CUK#3235

Date of Notification (1)					Nam	e of Buildin	g Owner/Operator ((2)					
	5 /	17	i i		0.554		mmunications	×=/	NUMBER OF CO.				
Agencies Notified	Type Notific	ation			Stree	t Address			IN E C) [\mathbb{W}	E
⊠ EPA					*********	3 Summit	t Ave			-			
DOLWD	☐ Amende				City,	State, Zip (Code				~		1
☑ DOH ☐ DCA	Amendm			-			NJ, 07037		LL JU	L -	7	2017	Brown
(NJAC 5:23-8)	☐ Emerger justificati	icy (in	ciuain	g		e of Contac		1-	elephone Numb	per			i
	☐ Cancella				Ale	ex Baylor	P.	9.		-	. 51	VTR	OL &
					FA	CILITY IN	FORMATION		To a second seco	اتيب	VSII\	1 G	
Name of Facility Where A	Abatement is	Taking	Place	e (3)				Type of Facility (4)					
Verizon Journal Sq	uare Centra	al Off	ice					☐ School (K-12)					
Street Address								Subchapter 8 (I	ther than K-12)	aial b	مناطنه	~~	
773 Summit Ave								homes, etc.)	te and commen	ciai b	uliain	gs,	
City (5)		- (1 - 						Square Feet	# of Floors	В	ldg. A	ge	
Jersey City								82,029	4		+-50		
County (6)			72-12-12-12-12-12-12-12-12-12-12-12-12-12		Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Prior	f being demolis	hed)			
Hudson								Verizon Comn	unications				
Name of Monitoring Firm		-		(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmental	l Manageme	ent Ir	ic.				BRISTOL EN	VIRONMENTAL,	NC.				
Street Address							Street Address						
8346 Enterprise Ave	9						1123 BEAVE						
City, State, Zip Code	450						City, State, Zip Co						
Philadelphia, PA 19							BRISTOL, PA	19007					
Project Manager for Monit Mark Jenkins	toring Firm			100000	ephone		Telephone No.		_icense No.				
Start Date (10)	Τ,	2-1	1-10	- 100	15-365		215-788-6040		00509				
7 /20 /				150	etion Da		Name of OSHA M						
					1/	17		VIRONMENTAL,	NC				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate☒ Abatement Performed						crihe	1123 BEAVER						
Time of Abatement:						SCIDE	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)						BRISTOL, FA	19007				UT. 15	-
			-		9			ainment with Negati	e Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Re De De De De Re Re				Mini-Encl						
							☐ Non-Exer	mpted (*) and Non-F	iable Procedure	9			
				Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing N		10		Norma d So	ely by	Acho	Description of stos Containing Mat			R	R	Щ	ш
TO BE ABAT	TED	"	Ma	inten	ance/		, thermal systems i		Amount (Specify	Removal	Repair	ıcap	Enclosure
IN Facility (13)	y		Cust	todial (12)	Staff?		surfacing, VAT,		SF or LF)	val	7	Encapsulate	sure
(13)			Yes	No	N/A		other miscellaned	ous)				ate	
1st Floor Janitor's Clo	set					Pipe Ins	sulation		60 LF			П	П
Basement Meter Room	n				\boxtimes	Pipe Ins	sulation		17 LF				
Basement Building St	torage					9x9" VA	AT/Mastic		440 SF				
Basement Bottom of S	Stairwell					9x9" VA	AT/Mastic		315 SF		П	П	П
Name of Registered Waste	e Hauler			1	NJDEP I		Cubic Yards of	Name of Register					-
SERVICE TRANSPO	RT GROUP	, INC		ŀ	dauler II 20990		Waste	MINERVA LA					
City, State							Disposal Date	City, State		755-11			\neg
NEW CASTLE, DE							TBD	WAYNESBUF	G, OH				
Completed By (Print or Type	pe)	Title					Signature		Date	e			
Dillan DeCaro		Es	timat	or			Dillan	DeCaro/1	Mr 1	7-3	5-	17	

MK#3235

Date of Notification (1)				Nam	e of Buildir	g Owner/Operator ((2)					
7 / 5 /	17			2000		mmunications	(-)		E C			
Agencies Notified Type Notific	otion			Ctros	t Address			11111			-	
⊠ EPA	ation				3 Summi	£ A		115				
☑ DOLWD ☐ Amended	d				3 32300000				.1111	- 7	_20	17_
☑ DOH Amendm	ent #_				State, Zip			Ed hal	002			
☐ DCA ☐ Emergen	cy (inc	cluding	g		15141850	, NJ, 07037		-		against terror to	MODEL TO SERVICE	programme to Court
(NJAC 5:23-8) justificati					e of Contac		7	elephone N	lumber (
Cancellai	tion			Ale	ex Baylor	•				=1/4"	SING	1
New (Fally Man)				FA	CILITY IN	NFORMATION		45				
Name of Facility Where Abatement is T			(3)				Type of Facility (4)					
Verizon Journal Square Centra	ii Omi	ce					School (K-12) Subchapter 8 (0	ther than K	(-12)			
Street Address 773 Summit Ave							Other (i.e., priva	e and com	mercial b	uildin	gs,	
City (5)							homes, etc.)					
Jersey City							Square Feet	f of Floors	E	Bldg. A	2	
				10-	-1 0 1 /	7//07/17/ //05/ 01// 10	82,029	4		+-50		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Prior					
Hudson							Verizon Comn	unication	18			
Name of Monitoring Firm Hired by Build	33.732		(8)	ASCM	No.	Name of Abateme						
USA Environmental Manageme	ent In	c.				BRISTOL EN	VIRONMENTAL,	NC.				
Street Address						Street Address						
8346 Enterprise Ave						1123 BEAVE						
City, State, Zip Code						City, State, Zip Co						
Philadelphia, PA 19153						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Con-Carl	lephone		Telephone No.		.icense No				
Mark Jenkins			-	215-365		215-788-6040		00509				
				etion Da		Name of OSHA M						
7 / 20 / 17				4/	17	BRISTOL EN	VIRONMENTAL,	/C				
Occupancy Status During Abatement (0						Street Address		46.00				
Facility Closed/Vacated During Entir					2500	1123 BEAVER	R STREET					
						City, State, Zip Co						
Scope of Work (Check all that apply)						BRISTOL, PA	19007	-				
							ainment with Negati	e Pressure)			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	(0)	⊠ Re □ De				⊠ Mini-Enc	losure Procedure					
24 _ 1,00 S/ 6/ <u>2</u> 200 //		_ 00	THOIL	1011			mpted (*) and Non-F	iable Proce	edure			
		1937	Loca					1	A	batem	ent T	уре
Location of			Norm	ally lely by	140000000000000000000000000000000000000	Description o			R	D	т	m
Asbestos-Containing Material (ACM TO BE ABATED	1)			ance/		stos Containing Ma ., thermal systems i		Amount	eg	Repair	nca	nclo
IN Facility		Cust	30.5155	Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)	-		(12		-	other miscellane	ous)				late	0
		Yes	No									
Basement Office					9x9" V	AT/Mastic		290 SF				
Basement Battery Area				\boxtimes	9x9" V	AT/Mastic		30 SF				
21												
Name of Registered Waste Hauler			11111	NJDEP		Cubic Yards of	Name of Register			-	-	
SERVICE TRANSPORT GROUP	, INC	•		Hauler I 2099		Waste	MINERVA LA	IDFILL				
City, State						Disposal Date	City, State					
NEW CASTLE, DE						TBD	WAYNESBUF	G, OH				
Completed By (Print or Type)	Title					Signature			Date	0.30	,	
Dillan DeCaro	Es	timat	tor			Dillar	1 DeCaro/	JK 1	7-	5-	1	1

CMC# 3236

Date of Notification (1)			lding O	wner / Operato	or (2)		ME	CE	T	W	TF
7/5/17 Agencies Notified Type Notification		ERIZON treet Addres								_/	=
EPA Type Notification		609 PACIF		/FNUF							1
☐ DEP ☐ Initial		ity, State &		The second secon				UL	7 2	2017	1
□ DOL □ Amended		TLANTIC		NJ							-
□ □ DOH □ Emergency □ □ Cancellation		ame of Con					ASBE	Eelepho	me !	ump	er &
☐ DCA ☐ Cancellation	Α	LEX BAYI	_OR							-	
Name of Facility and the same of Facility and		FACILITY	'INFO	RMATION							
Name of Facility Where Abatement is Tak VERIZON ATLANTIC CITY CENTRA	king Place (3)			Type of Facili							
Street Address	L OFFICE			School (F	n-12) iter 8 (Other	thon	V 10\				
1609 PACIFIC AVENUE				Other (i.e				as hon	100 (atc)	
A STATE OF THE STA				Square Feet	# of F			Ildg. Ag		, (0.)	
City (5) County	(6) Cour	nty Code (7)	88000			,		80		
ATLANTIC CITY ATLAN	TIC			Current Use (Prior if being	g der	olished)				
				COMMUNIC	CATIONS						
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCN	ΛNo.	Name of Abat							
USA ENVIRONMENTAL Street Address				BRISTOL E		ENT.	IL INC				
8436 ENTERPRISE AVENUE				Street Addres 1123 BEAVE		г					
City, State & Zip Code				City, State & 2							-
PHILADELPHIA PA 19153				BRISTOL, P							
Project Manager for Monitoring Firm MARK JENKINS		one Numbe	er	Telephone Nu			License N				
The state of the s	d Completion	55-5810		215-788-604				0050	19		
July 20,2017	July 22,2			Name of OSH BRISTOL EI		NT.	LINC				
Occupancy Status During Abatement (Ch		-017		Street Addres		-1417	IL INC	-			
Facility Closed/Vacated During Er	tire Period of			1123 BEAVE		Γ					
Abatement Performed Outside of	Normal Hours	s – 7am to 3	3pm	City, State & Z	Zip Code						
Describe: 10pm -6am				BRISTOL, P	A 19007						
Facility Occupied During Abateme Scope of Work (Check all that apply)	nt										
Scope of Work (Check all that apply)				14	□ Full C	onta	nment with N	agativa	Dros	euro	
≥3 sf or ≥3 lf		Renovation			Mini-E			cyalive	1103	Suic	
≥160 sf ≥260 lf		Demolition					Procedures				
						xem	ted and Non	-Friable	Pro	cedu	re
Location of Asbestos-Containing		cation		Description		T	Amount	Aba	ateme	ent T	уре
Material (ACM)		lly Used	,	Asbestos-Conta Material (AC			(Specify SF or LF)			m	72:00
TO BE ABATED	Mainter	nance or		(i.e., thermal sy	stems		Or Or Er)	Rer	R	nca	Enc
in Facility (13)	E	al Staff?		sulation, surfaci r other miscella				Remova	Repair	Encapsulate	Enclsoure
(13)		12) No N/A	OI	other miscella	ineous)			<u>a</u>	_	ate	Ге
3rd Floor Mechanical Room (AC-4)		$\exists \vdash \sqcap \vdash$		Duct insulat	tion	15	SF				П
.,		THE	(3 lc	ocations of 5		10	01		H	ㅐ	ዙ
			(0. 000			TH	H	H	Ħ
								T		Ħ	Ī
Name of Registered Waste Hauler											
Name of Registered Waste Hauler		NJDEP Wa Hauler ID N		Waste	Name of Re	giste	ed Landfill				
SERVICE TRANSPORT GROUP, INC		20990	20		MINERVA	LAN	DFILL				
City, State			Di	isposal Date	City, State						
NEW CASTLE, DE 19720				BD		UR	, OH 44688	3			
Completed By (Print or Type)		Title	Si	gnature	2 2 52		10	Date			
PATRICK T. DeCARO		Estimator	1	atrick .	T, DeCa	10,	"INC	7/5/2	017		

D-1- (N. 15 1) (1)				-			-					
Date of Notification (1) 7 / 5 /	17	_		100000000000000000000000000000000000000		ig Owner/Operator (ibrozaitis	1.1	[] [] [] [] [] []		7 20 . #47		1
Agencies Notified				Stree	et Address			ASBES	STOS C			. &
☑ DOLWD ☐ Amende ☑ DHSS Amendm	ED07/6			City,	State, Zip	Code		The Principle of the Pr	* Property of the same of the	THE RESERVE	-to-retorne	-
□ DCA □ Emerger			n	Mo	ount Holly	, NJ 08060						
(NJAC 5:23-8) justificati		Sidding	d	Nam	e of Contac	et		elephone N	lumber		r,	
☐ Cancella	ition			Ma	ark Conno	or	1.					
·				FA	CILITY IN	NFORMATION						
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility (4	-				_
Residential Property							School (K-12)					
Street Address							Subchapter 8	Other than Kate and com	(-12) mercial b	uildin	gs,	
City (5)							homes, etc.) Square Feet	# of Elears	10	olda A	~~	
Hainesport							1131	# of Floors		8ldg. A 82	ge	
County (6)				Cor	inty Code /	7)(STATE USE ONLY)	Current Use (Prio		a a lia b a d\	07461440		_
Burlington				000	inty Code (/	MOTATE OGE ONET)	Vacant	ii being den	ionsneu)			
Name of Monitoring Firm Hired by Build	ding O	wner	(8)	ASCN	1 No	Name of Abateme						
NA	ung O	WITCH	(0)	AGGIV	i NO.	The Company of the Samuel Company of the Company of	d Mold Services	Corn				
Street Address						Street Address	a Mola Services	Corp.				
						3859 Sylon B	oulovard					
City, State, Zip Code						City, State, Zip Co		-				
ony, onato, hip oodo						Hainesport, N						
Project Manager for Monitoring Firm			To	lephone	No	Telephone No.	40 00000	License No.				
,			'	периопе	140.	609-702-0400		00862				
Start Date (10)	Schedu	iled C	omn	letion D	ate (11)	Name of OSHA M		00002				
7 /18 /17	7	/		18_ /	100 July 100 Th	EMSL Analyti						
Occupancy Status During Abatement (Street Address						
☐ Facility Closed/Vacated During Enti	re Peri	od of	Abat	ement		200 U.S. Rout	te 130 North					
Abatement Performed Outside of No Time of Abatement:	ormal I	Facility //				City, State, Zip Co	ode	·				
VINNA ALLINA SI	11 17	LAT.	TPN	1	_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)	-	-					S 124 //-					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-Encl	ainment with Nega losure g Procedure mpted (*) and Non-					
		ls	Loc	ation	1	M Noti-Exel	ripled () and Non-	TIADIE PIOCE				
Location of		١	Norm	ally		Description of	f			batem	T	
Asbestos-Containing Material (ACM	1)			lely by ance/		stos Containing Mat	terial (ACM)	Amount	Remova	Repair	Enc	Enclosure
TO BE ABATED IN Facility				Staff?	(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	Joy	a:	aps	losu
(13)			(12	2)		other miscellaned		SF OF LF)	<u> </u>		Encapsulate	le l
		Yes	No	N/A							Ф	
Exterior				\boxtimes	Transit	e on Four Gable	Ends	250 SF				
				\boxtimes				-				
										П	П	
		П	П									
Name of Registered Waste Hauler				NJDEP	Maste	Cubic Yards of	Name of Registe	ad Londfill			ш	Щ
Waste Management			1.0	Hauler I	D No.	Waste	Grand Centr					
City, State				1727	3	5 Disposal Data	700000000000000000000000000000000000000	-				
Lafayette, NJ						Disposal Date 7/18/17	City, State	DA				
Completed By (Print or Type)	TW					1/	Penn Argyle	PA				
Kimberly A. Trumbetti	Title	61.00		aller of	_	Signature	A contraction of the contraction		Date	J.	7	
Annoeny A. Trumpetti	On	iice C	100	dinato	L	IXI	1		1	5-1		

ASB-41 MAY 11

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

Date of Notification (1)				Nan	ne of Buildir	ng Owner/Operator	(2)	HH	100	7	004*	~
7/5/	17				ichard Wr		/ Job #1706	2198	JUL Chk. #4		2017	1
Agencies Notified Type Notif	ication		-	Stre	et Address	1000 						
☐ EPA ☐ Initial				000	ot Address			ASE	BESTOS	CO	NTR	DL &
☑ DOLWD ☐ Amend	777			City	Chota 7:-	Ondo		-27	LICE	NSII	VG_	
	ment #			100	State, Zip							
DCA Emerge		uding				on, NJ 08077						
(NJAC 5:23-8) justifica					ne of Contac			Telephone	Number			
L Calicei	lation				chard Wr	-						
Name of Facility Where Abatement is	Tables		(0)	F/	ACILITY IN	NFORMATION						
Residential Property	i aking i	lace	(3)				Type of Facility (4)	****			
Street Address					Section 1		School (K-12)	7				
Street Address							Subchapter 8 Other (i.e., pri	other than	K-12) mmercia	l build	ings,	
City (5)		-					homes, etc.)					
Cinnaminson							Square Feet	# of Floor	s		Age	
County (6)			-	Cou	inti Codo /7	7)(STATE USE ONLY)	1788	1		52		
Burlington				Cot	inty Code (/	(STATE USE ONLY)	Current Use (Prio	if being de	emolished	1)		
Name of Monitoring Firm Hired by Bu	ildina O.	no= /0	\ T	1001			Residential					
Tiger Environmental	nang Ow	ner (8	,	ASCN	I No.	Name of Abateme	28 (5)					
Street Address							d Mold Services	Corp.				
16 W Elizabeth Ave # 2						Street Address					Ter tr	
City, State, Zip Code						3859 Sylon B	oulevard					
						City, State, Zip Co	ode					
Linden, NJ 07036						Hainesport, N	IJ 08036					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License N	lo.			
Kelly Walton			- 1		62-4301	609-702-0400		00862				
Start Date (10)	Schedule					Name of OSHA M	onitor	Y				
////				/	17	EMSL Analyti	cal, Inc.					
Occupancy Status During Abatement	(Check or	nly on	e)			Street Address					-	
☐ Facility Closed/Vacated During Ent	ire Period	of Al	oater	nent		200 U.S. Rout	e 130 North					
Abatement Performed Outside of N	lormal Fa	cility I	Hour	s - Des	scribe	City, State, Zip Co						
Time of Abatement: AM-	Nd S	hi-	PM-	- 1/1	AM	Cinnaminson						
Scope of Work (Check all that apply)	110	111	1 1	VV	UIT		, 110 00077	-				
≥3 sf or ≥3 If		Done		212		☐ Full Conta	ainment with Negat	ve Pressur	e			
☐ ≥160 sf or ≥260 lf		Rend					Dropoduse					
						Non-Exer Non-Exer	npted (*) and Non-l	riable Prod	cedure			
		Is Lo								hater	nent T	vne
Location of Asbestos-Containing Material (ACM	as 1	No Used	rmal		25. 00 25	Description of					1	T
TO BE ABATED	")	Maint	enar	nce/	Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	6	Repair	nc	nc
IN Facility		Custoc		Staff?	(1.6.	surfacing, VAT,		(Specify SF or LF		串	sqe	Enclosure
(13)	V		12)		-	other miscellaneo		01 01 11	/ =	-	Encapsulate	Те
Basement			No 7	N/A	Dust no						(0)	
Basement					Duct par	per associated w	/ith 2 runs	27 LF				
Basement								10 LF				
Dascinette					Duct par	per wrap		3 LF			\boxtimes	
Name of Paristers 1184		L		Ш								
Name of Registered Waste Hauler			NJ	DEP V	Vaste	Cubic Yards of	Name of Register	d Landfill		_		
Waste Management				uler ID 17273		Waste 5	Grand Centra					
City, State						Disposal Date	City, State					
Lafayette, NJ						7/19/17	Penn Argyle,	PA				
Completed By (Print or Type)	Title		1000			Signature 1	3,.0,	505	Doto			
Kimberly A. Trumbetti	Offic	e Co	ordi	nator		971			Date	_		
ASB-41						LCUXIV	_		1.	5-1	I	

ASB-41 MAY 11

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

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification	(1)				Name of	Building O	wner / Ope	rator (2)	T	Barton Barton					
	/17				ST. DEM	IETRIOS GF	REEK ORTH	ODOX CH	URC	I	FC	F	\mathbb{N}	F	F
/	/				Street A				111	力广	- 101		11 11		7
Agencies Notified	Type of N				41-47 WI	ISTERIA ST	REET		111	11					Ш
☐ EPA		Initi				te, Zip Code			111	11:	9121	7	004*	7	
DEP	~		ended			AMBOY, NJ			1		JUL	- 7	201	/	luman
☑ DOH ☑ DOL			endment			Contact			1-			-			
DOL.			cellation	v/ justification	VINCEN	T ALBANES	E		5		TOTAL PARTY		~ 1 1 mm	01.6	
		Oan	cenation		ACILITY II	NFORMATIO	ONI	-	-	MO	BEST	US UL		UL d	4
			Name Malaca		AOILITTII	NI OKWATI	JIN			***************************************	Land 1	141140	INC		-
Name of Facility Wh	ere Abaten	nent i	s Taking	Place (3)		Type of F	acility (4)	- X							7
ST. DEMETRIOS GR	REEK ORTH	HODO:	X CHURC	CH/AUDITORIU	M	_	1021 W 1940 W								
Street Address						4 4	School (K								
41 WISTERIA STRE	ET							er 8 (Other							
THE WOLLKING STREET	_ 1							, private & mes, etc.)		merc	ial				
City (5)	County (6	()		County Code	(7)	Square Fe		# Of Floo			Duildi	na Aaa			_
PERTH AMBOY	MIDDLES			Journey Joue	(1)	100	,000	# OI F100	1		Bullai	ng Age	ļ.		
							se (Prior if	heing den	nolis	(har	+		40+		
	-						AUDITORIL		ione	icuj	1		401		
Name of Monitoring	Firm Hired	by B	ldg. Own	er (8)	ASCM NO	0									
						1									
AET				***		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	TAR CONTE	RACTING C	SRO	P. IN	C.				
Street Address	DOAD				and Constitution (1) and the constitution of the	Street Add	dress								
28 NORTH PENNELL							-								
City, State, Zip Code MEDIA, PA 19063							s Parkway								
		1		Tr. L. N		City, State	e, Zip Code								
Project Mngr. For M ERIC HOUSEKNECH	onitoring F	ırm		Telephone Nu 908-218-1108	ımber	F	111.070	00							
Sheduled Start Date		Ische	od Comp	letetion Date (141		ver, NJ 070	36	1						
07 / 19	/ 17	Scrie	08	18	17	Telephone	e Number		LIC	nse i	Number	Ō.			
//	/		/	//		973-88	34-8682		1			00860			
Occupancy Status D	uring Abat	emen	t (Check	Only 1)			SHA Moni	for	_			00000			
Facility C	losed/Vaca	ted D	uring Ent	tire Period of			AR CONTR		ROI	P. IN	C.				
Abatemer	nt					Street Add									
				Iormal Facility											
	escribe: _			0 pm		32 William									
Other - De	escribe: _	_MON	I-FRI				, Zip Code			a Contraction					
Scope of Work (Cho	ole All These	A I-	-1		TAX TOO THEFT	East Hano	ver, NJ 070	36		(COLUMN)			mista cine		
Scope of Work (Che	ck All Inat	Apply	/)												
☐ Demolitio	n		V	Renovation	V	Full Conta	inment wit	h Mogative	Dec	cura					
≥3sf or ≥3	R29/			renovation		Mini - Enc		ii wegauve	FIE	Sure					
≥160 sf or							Procedure								
Simulation of the second secon					V		pted (*) an	d Non-Fria	ble	roce	dure				
		·													
Location o			Is		Descript				Aba		nt Type				
Asbestos Conta	aining	100657	cation	As	sbestos - C					3	_	E	E		
TO BE ABAT	FD	2000	ormally Used	"	Material e., therma			Amount		Ξ	R	N	N		
in Facility		100	Solely			facing, VAT		(Specify SF or LF)		N C	E P	C	C		
(13)			Main-			ellaneous)	'	SF OI LF)		1	A	P	C		
, ,			nance/		011101 111100	onaneous,				1	lî .	s	s		
		1000000	stodial							_	R	Ū	Ŭ		
			aff (12)									L	R		
			NO N/A												
AUDITORIUM		_		VAT/MASTIC				7,350 SF		7					
AUDITORIUM ROOF		_		MASTIC				10 SF		/					
		H													
Name of Besisters 1	Manta II-			N IDED W	lout:	IN.		160							
Name of Registered NORTHSTAR CONTR			INC.	NJDEP Waste	100000		egistered L	andfill							
MONTHS TAR CONTR	MUTING G	NOUF	, INC	Hauler ID No.	Yards of Waste	GROWS									
City, State					Disposal	City. State									
EAST HANOVER, NJ	07936				Date	TULLYTOV									
, 110							7								
Completed by (Print	or Type)			Title			Signature	1	-	_		Date	3		
				100g W			1/4	-/	/	1					
Steven Stiles				Project Manage	er		AKC	1/1/	٨	-	_		07/06	3/17	
ASB-41						Marine Several Vision and Laboratory	/	1							-

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

NOTIFICATION (PURSUANT	N OF ASBESTOS ABATEM TO NJAC 8:60-7 AND 12:1	MENT	eck # 2898	(A
Date of Notification (1)	ame of Building Owner /	Operator (2)	eck 4 9010	-
-07 / -06 / <u>17</u>	rst Energy	(2)	75107004	-
A	treet Address South Street		NEGELWE	П
- FD4	ity, State, Zip Code			4
DEP Amended A	kron, Ohio 44308	-		
DOH Amendment No	ame of Contact	IT	enhane Number - / 201/	1
✓ DOL ☐ Emergency w/ justification Ji ☐ Cancellation	m Halsey			he
	LITY INFORMATION		ASBESTOS CONTROL	0
		1	LICENSING	Č.
Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		Park Talanta
	☐ Schoo	ol (K-12)		
Street Address 707 MAIN STREET	☐ Subch	napter 8 (Other tha	n K-12)	
707 MAIN STREET	Other	(I.e., private & cor	nmercial	
City (5) County (6) County Code (7)	Square Feet	# Of Floors	Duilding Ass	_
ASBURY PARK MONMOUTH	Joquaic 7 cct	# Of Floors	Building Age	
		or if being demoli:	hed)	
Name of Monitoring Firm Hired by Bldg. Owner (8)	Telephone Pole			
	CIVI NO			
Environmental Health Investigations	NORTHSTAR CO	NTRACTING GRO	JP. INC.	
Street Address S55 West Shore Trail	Street Address			
City, State, Zip Code	32 Williams Parkw	101		
Sparta, NJ 07871	City, State, Zip Co			_
Project Mngr. For Monitoring Firm Telephone Number				
Dino Nappi 212-682-9271 Sheduled Start Date (10) Sched, Completetion Date (11)	East Hanover, NJ			
Sheduled Start Date (10) Sched. Completetion Date (11) 07 18 16 07 20	Telephone Number	er Lic	ense Number	
_/////-	973-884-8682		00860	
Occupancy Status During Abatement (Check Only 1)	Name of OSHA Me			_
Facility Closed/Vacated During Entire Period of Abatement		NTRACTING GRO	P. INC.	
Abatement Performed Outside of Normal Facility	Street Address			OCTAPA
Hours - Describe: TUES - WED 8:00 am to 4:00 pm	32 Williams Parkwa	ay		
Other - Describe:	City, State, Zip Co			_
cope of Work (Check All That Apply)	East Hanover, NJ (07036	Management of the Control of the Con	_
E STATE OF THE STA				
☐ Demolition ☑ Renovation	☐ Full Containment	with Negative Pre	sure	
≥3sf or ≥3lf>160 sf or >260 lf	Mini - Enclosure			
	☐ Glovebag Procedt☑ Non-Exempted (*)		rocedura	
V Company of the Comp		una mon mable	rocedure	
	scription of	Aba	ement Type	
7,0000	tos - Containing terial (ACM)	Amount	R E E	
TO BE ABATED Used (I.e., tr	nermal systems	10.00	E R N N	- 1
	n, surfacing, VAT,) P A L	- 1
(13) by Main- tenance/	r miscellaneous)	1 1	/ A P O	1
Custodial			A I S S	- 1
<u>Staff (12)</u>			L R	-
YES NO N/A				
xterior Telephone Pole		30 LF		
			+ + +	4
			+ 	\dashv
		d Landfill		\dashv
ame of Registered Waste Hauler NJDEP Waste Cub				
EWARK CARTING Hauler ID No. Yard	AND THE PERSON NAMED IN CO.			- 6
EWARK CARTING Hauler ID No. Yard	/aste			4
EWARK CARTING Hauler ID No. Yard	/aste cosal City. State	8105		1
EWARK CARTING Hauler ID No. 4509 of W tty, State EWARK, NJ Disp Date	/aste posal City. State BETHLEHEM, PA 1	2		
EWARK CARTING Hauler ID No. Yard 4509 of W	/aste cosal City. State	2	Date	

Checker 11315

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Date of Notification (1)	6 /	17				of Buildin y of Cam		vner/Operator (2)	I I			~			
Agencies Notified	Type Notific			_							1 111	106	7 9	017	1	
EPA	I ype Notific	auon				Address Box 951	20		1	and L	I		1 6	Ull	Ì	and a
⊠ DOLWD	☐ Amended	d		H	11212	State, Zip (777.770					Nation of	-	STATE OF THE PARTY NAMED IN		
☑ DOH	Amendm	Committee of the Commit				nden, N.			Parameter Commercial		ASBEST				L &	
DCA	⊠ Emergen		ing	-		of Contac		101	'		elephone N	CEN	Market	1	-	-
(NJAC 5:23-8)	justificati Cancella			1		nes Rizz				1 1	nepriorie iv	umpe	1			
								RMATION								
Name of Facility Where A	hatement is 1	Taking Pla	re (3)	١	ГА	CILITIN	NFO!	RIVIATION	Type of Facility	(4)						
624 KAIGHN AVEN			.00 (0,	,					School (K-1							
Street Address									Subchapter	8 (0	ther than K	-12)				
624 KAIGHN AVEN	UE STRUCT	TURE							Other (i.e., phomes, etc.	oriva)	e and com	merci	al bu	ilding	s,	
City (5)							1175.211		Square Feet	<u></u>	of Floors		Blo	dg. Ag	je	
Camden									varies		varies			50+	,	
County (6)					Cour	ty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior	being dem	olish	ed)		1100000	
CAMDEN									HOUSING I							
Name of Monitoring Firm	Hired by Build	ding Owne	er (8)	A	SCM	No.	Na	me of Abateme	ent Contractor (9)	-					
							(Controlled Er	nvironmental	Sys	ems					
Street Address							Str	eet Address						1000		
							1	1121 N. Bethl	ehem Pike - S	Suit	60					
City, State, Zip Code							1 3	y, State, Zip Co								
5								Spring House	e, PA 19477	-00	n <u>s</u>		-25-6	25		
Project Manager for Moni	toring Firm		T	elep	hone	No.		lephone No.			icense No.					
Start Data (10)	17	N-1						215 542 7000			00847					
Start Date (10)7		Scheduled g				te (11) 17	1000000	me of OSHA M	onitor							
					_ ′ -	17		CES								
Occupancy Status During Facility Closed/Vacate			·					eet Address								
☐ Abatement Performed						cribe			hem Pike -Su	iite	50					
Time of Abatement: 7						0.1.50		y, State, Zip Co Spring House								
Scope of Work (Check all	that apply)							pring nouse	, FA 19477							
	mac apply)	-						☐ Full Conta	ainment with Ne	gati	e Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 		-	Renov Demo					☐ Mini-Encl	osure Procedure							
23 _ 100 01 01 <u>- 200 11</u>			Jenio	ildon					npted (*) and No	on-F	able Proce	dure				
			Is Lo										Aba	ateme	ent T	уре
Location Asbestos-Containing I		, U	Norr sed S	mally		A - 1-		Description of				İ	_Z	R	ш	ш
TO BE ABA		''	/lainte	enand	ce/	Asbe (i.e	stos ., the	Containing Mat ermal systems in	nsulation.		Amount (Specify		Removal	Repair	ncap	Enclosure
IN Facilit	:y	Cı	ustodi 1)	al St 2)	aff?		S	surfacing, VAT,	or		SF or LF)		val	-	Encapsulate	sure
(13)		Ye	1	10	N/A		OU	her miscellaned	ous)						ate	
See Attached Notice	of Hazard	П	1			See Att	ach	ed Notice of	Hazard	20) YD per i		\boxtimes			
Too / Madrida Notice (or muzuru		-			oce Att	acii	ed Notice of	i iazai u	20	7 TD per i	165				
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Name of Registered Wast	te Hauler			1000		Vaste	2000-000	oic Yards of	Name of Regis	stere	d Landfill					
Waste Management	of NJ			100000000000000000000000000000000000000	uler IE 7273		Wa 2	ste 00/residenc	GROWS							
City, State					10			posal Date	City, State	_	-					
Fairless Hills, PA							8	/31/17	Tullytown	PA						
Completed By (Print or Ty	rpe)	Title						Signature	1 1	-		Date				
Patricia Visco		Office	Mar	nage	er			Vatin	en Vese		-	7	-6	-2	31 7	7

CK 3234

Date of Notification (1)				TO NOME 0.50		[m]	F	CE	- Constant	W	L		The same of
05/11/2017			Resi	of Building Owne dence	er/Operato	r ⁽²⁾	oftenes	Secure sentimental applica	SOCIAL SECTION OF THE PARTY OF				Mission
Agencies Notified Type Notification	ו		Street	Address			_	MAY 1	8	2017			
X EPA X Initial Amended Amendmen	ıt #			State, Zip Code Milford, N.J. (7646	The Lat	agram.	AND DOWNSON OF THE PARTY OF THE				QAREAGO T	PORTON SPECIFICATION
■ Emergency justification	(includin	g	2	of Contact		Soli	d	& Haza	ardo	DUS	AV	aste	3
DCA Cancellatio			1 1	Latero						777	E	To	1
Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	CILITY INFORMA	ATION	Type of Fácility	14	- (in 16	- U	M	15		111
Residence Street Address	E 1		- 11	1)]]		School (K	12						
City (5)		7 25	211	1		Other (i.e. etc.)	er 8 pri	(Other than ate & domi	n K-12 Tierci	al bul	dings	1	ies,
New Milford	70/		191			Square Feet 1662	i	# of Floor	s C	0 4	Bldg.	Age	
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Current Use (Pr	rior	F being den	nolish	ied) :			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASC	M No.	Name Brink	of Abatement Co s Tank Service	ontr	ctp (9)	E	C	E		
Street Address PO Box 354					200000000000000000000000000000000000000	Address Liberty Aven	ue		3.4	6V	2 5	20:	
City, State, Zip Code South Orange, NJ 07079						tate, Zip Code de, NJ 07205	_		181	AL	20	_20	1
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	one No. 49-2666	Teleph	one No.	_	Licen 0131	स्मिन्हें त	LICE	SUC	DNTI ING	ROL
Start Date (10) 05/26/2017	Schedu 06/02/	led Cor 2017	mpletion	Date (11)		of OSHA Monitor ine Lighthous			O.A. 140			-	e been likeling
Occupancy Status During Abatement (Chec	k Only O	ne)			Street	Address							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	ment s		City, St	ox 354 ate, Zip Code	_						
Scope of Work (Check All That Apply)					South	Orange, NJ	0/	179			-		
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	Renova Demolit			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cec	ire				9	
		Locati						and morn	rigott		Abate	ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			escription				l		Ту	pe	
TO BE ABATED In Facility (13)	5.0 SS 500	intenar todial S (12)				insulation, , or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
1st Floor	Yes	No	N/A	147			_					6	
Ground level		X			idow Car inyl Tiles		2) window	_	X			
		^		V	inyi riles		_	900 sf		X			
Name of Registered Waste Hauler		1											
Newark Carting		Н	JDEP W auler ID 1509		Yards aste	Market and the		stered Lan		ndfill			
City, State East Orange, NJ				Dispo	sal Date	City, State Penn A		e. PA					=
Completed by Alison Lamers	Title Office	e Man	ager		Signature		サブノ	>	Date 05/		017		

L-6-2017 02:42P F					97362	86978	TO	: 1609633	1664			P.3	/3
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	Cance	lation			Name o	f Contact	UNTAINSII						
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Name of Facility W. House	here Abateme	nt in	m.1.	FA	CILITY	INFORMAT	ION	908 400 2	18				
House	1 100101110	ut is	Takıng	g Plac	e (3)			F 111					_
Street Addresses							Type of	Facility (4		Line			
10	39 SUNNY	dO 12	E D.D.		2522		Subo	ol (K-12)					
1 1 1		SLUP	EDR				X Oth	hapter 8 (O	her than	1 (K-	12)		
MOUNTASI	DE				500		Square F	er (i.e. priv	te & co	mme	rcial	Buil	din
County (6) UNION						2 (730°C) - 1 (10°C)	400	eet # of	Floors	BI	dg.	Age	
32				ounty	Code (7) (STATE USE		101		1 40		-	1
Name of Monitoring F (8)\- IRIS Environme	irm Hired by	Rulld		NLY)	INJ		ebended	Use (Prior	being	demo	olish	ed)	
(8)\- IRIS Environme	ental laborator	Dalla.	ing Ov	vner	ASCM No.	Name of	Abatement	2	JE U	0 1			
Januar Munick		1105			At Sociologia	Pezo Inc	Moatement	Contractor	(9)				247
2333 Route 22 West						Street Add	rece.	13,7%	1		_	7 2	10
City, State, Zip Code	1					4 Beaverh	rook Rd., #	150		JUL			
Union NI 07082						City, State	Zip Code	130					
Project Manager for Mo	onitoring Firm	1	Toloni			Lincoln Pa	irk, NJ 070	35	1		715	(1)	
			Teleph	one N	0.	lelephone	No		-45	4-5	4	147.1	
Start Date (10)	Sche	duled	08-20	0-007	3	973-628-78	20	4	ense N	0			
07/06/17	07/06	/17	Comp	letion .	Data (11)	Name of C	SHA Mon	ton	41				
0	1					IRIS Envir	onmental L	aboreta-i					
Occupancy Status Durin X Facility Closed/Vace	g Abatement	(Chec	k only	>				addi atories					
X Facility Closed/Vaca Abatement Performe	ted During Ent	ire Per	od of	one)		Street Addr	ess						
Abatement Performe Other -Describe	d Outside of I	Vorma	I Faci	ioaicm	cnt	2333 Route	22 West						
Other -Describe	\$1 HISTORY		ı ı del	my M	ours	City, State.	Zip Code						
Scope of Work (Check all	apply)					Union NJ (7083						
> 3 sf or > 3 If							Full Contai	inment with	lecotina	D			_
xx > 160 sf or > 260 lf				,	K Renovati		* TATELL PILICIO	SUFE	regative	Pressi	ure		
200 11				D	emolition		Glovebag	Procedura					
Location of	•		Is Loca	ation	T		Non-Exempt	ted (*) and h	on-Friab	le pro	cedu	re	
Ashestos-Containing			Norma			Description (of		50000	A	bater	nent	-
Asbestos-Containing ma TO BE ABAT	terial (ACM)	U	sed Sol	ely by	Ashesto						7	уре	
IN Facility	ED	IN	fainten	ance/	(i.e.	s Containing Ma thermal systems	terial (ACM)			1-	T	T	T
(13)			Custod		1	Surracing, VAT	0.5	(Spc	ify	Removal	Repair	Encapsulate	chciosure
(13)			Staff			Other miscellane	cous)	SF or	LF)	100	12	aps	205
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zo Inc.	1 IAUICE	NJ	DEP V	Vaste I	fuler C	ubic Yards of	Name of D	egistered L	- 10				
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y, State							1010	nagement o	rennsy	/ivani	12		
coln Park, NJ 07035#	150				D	isposal Date	City, State						_
inpleted By Gustavo	Title				07	//22/17	Morrisville		vie.				
on manager	President				Si	gnature		Data06					_
	1 103 lucill				1	11.11		Dalavo	2111				

Do not Use this form for asbestos licensure exempted activities

CHCCK # 1869 (ivitial)

State Of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 06/29/17 Name of Building Owner/Operator (2) Yehuda Selengut Agency Notified Type Notification Street Addresses EPA Initial DEP Amended City, State, Zip X DOL Amended # Passaic, NJ 07055 DOH X Emergency (including DCA Justification) Name of Contact Telephon Number Cancellation Yehuda Selengut FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Addresses Subchapter 8 (Otl er than (K-12) x Other (i.e. prival : & commercial Buildings, City(5) Passaic NJ Square Feet # of | loors Bldg. Age County (6) County Code (7) (STATE USE Current Use (Prior i being demolished) Passaic ONLY) Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor 9) (8)\- IRIS Environmental Laboratories, LLC Pezo Inc Street Address Street Address: 2333 Route 22 West 4 Beaverbrook Rd., #150 City, State, Zip Code City, State, Zip Code Union NJ 07083 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. Li :ense No Rick Eustaquio 908-206-0073 973-628-7829 01141 Start Date (10) Scheduled Completion Data (11) Name of OSHA Monitor 06/30/17 06/30/17 IRIS Environmental Laboratorie: , LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code x Other -Describe Union NJ 07083 Scope of Work (Check all apply) Full Containment wi 1 Negative Pressure Mini-Enclosure > 3 sf or > 3 lf Renovation x x Glovebag Procedure xx > 160 sf or > 260 lfDemolition Non-Exempted (*) a d Non-Friable procedure Is Location Abatement Location of Normally Description of Type Asbestos-Containing material (ACM) Used Solely by Asbestos Containing Material (ACM) A nount Encapsulate TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial IN Facility Surfacing, VAT, or SI or LF) Staff? Other miscellaneous) (13)(12)Yes No N/A Basement x Pipe Insulation 40 LF x Name of registered Waste Hauler NJDEP Waste Huler Cubic Yards of Name of Register d Landfield Pezo Inc. CS 6224 Waste Waste Management of Pennsylvania City, State Disposal Date City, State Lincoln Park, NJ 07035 Morrisville Pennsylvania Completed by Title: Manager Signature Di ta Gustavo Ordon 06 29/17

Do not Use this form for asbestos licensure exempted activities

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					ICATIO	tate of Ne N OF ASE I to NJAC	ESTOS	ABATE		· [[]	U	JL -	7 20	17	The state of the s	
	te of Notification (1) 6-2017					of Building		Operator	(2)						- Inc.	-
Ag	encies Notified	Type Notification	Ŧ			Address				+A	Sur!	7050	Carl	PUL	a	
	EPA		20 17	1	0110011	Caroo				L	- management from	TO NE	MIC			
×	DEP DOL	Initial Amended Amendmen	nt #			ate, Zip C										
X	DOH DCA	Emergency justification Cancellatio)		Name o	of Contact as DiPir					1 70	thona 4	ımbar			_
انا	504	Cancellatio	141		12000000000000			<u> </u>						-		
Na	me of Facility Where	Abatement is Taki	ing Place (3)	FAC	ILITY INF	ORMA II	ON	Тур	e of Facility	(4)					-
	esidential									School (K-						
Str	eet Address								×	Subchapte Other (i.e.				ldings,	hom	es,
Cit	y (5) radell, NJ 07649								Squ 800	etc.) are Feet	2 # (Floors	1.7	Bldg. A	ge .	
	untv (6)					Code (7) USE ONLY				rent Use (Pri		ng demoli				
Na	me of Monitoring Firm		Owner (8	,		VI No.	-	Name	of Ah	atement Co	ntracto	(9)				
			(0							vironmen			LC			
Str	eet Address							Street 235		ess nia Avenu	e			**		
Cit	y, State, Zip Code							City, S	tate.	Zip Code		-				\neg
Pro	ject Manager for Mon	itoring Firm		-	Telepho	ne No.		Teleph		ity, NJ 07:	304	License	No			
								201-	333-	8855		01174	140.			
	rt Date (10) 17-2017		6-17-2		mpletion	Date (11)				HA Monitor above			10.45			
00	cupancy Status During	Abalement (Che	ck Only O	ne)				Street	Addre	2 \$5						
X	Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Nor	Period of mail Facility	Abaten y Hours	nent s			City, S	tate, i	Zip Code						
Sco	ppe of Work (Check Al	II That Apply)									`-					
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Nar	ne of Registered Was	te Hauler		I	JDEP W	l Vaste	Cubic '	Yards		Name of	Registe	ed Landf	ill			
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	, State sey City, NJ							al Date		City, Stat						
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Date of Notification (1) $(2-29-2017)$.N	lame of E	Building O	wner/Ope	erator (2)				-				
Agencies Notified Type Notification		S	treet Add	dress			1	۸.۱-	1,	1-AS	DES!		CON	
□ EPA ■ Initial □ DEP □ Amended Amendment # □ Emergency (in justification)	cluding	- (lame of (Zip Code	01)	N	Ī	0	7C	13 phone Nu	and a series	(2.2.) T		- A
□ DCA □ Cancellation			FACIL	ITY INFO	I CO	O _{ION}								1
Name of Facility Where Abatement is Taking Pla	ace (3)		FACIL	I I I III	JKNIAL I		Гуре of	Facility (4)					
Street Address							J Su	hool (K-12 bchapter 8	(Other	than K-12)				
Officer reduces -		Ŷ					翼 Ot	ther (i.e. pr	rivate &	commercia	al buildi			tc.)
CLIFTON							2L	100	5			Pg. A	y R	5.
County (6)			County County County County County	ode (7) SE ONLY)	7	(Current	- '	if bein	; demolishe	ed)		4	
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCM			Name of	Abaten	nent Contra	actor (S					_
Thank of Internet ing I am I mee of Sunding of	(47					Best	t Ren	noval I	nc					
Street Address						Street Ad		1 D:	Q,					
City, State, Zip Code						City, Stat		th Rive Code	r Str	et				
								ck, NJ	0760			85	-	
Project Manager for Monitoring Firm		Т	elephone	e No.			01-32	29-7444	1	License 1	No. 0388		Sanika-	
Start Date (10) 7-11-2017	Scheduled (etion Dat	0 7		Name of		Monitor Environ	meni	al				
Occupancy Status During Abatement (Check On	ly One)					Street Ad	dress							
☐ Facility Closed/Vacated During Entire Peri ☐ Abatement Performed Qutside of Normal F Other — Describe:		ment s	AM-	-5P1	M	City, Sta	te, Zip	ler Str Code lackens		NJ 0760	06			
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	2000 00000	novatio molitic				國	Mini Glov	-Enclosure	edure	Negative P		dure		
	ls I	Locatio	nn.				. 4011	Exempted	/ /	1101111140		Aba	tement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Mai	Solely ntenan odial St (12)	/ by ce/		stos Conta rmal syste	scription of aining Mate ems insulate VAT, or miscellane	terial (A tion, su		5	tmount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					- 17		9-7-1	- 1/	-		
BASEMENT	1-1		V	THE	RMA	L 1NS	ULA	TIOW		276	FX	-	-	
	++													
Name of Registered Waste Hauler			JDEP Wa auler ID		Cubic of Was					ed Landfil			~	
Best Removal Inc	-		1710	09	3/2	t yD		City, Stat		rva Ent	erpris	ses,	LLC	
City, State Hackensack, NJ 07601					7-1	sal Date 2 -20	017			ırg, OH				
Completed by Robert Veldran	Title Es	tima	tor		S	Signature R. V	eldr	ian			Date -	29	-20	7/10
	-						-				11-11-00-20			

Ch 10180	4			CATIO	tate of New N OF ASBE to NJAC 8	STOS A			NT.		IF.				. [II		
Date of Notification (1) 6/28/17				Name o	of Building C inger	Owner/Op	perator	(2)	e en F	Free against		JUL	- 7	20	17	And the second s		
Agencies Notified	Type Notification			Street A									e Approximate			+		
EPA DEB	✓ Initial				Marne Hi					ASSESTUS CONTROL &								
DEP DOL	Amended Amendment	4			ate, Zip Coo								ENN	IVU				
Control of the contro	Emergency (i		_		esport NJ	08036												
☑ DOH □ DCA	justification) Cancellation			Pat	Contact					1 le	lephon	e Nur	nr					
					ILITY INFO	RMATIO	N			10				_		-		
Name of Facility Where A	Abatement is Taking	Place (3)					Ту	pe of Facility (4								
Vacant House									School (K-1									
Street Address	nuo.							K	Subchapter Other (i.e. p	(Oth	er than	n K-12 merci:) al build	ennih	hom	29		
1928 Magellan Ave	nue				1455 - 15 15 15 N				etc.)			W-147-2-C-0				50,		
Atlantic City NJ 084	101								uare Feet 000+	# o	f Floor	S		ldg. <i>A</i> 35+	\ge			
County (6)				County	Code (7)				rrent Use (Pri	11-11	ing der	nolich		100+				
Atlantic				(STATE	USE ONĹY)		_					HORSE	cuj					
Name of Monitoring Firm N/A	Hired by Building C	wner (8))	ASC	ЛNo.		Name Pern		batement Cor Inc	nt actor	(9)							
Street Address							Street											
Oit - Ot - 1 - 7 - 0 - 1							PO E											
City, State, Zip Code						- 1			, Zip Code erlin NJ 080	04								
Project Manager for Moni	toring Firm		Τ.	Telepho	ne No		Teleph			, I	Licer	nse No			-			
-j		releptio	110.				3-9800		007		<i>.</i>							
Start Date (10)		pletion	Date (11)				SHA Monitor											
7/10/17 Occupancy Status During	Abstament (Charle	7/15/1					Sam											
	85.0		5.00	100.50		1	Street.	Adai	ress	4.								
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire Poed Outside of Norma	al Facility	Abatem / Hours	ent		_	City, S	tate,	Zip Code									
Scope of Work (Check Al	That Apply)				3110 7		- 5-57											
≥3 sf or ≥3 lf			Renovat					F	Full Containme	er : with	Nega	tive P	ressui	е				
≥160 sf or ≥260 lf		X	Demoliti	on			X	9 "	Mini-Enclosure Blovebag Prod									
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		100-2	Location												ement pe			
Location	200		Normall d Solel				ription							ıy	pe			
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In Facilit (13)	У	Cus	(12)	taii !		surfacir other mis				SF	or LF)	Remova	Repair	Encapsulate	Enclosure		
()		Yes	No	N/A		outer mis	Joonan	cou	,				/al	₹'	ılate	ure		
1st floor cl	oset			x		Flo	or tile)			0 SF		x					
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										-								
Name of Registered Wast	e Hauler		100000	JDEP W	2000	Cubic Ya			Name of	R giste	red La	ndfill						
Pernaco Inc.				auler ID 1787	NO.	of Waste	•		ACUA									
City, State					10.00	Disposal			City, State		r		200 1					
West Berlin NJ Completed by		Title				6/16/17		112	Egg Ha	or I	wp. I			8				
Anthony T Perna			ident			Sigi	nature	1	75-534	up Nov.		Dat	e 28	117				
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Print Form

State of New Jersey

W Print Form

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Date of Notification (1) 7/3/17		1115		f Building c Site C			(2)			No Comments			Z \ \ ()	En V	
Agencies Notified Type Notification		139	Street A		rieto (Leess	- 51.	9800000	Stoto secolor		Abula			THE		L 6.2
EPA Initial			JONY WALL			ne Roa	ad S	uite 103		Marcard Constant				Contract Con	
DEP Amended Amendment				ite, Zip Co rood, NJ		1									
Emergency (i justification) DCA Cancellation	nciuaing		Name of Shlom	Contact		25 25			T-1	alonhono	Mirm	har			
DCA Cancellation				LITY INFO	DANATI	ON								-	
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITTINFC	JKIVIATI	ON	Typ	e of Facility (4)						
Lakewood							П	School (K-1	2)						
Street Address							×	Subchapter Other (i.e. p	8 (C				lings,	home	∌s,
City (5) Lakewood					-		Squ	are Feet	#	of Floors		В	dg. A	ge	
County (6) Ocean				Code (7) USE ONLY)	(1		Cur	rent Use (Prid	or if I	eing dem	nolishe	ed)			5500
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	1 No.		400000000000000000000000000000000000000		patement Con					-		
Street Address						AAA		AD PROFE	SS	DNALS	5				
Officer Address								DOVE CO	OUF	Т					
City, State, Zip Code								Zip Code OOD, NJ 08	370						
Project Manager for Monitoring Firm			Γelephor	ne No.		Teleph 732-		No. 9078	_	Licen 1200					
- Carlotte C	Schedule 7/17/17		pletion I	Date (11)		400000000000000000000000000000000000000		SHA Monitor AD PROFE	SS	DNALS					
Occupancy Status During Abatement (Check	Only On	e)				Street		ess DOVE CO	NIE	т					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:						1000	1011-111	Zip Code	100	I					
						LAK	EWO	DOD, NJ 0	870						
Scope of Work (Check All That Apply)						_	7								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emoliti				×	N G	ull Containme lini-Enclosure llovebag Prod lon-Exempted	edu	э				5	
	la	Location			17/64			on-Exempled	11	nu mon-	Habit			ment	t
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Asbestos-Containing Material (ACM)	11.000	d Solel intenan			tos Con	taining N	//ateri	al (ACM)		Amount		2000		ш	-
TO BE ABATED In Facility		odial S		(i.e.		system cing, VA				(Specify SF or LF)		Remova	Re	Encapsulate	Enclosure
(13)		(12)				niscellar						lova	Repair	sula	Sur
	Yes	No	N/A											ite	Ф
EXTERIOR						Siding				000 SF		х			
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Name of Registered Waste Hauler		5223	JDEP W auler ID		Cubic of Wa	Yards ste		Name of	Regi	tered La	ndfill				
NEWARK CARTING			509	. 10.	15			IESI							
City, State NEWARK, NJ	-				Dispo: 7/17/	sal Date 17		City, State BETHL		МРА					
Completed by JOSEPH PERLSTEIN	Title OWN	ER			5	Signature	Э	-10-			Date	е			

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-182 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 6 / 3 0 / 1 7 1 ASSESTON CONTROL & LAURA ALPER Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency millburn, ni 07041 (including DOH. Name of Contact Telephone Number justification) ☐ DCA Cancellation christopher stockwell **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type c Facility (4) School (K - 12) LAURA ALPER Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Squar : Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Curre it Use (Prior if being demolished) millburn **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contract r (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc 07/12/1717 07/28/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Conti inment w/negative pressure >3 sf or >3 lf Mini-encl sure Renovation Glovebac procedure ≥160 sf or ≥260 lf Demolition Non-Exe 1pted (*) and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e asbestos-containing n / mount Description of asbestos-containing staff(12) m р material (acm) to be C Specify SF or material (ACM) C 0 2 abated in facility (13) a (F) Yes No N/A D BASEMENT PIPE INSULATION 100 X FT BASEMENT BARE HEATING PIPES 70 I M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 07/13/17 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** 06/30/17 Do not use this form for asbestos licensure exempted activities. ASB-41

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-183 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 6 / 3 0 / 1 7 christopher STOCKWELL Agencies Notified Type Notification Street Address | Initial ☐ EPA Amended DEP City, State, Zip Code Amendment #: DOL BERGENFIELD, NJ 07621 DOH (including Name of Contact Telephone Number justification) ☐ DCA christopher STOCKWELL Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type c Facility (4) School (K - 12) christopher STOCKWELL Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Squar : Feet Bldg. Age # of Floors City (5) County (6) County Code (7) (State use only) Curre it Use (Prior if being demolished) BERGENFIELD BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contract r (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 07/13/17 07/28/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Cont. inment w/negative pressure ≥ 3 sf or >3 If Mini-encl sure Renovation Glovebaç procedure ≥160 sf or ≥260 lf Demolition Non-Exe 1pted (*) and Non-friable procedure Is location normally used solely E Location of Е е by maintenance/custodial n asbestos-containing mount Description of asbestos-containing n staff(12) m p C material (acm) to be Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A V p BASEMENT PIPE INSULATION 122 X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 2 yds. Disposal Date City, State City, State PATERSON, NJ 07503 07/14/17 TULLYTOWN, PA Completed by (Print or Type) Signature Date **BOGDAN JOLDZIC** PRESIDENT 06/30/17

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

NOTIFICA	ant to N.J.A.C. 8:6	30 and 12.12.7	1111	1 2011
(Purst	uant to N.J.A.C. 8:6	2 rator (2)	11	
	Name of Building Owner	/ Operator (2)		TOTAL A
: - (1)	Hazlet OWIISINP	olic Schools	A ALSTOS	CUNTAUL
ate of Notification (1) 6/23/17	Total Addiess			The second secon
0120	- + ss: ddlo Rodu			
nelicies :	City State & ZID Code		Te	lephone Number
T FPA	Liezlet NJ UTTSU		0.000	
	of Conidu			
X DOL Fmergency	Mr. Charles Hildner			
□ DOH ☐ Cancellation		AAATION		
□ DCA	FACILITY IN CIT	Type of Facility (4) School (K-12) NON S	SUB-CHAPTER 8	1
tio Taking Pla	ce (3)	School (K-12) NON	than K-12)	· etc)
Name of Facility Where Abatement is Taking Pla		School (K-12) Note: Subchapter 8 (Other Other (i.e. private &	comme cial building	js, homes, etc./
Raritan High School		Other (i.e. private &	Floors	sldg. Age
Street Address	,	Square Feet # of	7	50+
419 Middle Road		130,000	Jished)	
419 Mildule Roas	County Code (7)	130,000 Current Use (Prior if bei	ing dem marios)	
County (6)		Culterio		
City (5) Monmouth		School Name of Abatement Co	ontracto (9)	
Hazlet	ASCM No.	Name of Abatement of Bristol Environmen	tal, Inc	
Firm Hired by Building Ow	ner (8)	Bristoi Eliviron		
Name of Monitoring Firm Hired by Building Ow		Street Address 1123 Beaver Street		
Environmental		City, State & Zip Code)	
		Bristol, PA 19007		e Number
was North Wallell Street		Telephone Number	00509	
City, State & Zip Code	Telephone Number	1 > 700 61140		
Trenton, NJ 08010	609-392-4200		tor	
Trenton, NJ 08010 Project Manager for Monitoring Firm	-letion Date (11)	Name of OSHA Monte	ental Ir S.	
	Completion Date (11) 7/13/17	Street Address		
Scheduled Start Date (19)	1110111	Luca Boaver Stie	et	
7/10/11	k only one)		de	
Occupancy Status During Abatement Facility Closed/Vacated During Entire Abatement Performed Outside of N	re Period or - 7am to 3pr	Bristol, PA 19007	<i>I</i>	
Facility Closed Value of N	ormai Hours	Bristoi, I A		
Abatement Performs	3:30 PM		· ·-mont)	with Negative Pressure
Abatement Ferroman Describe: Facility Occupied During Abatemen Facility Occupied During Abatemen	it /AIVI - 3.00	П	Full Containment	
Facility Occupied that apply)		Ħ	Mini-E 1closure	dures
Scope of Work (Check all that apply)		H	Glove Bag Proced	nd Non-Friable Procedure Abatement Type
	Demolition		Non-I xempted at	ount Abatement Type
≥3 sf or ≥3 lf		Description of	Allic	our I
≥160 sf ≥260 lf	Is Location	Asbestos-Containi	ing (Spr	or LF)
Location of	Normally Used			Encapsulate Repair Removal
Asbestos-Containing	Solely by			novi air
Material (ACIVI)	Maintenance or			a fe
TO BE ABATED	Custodial Stati?	or other miscellane	ous)	
in Facility	(12)			0 LF
(13)	Yes	Pipe Insulation Wra	ap & C	
		Pipe mount		
Throughout	——HITTO			
				11 - 4611
		1-1-1-	Name (f Registered	d Landilli
	IN IDEP	Waste Cubic 1		
Hauler Hauler	Hauler	11) NO. 101 ****	Miner /a Landfill	
Name of Registered Waste Hauler	20990	/Cu yu	Other State	
	20300	Disposal Date	Wayr esburg, O	Date
Service Transport Inc.		7/8/17	11107.	6/23/17
City State	1	Signature	2	6123111
	Title	100 11	assigned of	2
a-malated By (Print or Type)	Proje	ager Smo 1	1111	
Gino Pizzigoni	Man	ager		
GINO FIZZIO				



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		1	Vame	of E	Build	ding O	wner / Operator	(2)			JUL		i	UT	ĺ	-			
Date of Notification (1) 6/23/17		ŀ	Hazle	t T	IWO	nship	Public School	ols	į							1			
Agencies Notified Type Notific	cation	Street					ASSESTOS CONTROLA												
□ EPA						Road				Section of the sectio									
DEP 352 Initia						Zip Co													
DOLI DOLI Ame	ended		Vame		_	7730		-		Telephone Number									
≥ DOHID Jul Eme	ergency cellation					Hild	ner												
□ DCA □ Can	Cellation	Ι,	0.0000000000000000000000000000000000000				RMATION			_									
	ant in Taking Di	200 (3		UIL	111	INFC	Type of Facilit	v (4)											
Name of Facility Where Abatem	ient is raking Fi	ace (c	,,				School (K	(-12)	NON SUB-	CI	APTER 8								
Raritan High School Street Address							Subchapt Subchapt	er 8 (Other than	K	. 12)								
419 Middle Road							Other (i.e	. priv	ate & comm	ne	cial buildings			, et	c.)				
419 Wilddie Road							Square Feet		# of Floors	S	Bld	g. Ag							
City (5)	County (6)	Co	unty (Code	e (7)	130,000			2			50	0+					
	Monmouth		- 17				Current Use (F	Prior	if being den	nc	ished)								
Hazlet	10.01						School			_									
Name of Monitoring Firm Hired	by Building Own	ner (8)		A	SCN	M No.	Name of Abat				9)								
Environmental Connection	,	10. Th					Bristol Envi		nental, Inc				_	_					
Street Address							Street Addres												
120 North Warren Street							1123 Beaver			_						_			
City, State & Zip Code							City, State & Z Bristol, PA												
Trenton, NJ 08010	F:	Telep	hone	Nh	mhe	or.	Telephone Nu	mbei	r	_	License Nur	nber							
Project Manager for Monitoring	Firm	609-				51	(215)788-604				00509								
Rollie Jones	Scheduled Cor						Name of OSH		nitor										
Scheduled Start Date (10) 7/5/17	Ochicadica con	7/8/					Bristol Envi	ronn	nental Inc										
Occupancy Status During Abate	ement (Check or	nly one	e)				Street Addres												
Facility Closed/Vacated	During Entire P	erioa	OT AD	ater	nen	t	1123 Beave			_			_						
Abatement Performed (Outside of Norma	al Ho	urs –	7an	n to	3pm	City, State & Z												
Describe:			00 DI				Bristol, PA	1900	1										
Facility Occupied Durin	g Abatement 7A	M - 3:	30 Pr	VI						0									
Scope of Work (Check all that a	apply)							П	Full Conta	ir	nent with Neg	gative	e P	res	sure	£.			
≥3 sf or ≥3 lf		\boxtimes	Rei	nova	ation	1			Mini-Enclo										
≥3 sf or ≥3 lf ≥160 sf ≥260 lf			Der	moli	tion				Glove Bag	91	rocedures								
								\boxtimes	Non-Exen	1p	ed and Non-F	riabl	e F	Proc	edu	re			
Location of			Loca				Description				Amount	Ab	ate	eme	nt I	уре			
Asbestos-Containi	ng		mally		d		Asbestos-Cont Material (AC		9		(Specify SF or LF)				Ш	-			
Material (ACM)			olely itenar		or		(i.e., thermal s)	vstem	ns		0, 0, 1,	Rer		Re	nca	incl			
TO BE ABATED in Facility	!		odial		Decree of the		nsulation, surfac	ing, \	VAT			Removal		Repair	Encapsulate	Enclsoure			
(13)			(12)				or other miscella	aneou	us)			8			ate	ē			
		Yes	No	N	/A								+	-					
Throughout			\boxtimes			Pip	e Insulation W	/rap	& Cut		50 LF		1	=	片	ዙ			
Timougout												+	+	=	ዙ	H			
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			Ш	1						_		누	+	=	H	H			
			Щ				Cubic Yards	Mon	ne of Regist	to	ad Landfill								
Name of Registered Waste Ha	uler		1000000				of Waste	IVall	ne or negra	ıc	50 Landini								
2 I Transport Inc				990		140.	7cu yd	Min	erva Land	df	1								
Service Transport Inc.							Disposal Date		, State										
City, State New Castle, DE							7/8/17	Wa	ynesburg	, (Н								
Completed By (Print or Type) Title						Signature	^			1	Date		4=						
Sino Pizzigoni Project							Live	PA	nmm	N	-/ gr	6/2	<i>31'</i>	1/					
J			M	ana	age	r	LINE	100	100	•	10								

Ch 10710		Stat FICATION (Pursuant to	[17]	7 201	7	Prin	Fo							
Flats of Notification (1)		1	Building Owner	Operator ((2)	I in	JU	1.1	201	1	inecons			
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Union I ame of Monitoring Firm Hired by Buildi	no Owner (8)	ASCM	No.	Name		ement Con	- A . H. H. L. S. C.							
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06/29/17	08/30/17		90 /01	Ame	eriSci									
Cocupancy Status During Abatement (C	heck Only One)			Street Address 117 East 30th Street										
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City State			Dis	posal Dat	e	City, Stat	te	0 1		-				
Wayne, NJ			on	comple	tion	Morris	ville, P	7						
Completed by		-	Signature Bilyana Stankou				. /	Date	n 14 →					
Bilyana Stankovic	nt		Dely	cana	re ich 06/28/17									

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	pe/StartDate ergency	Name									
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Name of Facility Where Abateme	ent is Taking Place	(3)	ACIL	II T INFO		771 (4)	**				
Rider University – Bart Leudeke	Dance Center	: (3)			Type of Faci	(lity (4)					
Street Address						pter 8 (Other than	V 10)				
2083 Lawrenceville Road					Other (i	e. private & comn	N-12)				
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City (5)	County (6)	County	Code	(7)	25,000	2		57	Е		
Lawrenceville, NJ 08648	Mercer			()			-	37			
, 10 000 10	Ivierdei				Dance Cente	(Prior if being der	olished)				
Name of Monitoring Firm Hired b	v Building Owner (8)	IAC	CM No.			(0)			_	
Pennoni & Associates	y ballaring owner (0)	001			atement Contracto					
Street Address			100	102	Street Addre	anagement Group	LLC				
515 Grove Street						on Avenue, Suite 2	. 10				
City, State & Zip Code					City, State &		12				
Haddon Heights, NJ 08035					Trenton, NJ						
Project Manager for Monitoring F	irm Te	lephone	Num	ber	Telephone N		License	Number		III-	111,5-0,500
Brian Clark		6-547-0			609-977-615		License	0118	5		
Scheduled Start Date (10)	Scheduled Comple	etion Dat	e (11))	Name of OSI	HA Monitor					
6/27/2017		21/2017	0.000			mental Laboratorie	3 Inc				
Occupancy Status During Abaten	nent (Check only o	ne)			Street Addres	SS					
Facility Closed/Vacated [Juring Entire Perior	d of Aba	temer	nt	2333 Route 2						
Abatement Performed du	ring Normal Hours				City, State &	Zip Code	Malica de la casa de l				
Describe: 9:00AM – 5:0 Facility Occupied During	JUPM Mon-Sun				Union, NJ 07	083					
Facility Occupied During Scope of Work (Check all that ap	Abatement										
ocope of work (check all that ap	piy)					N 5 10 4					
≥3 sf or ≥3 lf	_	7 Pon	oveti.				nment with N	legative l	res	sure	
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Z = 100 31 = 200 11		_ Den	nolitio	n			Procedures				
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(13)	-	(12)			or other miscell	aneous)		va	≅.	Encapsula	Enclosure
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Bathroom/Hallway				Plaster			600 SF				
Studio				Plaster			400 SF				
Foyer			\boxtimes	Plaster			1,400 SF				
Office				Plaster			150 SF		닏	ᆜ	Ц
Hallway Outside Conference Ro	om 🗀		X	Plaster			1,200 SF		뷔	빌	닏
-,	V1			Plaster			200 SF				Ш
Recourse Management Com	1.0										
Resource Management Group, I	LLC	003	5218	T	BD	Grows Landfill					
City, State					isposal Date	City, State					
Hamilton, NJ 08619				T	BD	Morrisville, PA	1				
Completed By (Print or Type) Bria	n Haney	Title	e: Pre	sident S	ignature /	1 1		Date 0	6-22	-201	7
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Date of Notification	(1)	Ti	Nam	e of B	uildina	Owner / Operate	or (2)		- 1	1111	7 37	1.41.77	
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DEP	☐ Initial	-	-		& Zip (le Road			Abri	4. CVC C	تتب	HUL	de
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Pennoni & Associate	es	rier (o)		001	CM No			nt Contractor ment Group, I					
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City, State & Zip Co- Haddon Heights, NJ						City, State &		ode	No. of the second				
Project Manager for		Telep	hone	Num	her	Trenton, NJ (Telephone N			License	Number			
Brian Clark		856-5			DCI	609-977-615			Licerise	0118	35		
Scheduled Start Dat				te (11)	Name of OSI							
6/27/2017		7/28/2						Laboratories	Inc				
Facility Clos	Ouring Abatement (Check or ed/Vacated During Entire P	nly one	f Δh	atomo	nt	Street Addres							
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Describe:	9:00AM - 5:00PM Mon - St	un				Union, NJ 07		, de					
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Name of Building Owner / Operator (2) APPROVED	
Name of Building Owner / Operator (2) Name of Building Owner / Operator (2)	
Name of Building Owner / Operator (2) Rider University Street Address 2053 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08646 Name of Contact Mr. Walter Eddy PACILITY INFORMATION PACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other t	
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2017 777/2017 J&S Environmental Laboratories Inc	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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J DOH justification) Cancellation	4		arc	- mes e TIGA	1							-	
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Name of Facility Where Abatement is Taking Place ((3)					School School	(K-12) pter 8 (C III	ier th	an K-12)	tions h	กกาคร	a con product	
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City (5)						Current Use	(Prior i b	eing	demolished)			and the second	and the same
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County (6)	1		CM No.	-	Name	e of Abateme	nt Contract	ior (9	3				Manager and W
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Street Address					95	State, Zip Co	de						
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Project Manager for Monitoring Firm	-1116	Comple	tion Date	(11)	Nar	me of OSHA	Monitor						_
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Occupancy Status During Abatement (Check Or	nd of Abi	atemen	ł.		Cit	ty, State, Zip	Code						
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Name of Registered Waste Hauler		o will be seen of the seen of	12086	, , , , ,		5	City S						
Ace Insulation Co., Inc.				-	Dispo	sal Date	Eait		PA				-
City, State					-	Signature	-			Date	7	17	
Colts Neck, New Jersey	Title	e			Mir. a richarb to	P	/			11	4	1	3
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Check # 25542

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7/5/17 Street Address	Szego	Atau		1		Tomas .				
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Emergency (including		ephone Number	er			\dashv				
DCA Cancellation Peter Szego										
FACILITY INFORMATION						1				
Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)									
Residential	School (K-12) Subchapter 8 (O	aorthan K 12\								
Street Address	Other (i.e., privat homes, etc.)	& commercial	building							
City (5)	- Contract of the contract of	of Floors	Bldg							
Princeton,NJ	2400	2	-	00+/	-	_				
County (6) Mercer County Code (7) (STATE USE ONLY)	Current Use (Prior if	being demolish	ned)							
Name of Monitoring Firm Hired by Building Owner			-							
	ns Environmer	tal Services	s, Inc.			_				
Street Address Street Address	PO Box	322								
PO Box 341 City, State, Zip Code City, State, Zip Code		522				-				
City, State, Zip Code Crosswicks, NJ 08515	Allentown, 1	J 08501				_				
Project Manager for Monitoring Firm Telephone No. Telephone No.		icense Ne-								
Bill Weisgarber (609) 298-4070 (609) 259-	9-9688	00)493							
Start Date (10) Scheduled Completion Date (11) Name of OSHA Mon										
7/15/17 7/21/17	MEC	5		_	_	_				
Occupancy Status During Abatement (Check only one) Street Address	PO Box	341								
 ✓ Facility Closed/Vacated During Entire Period of Abatement ✓ Abatement Performed Outside of Normal Facility Hours ✓ City, State, Zip Cod 						=				
Other - Describe: 8 am to 4 pm	Crosswicks,	IJ 08515				_				
Scope of Work (Check all that apply)	ainment with Negativ	e Pressure								
≥3 sf or >3 lf Renovation Mini-Enclo	osure									
≥160 sf or ≥260 lf Demolition Glovebag Non-Exem	npted (*) and Non-F	able Procedure	e							
Is Location				atem Type						
Normally Location of Used Solely by Description of			-	Турс	_	\dashv				
Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material	rial (ACM)	Amount Specify	ת		E I	m				
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	Name of Register	d Landfill				\dashv				
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste		irless Land	1611							
Stevens Environmental Services, Inc. 18292 2 cu City- State Disposal Date	City, State	IIIESS Land	11111			-				
City-, State Disposal Date Allentown, NJ 7/21/17		Iorrisville,	PA							
Completed By Title Signature	7/	Date								
Mahlon E. Stevens Project Manager			7/5/	7		_				

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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 ACT VITIES

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

Date of Notification: 06 I 29 I 2017 ☑ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification) Type of Work: ☐ Demolition ☒ Renovation		
II. BUILDING INFORMATION		
Name of Building Owner/Operator: SL3 CNS LLC		
Street Address: 580 Sylan Ave, Ste M-E City: Englewood Cliffs State:	Zip:	07632
Name of Contact: James Liu Telephone No.		
III. FACILITY INFORMATION		
Name of Facility Where Work Activity is to Take Place: 133 Chestnut St-Lower Lev	e of Bi-lev	el
Describe Facility Use: Residence		
Street Address: City: Englewood Cliffs State: N	Zip:	07632
County Name: Bergen County Code (State Use Only):		
Scheduled Start Date: 07 / 10 / 2017 Scheduled Completion Date: 07	/ 11	/ 2017
Occupancy Status During Activity (check only one):		
☐ Facility Closed/Vacated During Entire Activity		
Activity Performed Outside Normal Facility Hours—Describe:	_	
Other—Describe: Normal hours 9am - 5pm		
Scope of Work (check all that apply):		
⊠ Floor Tile Square Footage: 120 Percentage As	b stos:	%
	b stos:	%
IV. CONTRACTOR INFORMATION		
Company Name: Resource Management Group, LLC Telephone No.:	609-91	4-4279
Street Address: 2115 Hamilton Ave-Ste202 City: Trenton State:		08619
New Jersey Asbestos License Number (if applicable): 01185		
Monitoring Firm (if applicable): Health & Safety Services, Inc. Telephone No.:	856-839-2	2432
V. SIGNATURE		
Completed By (type or print legibly): Brian Haney Title: P	e sident	
HAID - XIONAIN	0 3- 29-201	7

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Date of Notification (1) 06-28-2017				f Building UE, LL(perator	(2)		, [JUL	_	7 2	017	1
Agencies Notified Type Notification			Street A	ddress oute 4 E	act				Ī	1					Production of
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DOH justification) DCA Cancellation	ncluding	Ī	Name of	f Contact						elephone	e Num	ber			
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Name of Facility Where Abatement is Taking Dollar Tree Store	Place (3	3)					Тур	e of Facility							
Street Address	-						Н	School (K- Subchapte	r 8 (C						
423 US-46							×	Other (i.e. etc.)	priva	: & com	mercia	build	dings,	home	es,
City (5) Dover								are Feet 074	#	of Floor	S	1 30	ldg. <i>A</i> 0	ige	
County (6) Morris				Code (7) USE ONLY,)			rent Use (Pr Ilar Tree S			nolishe	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	/I No.				atement Co afety LLC		or (9)					
Street Address			1			Street	Addr						-		
City, State, Zip Code		-						Zip Code		hi e de la com					
								ok, NJ 070	058						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-2		No. -0099		Licer 013	nse No 17	•			
	ed Con 2017	npletion	Date (11)				SHA Monitor afety LLC						-		
Occupancy Status During Abatement (Check						Street						-			
➤ Facility Closed/Vacated During Entire Pe	eriod of A	Abaten	nent					Ave #F2							
Abatement Performed Outside of Norma Other – Describe:	I Facility	/ Hours	3		_			Zip Code ok, NJ 070	058						
Scope of Work (Check All That Apply)							mesin.								
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Front of retail and under cooler		Х		Res	idual r	nastic ι	unde	er 18"		,400 S	F	X			
				be	eige lin	oleum t	floor	r tile							
Rear stock room		Х		R	esidua	l black	ma	stic	-	,620 S	F	Х			
Name of Registered Waste Hauler	L	JDEP W		Cubic of Was	Yards		Name of								
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Agencies Notified	Type Notification	1		Street	Address				` ' ' '	-					
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Name of Facility Where Ab	atement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Т-							
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City, State, Zip Code															
Moorestown NJ 0805	7								Zip Code rlin NJ 0	2004					
Project Manager for Monitor	ina Firm		Telepho	ana Na				A THE RESERVE OF THE PARTY OF T	3091						
James Guilardi					340-880	2	Telepi		No. -9800		License	No.			
Start Date (10)		Schedul	ed Co		Date (11)						00727				
7/3/17		7/10/1		iipietioii	Date (11)		Sam		SHA Monit	Г					
Occupancy Status During Al	batement (Chec							2070							
X Facility Closed/Vacated							Street	Addre	ess	4					
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LANGAN

Technical Excellence Practical Experience Client Responsiveness

June 8, 2017

Asbestos Control Office NJ Dept. of Labor 1 John Fitch Plaza 3rd Floor Trenton, NJ 08625 ATTN: Thomas Voorhees



Re:

Unsafe Abatement Conditions KIPP Cooper Norcross Academy at Whittier

739 Sycamore Street and 801 Sycamore Street, Camden, Nev Jersey

Langan Project No.: 220093801

Dear Voorhees:

Langan Engineering and Environmental Services, Inc. completed an asbestos survey of the identified buildings. The following asbestos containing materials (ACNI) were identified in the

739 Sycamore Street

- Window and Door Caulk 32 square feet;
- Transite wall panels 35 square feet;
- Built-up Roofing and flashing materials 830 square feet

801 Sycamore Street

- Transite roof shingles 500 square feet;
- Built up Roofing materials 450 square feet

The subject buildings are slated for demolition. The roof of 739 Sycam re Street appears to be unstable. Sections of the roof, including floors 1 & 2 have collapsed with debris lying in the basement. The roof of 801 Sycamore Street has partially collapsed.

Due to safety concerns, manual removal of ACM roofing, flashin; and caulking is not recommended. The transite panels associated with both buildings will be n anually removed prior to demolition. Contractor should be allowed to demolish the building using controlled wet demolition

If you have any questions or need additional information please do not hesitate to call us at 973-560-

Sincerely,

Langan Engineering, Environmental, Surveying and Landscape Architecture, D.P.C

Vijav Patel

Senior Associate/Vice President

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Date of Notification (1) 6/26/2017		Name	of Building	.C.	14	1			27.4	- Anggarin			
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Asbestos and Lead Abatement –Inspections Air sampling for Asbestos

acmsolutionsservicesllc@gmail.com

Asbestos DOL # 01320 New York 17-101936

RE:

Montclair NJ

Scope of work:

	() - () -	
Type of ACM	Location	Quantities
Ceiling tile 2x4	2 nd floor basement	OOSF
Basement, 1st and 2nd floor	throughout the building pipe insulation	00LF
9x9 floor tile and mastic	2 nd floor	80SF
Pipe insulation	rear stairway	00LF
Floor tile and mastic	2 nd floor	!500SF
Floor/ mastic	1 st floor	50SF
12x12 floor tile carpet glue /mastic	basement vault	'50SF

Marcos Regato

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Street Address 1012 INDUSTRIAL	DRIVE						Street 570		tress EMS RUN							
City, State, Zip Code WEST BERLIN NJ	08091								e, Zip Code CA HILL NJ	0 306	2					
Project Manager for Moni MATT DEPALMA	toring Firm			Telephoi 856-86	ne No. 09-1202		Teleph 610-		No. 4-4676		Lice 011	nse No 45).			
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Name of Registered Was ASSURED ENVIRO		VICES	H	NJDEP W Hauler ID 0034898	No.	Cubic of Was 6			Name of I MINER							
City, State MULLICA HILL NJ								City, State		JRG,	ОН					
Completed by RON SWANSON		Title GEN	e ENERAL MANAGER Signature							140	ey.	Dat 06		2017	, ii	

NO CK		NO	TIFIC (Purs	State of New Jersey ATION OF ASBESTOS A suant to NJAC 8:60-7 and Name of Building Ow	ABATEMENT 12:120-7)		1 p		E.		WE
Date of Notification (1)				SETON HALL UNIVER	RSITY			1		1111 - 7	1017
6 / 28 /17				Street Address				1 .		JUL	1011
Agencies Notified Type Notification				400 SOUTH ORANGE	AVENUE		-		_		
EPA Initial Notifica				City, State, Zip Code SOUTH ORANGE, NE	1A/ IEDSEV 070	79		1	50	ESTOS CO	HIAUL 8
DEP X Amended No Cancellation	tificatio	n	#4	SOUTH ORANGE, NE	EVV JERSET 070	7.5			H-ADO	LICENSI	NG
X DOL Cancellation X DOH On Hold				Name of Contact	4	Telephone Num	ber				
DCA EMERGENC	Y NOT	IFICA	ATIO								
				FACILITY INFORMATI	ON	(4)			-		\dashv
Name of Facility Where Abatement is Taking	g Place	(3)			Type of Facility School (K-						
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SETON HALL UNIVERSITY					X Other (ie. p	orivate & commo	l. bldgs	., hom	s, e	tc.)	-
Street Address					Square Feet	# of Floors N/A	1		-	ı. Age I/A	
400 SOUTH ORANGE AVENUE				- 1 (7)	N/A Current Use (Pri	43,722,000	olished)				
City (5) County (6)				County Code (7) (STATE USE ONLY)	UNIVERSITY	or it being derive	,				
SOUTH ORANGE ESSEX	Owner	r (8)	_	ASCM No.	Name of Abate	ment Contracto	or (9)				
Name of Monitoring Firm Hired by Building	Owner	(0)		3	PAR ENVIRON	MENTAL CORP	ORATI	ON			_
Street Address					Street Address	OK DOAD					
1253 NORTH CHURCH STREET					313 SPOOK RO City, State, Zip				* *		
City, State, Zip Code	AL IEDS	SEVE	000	57	SUFFERN, NE	W YORK 10901					
MOORESTOWN, NEV				lumber	Telephone Num		ense N	umber			
Project Manager for Monitoring Firm			9-518		845-369-7500	110	1				_
JEFF SEAMAN Expected State Date (10)				on Date (11)	Name of OSHA	Monitor	COLLIT	ONE	TEC	- ы	
07/ 03/ 17		8 /		30 /17 Day Year	QUALITY ENVI	IRONMENTAL S	SOLUT	IONS	111	J11.	
Month Day Year	Month		_	Day Year	Street Address						
Occupancy Status During Abatement (Check X Facility Closed/Vacated During En	tire Per	riod o	of Aba	atement	1376 ROUTE 9)					
Abatement Performed Outside of I	Normal	Faci	lity H	ours - Describe:	City, State, Zip	Codo			-		
X Other - Describe: MONDAY -	FRIDA	Y 7A	M-3:	30PM	City, State, Zip	WAPPINGER	RS FAL	LS, NY	125	90	
Scope of Work (Check all that apply)				Full Cont	ainment with Neg	ative Pressure					1
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City, State				Disposal Date 5/22-8/30/17	PLAINFIELD	FOWNSHIP, P.	Α		1		
NEWARK , NEW JERSEY Completed by (Print or Type) Title	1	-		Signature /	11- XX		Date	1	17	(117	
BENJAMIN SANCHEZ DIR	ECTOR	R OF	OPE	RATIONS	XXX	5	-{	1	1	711	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) SETON HALL UNIVERSITY 6 /17 Street Address Type Notification Agencies Notified 400 SOUTH ORANGE AVENUE EPA Initial Notification City, State, Zip Code ASULISTOS COI I HULK DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079 DOL Cancellation DOH Talanhone Number On Hold Name of Contact **EMERGENCY NOTIFICATION** DCA VICTORIA PIVOVARNICK FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., hor es, etc.) Street Address # of Floors Square Feet Bldg. Age 400 SOUTH ORANGE AVENUE N/A N/A N/A City (5) County (6) County Code (7) Current Use (Prior if being demolished) SOUTH ORANGE ESSEX (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEYB 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-869-5182 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 07/ 03/ 8/ 30 /17 QUALITY ENVIRONMENTAL SOLUTIONS: TECH. Day Month Year Month Year Day Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo . >3SF OR LF Glovebag Procedure (WRAP AND CUT) >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestosatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENICADELLI ENCLOSURE REMOVAL REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A X X GROUND-DINING ROOM AREA VAT & MASTIC 11,300 SF COMPLETE EXTERIOR-DINING ROOM STORE FRONT WINDOW CAULK 90 SF X EXTERIOR -DINING ROOM STORE FRONT FIRE PROOFING 150 SF X COMPLETE OVERHANG Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 80 369 RAYMOND BLVD. 913 City, State Disposal Date City, State TOWNSHIP, PA BLAINFIELD NEWARK, NEW JERSEY 5/22-8/30/17 Completed by (Print or Type) Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

			(Pt	ursuant to I	NJAC 8:60-7 and	1 12:120-7)			200	1 —		-(4)	-
Date of Notification (1)				Name	e of Building Ov ON HALL UNIVE			1	JU	- 7	2017		
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							er 8 (Other than	K-12)					
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City, State, Zip Code MOORESTO	WN NEW	V 155	SEYROR	057			W YORK 10901						
Project Manager for Monitoring Firm	VVIV, 14LV		elephone			Telephone Nun	1	ense N	umber		371		
JEFF SEAMAN		1 1	56-869-5			845-369-7500	110)1					
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5 / 22 /17			8 /	30	/17	QUALITY ENV	IRONMENTAL S	SOLUT	IONS	& ГЕ	CH.		
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City, State, Zip Code		V-150						4 46600	, State, Zip		0001									
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Project Manager for Monitoring Firm	Manager for Monitoring 7 min								5-369-7500	ilbei	110		umber							
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

			(F	ursuant to NJAC 8:60-7 ar							
Date of Notification (1)				Name of Building O SETON HALL UNIV		2)				.1111 - 7	2017
5 / 19 /17				Street Address				100	- 10		
Agencies Notified Type Notification	1		00	400 SOUTH ORANG	SE AVENUE			1	1		
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City (5) County (6 SOUTH ORANGE ESSEX)			(STATE USE ONLY)	UNIVERSITY	tor it being det	HOHSHE	4)			
Name of Monitoring Firm Hired by Buildir	na Ow	mer (8)	ASCM No.	Name of Abate	ment Contrac	tor (9)		-		1
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Project Manager for Monitoring Firm		Telep	ohone	Number	Telephone Num	1	cense N	lumber			
JEFF SEAMAN			869-5		845-369-7500		101		- 11		
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5 / 22 /17 Month Day Year	Mo	8 onth	1	30 /17 Day Year	QUALITY ENVI	RONMENTAL	SULUI	IUNS	LECH	é	
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Abatement Performed Outside of	f Norn	nai Fa	cility	Hours - Describe:							
X Other - Describe: MONDAY	- FRI	DAY 7	AM-S	:30PM	City, State, Zip		DO EA1		. 10500		
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X >160 SF OR 260 LF					ole Procedure		/				
Location of	Is	Local	ion	Description of A	sbestos-			Α	atemer	nt Type	-
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GROUND-DINING ROOM AREA		-					X	+			-
EXTERIOR- DINING ROOM STORE FROM	11	-	X	WINDOW CAULK		90 SF		+			_
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Name of Registered Waste Hauler	-	EP W		Cubic Yards of Waste	Name of Regis						-
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369 RAYMOND BLVD.	1	913		Disposal Date	City, State)		UT MILE		1 /	\dashv
City, State NEWARK, NEW JERSEY				5/22-8/30/17	PLAINFIELD T	OWNSHIP. PA	Α		- /	/	
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Date of Notification (1)			1		FICATION	te of New Jerse OF ASBESTOS	ABATEMENT	/	A.Y	5	7	表行[
Section 1		Type Notification X Initial Notification Amended Notification Cancellation On Hold EMERGENCY NOTIFICATION Abatement is Taking Place (3) Y ZENUE County (6) ESSEX Hired by Building Owner (8) STREET OORESTOWN, NEW JERSEYB 0805 Foring Firm Telephone Note (8) Sched. Completion (17 Year Month Abatement (Check only one) (IVacated During Entire Period of Abaterformed Outside of Normal Facility Horizontal))				21/2/	-	
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DEP			1		City,	State, Zip Code				-	1		
Control Cont					sou	TH ORANGE, N	EW JERSEY 070	79		1	Α	ASLISTOSO	
DOCA	[A] 00							Telephone Num	abor		-	1 (1 1 1 1 1	144.4
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Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY Street Address SCHOPE AND	DCAEMERG	SENCT	OTIF	CATI								-	
School (K-12)	Mary Abstract is T	akina P	lace (3)	FACIL	III INFORMAT		(4)			1777		1
Set land Address	Name of Facility Where Abatement is	uning						AG015-11					
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Street Address Stre									l. bldg	s., ho			-
County Code County (6) County Code (7) Current Use (Prior if being demolished)							The state of the s						
SOUTH ORRNOE		(6)	-		Coun	ty Code (7)			lished)			1
Name of Monitoring Firm Hired by Building Owner (8) ASCM N A	0) (-)					T 0 500 000		or it doing do		,		-1	
Streat Address			mer (8	3)		ASCM No.	Name of Abate	ment Contracto	or (9)	TARROWS			
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City, State, Zip Code	Street Address	RTH CHURCH STREET					E 77/E	OV DO AD					
MORESTOWN, NEW JERSEY BO8057 SUFFERN, NEW YORK 19001											W.		1
Telephone Number		NEW I	ERSE	VR NA	057								
Seption		Zip Code MOORESTOWN, NEW JERSEYB nager for Monitoring Firm MAN Telepho 856-869							nse N	umber	er er		1
Expected State Date (10) Sched. Completion Date (11) All American Content of the Completion Date (11) All American Content (11) All American C		ion (1) I g /17 I Type Notification X Initial Notification Amended Notification Cancellation On Hold EMERGENCY NOTIFICA Where Abatement is Taking Place (3) NIVERSITY ANGE AVENUE County (6) ESSEX Oring Firm Hired by Building Owner (8) HURCH STREET Code MOORESTOWN, NEW JERSEYB (1) For Monitoring Firm Telephor Telephor Sched. Comp 356-869- Date (10) 22 /17 Day Year Wonth Use During Abatement (Check only one) ity Closed/Vacated During Entire Period of, ement Performed Outside of Normal Facility I Check all that apply) offition FOR LF OSF OR 260 LF Location of estos-containing daterial (ACM) OBE ABATED n Facility (13) NG ROOM AREA NING ROOM STORE FRONT X NING ROOM STORE FRONT X Verenular Staff (12) Yes No N/A NING ROOM STORE FRONT X NING ROOM STORE FRONT X Verenular Staff (12) Yes No N/A NING ROOM STORE FRONT X NING ROOM STOR					845-369-7500	110	1				
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Scope of Work (Check all that apply)					Day	Year	Street Address						1
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369 RAYMOND BLVD. City, State NEWARK , NEW JERSEY Completed by (Print or Type) Title Disposal Date 5/22-8/30/17 PLAINFIELD TOWNSHIP, PA Date Date	그렇게 하면 가장 살이면 하면 하는 가게 하면 하는 것이 없는 것이 없는 것이 없다.				Junio 1 a				/ LAN	DFILL			
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Completed by (Print of Type)		Title			J5/22-8/30		PLAINFIELD		ite	(-1	1-17	7
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS // ////	[1] - [1] 전화원리 아버지를 위한다면 주민이 되었다면 없었다. 그리트 (14 14 14 14 14 14 14 14 14 14 14 14 14 1		OR OF	OPE	RATIONS	Oigi lature	711.1)	_	1 1/	

Date of Notification (1) 06/27/2017			Name of Piscat	Building C away B	oard o	perator (of Edu	2) cation		chi	1174	吗-	7 8	017	
Agencies Notified Type Notification			Street Ac 1515 S	ddress telton R	Load	5			151	ASULS	TUS.	GO:N	IRU	Lå
DEP S Initial			- 15 O	te, Zip Coo					<u> </u>	Manager Acceptance Accept			<u> </u>	
Amendment #_ Emergency (inc	luding	-	Name of	way, NJ Contact	08834	r			Tele	hone Nu	mber			
IXI DOH justification) IXI DCA ⑤ Cancellation			Bill Gr	iffith					_					
Name of Facility Where Abatement is Taking P	lace (3)	FACI	LITY INFO	RMATIC	NC	Type of	Facility ((4)					
Piscataway-Patton High school Wi	ng							chool (K		rthan V	12\			
Street Address 100 Behmer Road								her (i.e. p		ommerc:		ings, l	nomes	· ·
City (5) Piscataway							Square 80,000	Feet	# of 3	loors	В	ldg. A	ge	
County (6) Middlesex			County C	Code (7) JSE ONLY)		-	Current school	Use (Pri	ior if bein	demolis	hed)			
Name of Monitoring Firm Hired by Building Ow T&M Associates	ner (8)		ASCN	1 No.		Name Lilich	of Abate Corp	ment Co oration	ntractor ()				
Street Address 11 Tindall Road							Address 1cBrid	le Ave						
City, State, Zip Code Middletown, NJ 07748			*			City, S Wood	tate, Zip Iland I	Code Park, N	J 0742	4				
Project Manager for Monitoring Firm Kevin Burns			Telepho 732-67	ne No. 6-4000			one No. 25-84	00		license to 1104	No.			
Start Date (10) S 07/07/2017	ed Co	mpletion I	Date (11)		Name Iris E	of OSHA nviron	Monitor menta	l Labo	atories	, LL				
Occupancy Status During Abatement (Check C	Only Or	ie)					Address	22 W	agt					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Normal							tate, Zip							
Abatement Performed Outside of Norm Other – Describe: occupied fri sta	rt 4 pm	sat-	sun 8am	-5pm		Union	n, NJ (7083						
Scope of Work (Check All That Apply)													wi ii i i i i i i i i i i	
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						(S)				mited co				
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Location of Asbestos-Containing Material (ACM)		rmally Solely	Used by	Achee		scription	of Material (Δ C (/ ())	Δ,	rount	-	1 ,	1	4.4
TO BE ABATED In Facility		intens todial	ance/ Staff?		thermal		s insulati		(S	ecify or LF)	Rer	Re	Encal	Enc
(13)		(12))			niscellar			31	JI LI /	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										6	
1st floor A115&toilet rooms(A114,A117		X		pipe ins					125 LI		X			
st floor toilet rooms (110&112)		Х		pipe insu					125 LI		X			
st floor toilet rooms(C111,C116)	X		pipe ins			8.55		125 LI		X				
2nd floor A215,A214,A217		X	1	pipe ins			itting ii		125 LI		X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP V Hauler ID 8724		of Wa	bic Yards Waste Name of Registe and GROWS Lar df					11			
City, State Woodland Park, New Jersey			Disposal Da					City, Sta Morris	ate ville, l	A				
Completed by Adriana Olejarova	Title presid	lent			1 1	Stanature	9	Od			ate 5/27/2	017		
ASB-41 (R-06-08)						* Do no	ot use th	is form fo	or asbest	s licensu	re exer	npted	activil	ies.

Date of Notification (1) 06/26/2017			Name o Matav	of Building Own Wan-Aberd	Distric	ric Ch# 4794							
Agencies Notified Type Notification IN EPA IN DEP IN Initial	51010 - 101		Street A 1 Cres	ddress t Way					50E	STOS	30h	THÓ	i L&
Amended [⊠] DOL Amendment #	ŧ		City, Sta	ate, Zip Code een, NJ 07	747				Enances. Diff	Property (1)	a		
© Emergency (in justification) DCA © Cancellation	ncluding	1	Name o	f Contact Ferreira				Tolo	hone	Number			
				ILITY INFORM	IATION								
Name of Facility Where Abatement is Taking Lloyd Road School	Place (3)				1	e of Facility			P. S.			
Street Address 401 Lloyd Road				*		(S)		ter 8 (Oth			lding:	s, hom	ies.
City (5) Matawan						Squ	are Feet	# of	·loors		Bldg.	Age	
County (6) Monmouth				Code (7) USE ONLY)		Cur	rent Use (Pr	rior if beir	demo	olished)			
Name of Monitoring Firm Hired by Building O Environmental Connection	wner (8))	ASCI	M No.	Nam Lilio	e of Al	oatement Co Orporation	ontractor (1)				
Street Address 120 North Warren Street						et Addr McB	ess Bride Ave	;	-		-	MINERAL ATAKA	
City, State, Zip Code Trenton, NJ 08608			÷		City, Woo	State, odlan	Zip Code d Park, N	J 074:	4				
Project Manager for Monitoring Firm Rollie Jones			Telepho 609-2	one No. 73-1396		phone -225-	No. 8400		Licens 11104		******		
Start Date (10) 07-11-2017	Schedu)7-15-	led Co -201	ompletion 7	Date (11)	Name Iris I	e of O: Envii	SHA Monitor ronmenta	r il Labo	atori	es, LI	C		
Occupancy Status During Abatement (Check Ex Facility Closed/Vacated During Entire	Period	of Aba	atement		est	-							
Abatement Performed Outside of Norm Other – Describe: Occupied	nal Facil	lity Ho	urs				*******	- 10					
Scope of Work (Check All That Apply)									(-10.11)				
© ≥3 sf or ≥3 lf [⊠] ≥160 sf or ≥260 lf	(E)	1000	enovation emolition		(E	XI © XI XI	Full Contair Mini-Enclos Glovebag F Non-Exemp	sure Procedure	- 0&N	/I work		lure	
11	U	s Loca										teme ype	nt
Location of Asbestos-Containing Material (ACM)	1	Solely	200 S. M. J.	Asbestos (Descriptio		ial (ACM)	Δr	ount	-	T	T	-
TO BE ABATED In Facility (13)	1 10 10 10 10 10 10 10 10 10 10 10 10 10			(i.e. ther	mal systen urfacing, V ier miscella	ns insu AT, or	ulation,	(S	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
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stage area			-	pipe fitting insulation O&M 9 LF					-	X	-		
Name of Registered Waste Hauler ilich Corporation			NJDEP Waste Cubic Yards Name of Reg Hauler ID No. of Waste GROWS I					I Register VS Lan	ster ed Landfill				
City, State Woodland Park, New Jersey			Disposal Date City, State Morrisville,					te ville, P	4			40(+4	
Completed by Adriana Olejarova	Title presid	dent	Signature							Date 06/26/2017			

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 TOS CONTRUE &

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

I. NOTIFICATIO	ON INFORMATION
Date of Notification:06 /29 /2017 ⊠ Initial	ergency (must include justification)
II. BUILDING	INFORMATION
Name of Building Owner/Operator:	Township Union Schools
Street Address: 2369 Morris Avenue City: Un	ion State: NJ 7: 07083
Name of Contact: Barry Loessel	Telephone Nc
III. FACILITY	/ INFORMATION
Name of Facility Where Work Activity is to Take Place:	School
Describe Facility Use: Street Address: 960 Midland Blvd City: Un	ion State: N J Zip: 07083
•	County Code (State Use Only):
Scheduled Start Date: 07 / 12 / 2017	Scheduled Completion Date: 07 / 14 / 2017
Occupancy Status During Activity (check only one):	
☐ Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe	e:
Other—Describe: Normal hours 9am - 5pm	
Scope of Work (check all that apply):	
	1,089 Percentage Asl estos: %
	1,089 Percentage Asl estos: %
IV. CONTRACT	TOR INFORMATION
Company Name: Resource Management Group	o, LLC Telephone No.: 609-914-4279
Street Address: 2115 Hamilton Ave-Ste202 City: Tre	
New Jersey Asbestos License Number (if applicable):	
Monitoring Firm (if applicable): Omega Environmental	
V. SIG	GNATURE
Completed By	De sident
(type or print legibly): Brian Haney Signature:	Title: Pr sident

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 6

Fax: 609-826-4975

JUL - 7 2017

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES OF CONTROL &

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

	I. NOTIFICATION INFOR	MATION	1												
Date of Notification:0 ☑ Initial ☐ Amended Type of Work: ☐ Demolit		oust include justification)													
	II. BUILDING INFORM	ATION													
Name of Building Owner/Ope	erator: Town	ship Union Schools													
Street Address: 2369 Moi	rris Avenue City: Union	State: N	J Zip:07083												
Name of Contact: Barry I	Loessel	_ Telephone No													
	III. FACILITY INFORMATION														
Name of Facility Where Work Activity is to Take Place: Washington School-Main Office-Pr ncipals Office&Rm 217															
		chool													
	hington Ave City: Union		J Zip: 07083												
County Name: Bergen		ode (State Use Only):													
Scheduled Start Date: 07			/ 21 / 2017												
Occupancy Status During		(50)													
☐ Facility Closed/Vacated □															
	le Normal Facility Hours—Describe:														
Other—Describe: Norm Norm															
Scope of Work (check all t															
☐ Floor Tile	Square Footage: 582	Percentage Asl	estos:%												
Mastic	Square Footage: 198	Percentage Asl	estos:%												
	IV. CONTRACTOR INFO	RMATION													
Company Name:	Resource Management Group, LLC	Telephone No.:	609-914-4279												
Street Address: 2115 Har		State: N	12.2.2.2.2												
New Jersey Asbestos Licens		185													
Monitoring Firm (if applicable	e): Omega Environmental Service	S Telephone No.: _	201-489-8700												
	V. SIGNATURE														
Completed By (type or print legibly):	Brian Haney	Title: Pr	sident												
	KIND HIM	21.0	6 20 2017												
Signature:	13/1/20	Date:	10- 23-2017												

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

14 4081		71.503		(Pu	ırsuaı	nt to N	JAC 8	:60 and 5:1	6)							1
Date of Notification (1)					Name	of Build	ding Ow	ner/Operator	(2)	11	JU	L -	- 7	201	7	11
6 /	28 /	17			Но	ward K	ingsle	У		1	1					
Agencies Notified	Type Notifica	ition	-		Stree	t Addres	is		enti-	1	ASUES	ine	00	ACTO	1 11	5
⊠ EPA										The state of the s		ICE			UL	CX
□ DOLWD	☐ Amended				City	State, Zi	n Code						-	1		
□ DOH	Amendme	ent #			100 mm			J 07740								
☐ DCA	☐ Emergend		ding			of Con	and an investment	0 01140	-	T	Telephone Nu	mhe	-			
(NJAC 5:23-8)	justification					ward K		v		1	relephone 140	TIDE				
	1				1			RMATION						-		
Name of Facility Where	Abatement is T	aking P	lace	(3)						- A Harva	/					
Kingsley Residend		- 3		,)										
Street Address								3 Other than K-12) rivate and commercial buildings,								
							11000			homes, etc.)						
City (5)							1110		5	Square Feet	# of Floors			g. Ag	е	
Long Branch									1	2,000	3	15.00		0		
County (6)					Cou	nty Cod	e (7)(STA	ATE USE ONLY)	Current Use (Pric_if being demolished) Residence							
Monmouth					1001				L							
Name of Monitoring Firm					ASCM	No.				t Contractor (9)						
	an Environmental Specialists, LLC								mental, LLC					1000		
Street Address	27.47					9.55	eet Address									
	118 Westbury Court							323 Cutler A								
City, State, Zip Code							-525(78)	y, State, Zip C Maple Shade								
Mariton, NJ 08053				Tal	ephone	No		lephone No.	c, i	143 00032	License No.					
Project Manager for Mo	nitoring Firm			-2.052		5-2885	9 225	356-755-009	9		00842					
Murray Snyder	Ta	Schedule	ad Co					me of OSHA I		nitor	00012			-	-	-
Start Date (10) 07 / 08 /	4 9900000					17		EMSL Analy								
								eet Address								
Occupancy Status Durin							1 2 3 3	Month								
☐ Facility Closed/Vaca☐ Abatement Performe						scribe		200 Route 1							-	
Time of Abatement:							11 8	y, State, Zip C Cinnaminso								
								Jiiiiaiiiiii	,,,	140 00077					- 5 - 5 - 5 - 5	-
Scope of Work (Check a	ы тыат арріу)									inment with Nega	tive Pressure					
≥3 sf or ≥3 lf			Rei	nova molit				☐ Mini-En		sure Procedure						
≥160 sf or ≥260 lf		_] Dei	HOIR	1011					pted (*) and Nor	Friable Proce	dure				
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Locatio	n of			lorm				Description				1	R	R	Щ	ш
Asbestos-Containing		1)			lely by ance/	A		Containing M			Amount (Specify	- 1	Removal	Repair	Encapsulate	Enclosure
TO BE AB IN Fac			35323		Staff?			ermal systems surfacing, VA			SF or LF)		Val	=	nsc	Sur
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N	닉	NIDEE	Waste	Cu	bic Yards of		Name of Regist	red Landfill								
Name of Registered Waste Hauler						ID No.	Wa	aste		GROWS No						
Freehold Cartage						39		nosal Date	-	City, State	3					
City, State Freehold, NJ							Disposal Date City, State 7/9/2017 Morrisvil				PA					
												Date	2			
Completed By (Print or Type) Title							tions	Signature	5	2				× /1-	7	
Christina Lynch	Vice President of Operations (1 (m)	V	W. S.		W.	170	1	T	

06/28/2017 12:30 Two Brothers Contracting

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Date of Notification (1) 8/28/2017			Name	of Building Own	er/Operato	r (2)				45	r (1-5	in the	SME	NI	HUL	2
Agencies Notified Type Notifie	ation			LIDMAU CA	O DAVID	LE	ONG	t				LY	-/4	V U		-
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DEP Amen	fed iment #_ ency (includin	_	CLIF	lets, Zip Code TON, NJ 070	11			WAIN								
DOH JUSTICE CENTER	ation)	9	DAVI	of Contact D LEONG		*		Telephon	Nu	1e¢m			•	1		
Name of Fedility Where Abatament la	Taking Place	(3)	FAC	ILITY INFORM	ATION	1 5	7 P 100		_		water		_			
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Street Address						X	Other (i.e.	12) If 5 (Other Insn private & comr	K-12	2) al bul	idinge	, han	HES,			
CLIFTON						Squ	eto.) iara Fest	# of Floors		Ţ	Bldg.	Age	- 107			
County (8) PASSAIC			County	Code (7) UBB OKEY)		Cun	rent Use (Pr	for If being dan	n slehelk							
Name of Monitoring Firm Hirad by Sui N/A	ding Owner (8)	ASC	M No.	TWC	of Ab	OTHERS	Intractor (9) CONTRAC	ING. INC.							
Street Address				Street	Addn							_				
City, State, Zip Code					City. 5	itale.	Zip Ceda A, NJ 075	12								
Project Manager for Monitoring Firm		Talapho		Yeleph 973-		No. -8700	Ucan 004	1	o.							
Stert Date (10) 7/1/2017	7/8/20	17	nelfelen	Date (11)	Name of OSHA Monitor SAME AS (9) ABOVE											
Occupancy Status During Abatement (R Pacility Closed/Vacated During E) Abatement Performed Outside of Other - Describs:	THE DAVIAS AS	Abatan	Stree				Street Address City, Sinte, Zip Code									
Scope of Work (Check All That Apply)									_							
≥3 af or ≥3 if ≥160 af or ≥280 if		iangve Sangai				G	ili Containm ini-Endosun ovebag Pro									
	la la	Locati	na .			No	n-∈xemote	d (") and Non-F	Spi	9 Fro	Abal	STATE OF THE PERSON NAMED IN				
Location of Ashestos-Containing Material (ACN	()	Vermal	ly		Sescription	ef.						20				
TO BE ABATED In Facility (13)	Ma Cue	intanar Iodiai 8 (12)	noal hai??	EUI	inteining M led Bystoms feoing, VA I miscellan	Inaul T, or	allen,	Amount (Specify SF or LF)		Plamoval	Repair	Encaposalate	Season			
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PAOCIAICIA I		X		CLEAN	UP OF	DEB	RIS									
						-			-							
Name of Registered Waste Hauler	Pr NJOEP Was			aata Cun	c Yarda	_	Marra	Ragizierad Lan	0.1							
TWO BROTHERS CONTRACTING Hauler ID 2 18743					aste		1	e Managei		IT G	.R.C	.W.s	3.			
TOTOWA, NJ					osal, Date 2017 ;		City, State					\dashv				
Completed by TITLE PROJECT COORDINATOR						2 4	, working	SVILLE, PA	Date 3/2	8/20	17		-			

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14 aa35	50			ICATION	N OF ASE	ew Jersey BESTOS A 8:60 and	BATE		г		HEV		7 .	101-			
Date of Notification (1) 6/28/2017	/ 0	***************************************				Owner/O U C/O D		7.00	ONG	3-1	J U	<u> </u>	-/	2017			
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DOH DCA	Emergency justification Cancellation)			of Contact D LEON					1	elenhone Ni	mher					
Name of Casility Where	Nh-4	Di (2	FACILITY INFORMATION Type of Facility						-	¥11						
Name of Facility Where A RESIDENCE	Abatement is Takii	ng Place (3)					Туре									
Street Address				20.5				×		r 8 (O	her than K-1 & commerc		ldings	, hom	es,		
City (5) CLIFTON			70.70					Squa	are Feet	#	# of Floors Bldg. Age						
County (6) PASSAIC					Code (7) USE ONLY)	_	Current Use (Prior if t sing demolished)						8			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM No. Name of Abatement Co TWO BROTHERS								IG, IN	1C.				
Street Address							Street 11 V		ess LAND AV	/ENL	E						
City, State, Zip Code							Zip Code A, NJ 075	12									
Project Manager for Moni		Telepho	ne No.		Teleph 973-		1o. 8700		License N 00494	lo.							
Start Date (10) 7/1/2017		Schedule 7/8/20		npletion	Date (11)				HA Monitor S (9) ABC								
Occupancy Status During	Abatement (Che	ck Only Or	ne)	540.20				Addre	ess								
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire ed Outside of Norr	Period of A mal Facility	Abaten Hours	nent		_	City, S	tate, Z	Zip Code								
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Mi Gl	ni-Enclosur ovebag Pro	e cedur	h Negative f						
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Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED `	Ma	d Sole intenar odial S (12)	nce/		tos Conta thermal s surfaci other mi	ystems	insul T, or	ation,		Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure		
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BASEME	NT		Χ		CL	EAN UF	OF	DEB	RIS								
Name of Registered Wast	e Hauler		N	JDEP W	aste	Cubic Y	ards		Name of	Renie	ered Landfill						
TWO BROTHERS C		6	Н	auler ID 8743		of Wast				~	NAGEME		G.R.C).W.S	S.		
City, State TOTOWA, NJ								City, Stat MORR		LE, PA							
Completed by /IVECA RAMOS	JECT	CT COORDINATOR / / Signature					Jun	Da 6/	ite 28/20)17							

			Sta	te of N	lew J	ersey		7	7		eck i	-159 ₩//	94			
						TOS ABATEMEN 7 and 12:120		1 1		<u> </u>	<u> </u>	\\/				
Date of Notification	n (1)	(Farsa				Owner/Opera			1							
6/29/2017			Don	ald	Gre	en				JUL -	7 2	017	T. Commercial	IJ		
Agencies Notified	Type Notifica	ation	Street	Addre	ss			1	Ť							
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[X]DOL	[]Amended		Mor	rist	own	,NJ,0796	0									
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[]DCA	[]EMERGENC	Y	Section 1	ald		en		1								
	[]Cancella	tion														
					YTI	INFORMATION			-							
Name of Facility Wh	ere Abatement	is Taki	ng Pla	ce (3)				Type of Facil	Lity	(4)						
Donald Green								[]School			than	K-12	1			
Street Address					terment.	[]Subchapter 3 (Other than [X]Other (i.e., private & c					& CC					
										ones, etc.)						
City (5)		County	(6)		Cor	inty Code (7)	Square Feet 2780	of Floors	s Bldg. Age							
Morristown		Essex			1 - 2 - 3	TATE USE ONLY	CONT. 10.	Current Use	Pric	-	100		hed	,		
								Carrette OSE	,	- II Dell	-9 aer	-9-10				
Name of Monitoring	Firm hired by	Buildin	H 프리트 - [- [- [- [- [- [- [- [- [-						r (9							
Owner (8) N/A						AZTECH	M	anagement	,]	nc.						
Street Address		-	Street Addr	ess	:		-		-							
			86 Chr	is	topher St											
City, State, Zip Co	de	-				City, State										
						Montcl	ai:	r, NJ 070	42							
Project Manager for	Monitoring Fi		lephone	Numbe	r	Telephone N					cense		er			
		N,	/A			(973)7	44.	-8800		(037	1				
Scheduled Start Dat		d. Comp				Name of OSH	IA M	Monitor								
	2017 07 Year Mo		15 Day	2017 Year		N/A										
Occupancy Status Du	ring Abatement	(Check	only o	one)		Street Addr	ess									
[X]Facility Clo of Abatemer		aring Er	ntire P	eriod												
[]Abatement Pe				acility	Y	City, State	, Z	ip Code								
Hours - Desc []other - Desc	cribe: <u>«OffHours</u> cribe:«Other Oc		-0-	ipt»												
Scope of Work (Chec						11			N-900							
177.0		1770						Containment wi	th N	agative F	ressu	ire				
[X]>3 sf or []>160 sf			X]Reno					Enclosure -bag Procedure	<u> </u>							
			Is			[]Nor	ı-Fr	riable Procedu	ire		151	1				
Locatio	n of		Locatio			Descrip	tion	n of			ADa	teme	E	Ype E		
Asbestos-Co		P	Normall Used	_		Asbestos-C				Amount	R	R	C	C		
Material TO BE A			Solely aintena	ince/		Materia: (i.e., them	20			Specify SF or	M O V	E P A	A P	LO		
In Faci	-		ustodia taff (1			sulation, su	rfa	cing, VAT,		LF)	V	I	S	S		
(13)		Yes	No	N/A		or other mis	ceı	Laneous)			L	R	L	R		
Basement				X I	uct	Insulat	tic	on	3.	SF	X					
Name of Registered		**	JDEP Wa			bic Yards		Name of Regi								
AZTECH MANAG	EMENT, IN		auler I .7040	n No.	oi	Waste 1.5		Minerva	. Ei	terpr	Lse	INC	:			
City, State					1	sposal Date		City, State			<u> </u>					
Montclair, NJ	07042				(7/15/201	17	Waynesh	urc	, Ohio	24	688	3			
Completed By (Print	or Type) Tit	le				Signatu	ire	1/-,		h	Date					
Constantine Vivian President							A.	1/	59,000	Í	6/29	/2017				
					50		7	4/1	-	-	-					
								V								

Date of Notification (1) 06/22/2017			Name Mont	of Building clair Pu	Owner/ blic S	Operator chools	(2)		ch# 47	UL - 785	7 2	017			
Agencies Notified I보기 EPA I보기 DEP	Type Notification			22 Va	Address alley Ro		-			ASUE	STOS			<u></u>)L &	
I⊠I DOL	Amended Amendment Emergency (justification)	#_ includin	g	Mont	clair, N	J 0704	12		1 +	'aphone	· Children				
IX) DCA	© Cancellatio	n			y Sapon					phone	ramber.				
Name of Facility Where	Abatement is Taking	Place	(3)	FAC	CILITY INF	ORMAT	ION	Type of Fa	noility (4)						
Fillside School			(-)					150	hool (K-12)						
Street Address 54 Orange Road						110000		© Sub	ochapter 8 ((r (i.e. private	ther than & comme	K-12) ercial bui	ldings	, hon	nes.	
City (5) Montclair								Square Fe	et #	f Floors		Bldg.	Age		
County (6) Essex					Code (7)	n		Current Us school	se (Prior if be	ng demolished)					
Name of Monitoring Firm Detail Associates	Hired by Building O , Inc	wner (8)	ASC	ASCM No. Name of Abatement Con Lilich Corporation						to (9)				
Street Address 300 Grand Ave							Street 606 N	Address IcBride	Ave						
City, State, Zip Code Englewood, NJ	-			City, S Wood	tate, Zip Co lland Par	de k, NJ 07	24								
Project Manager for Mon Anthony Valentine	Teleph 201-5	one No. 69-6708	3	Teleph 973-2	one No. 25-8400		License 01104				339.				
Start Date (10) 07-10-2017	mpletion 7	Date (11)		Name Iris E	of OSHA Mo	onitor ental Lab	pratorie								
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Address							
Facility Closed/Va Abatement Perform Other – Describe:	ncated During Entire med Outside of Norm unoccupied	Period nal Faci	of Aba lity Ho	urs . City, State, Zip Code										WET	
Scope of Work (Check Al						_	Union	, ŃJ 070	83	Company of the last of the las					
© ≥3 sf or ≥3 lf [⊠] ≥160 sf or ≥260 lf		(X		enovation emolition			(X) (6) (6) (6)	Mini-E Glovel	nclosure pag Procedu	th Negative Pressure a nd Non-Friable Procedure					
			s Loca						nonipios ()	110 110111	TIGDIC !	50.00	emen	 It	
Location Asbestos-Containing I			rmally Solely	by	Achor	De	scription	of			-	T	pe /pe	T	
TO BE ABA In Facilit (13)	TED	Cus	aintena stodial (12)	Staff?	(i.e.	thermal surfa	systems cing, VAT niscellane	aterial (ACN insulation, , or eous)	(!	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
General Office		Yes	No	N/A	177.70						-		ite	(D)	
WK Room			X		VAT an				723 S		х				
VVIC ICOOIT			X		VAT an	d Masti	С		410 S	;	X				
			X								X				
Name of Registered Waste Lilich Corporation	/aste No.	Cubic of Was		Nam GR(ne of Registe OWS Lat	ed Landf dfill	ill			1					
City, State Woodland Park, New Jersey						Dispos	al Date	City,	State risville, l	Α			*********		
Completed by Adriana Olejarova	ed by Title t Olejarova president						2797	1	31		Date 6/22/2	017	***		
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Date of Notification (1) 06/28/2017				TARA	Building (PEDRIC	CK	регато	r (2)		Table of the last							
Agencies Notified	Type Notification			Street A	ddress				and the same of th	1	SBEST	OS C CENS			. &		
EPA DEP DOL	Initial Amended Amendment #	£	t	City, Sta	te, Zip Co WAY NJ	de 08001	1		L.		E-1/	CIVA	HIVO				
☑ DOH	Emergency (in justification)			Name of	Contact					Т	Telephone	e Num	ber				
DCA	Cancellation			THE PERSON	LITY INFO	RMATI	ON		×								
Name of Facility Where	Abatement is Taking	Place (3)					Ту	pe of Facility	2007/00/	-						
Street Address		4	Lincolner (lee-					F	School (K- Subchapte Other (i.e. etc.)	r8 (dings,	home	∍s,	
City (5) ALLOWAY									uare Feet 326		# of Floors 2	S		ldg. A	ge		
County (6) SALEM					Code (7) USE ONLY)				rrent Use (Pr ESIDENTI		i being demolished)						
Name of Monitoring Firm ACER ASSOC.	Hired by Building O	wner (8)		ASCM No. Name of Abatement Cor ASSURED ENVIR						ntra 101	tra :tor (9) ON MENTAL SERVICES II					•	
Street Address 1012 INDUSTRIAL	. DRIVE			Street Address 570 CLEMS RUN													
City, State, Zip Code WEST BERLIN NJ							, Zip Code CA HILL NJ	30 ا)62								
Project Manager for Mon		Telephoi 856-80	ne No. 09-1202		Telep 610		No. 4-4676		Licer 011	nse No 45).						
Start Date (10) 07/10/2017							Name EMS		OSHA Monitor	-	ga Tar Paramana						
Occupancy Status During	g Abatement (Check	Only On	e)	Street Address 200 RT, 130 NORTH						TU							
	ated During Entire Poled Outside of Norma			ment							2077						
Scope of Work (Check A							CIN	IINA	MINSON N	1J (3077						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACTOR OF THE PARTY OF THE	tenova emoliti				2		Mini-Enclosur Glovebag Pro	re oced	nt vith Negative Pressu ed ire (* and Non-Friable Pro						
	7	Is	Locati	on		₩			Non-Exemple		and Non	1 11001	Abatement				
Location Asbestos-Containing		Use	lormali d Sole	ly by	Ashest		scription		rial (ACM)		Amount			1 9	ре		
TO BE AB. In Facil (13)	ATED	Cust	intenar odial S (12)	Staff?		thermal surfa		ns ins	sulation, or		(Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure	
THROUGHOU	IT HOUSE	Yes	No	N/A X	Г	UCT	INSUI	АТ	ION		130 LF	:	X		, CD		
1ST AND 2NI				X	_		NOLE			_	150 SF		X				
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES					laste No. 5	of Wa	Yards ste		100,744,754,000	0.54000.54	LANDF						
City, State MULLICA HILL NJ							sal Date 4/2017		City, Sta WAYN	te IES	3URG,	ОН					
Completed by RON SWANSON		Title GENERAL MANAG					Signatu	7	usely	ili	0001	e 5/28/	2017	,			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10-29-2017 Agency Notified Type Notification Street A O EPA Pinitial O DEP ASSESTOS CONTROL & ☐ Amended SP DOL LICENSING Amendment # PROVIDENCE, NJ 079 Emergency (including DOH justification) D DCA ☐ Cancellation Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) 1221 Street Address CI School (K-12) Q Subchapter 8 (Wher than K-12) Other (i.e. priva e & commercial buildings. homes, etc.) NEW PROVIDENCE County (6) Square Feet of Floors Bldg. Age 2300.12 67 YRS County Code (7) (STATE USE UNION Current Use (Prior F being demolished) ONLY) Name of Monitoring Firm Hired by Building Owner RESIDER CE ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J.)7601 Project Manager for Monitoring Firm Telephone No. Telephone No. Li ense No. Start Date (10) 201-329-7444 Scheduled Completion Date (11) 00388 7-13-2017 Name of OSHA Monitor 7-15-2017 Occupancy Status During Abatement (Check only one) Omega Environmen al Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 280 Huyler St City, State, Zip Code To Other - Describe: 8 Am 5 Pm S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) □ ≥ 3 sf or ≥ 3 ff III Full Containment with Neg tive Pressure Renovation O Mini-Enclosure ☐ Demolition

≥ 160 sf or ≥ 260 # Clovebag Procedure ☐ Non-Exempted (*) and Non Friable Procedure is Location Abatement Normally . Location of Used Solely by Asbestos-Containing Material (ACM) Description of Maintenance/ Asbestos Containing Material (ACM) TO BE ABATED Amount Custodia! (i.e., thermal systems insulation, IN Facility Encapsulate Removal (Specify Repair surfacing, VAT, or Staff? (13) SF or LF) (12)other miscellaneous) No NA BASEMENT 4 VAT 420 SF X Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered | and B Best Removal Inc ID No. Messta Minerva Enterprises ,LLC 17109 21/2 YOS City, State Disposal Date City, State Hackensack , N.J. 07601 7-15-17

Signature

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

Estimator

R. Voldran

Completed by

RIVELDRAN

Waynesbur; Oh, 44688

6-29-17