registers 1 Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature Date N.Jevtic 06/29/17 Owner ASB-41

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24499201522 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 29 / 17 06 Doris Gruska Agencies Notified Type Notification Street Address ASDESTOS CONTROL & ☐ EPA X Initial LICENSIIC **⋈** DOLWD Amended City, State, Zip Code X DHSS Amendment # Kearny, NJ 07032 DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) lephone Number Cancellation Doris Gruska FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (C her than K-1 2) Street Address Other (i.e., privε e and commercial buildings.) homes, etc.) City (5) Square Feet of Floors Bldg. Age Kearny, NJ 07032 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior being demolished) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. icense No. 973-638-1777 (1127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 07 / 13 / 17 07 / 14 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35I Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negati e Pressure >3 sf or >3 lf 2 160 sf or 2260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Ter t with Negative Pressure Non-Exempted (*) and Non-F iable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A \times X Basement Pipe insulation 70 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Register d Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date 06/29/17 N.Jevtic Owner ASB-41