CX1815

	E	C	E		\mathbb{V}	E	
		JUL	1	8	2017		
A	SD	ESTO LIC		-	MTRE)L. 8	<u> </u>

	of Notification	(1)					g Owner/Operator (2)			- Ā S	BESTOS CO	NT	ROL	8	
-	3/17	I= .				t Schro	eder			1	LICENSI	<u>VG</u>]
	cies Notified		otification		Street	Address									
	EPA	X	Initial		Civ. c										
	DEP		Amended			tate, Zip Co nd Broo									
X	DOL		Amendment #_ Emergency (including			of Contact									
X	DOH	-	justification)		100000000000000000000000000000000000000	t Schro				Teleph Alumba	r				
	DCA		Cancelation		Dalle	Lacino	euer								
						F.A	CILITY INFORMAT	TION							
Name	of Facility Whe	ere Abat	ement is Taking Place (3)						of Facility (4)						
Resi	dential								School (K-12	2)					
Street	Address	-			-	***************************************				8 (Other than K-	12)				
								X			rcial buildings, h	ome:	s, etc.)	
City (5	5)							5	re Feet	# of Floors	Tau .			0.2.000	
Bour	nd Brook								40 SF	2	Bldg. Age 1932				
Count	v (6)					County	Code (7)		ent Use (Prior if be		1332				-
0.000	erset						JSE ONLY)		idential	•					
		Firm Hir	ed by Building Owner (8)				ASCM No.	Nami	e of Abatement Co	entractor (9)				-	
							TAGENTIO.		corn Contract	15 50					
Street	Address						L	1	t Address						1
								32 V	Willow Way						
City, St	tate, Zip Code							_	State, Zip Code				2901/2018	F-100	
								1000	odland Park, I	NJ 07424					
Project	t Manager fo M	onitorin	g Firm			Telephor	ne No.	_	hone No.		License No.				
								973	-333-9176		01331				
Start D	ate (10)				Schedul	ed Comple	tion Date (11)	Name	of OSHA Monitor		-10	0.110.000			
7/22,	/17				7/24/	17		Envi	rovision Cons	sultants, Inc.					
Occupa	ancy Status Dur	ing Aba	tement (Check Only One)					Street	Address						
X	Facility Clo	sed/Va	acated During Entire Peri	od of Ab	atemer	it		20-2	1 Wagaraw R	d., Bldg. 35-E					
			rmed Outside of Normal	Facility	Hours			City, S	State, Zip Code						
	Other - De:							Fair	Lawn, NJ 074	110					and the same of th
Scope	of Work (Check	All That	Apply)												
X	≥3 sf or ≥3	lf			X	Renova	tion		Full Containn	nent with Negat	ive Pressure				
	≥160 sf or a	≥260 If				Demoli	tion	X	Mini-Enclosu	re					
								\times	Glovebag Pro	ocedure					
									Non-Exempte	ed (*) and Non-F	riable Procedure			_,000	
		21			Is Locatio	688								temei vpe	nt
	Ashestos-		tion of ing Material (ACM)	U	Normally sed Solely	60	Ashasto		cription of iining Material (AC	5.4)	A	-	Τ.	T	T
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			cility	Cu	stodial St	aff?			ing, VAT, or		SF or LF)	B		nca	En
		(1	3)	Van	(12)	NI/A		other m	niscellaneous)			Removal	Repair	Encapsulate	Enclosure
Basen	mont			Yes	No	N/A		D: !	la a collegia a		10015		-	fe	re
Dasei	Hent				XXX			Pipe	Insulation		180 LF	X	X	-	-
												+	+-	-	-
								-				+	+-	-	-
Vameo	f Registered W	acta Hai	dar		NIDERIA	aste Haule	ID No.	Cubia	Yards of Waste		N 50 h				_
	rn Contract				00358		er ID No.	5+	rards or waste		Name of Regustered Fairless Hills La				
City, Sta			p.		100000	4.7		10.00	al Date	1	City, State	mull			
	lland Park,	New I	ersev					TBD	ai Date	27 1	Morrisville, PA				
Complet				Title					Signature	// , \/	//	Dat		-/	
	Golcev				al Man	ager			1	1/1/1		1333	е 13/1	7	
						0				/ //		11/	/1		- 1

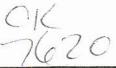
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	Jl	IL 1	8	2017	-	1

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100 m	of Notification	(1)					g Owner/Operator (2)				ODEOTOO OO	2 mg/m ym	<u> </u>	١	
7/14	ies Notified	Tuno M	otification	-			oard of Education	1		_ A	SBESTOS CO		UL.	Ğ	
X	EPA	10000			Street A					L	LICENSIN	11.2		-	
_			Initial		-		entral Avenue								
	DEP	X	Amended			ate, Zip Co									
X	DOL		Amendment #1				IJ 07885								
-			Emergency (including		1	f Contact				Telephone Numb	er				
	DOH		justification)		Sand	y Cam	marata								
	DCA		Cancelation			-									
Mama	of Contliber William	Al	ement is Taking Place (3)			FA	ACILITY INFORMAT								
								10000	of Facility (4)						
		/ cien	nentary School						School (K-12)					
	Address								Subchapter 8	8 (Other than K	-12)				
13/	East Cent	ral Av	renue .						Other (i.e. pr	rivate & Comm	ercial buildings, hon	nes, e	etc.)		
City (5	1							Sauar	e Feet	# of Floors	Bldg. Age				
	rton, NJ (7722	5					35,0		3	50+				
		07000	,			Ta .		10000			130+				
County							Code (7) USE ONLY)	100000000000000000000000000000000000000	nt Use (Prior if bei	ng demolished)					
Mor	27 D. T. ()					OTATE		Scho	001		- International				
100 Sept. 100 Se			red by Building Owner (8)				ASCM No.	Name	of Abatement Co	ntractor (9)					
Wes	tchester E	nviro	nmental, LLC				0027	Unic	orn Contract	ing Corp.					
Street	Address							Street	Address						
307 1	North Walr	nut St	reet					32 W	Villow Way						
City, St	tate, Zip Code							1	tate, Zip Code						
	t Chester, F	Δ 19	380					2000	dland Park, N	11 07/2/					
_	Manager fo N					I+				NJ 07424	T			_	
	F. McCaa					Telepho			none No.		License No.				
					1		94-4841		333-9176		01331				
	ate (10)				1000		etion Date (11)	0.000	of OSHA Monitor						
7/5/:					7/28/	17		Envi	rovision Cons	ultants, Inc.					
Occupa	ancy Status Du	ring Ab	atement (Check Only One)					Street	Address						
X	Facility Clo	osed/V	acated During Entire Perio	od of Ab	atemen	t		20-2	1 Wagaraw R	d., Bldg. 35-E					
	Abatemer	t Perf	ormed Outside of Normal	Facility I	Hours			City, S	tate, Zip Code						
	Other - De	scribe	:					Fair I	Lawn, NJ 074	110					
Scope	of Work (Check	All Tha	t Apply)												
	≥3 sf or ≥3	lf.			X	Renov	ation	X	Full Contains	nent with Nega	tivo Proceura				
X	≥160 sf or		If			Demol			Mini-Enclosu		erve i ressure				
	2200 31 01	2200	II.			Demoi	ition			V.T.(
									Glovebag Pro						
				1			Т		Non-Exempte	ed (*) and Non-	Friable Procedure	_	Abate	man	+
		10.2			Is Locatio Normally									pe	
	Ashestos		ation of ning Material (ACM)	U:	sed Solely		Ashesto		cription of ining Material (AC	.VV)	Amount		Г		
	713003103		ABATED	M	laintenan	ce/	1		systems insulation		(Specity	1		_	
		The same of	Facility	Cu	stodial St	aff?			ing, VAT, or	*	SF or LF)	J.,		nca	m
			(13)		(12)			other m	iscellaneous)			Removal	Re	Encapsulate	Enclosure
				Yes	No	N/A						oval	Repair	late	ure
Exter	ior Windo	ws			Х		Window Caulk				448 LF	Х			
												+	1		
Na.	-f Di-b J 1	M==4= 11			AUDED I		1 10 11	Cubic Y	ards of Waste			1	_		
	of Registered V						iler ID No.	2+			Name of Regustered				
	orn Contra	Lung (corp.	V	00358	44					Fairless Hills Lar	IGTIII			
City, St		200	27						al Date	17/	City, State				
Woo	dland Park	, New	Jersey					TBD	/		Morrisville, PA				
Comple	eted by			Title					Signature	///		Date			
Dimo	Golcev			Gener	al Man	ager			1//	1 11		7/1	4/17	7	

CK#1820

					State of New Jerse								
					TION OF ASBESTOS			[P	- E 6	F= 0	- 0	П	
			206 112-	(Pursua	ant to NJAC 8:60 ar	id 12:12	20)	the state of the s	n) E C		1/	IJ	E
Date of Notification 7/14/17	(1)		100000000000000000000000000000000000000		g Owner/Operator (2) ruction			a consider y	K		100 7 102		
Agencies Notified	Type Notification			Address	action				1111	1 0	00	1-1	- 1
⊠ EPA	☑ Initial		547 1	River R	load			ł L.	ll, Jül	18	20	1/	1
☐ DEP	☐ Amended			ate, Zip Co				-	<u> </u>			3.50	*******
⊠ DOL	Amendment #				NJ 07020			50 10 10 10 10 10 10 10 10 10 10 10 10 10	ASBESTO	S CO	NT	BO	18
⊠ DOH	Emergency (including justification)			of Contact				Telephone Numbe	rLIO	ENSH	4G		
□ DCA	☐ Cancelation		Ellas	Nehm	e			*	ŀ				
				FA	ACILITY INFORMAT	ION							_
	ere Abatement is Taking Place (3)					Type of	Facility (4)						
	Auto Sales & Repair Busines	SS					School (K-12	2)					
Street Address	venue (Block 1006, Lot 3)					1000000		8 (Other than K-	mesons.				
	iveriue (Block 1006, LOL 3)					X	Other (i.e. p	rivate & Comme	rcial buildings, ho	mes, e	tc.)		
City (5) Tenafly						Square F		# of Floors	Bldg. Age				
County (6)				County	Code (7)	8,000-		ing demolished)	1932				
Bergen					USE ONLY)	A Committee of the Comm		air Business					
Name of Monitoring	Firm Hired by Building Owner (8)				ASCM No.	1	Abatement Co						
Street Address			-			Street Ac	rn Contract	ing Corp.					_
							low Way						
City, State, Zip Code							te, Zip Code						-
	14)						land Park, I	NJ 07424					
Project Manager fo N	Monitoring Firm			Telepho	ne No.	Telephor	ne No.		License No.				
						973-33	33-9176		01331				
Start Date (10)					etion Date (11)	1000-000 NOSCORY.	OSHA Monitor						
7/24/17	ring Abatement (Check Only One)		7/28/	17				sultants, Inc.					
TOTAL -1 MAY COM	osed/Vacated During Entire Per	ind of Ah	atomon			Street Ac		טא טואי סר ר					
	nt Performed Outside of Norma			L		Contract Contract	e, Zip Code	Rd., Bldg. 35-E			_		_
☐ Other - De		raciney	.10013				wn, NJ 074	410					
Scope of Work (Check	k All That Apply)						,						
≥3 sf or ≥3	3 If			Renova	ation		ull Contain	ment with Negat	ive Pressure				
≥160 sf or	≥260 If		X	Demol	ition		Mini-Enclosu	ıre					
							Glovebag Pro	ocedure					
		Т				X N	Non-Exempt	ed (*) and Non-l	riable Procedure		Abate		
	Location of		Is Locatio Normally			Descrir	otion of			1 '	Typ		10
Asbestos	-Containing Material (ACM)		sed Solely		Asbesto		ng Material (A0	CM)	Amount				
	TO BE ABATED In Facility		laintenand stodial St	60 Th	(i.e. th		tems insulation	٦,	(Specity			En.	_
	(13)		(12)			surfacing other misc	ellaneous)		SF or LF)	Rem	R	Encapsulate	Enclosure
		Yes	No	N/A						Removal	Repair	late	sure
	Roof		XXX				f Built-Up F						
							on Built-Up		4,300 SF	XX			
		-			Black	Tar Par	apet on Ro	oof	300 LF	XX	_		
Name of Desistered V	Marta Harlan									\perp			
Name of Registered V Unicorn Contra			00358	/aste Hau 44	ier ID No.	Cubic Yar 30+	ds of Waste		Name of Regustered Fairless Hills La				
City, State						Disposal I	Date		City, State				
Woodland Park Completed by	, New Jersey	Tal	-C			TBD	ignature 🕖		Morrisville, PA	1-			
Dimo Golcev		Title Gener	al Man	ager		31	///	1/	111	7/14	1/17		
							11/1	All I	V				_

CKHR	5800					STOS	S ABATEMENT J.A.C. 7:26-2.12)	IDE	C I		\mathbb{W}	
Date of Notification	on (1):				wner/Operator (2)	9			UN :	26 2	2017	
06/19/2017 Agencies Notified	Type Notification		uth Oran eet Addr		ewood School Dist	rict		IN L U	O 1.4 1		UII	Land
G-EPA	3-Initial	525	Acader	ny Street				Acpre	STOO	001		_
□ DEP	Amended Amendment#: 4			Zip Code l, NJ 070						MSIN		Čt
□ DOL	☐ Emergency		me of Co		40		Telephon	ie Number:			-	
№ĎOH B-ĎCA	(including justification) ☐ Cancellation	An	drea Del	Guercio			1		G		\mathbb{V}	<u>E</u> n
	_ Cuitonation			F	ACILITY INFOR	MATI	ON			25040 5-0		
Name of Facility:	Γuscan Elementai	ry School				Тур	e of Facility (4):		JL 1	8 2	017	
25 Harvard Avenue	e					- 0	chool (K-12)					
City/ (5)	C	ounty (6):		Count	y Code (7):		übchapter 8 (Other than k ther (i.e., private & comn	nercial buildings, h	TOS.	GON!	TROL	. &
Maplewood		ssex		07040	y coue (/).	10	iare Feet:	# of Floo	-11-1-1	ASIM(3	
								,, OT 1 100	.13.			
						17/2/2	g. Age rent Use : School					
Name of Monitorin		Building	Owner:		ASCM No.:	_	me of Abatement Cont	ractor (9):				
AHERA CONSUL	TANTS, INC.				0057	Ap	ex Development, In	ic.				
Street Address:						Stre	eet Address:					
PO Box 385						(5	0 D 4 DI	C 0000				
City, State, Zip Coo	Ha:						8 Rutgers Place 7, State, Zip Code:	7 H				
						1000						
Oceanville, NJ 08 Project Manager fo		m:			Telephone No.:		ephone No.:	License No.:				
Eric Clarkson	i Womtoring I iii	11.			609-947-8015	1						
Start Date (10):		Schedu	ıled Con	noletion l	Date (11):		3) 350-0101 ne of OSHA Monitor:	01215				-
7417/17 7-2	4-17	09/26		·P	(1.7)		ro Analytical Laborato	ories				
Occupancy Status Du							et Address:					
☐ Facility Closed/vac: ☐ Abatement Perform Describe:				t		City	West 36 th Street, Sui					
☐ Other						Nev	v York, New York, 10	9018				
Describe: Scope of Work (Chec	k all that apply):											
	k an that appry).		576				☐ Full Containm	ent with Negative	e Pres	sure		
$\begin{array}{c} \square \ge 3 \text{ sf or } \ge 3 \text{ lf} \\ \square \ge 160 \text{ sf or } \ge 260 \end{array}$	lf		☐ Renov				Mini-Enclosur☐ Glovebag Proc☐ Non-Exempted	cedure	ole Pro	cedure		
			s Locat			52550			T		temen	t
Locat			Normal ed Sole		Asbestos Cont	aining	ion of Material (ACM)			Т	ype	
Asbestos-Containir TO BE A	ig Materiai (ACN BATED	M M	aintena		(i.e., therma	ll syste	ems insulation,		R	_	En	田田
IN Fa	7.0		Custodi				VAT, or llaneous)	Amount (Specify	Removal	Repair	cap	nclo
(1	3)		Staff? (12)		Ollier		nuncous)	SF or LF)	oval	air	Encapsulat	Enclosure
		Yes	No	N/A							=	
EXTERIOR OF ON PARKING I AND PLAYGRO OF THE FACIL	OT, FRONT OUND SIDES		X		GRAY WIN	NDOV	CAULKING	5,580 LF	*			*
Name of Registered JIMMY BYRNE TI				NJDEF 19551	Waste Hauler ID	No.:	Cubic Yards of Waste: 30	Name of Regis MINERVA E INC.				SSOC,
City, State:			Dispo	sal Date:			City, State:					
Bronx, NY 10474 Completed By:			1	Title:		Signa	Waynesburg, OH 44	1688 Date:				
Chinyelu Oraegbun	am			V. Pres	sident	Signa	1	06/19/20	17			
							Will Galler					



		FICATION O		ersey TOS ABATEME 7 and 12:120-7	The second secon	1620						
Date of Notification 7/	14/17			ner / Operator (2) of Education	Indiana.							
AgenciesNotified Type of I	Votification	Street A		oi Education		GEIVEN						
EPA Eme	ergency Notifica	TANKE I MARKET THE TOTAL CONTROL OF THE PARTY OF THE PART	st Cliff Stree		113/							
	I Notification		te & Zip Code		The state of the s	UL 1 8 2017 11						
	ended Notification		ville, NJ 088 f Contact	3/6	1	Telephone Number						
X DCA	conation	Bryan			L ASE	relegitorie i tumber						
			TY INFORM	IATION	AOA	LICENSING						
Name of Facility Where Aba	tement is Takin			e of Facility (4)								
	er Elementar		1,36	School (K-12)								
Street Address	anner de var	7	X	Subchapter 8 (Other	3 CHARGINATION - NOTATE							
51	Union Avenu	е		Other (i.e., private &		1 Total 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
City (E)	ICaunti (C)	In such Code (Floors	Bldg. Age						
City (5) Somerville	County (6) Somerset	Čounty Code (110,000	7	70+						
Contending	Somerset			Current Use (Prior if being demolished) Elementary School								
Name of Monitoring Firm Hi	red by Building	Owner (8) ASC		ne of Abatement Con	tractor (9)							
Langan Engineering an				Global Abatement Services, LLC								
Street Address				et Address	2024							
300 Kimball Drive, 4 th Fl City, State & Zip Code	oor			Schoolhouse Roa , State & Zip Code	ad							
Elmwood Park, NJ 0740	7			nroe Township, N	J 08831							
Project Manager for Monitor		Telephone Numb	per Tele	phone Number	License N	lumber						
Vijay Patel		973-560-4983		-605-9062		00714						
Scheduled Start Date (10) 7/24/17	Scheduled Cor	npletion Date (11) 7/31/17		ne of OSHA Monitor bal Abatement Se	rvices LLC							
Occupancy Status During A	batement (Chec	ck only one)	Stre	Street Address								
Facility Closed/Vacated Abatement Performed C				443 Schoolhouse Road City, State & Zip Code								
Describe:	utside of North	at Facility Flours -		nroe Township, N	J 08831							
X Facility Occupied				moo rownomp, re								
Scope of Work (Check all th	at apply)		Lucano									
Demolition	X Renovat	ion			ent with Negative F	Pressure						
Large Project				Mini-Enclosur	~							
X Quantity is ≥ 3 SF or ≥ 3 Quantity is ≥ 160 SF or				Glovebag Pro Other: Cut a								
Location of	2 200 El 710W	Is Location	De	scription of	Amount	Abatement Type						
Asbestos-Contail		Normally Used	Asbes	tos-Containing	(Specify	(Specify: Removal,						
Material (ACM TO BE ABATE		Solely by Maintenance or		terial (ACM) nermal systems	Square Feet or Linear Feet)	Repair, Encapsulation or						
in Facility	<u> </u>	Custodial Staff?	insulation	n, surfacing, VAT	Linearrecty	Enclosure)						
(13)		(12)	or other	miscellaneous)								
Boys/Girls Restroo	m Walls	No	-	ΓSI pipe	50LF	Removal						
•												
Name of Registered Waste	Hauler	NJDEP Waste Ha		1/N _ [1]								
Freehold Cartage		1869	3	5 Cumberland County Disposal Date City, State								
City, State Freehold, NJ				7/31/17 Newburg, PA								
Completed By (Print or Type) Title			Signature Date								
Dominick Tringali	Manage	er		Dominick Tringali 711								

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17	KE -	
	2130	ئسسا

Date of Notification	(1)		1	Name	of Buil	ding C	Owner / Operato	or (2)	Maria de la composição de		古	6 6		\mathbb{W}	5
	7/8/2017		1	SureK	(leen	7 S S S S S S S S S S S S S S S S S S S									
	Type Notific	ation	1.							The second secon		1111 1	0 /	1017	1 6 5 E
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			- 1	100						1					111111111111111111111111111111111111111
			_			-	J				ASBE	STOS	CON	TEC	1 8
DCA										-	- l'	LIGHT	(ie'l)	HILLDE	61
							>=====================================				_				
Name of Eacility Wh	ora Ahatam	ent is Taking DI	200 (2		ILIIY	INF	With the same and	ih. (A)							
Residence	icie Abatem	ent is raking Fi	ace (S)											1
Street Address									Other tha	n K-12)					
											uilding	s, hom	es, e	tc.)	1
	H332A30321 - 34 - 37 K334,000734						Square Feet								
City (5)		County (6)	Cou	unty C	ode (7)	n/a-dem	10		n/a		-	80 +		
Red Bank		Monmouth					Current Use	(Prior i	f being de	emolished	1)				
															I
Name of Monitoring	Firm Hired b	y Building Own	er (8)		ASC	ΛNo.									
OL IAII			-						ental Se	rvices					
Street Address															
City, State & Zip Co	de								ode						-
,,															
Project Manager for	Monitoring F	irm	Telep	hone I	Numbe	er				Lice	nse N	umber			
	en de commence anno mantenano agranda por						609-847-29	56				0122	22		
			pletio	n Date	(11)				nitor						
			ly one	1			Up.	-							
	ed/Vacated	Durina Entire Pe	eriod o	of Abat	tement			7.7							
							-								-
Describe:															
Facility Occu	upied During	Abatement													
Scope of Work (Che	ck all that ap	oply)				3 37 53						-			
D >2-6>2/6								Section 1			with Ne	egative	Pres	sure	
∑ ≥100 SI ≥200	J II			Demi	OIILIOII					O. T.					
									Non-Exe	-	-				
												Aba	ateme	ent Ty	ype
		9							'					ш	_
			Maint	enanc	e or		(i.e., thermal sy	ystems				Ren	Re	nca	ncl
រព					taff?							TOV	pair	usc	nos
	(13)	-			N/A	(or other miscell	aneous	s)			a	- 1	ate	6
Exterior			-				Demo Del	oris		Menhi	c	X	\Box	\sqcap	\forall
										200CUDI	C				
Name of Registered	Waste Haul	er						Name	e of Regis	tered Lar	ndfill				
Progrees								Time	on Calle						
Agencies Notified Type Notification Street Address 1809 Blackhorse Pike Jul 18 2017 1809 Blackhorse Pike Jul 1															
2 P. C.															
	27:			1				Tinto	on Falls,	NJ		T=			
	or Type)						13.77					1	004	9	
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Agencies Notified EPA		ation			Stree	t Address					ASBE					. &
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			cluding						-		Telephone N	umber		-		
					Corin	na Schnie	eders				L	3				
					FA	CILITY IN	FORM	IATION	-							
Name of Facility Where A	Abatement is T	aking	Place	(3)					T	ype of Facility	(4)					
Private house																
Street Address													bui	ldina	S.	
Ascentification (1)																
City (5)									S	Square Feet	# of Floors		Bld	g. Ag	je	
Montclair, NJ 07043					10		/07175		1							
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Street Address	· · · · · · · · · · · · · · · · · · ·		***				-									
									#28	83						
City, State, Zip Code												55-5003				
							Wayn	e, NJ 074	70							
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telep	hone No.			License No.					
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	i tilat apply)						×	Full Cor Mini-En	ntai clos	inment with Ne	gative Pressure					
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Asbestos-Containing TO BE ABA	Material (ACM <u>ATED</u>	i)	I Use Ma	Norma d Sole intena	lly ely by ince/		stos Co	ntaining Ma	ate		[100 H 0 0 D D D D D D D D D D D D D D D D	-			- i	
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CK 4173

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)		IN	lame of	Building O	waer/Ope	erator (2)			-					\dashv
7/14/17			H:	3. R	NA	Ki	ein	٥		J E	η <u>Γ</u>		W	垣
Agencies Notified Type Notification		18	treet Ad						.]	끿				
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DEP DEP Amended	1.53	(City, Stat	e, Zip Code	३	117	- ,	77/ /		Li. JI	JL '	18	201.	/
DOL Amendment #_	uding	-		ANE	CK.	, 100	7 . 8	0166	Tele	phone Numb	a a			\neg
DOH justification)	1	1		Contact . Kue	٠. ٨				1 1	Bittingentan	~~~		JTR	OL
□ DCA □ Cancellation				ITY INFO		ION			•		LIUL	MOII	чG	
Name of Facility Where Abatement is Taking Place	€(3)					T	Type of	Facility (4)					
HS, KLEIN			.74				□ Se	hool (K-E	2)					
Street Address		_	72					ibchapter 8 ther (i.e. pr	ivate &	than K-12) commercial b	uildin	s, hon	nes, et	ic.)
							-	20 0000		Floors		dg. As		
City (5)			1				Square	800	# 01	Z "	. "	_	7	Re
County (6) BERCEN				· .	* *				if being	demolished)		00	-	-
County (6)				ode (7) SE ONLY)			Cinican		SIDE	NCE				
Name of Monitoring Firm Hired by Building Own	e= (8)		ASCM	No		Name o	f Abates	nent Contr	actor (9)					
resulte of receivering Lant Lines by Denvenig Own	~ (v)							noval I		i de la companya de l	- Company			
Street Address						Street A								
						450) Sou	th Rive	r Stre	et	_			٠
City, State, Zip Code						City, St	ate, Zip	Code						
						Hac	kensa	ck, NJ	0760	<u> </u>				
Project Manager for Monitoring Firm		1	Felephon	e No.		Telepho		00 744		License No.				
						-		29-7444	+	003	000			
Start Date (10)	cheduled (1				Committee of the committee of		Monitor		1				
7/25/17		1/3	26/1	7		On:	The same of the sa	inviron	ment	11				
Occupancy Status During Abatement (Check Only				7				vier Str	eet				- ~	•
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fa	7774 77		^	8	4	City St	ate 7in	Code						
2 Other - Describe: 730 AM TO	S:	90	en _		· .	So	uth H	lackens	ack, l	VJ 07606		-		
Scope of Work (Check All That Apply)			-											
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Location of	No	mall	у		De	scription	of				-	- 1	7	
Asbestos-Containing Material (ACM)		Soleh		Asbes	tos Cont	aining Ma	aterial (A	ACM)		mount Specify	25	_	En	H
TO BE ABATED In Facility	Custo	diai S		(Le. the	rmai sysu	ems insul VAT, or	2000, 50	i Marine	SI	or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other	miscellan	cous)				Val	=	date	ure
	Yes	No	N/A		-									
BASEMENT				THERN	ALL C.	OCTSM	illsu	LATION	4	SLF	X			
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Name of Registered Waste Hauler		100	JDEP Warder ID		Cubic of Wa							-		
Best Removal Inc			171	1000 시 1	1	20]			rva Enter	prise	s, L	LC	
City, State						sal Date		City, Stat		OTT 4	A C O C	,		
Hackensack, NJ 07601		•	7			001	17	Way	nesbu	rg, OH 4	408			
Completed by	Title				2	Signature	P	عبرث		100		14/	17	
J. Maiorano	Es	ima	tor			- X	1/6	سابرن ساد			11		- 1	-

07/12/2017 11:32 201252	ð321	NO	TIFICAT	AMAC	THE SEATS	BALLIT	JUL ASBES			201 95	33
Date of Notification (1) 7/12/17 Agencies Notified Type Notification	30	***************************************	himm	e of Building Counce ST Jos	end 12:12 NOperato	(2) CKAND	TV	S.,	NSI	VG	
EPA DEP DOL Amender Amender Emergence (ustification Cancelletic	ent# Sy (includin n)	g.		MONTVAL	3	15 0	76 45 Telephore	Numb	985		•
Nerrie of Facility Where Abeliament is Talk	ing Place ((3)	17/	CUTYINFORMA	THON	Type of Facility				_	
Chy (6) CHEST NOT P	1945	R	8			Subchap Other (Le etc.)	ter 8 (Other than	K-12) wrotel (
County (8) MUNITY CLE			Count	y Code (7)		50,000	# of Floors		EMdg	A04	
Name of Monitoring Firm Hand by Building	Dumer (8))	(BTAT	EUSE ONE Y)	Names	C Abatament C	HOOL. ontractor (9)	berkelt)		
Street Addresses	-		<u></u>		Street /	C Contractin				W	
Čliy, Stata, Zip Čode		······································	-		City, St	realand Ave				_	
Project Manager for Monitoring Firm		T	Teloph	one No.	Telepho	nd Park, NJ o	07432 Ligense	Na			
Sheril Dette (10)	-1			Date (11)	Name o	262-5841 705HA Monitor P Environme	00156				y .
Couperloy Status During Abetement (Chec Facility Closed/Vacaled During Entire F Absternent Performed Outside of Norm Other – Describe:			mend		Street A 280 Hi	ddress Lyler Street				-	
Scope of Work (Check All That Apply)	***	_			Hecke	te, Zip Code nseck, NJ 01	7606				,
\$3 of or \$260 H		enove			REAL	Giovabas Pro-	have an				
Location of	No	AUDITOR.	y	2		B was	(*) and Non-Frie	Die Pro	Abas		e e
Ashestos-Contabing Material (ACM) 10 BE ABATED In Facility (13)	Main	Solet rtemen dini Si (12)	109/	(i.e. thermal a	cription of fining Mate yetems in ng. VAT. o toolfeneou	orimi (ACA4) and atton,	Amount (Specify SF or LF)	Ramona	Repair	Encapsures	Enchaure
1 ST. FLOOR	Yea	No	N/A					MA	#5.	aufeba	STA
		mm_11/11000	4	Floor	TJU		100 SF	V			
Name of Registered Weste Hauter Vewark Carting Inc.		Ha	DEP Wa	ute Cubio Yi			egistand Landill				
City, State Newyerk, NJ 07105		Jok		Dispose		City, State	entral Sanitar	y Laur			_
Completed by oseph Vocature	Title	aplae		7/2	Tabure	Peri Argi	II, PA 08702		************		

Date of Notification (1) Name of Building Owner/Operator (2)	JUL 1			
		8 21	017	
7/14/17 Matthew Ducan Private Home				
Agencies Notified Type Notification Street Address	BESTOS (CON	TRO	1.8
✓ EPA ✓ Initial	LICEN			
DEP Amended City, State, Zip Code Amendment # Haddonfield NJ 08033				200000000000000000000000000000000000000
Emergency (including	hone Number			-
DCA Cancellation Mat °				
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Matthew Ducan Private Home Type of Facility (4)				
Street Address Subchapter 8 (Other t	fhan K-12)			
Other (i.e. private & c		ildings	, hom	es,
City (5) Square Feet # of FI	loors	Bldg. A	Ane	
Haddonfield NJ 08033 1000+ 2	- (35+	90	
County (6) County Code (7) Current Use (Prior if being	demolished)			
Camden (STATE USE ONLY) — House				
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9))			
N/A Pernaco Inc.				
Street Address Street Address PO Box 329				
City, State, Zip Code City, State, Zip Code				_
West Berlin NJ 08091				
Project Manager for Monitoring Firm Telephone No. Telephone No. L	icense No.			
856-753-9800	00727			
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor				
7/28/17 8/4/17 Same				
Occupancy Status During Abatement (Check Only One) Street Address				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code				
Scope of Work (Check All That Apply)				\neg
≥3 sf or ≥3 lf	we work - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	Non-Friable Pr		re temen	t
Is Location Normally Description of			уре	
Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amo			m	
ID BE ABATED Custodial Staff? (i.e. thermal systems insulation, Special Facility Staff)		Repair	Encapsulate	Enclosure
(12) other miscellaneous)	lova	pair	Sula	osur
Yes No N/A	-		te	ω
exterior siding x exterior siding 2100) SF x			
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Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered	d Landfill			
Hauler ID No. of Waste	u Lanuilli			
United Roll Off 22459 5 G.R.O.W.S.				
City, State Disposal Date City, State	10067			
Elm NJ Completed by Title Signature:	19067 Date			
Completed by Anthony T Perna President Signature?	7/14/	17		

				CATIO	N OF ASB t to NJAC	ESTOS	ABATE		T (1)	1 2 1	i	h	/ (78	X	
Date of Notification (1)				Name o	of Building	Owner/C	Operator	(2)	- Chu			C	L.			
7/13/17					is Down						Land James	F	P	G I	T	1//
Agencies Notified	Type Notification	1		Street A	Address								<u>u</u>	<u>L</u>		<u> </u>
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NOH	justification)			of Contact					Tele	phone N	lumbe	1000			
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Name of Facility Where	Abatement is Taki	ng Place (3)	FAC	ILITY INFO	ORMATI	ON	Typ	e of Facility (4	1)	- The state of the			ENS	NO	
house			2060					П	School (K-1)							
Street Address									Subchapter		er than K	-12)				
								×	Other (i.e. p etc.)	rivate 8	comme	rcial b	uildin	gs, ho	mes	
City (5)								Squ	are Feet	# of	Floors		Bldg	J. Age	-	
Elizabeth								200	00	2		1	75			
County (6)					Code (7)	1			rent Use (Pric		ng demol	lished)				
Union				· ·	USE ONLY				gle family l							
Name of Monitoring Firm	n Hired by Building	Owner (8))	ASCI	И No.		22/2018/5/2016		atement Con vironmental		140.C.M.	LC				
Street Address							Street		TTTT	0						
6. 6									483, 4 E G	ate D	rive					
City, State, Zip Code							(2000)		Zip Code	1.0						
Project Manager for Mor	aitoring Eirm			Telepho	no No		Teleph		d, NJ 074	18	[]	NI.				
r roject Manager for Mor	moning Firm			releprio	me no.				2276		License 703	No.				
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)			100	SHA Monitor		100					
7/15/17		8/15/1					7101110	0. 0.	or in a two material							
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street	Addr	ess							
Facility Closed/Vac	ated During Entire	Period of	Abater	ment												
Abatement Perform Other Describe:	ned Outside of Nor					1000	City, S	tate,	Zip Code							
Scope of Work (Check A	All That Apply)															-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processor.	Renova Demoli				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure	ā			dure		
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Asbestos-Containing			ed Sole intena			tos Cont	aining M	lateri	al (ACM)		mount			n	1	(T)
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(13)			(12)				niscellan)	070	are established the Salar R	Kemova	GII	Densir		Enclosure
		Yes	No	N/A	=							-		ά		CD:
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Dining Room/L	iving Room			х		pipe	insulat	tion		20 LI	F (total)) x		+	1	
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Name of Registered Was			IN	NDEP M	/aste	Cubic	insulat Yards	UOII	Name of F		D LF	fill				
Freehold Cartage	918091111575370754		ŀ	lauler ID 5939		of Was			Western	E						
City, State Freehold NJ						Dispos	al Date		City, State Birdsbor		Λ.					
Completed by		Title				S	ignature					Date				-
A. Scott Higgins		Pres	idene	et				1	X/			7/13/	17			1

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Date of Notification (1) 7/14/17						Owner/Oper				M	E C	E	1	V
Agencies Notified	Type Notification	1		Street A					- Land	KI	-	TAL MANAGEMENT		0 4
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DEP DOL	Amended Amendmen	nt #£			ate, Zip Co field, CT					4 4	JUI	_	8 21]]/
=	× Emergency	(including			f Contact	00011			Tel	ephone-A	Viimber			
× DOH □ DCA	justification Cancellatio			High action is a com-	nce Har	der			1 . 7	op.1101, %0,71	The Friend Staff were		CONT	
				FAC	ILITY INFO	ORMATION				The second second	1000	LITT	SING	1
Name of Facility Where			3)					Type of Facility	(4)					
Gateway Motor Inn Street Address	Dai/Restaura	TIL						School (K Subchapt		or than K	-12)			
119 Route 202							l	X Other (i.e.				ilding	s, hom	cs,
City (5)								etc.) Square Feet	# 0	f Floors		Bldg.	Vae	
Raritan							11.5	3000	2	1110010		65	90	
County (6)	KALUA				Code (7)			Current Use (P	rior if be	ing demo	lished)			
Somerset				(STATE	USE ONLY)	N MANAGEMENT		commercial						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.	1.0		f Abatement C Environmen		Warner Carrie	LC			
Street Address								ddress						
Ch. Ch. T. C. I								ox 483, 4 E	Gate D	rive	-			
City, State, Zip Code								ite, Zip Code /ood, NJ 07	418					
Project Manager for Mon	itoring Firm		T	Telepho	ne No.	Te	elepho	ne No. 64-2276		License	e No.			
Start Date (10) 7/24/17		Schedule 9/15/1		npletion	Date (11)			f OSHA Monito	or					
Occupancy Status During	g Abatement (Che	L ck Only Or	ne)			St	reet A	ddress						
Facility Closed/Vaca × Abatement Perform Other · Describe:	ed Outside of Nor					Ci	ity, Sta	ite, Zip Code				**********		-
Scope of Work (Check A	II That Apoly)												-	
23 sf or ≥3 lf ≥160 sf or ≥260 lf	үндүү	processor.	Renova Demolii				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				ire	
		Is	Locat	ion									temen	į.
Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM)	Use Ma	Normal ed Sole intena todial ((12)	ly by nce/		Descriptos Containi thermal sys surfacing other misc	ing Ma stems j, VAT	iterial (ACM) insulation, , or	(5	mount Specify or LF)	Kemova	T	ype	Enclosure
		Yes	No	N/A									60	0
Bathroom gro	ound floor			X		VA	AT.		6	0 SF	×	1		
Bathroom			A-0-550	×		VA	AT.		2	0 SF	×	1	†	
Roof ove	r bar		-	X	<u> </u>	tar on	meta		-	00 SF	×	-	+	
Roof				X			of		-	00 SF	X	-	+	
Name of Registered Was				JDEP W	∐ √aste	Cubic Yar		Name o		ered Lanc				
Freehold Cartage		n.	ŀ	lauler ID 5939		of Waste TBD		Weste	ern Ber	ks Land		<u></u>		
City, State Freehold NJ						Disposal I TBD		City, St. Birdst	ate poro, Pa	A				
Completed by A. Scott Higgins		Title Pres	idene	t		Signa	ature	A.			Date 7/14/	17		

		1		ICATION	OF ASB	ESTOS	ABATEN		т (lo	al	- 10		70	00	
Date of Notification (1) 7/14/17	BI - 319 - 23 - 24 - 24 V 2 - 24 - 24 V 4 - 24 V				f Building Ridge De								F	; _П	\/	F
Agencies Notified	Type Notification			Street A	ddress					1) Transfer	リル	3 9		5U	U	L
₩ EPA	× Initial			24 Ma	arket Stre	eet				The state of the s	3					
DEP	Amended -				ate, Zip Co					1		JUL	1	8	201	7
× DOL	Amendmen × Emergency	The second section of the second			field, CT	0687	7			14	less)	JUL			201	4
HOCI	justification			Name o	f Contact					Tel	ephqne	Numbe	er			
DCA	Cancellation	n		Lawre	ence Har	der				1					NTF	ROL
		51 /6		FACI	ILITY INFO	DRMATI	ON	_		1	Tardono wa	L	CE	VSI	NG	
Name of Facility Where								Тур	e of Facility (4)	1						
Gateway Motor Inr	i- Denny's Resi	laurani (c	na)						School (K-12			((0)				
Street Address								×	Subchapter 8 Other (i.e. pri				uildi	nas	home	S
119 Route 202	0							M	etc.)		2 00111111	oroidi b				,
City (5)								1000	iare Feet	200	Floors		157.3	dg. A	ge	
Raritan								30	00	2			65)		
County (6)					Code (7)				rent Use (Prior	if bei	ng demo	olished)			
Somerset				(STATE)	USE ONLY)		-	CO	mmercial							
Name of Monitoring Firr	m Hired by Building	Owner (8)		ASCN	Л No.				patement Contr		Name and Address of the Owner o			5.53(5)(1)		
							ABS	Enι	/ironmental	Serv	rices, L	LC.				
Street Address							Street	Addr	ess		×200					
							POB	Box -	483, 4 E Ga	te D	rive					
City, State, Zip Code			V.2						Zip Code							
							Glen	woo	d, NJ 0741	8						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph	one	No.		Licens	e No.		-		
							973-7	764	-2276		703					
Start Date (10) 7/24/17	4-04-0	Schedule 9/15/17		mpletion	Date (11)		Name	of OS	SHA Monitor							
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)				Street	Addr	ess							
Facility Closed/Vac Abatement Perform Other Describe:	cated During Entire ned Outside of Norr	Period of A mal Facility	baten Hours	nent s			City, St	tate,	Zip Code							
Scope of Work (Check A	All That Apply)															
>3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processor.	enova emolit				×	N G	ull Containmer Iini-Enclosure Glovebag Proce Ion-Exempted (dure	32				9	
		lo.	Loopt	ion				-				T	F	bate	ment	
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Asbestos-Containing TO Bit AB In Fac (13)	g Material (ACM) BATED ility	Mai	d Sole ntena odial S (12)	nce/	Asbesi (i.e.	tos Cont thermal surfac		lateri s insu T, or	58553W6ND35	(S	mount Specify or LF)	i voni Ove	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ĆĎ	Ф
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A. Scott Higgins		Presi	anet						1111	50	200	7/14	17/			

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Date of Notification (1) 07/14/17				of Building		Operator	(2)		***************************************		JUI	1	8 2	017
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NJ Abatement Services, LLC	;		?					ment Serv						
Street Address						Street	Addre	ss						
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City, State, Zip Code Wyckoff New Jersey 07481								ip Code New Jerse	y 074	181				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License	No.			-
Nicole Intriago				62-6500		201-	962-6	3500		01290				
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Other - Describe:								07083						
Scope of Work (Check All That Apply)					Onio		07000						
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369 RAYMOND BLVD, NEWA	RK NJ 0710	5			Dispos 08/0	sal Date		City, State BETHLE		1, PA 18	8015			
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NICOLE INTRIAGO	SUP	ERVI	SOR							(07/14/	17		

Print Form

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Chl	491			ICATIO	tate of New Jers N OF ASBESTOS t to NJAC 8:60 ar	ABATE			E C	E	3	W	
Date of Notification (1)				Name	of Building Owner	Operator	r (2)		***		0000	775. 785	
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Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.	Name	of Abatement C	Contractor (9)	-		-		_
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Project Manager for Mor	nitoring Firm			Telepho		Teleph	one No.	Lio	ense No				
Nicole Intriago		-034		201-9	62-6500	201-	962-6500	01	290				
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07/24/17		07/26	2010 P			Iris E	Environmenta	al Laborator	ries				
Occupancy Status Durin							Address						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of	Abaten	nent			3 route 22 we	est					
Other – Describe:	led Outside of Nort	mai Facilii	y Hours				tate, Zip Code						
Scope of Work (Check A	II That Apply)					Unio	n Nj 07083		4.571				
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NJDEP Waste Hauler ID No.

04509

SUPERVISOR

Cubic Yards

Disposal Date

Signature

of Waste

07/24

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Completed by

Newark Carting

NICOLE INTRIAGO

City, State

Name of Registered Waste Hauler

369 RAYMOND BLVD, NEWARK NJ 07105

BETHLEHEM, PA 18015

Name of Registered Landfill

City, State

IESI BETHLEHEM LANDFILL

Date

07/14/17

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2826 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUL 18 2017 07 14 / 17 Susan Markowitz Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial ASBESTOS CONTROL & □ DOLWD Amended City, State, Zip Code X DHSS Amendment # DCA Montclair, NJ 07042 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Susan Markowitz **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Montclair, NJ 07042 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 25 / 17 07 / 26 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM___ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Asbestos-Containing Material (ACM) Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement 90 LF Pipe insulation П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature N.Jevtic Owner 07/14/17 ASB-41

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Date of Notification (1) 07/13/2017				Name o Brookl	of Building awn Sch	Owner/0	Operator rict	r (2)		JULCH	nejck# 4	 8817	- 1	
	Type Notification				Address aakon Ro	oad	()	and the state of t		20000	2 001	1010 P-1		1
	Amended Amendment			City, St Brookl	ate, Zip C awn, NJ	ode 08030		NO MARKATA	AS	LIC	ENSIN		ىلدى	
	Emergency (i justification) Cancellation	10724		Name of Bud R	of Contact utter				_Te	lephone l	Number			
				FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Ab Alice Costello Elementa	patement is Takin ary school	g Place (3)					Type of Facilit	y (4)					
Street Address 301 Haakon Road								School (K	ter 8 (Oth			lding	s, hor	mes.
City (5) Brooklawn	je							etc.) Square Feet 100,000	3	of Floors		Bldg. 90 yr	Age	į.
County (6) Camden					Code (7) USE ONL)	()		Current Use (F	Prior if be	ing demo	lished)			######################################
Name of Monitoring Firm F Environmental Design,	lired by Building	Owner (8))	ASCI	M No.			of Abatement C Corporation	ontracto	r (9)		-		
Street Address 5434 King Ave								Address McBride Ave						
City, State, Zip Code Pennsauken, NJ 08109								State, Zip Code dland Park, Ne	w Jerse	У				
Project Manager for Monito Jay Murray	oring Firm			Telepho 856-61	ne No 6-9516		Teleph 973-2	hone No. 225-8400		License 01104				
Start Date (10) 07-24-2017		Schedul 07-28-2	ed Co 2017	mpletion	Date (11)			of OSHA Monitor		ries, LL(BA 545 No. (6-61-1-)
Occupancy Status During			0.000					Address Route 22 Wes	:†					
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe: oc	Outside of Norn	Period of nal Facility	Abate y Hour	ment s			City, S	State, Zip Code on, NJ 07083	···					
Scope of Work (Check All	That Apply)											-W-102		
23 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			Renova Demoli	3/430				Mini-Enclos Glovebag P	ure rocedure	-			ıre	
r.		4 17.7	Loca						1	14 1101111	100,07	Aba	teme	nt
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM)	Use Ma	intena	ely by ance/ Staff?		stos Cont thermal surfa	systems	Material (ACM) s insulation, AT, or	(5	Amount Specify F or LF)	Remova	Repair	yp Encapsulate	Enclosure
(10)		Yes	No	N/A		othern	niscellar	neous)			val	air.	ulate	sure
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350								-				1	1	-
Name of Registered Waste Lilich Corporation	Hauler		14000	NJDEP W Hauler ID 18724		Cubic of Was			of Registe	ered Land	ifill '			
City, State Woodland Park, Nev	v Jersey					Dispos	sal Date		ate	rrisville, I	 РА			111
Completed by Adriana Olejarova		Title pre	esider	nt		\$	idhature	I ad			Date 07/13	/201	7	1

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

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Date of Notification (1)	14 /	17				of Building	g Owner/Operator (2	2)		182	017		U
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Agencies Notified ⊠ EPA	Type Notifica	ation			Street	Address		TAX SAME	L	0.00	17777	1 0	
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□ DOH	Amendme	ent #2				state, Zip (have	Est 1 Not	in Nicht		-	
☐ DCA	☐ Emergen		luding			of Contac			Talanhana Nu				
(NJAC 5:23-8)	justification								Telephone Nu	noer			
	Cancellat	1011				lin Santo						_	
				721	FAC	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is T	aking	Place	(3)				Type of Facility					
Santos Residence								☐ School (K-1	2) 8 (Other than K-1	12)			
Street Address									orivate and comm		ilding	s,	
City (5)								Square Feet	# of Floors	Ble	dg. Ag	ge	
Camden								1,350	3		80		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			
Camden								Residence					
Name of Monitoring Firm	Hired by Build	ding Ov	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Mgmt. & Environme	ental Consu	Iting S	Servi	ces			Shade Enviro	onmental, LLC	;				
Street Address							Street Address						
PO Box 341							623 Cutler Av	renue .					
City, State, Zip Code							City, State, Zip Co	ode					
Chesterfield, NJ 08	515						Maple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm			Tele	phone l	No.	Telephone No.		License No.				
Bill Weisgarber				60	9-298	-4070	856-755-0099		00842				
Start Date (10)	8	Schedu	led Co	omple	tion Da	te (11)	Name of OSHA M	lonitor					
07 /17 /	17	08	3_ /	_ 03	_ / _	17	EMSL Analyti	ical, Inc.					
Occupancy Status During	g Abatement (Check	only o	ne)			Street Address						
□ Facility Closed/Vacate	ed During Enti	re Peri	od of	Abate	ment		200 Route 13	0 North					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PM	/	_PM		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check a	Il that apply)						17						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		110	⊠ Re ☐ De				☐ Mini-Enc ☐ Glovebag	losure g Procedure	gative Pressure on-Friable Proced	dure			
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			П										
Name of Registered Was	ste Hauler				JDEP V		Cubic Yards of	Name of Reg	istered Landfill				
Freehold Cartage				F	15939		Waste 1		North Landfill				
City, State							Disposal Date	City, State	5.4				
Freehold, NJ							08/03/2017	Morrisvill	e, PA				
Completed By (Print or T	ype)	Title	_				Signature	20		Date	1 25		
Christina Lynch		VI	ce Pr	eside	nt of (Operatio	ns II MANAS	W Demons	< I	100	1/	- None	

State of New Jersey

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0:1- (5)								homes,	· ·						
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Street Address		-					Street Address				-			_	_
							1889 Route 9	, Unit 61							
City, State, Zip Code							City, State, Zip Co	ode							
							Toms River, I	New Jerse	y 0875	55					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.			License N	No.	1000	1000		
							732-349-9932			00624					
Start Date (10)				100	etion Da	100	Name of OSHA M								
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☐ Facility Closed/Vacate							1056 Stelton								
Abatement Performed Time of Abatement:						AM	City, State, Zip Co								
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Guardian Contraction				1.2	Hauler II	O No.	Waste 6	T.R.R.I	F.	IGU LANUII					
City, State							Disposal Date	City, State		· ·					
Toms River, New Je	rsey							Tullyto	wn, P	ennsylva	anıa				

ASB-41 JAN 13

Completed By (Print or Type)

Nicholas Fernicola

Project Manager

Signature

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County (6)		1		Code (7)		1	Current Use (Pr	rior if being	demolis	hed)			
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Name of Monitoring Firm Hired by Building C	tuner (8)	l	ASCN	A No.	\$		of Abatement Co		9)				
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Street Address							Address ontrose Rd						
City, State, Zip Code							ate, Zip Code						
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Project Manager for Monitoring Firm		ĺ	Telepho	ne No.	Tel	epho	ne No.	-	Joense N	la.			
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Start Date (10)	Schedul	ed Ço	mpletion	Date (11)	Na	me o	f OSHA Monito	T					
7/22/17	7/2	5/1	3					al plant primary and the prima					
Occupancy Status During Abatement (Check	Only O	ne)			Str	reet A	iddress						
Facility Closed/Vacated During Entire P	eriod of I	Abater	nent		Cin	v Cie	ate, Zip Code						
Abatement Performed Outside of Norm Other – Describe: +AM-	7DO	7	> 		City	y, ou	ale, Zip Gode						
Scope of Work (Check All That Apply)													
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≥160 sf or ≥260 if)emoli					MINITENSON IN	113	-0940-0				
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	İs	Local	ion					- P.		ge vice i des	Abate		6
Location of	į į	Norma	lly	1	Descrip	tion o	of	wright point			13	be	1
Asbestos-Containing Material (ACM)		ed Sole iintena					sterial (ACM) insulation,	20 0000000	ount ecify	71	The state of the s	g	III
TO BE ABATED In Facility	Cus	todial ((12)	Staff?	S	urfacing,	VAT	, or		rLF)	Removal	Repair	sqec	nclos
(13)		(12)		off	er misce	llane	one)			lave	₩.	Encapsulate	Enclosure
	Yes	Mo	N/A					1				Ø	
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		and the same of th	1					described in the second					
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Ace Insulation Co., Inc.		1 5	lauler ID		Waste	1	,	Landfill					
City, State		17	2086	- Di	sposal Da	l ate	City, Sta						
Colts Neck, New Jersey				101	2/2	بالا	Eastor	-7/2					
Completed by	Title	_			Signat	TUTE!	7 1	1-		ate			
Bree McGuire		etary	Treasu	irer		17	m/			1/12	11.	<u> </u>	
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CHECK# 24336 / 24386

Date of Notification (1) 07-13-17			I		f Building Owner rudential Ins			oanv of Ame	erica			п	n n	
Agencies Notified	Type Notification		+	Street A							5		₩	
EPA DEP × DOL	Initial Amended Amendment			City, Sta	ate, Zip Code rk, NJ 07102				Control of the Contro	JUI	. 1	8	2017	/
DOH DCA	Emergency justification) Cancellation				f Contact n Barrett				Telenhone	Numb	er		NITO	OL 8
				FAC	LITY INFORMA	TION			1		CE	i II 2 M		0 0
Name of Facility Where	Abatement is Takin	g Place (3)					Тур	e of Facility (4) School (K-12))	Lyn (Control of the last	-	and a second	
Street Address 751 Broad Street							×	Subchapter 8 Other (i.e. pri etc.)			build	dings,	home	es,
City (5) Newark								are Feet 7,506	# of Floors	S		ldg. A 7 yrs		
County (6) Essex					Code (7) USE ONLY)			rent Use (Prior mmercial	if being den	nolishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	ΛNo.			eatement Contr Environmer						
Street Address							t Addre Broa	ess d Street						
City, State, Zip Code			- (=) - ()			100000000000000000000000000000000000000		Zip Code , NJ 07072		700 E to 100				
Project Manager for Mor	nitoring Firm		1	Telepho	ne No.	Telep	hone I	10	Licen 0075	ise No.				
Start Date (10) (2)07-15-17		Scheduled 08-25-17		pletion	Date (11)			SHA Monitor nalytical, Inc						
Occupancy Status Durin	g Abatement (Chec	k Only One)					Addre		·	-				-
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of Aba						t 38th Stree	t					
Other - Describe:			20000		***************************************			k, NY 10018	3					
Scope of Work (Check A	II That Apply)						0	SHA Class I	I				1.00.001	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		10 10 10 10 10 10 10 10 10 10 10 10 10 1	novat noliti			>	M G	ull Containmen ini-Enclosure lovebag Proce on-Exempted (dure				a	
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Locatior Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Used S Mainte Custod (Solel enan	y by ice/	Asbestos Co (i.e. therm sur		Materia s insu AT, or	lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
12th Fl	oor			х	V	AT/Mas	stic		15,000S	F	х			
Name of Registered Was	ste Hauler		N	JDEP W	/aste Cub	ic Yards		Name of Re	egistered La	ndfill				
ATC, Inc. / JBT (500			Ha	auler ID	- 100 miles - 100	/aste		Commence of the Commence of th	Enterprise					
City, State Shirley, NY / Bronx,	NY				Disp TBD	osal Date	14	City, State Waynesb	ourg, OH 4	14688				
Completed by Kevin Moriarty		Title Project	Ма	nager		Signature		loviet	•	Date 07-1		7		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

CX#868

Date of Notification (1): 7/12/17				vner/Operator (2): OARD OF ED				ID)_E		E		
Agencies Type Notification Notified (X) Initial	Street 500 SI		ess: WELL A	VE						0.00		
(X) EPA Notification (X) DEP () Amendment	City, S	State, 2	Zip Code: LAINS, N						JUI	1-8	20	17
(X) DOL Notification () Emergency	Name	of Co		0.7700			Telephone	Number 45	۲ ۱- ۲ - ۱	1181	TIME	ROL 8
() DOH () Cancellation () DCA	KELV	IN						, AOL		CENS		TOL
				FACILITY INF								
Name of Facility Where Abate	ement is T	Γaking	Place (3): SCHOOL	-0.05	pe of Facility School (K-12						
Street Address: 500 SPEEDW	ELL AVI	Е				Subchapter 8	(Other than K	(-12) mercial buildings,				
City & State (5): MORRIS PL	AINS				Sq	uare Feet: N	A	# of Floors: 2		Bldg.	Age: 6	50+
County (6): MORRIS			unty Cod TATE US	e (7) SE ONLY)		irrent Use (P CHOOL	rior if being	demolished):			-	
Name of Monitoring Firm	Hired	by	Building	ASCM No.:	Na	me of Abate	ement Contra	actor (9):				
Owner:(8)				NA	S/	M Enterpris	se of NJ, In	c.				
Street Address:					Stı	reet Address:						
City State 7in Code						9 North 6 th	A 11 (0.600 MAN 2000 M)					
City, State, Zip Code:						ty, State, Zip ospect Park						
Project Manager for Monitorin	g Firm:			Telephone No.:	_	lephone No.		License No.:	- 11-6			
					-	73) 595-6955		00641				
	Schedule 8/04/17	d Con	npletion [Date (11):	1 2372	me of OSHA M Enterpris	A Monitor: se of New J	ersey, Inc.				
Occupancy Status During Abatem				100		reet Address: D. Box 8265						
(X) Facility Closed/vacated During () Abatement Performed Outside () Other – Describe:	g Entire Pe of Norma	riod of I Facili	Abatement ty Hours	nt	Cit	ty, State, Zip ledon, NJ 07			<u> </u>			
Scope of Work (Check all that app	ly):						() 5 11 6		N.	.: D		
() $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ (X) $\ge 160 \text{ sf or } \ge 260 \text{ lf}$			(X) Re () De	enovation emolition			() Mini E () Glove	ontainment with inclosure bag Procedure riable Procedure	i Neg	ative P	ressur	0
Location of	No	Locati ormal	ly			tion of	(1010)			Ty	ре	
Asbestos-Containing Material (ACM)		Sole		Asbestos Con (i.e., therma	al sys	tems insula	(ACM) tion,		R		旦	П
TO BE ABATED	Cu	stodi Staff?	al/			VAT, or ellaneous)		Amount (Specify	Removal	Repair	Encapsulat	Enclosure
IN Facility (13)		(12) No	N/A			- 1000 100 100 100 100 100 100 100 100 1		SF or LF)	val	air	sulat	sure
ROOF		X	IN/A	PIPE INSULA	TION	1		2300 SF	X			
												- 3
												
Name of Registered Waste Ha	ıler:			NJDEP Wast		Cubic Ya		Name of Regis	stered	landfil	1:	
SERVICES TRANSPORT GR		onoses		Hauler ID No 20990).; 	of Waste		IESI		allote at		
City, State: NEW CASTLE, DE		Dispo 8/8/1	sal Date:			City, State: WAYNESE	BURG, PA 1	9720				
Completed By: MIKE ALTADOUKA			Title: PRESII	DENT	Sign	nature:		Date: 6/12/17				

CKHI	70	N			OF ASBE to NJAC 8	The state of the s	$ \mathbb{Q} _{\Gamma}$		E_		$\underline{\mathbb{W}}$	E					
Date of Notification (1) 07/12/17	A A A CARLO CONTRACTOR OF THE STATE OF THE S				Building C us Boar				Con Marie	1000	,111	1.8	} 2	017	57 C - 4850 C	J	
Agencies Notified	Type Notification			Street Ad						1							
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DEP × DOL	Amended Amendment #				te, Zip Cod us, NJ 0				1	a transmitted and the second	[](DENS	M	3			
	X Emergency (in		- -	Name of			Telenhone Number										
DOH DCA	justification) Cancellation			Bob A						I:							
Cannot				FACI	LITY INFO	RMATI	NC										
Name of Facility Where A East Brook Middle S		Place (3)					-	of Facility (4								
Street Address	SCHOOL								School (K-1 Subchapter	8 (Othe	r than K-	12)					
190 Spring Valley R					Ħ	Other (i.e. p	rivate &	comme	cial bu	illdir	igs, l	nome	s,				
City (5)		-							etc.) are Feet	# of	Floors		Bld	g. Ag	\ge		
Paramus						60,0	000	1			50+						
County (6)				County Code (7) (STATE USE ONLY)					ent Use (Prid	or if beir	ng demol	ished)					
Bergen						Sch			(0)		_						
Name of Monitoring Firm RK Occupational&E			Inc.	0090					atement Con nstruction			n, Inc	C.				
Street Address					Street			0.70			20,000	Hastelania					
401 St. James Aver							6 Suite 3D										
City, State, Zip Code Phillipsburg, NJ 088	365								Zip Code NJ 07512								
Project Manager for Mon		Telephor	ne No.		Teleph				License								
Jon Gilbert				100000000000000000000000000000000000000	64 6316		973				00666						
Start Date (10) 07/15/17		Schedule 07/15/		npletion I	Date (11)			me of OSHA Monitor ako Construction & Restoration, Inc.									
Occupancy Status During	Street Address																
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Abatement Perform	ed Outside of Norma								Zip Code NJ 07512								
Scope of Work (Check A	II That Apply)												-		- 52 m/s		
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		Г						3 1/0	on-Exemple	Sted (*) and Non-Friable Procedure Abatemer							
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		Use	d Sole	ely by		tos Conf	taining N	/lateria	al (ACM)		mount				E	П	
		100000	todial	Staff?	(i.e.	thermal surfa	system: cing, VA		lation,		pecify or LF)	Zellove	200	Repair	caps	Enclosure	
(13)	-9		(12)			other r	niscellar	neous)			Oval	2	<u>a</u>	Encapsulate	sure	
		Yes	No	N/A											Ф —		
Boy's & Girl's	Bathrooms		Х		Р	ipe Fit	ting Ins	sulat	ion	6	7 LF	Х	-				
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	04 5. <u>0</u> /m 20																
Name of Registered Was	ste Hauler		1000	VJDEP W Hauler ID		Cubic of Wa	Yards ste		Name of					_			
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf			100	20889		TBD	- T		Tullyto	wn Re	source	Kec	ove	ry F	acili	ty	
		,					sal Date)	City, Sta		٨						
B		1 -9>				TBD	Nan = 1	- /	Tullyto	wn, P	-1	Date					
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State of New Jersey

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Date of Notification (1) 07/12/17	THE REAL PROPERTY.	and of solution of the	Nen	ne of Buildin	d Owner	Oneroid	V= (2)		AND DESCRIPTION OF THE PARTY OF	LICE	NSI	<u> 10 </u>		
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Amendan	ant all		City,	State, Zip o ramus, Nu	Code	- Street			ula de la companya de	-		<u>i) </u>	-	
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Name of Facility Where Abstement is Ta	cino Place	(3)	F/	ACILITY IN	ORMATI	ION		manusconstant,			tione	Tulliani or		
-car alony Middle 20000	18 1 tdt/20	(9)					Type of Fac	ility (4)	Per-		-	-	******************	
Street Address		all bearing the second	Name of Street, or other Designation of the Street, or other Desig	THE STREET STREET, STREET STREET, STRE		-	E School	(K-12)						
190 Spring Valley Road	OWNERS AND ADDRESS OF THE PARTY						Other (spier 8 (Oth i.e. private	se then k	(-12)	a alt of San			
Paramus		AND DESCRIPTION OF THE PARTY OF			brown and a second		Square Fee		il Floors					
County (6)	the continues of the co			60,000	1	r riggis		Bldg 50 ↔	. Age					
Bergen	County Code (7)							(Frior if bei	ng demoi	ished)	in Continuous	relation to the second		
Name of Monitoring Firm Hired by Building	Owner (8	3)	-	CM No	-	Alway	- School Name of Abatement Contractor (9)							
RK Occupational&Environmental	Analysi	s,inc,	001	90	1	Bako	Construct	Contractor	(9)		-	merju nozu		
401 St. James Avenue		· Ne Tributaniania				Street.	Address	1 61 LEGS	Horanor	1, Inc	١			
ky, State, Zip Code	-	-	Melanana			265 F	Route 48 8	uite 3D						
Phillipsburg, NJ 08665						City: 31	sle, Zip Code	- Charles and the Control of the Con		The state of the s	****	-		
Project Manager for Manitaring Firm Jon Gilbert	ions No.	o. Talaphone No.												
tart Date (10)	10-1-1		908	454 8316		973 2	56 7010		License 00866	No.				
07/15/17	1 1 1 7 1 7 1 1 1 1	147	mpletion	n Date (11)	Date (11) Name of OSHA Monitor									
ccupancy Status During Abatement (Che	ok Only O	neì		TO SECULIAR DE LA CONTRACTOR DE LA CONTR		Bako	Construction	on & Res	toration	, Inc.				
FROINV Clased American Co.			ment				ddress Oute 45 St	de an	No della		- minutarias	~**********	KINDA (II)	
Abatement Performed Outside of Non Other - Describe: Seturday 7am - 4pr	tial Feelist	y Hour	9		-	City. Su	ale, Zip Code	iii a ah	The state of the s				orași martina	
cope of Work (Check Al! That Apply)	And in case of the party of	***************************************		manage de la companya			a, NJ 075	12						
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The parties of the second seco	Projec	t Mai	rager			K	Instal	Com	7 Dat	14014	MIS		Wilcola	

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State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-192 (Pursuant to NJAC 8:60 and 12:120) JUL 18 2017 Date of Notification (1) Name of Building Owner/Operator (2) 0 7 / 1 2 / 1 7 ASBESTOS CONTROL & ian schaplowsky Agencies Notified Type Notification Street Address EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency little falls, nj 07424 (including DOH Name of Contact Telephone Number justification) DCA ian schaplowsky Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) ian schaplowsky Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) little falls **PASSAIC** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (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 Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 07/17/17 07/31/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf □ Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e asbestos-containing n Description of asbestos-containing Amount n staff(12) m p material (acm) to be C (Specify SF or material (ACM) C 0 abated in facility (13) a LF) Yes No N/A L V p BASEMENT PIPE INSULATION 130 L FT 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 07/18/17 TULLYTOWN, PA Completed by (Print or Type) Signature BOGDAN JOLDZIC PRESIDENT 07/12/2017

ul 12 2017 03:57PM NJ Asb	pestos Control 609,63	3.0664	page 1					
07/12/2017 12:22PM	9733458062		D&S RESTORATIO	Im	E C	E		7 [
DAS POJ. 8: 17-192	No.	dification of As	e of NJ sbestos Abatement C 8:50 and 12:120)		JUL			17
Date of Notification (1)	Name of Building C	Duigor/Timegalas II				OBNS CENS		701
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Agencies Notified Type Notifically EPA Intile	Street Address	y						
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M Emergency (Including	little falls, nj o	7424		X - 1	V V			
D DCA Juetification)	Name of Contact			I Talapho	ne Number	-		
Cancallation	ian schaplowsk	SV.		1.500	110 110(1100)			
	F/	ACILITY INFORM	ATION			-		eralis sum
Name of facility where abatement is	taking place (3)		201011	7 7-	_			
ian schaplowsky				Type of Facility	(4) of (K - 12)	30//		
Street Address			0)+t	The state of the s	hapter 8 (Öö	ane Obac	P 491	
				Do Other	(Private/Cos	armetels	al (14)	
City (5)				Square Feet 1	Homes, etc	i	25	
Jil) (0)	County (8)	T	County Code (7)	Oddan P Page	ELOGIA 10 et		Bldg. As	
little falls	PASSAIC		(State use only)	Current Use (P	rior if baing	demalia	ahod)	
Name of Menitoring Firm Hired by Blo	g. Owner (8)	ASCM No.	Name of Absiemen	1				
Street Address			D& S RESTOR			. 1 - 35 - 15		
Street Address			Street Address	MITON, INC.				Charles and
ily, State, Zip Code			20 California A	ve.				
			City, State, Zip Code		***************************************			-
Color Manager for Kingly	Phone Num	ibar	Paterson, NJ 0	7503				
rojeci Managar for Monitoring Firm	1/4 T	22.65	973-345-8020		License Nu		The second second	
18					400	W.P		THE ST.
Start Date (10)	School Completion Date (1	m)	Name of OSHA Mor					
Start Date (10)	09/31/19	m)	Name of OSHA Mor					
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Start Date (10) 07/17/17 ccupancy Status During Abstament (C Facility closed/vscated during entitle at a	09/31/17 Check only one)	m	Name of OSHA Mor D & S Restorat: Street Address 20 California Av	ion, Inc.				
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D&S Proj. #: 17-190

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

E	C			\mathbb{V}	E	M
,	JUL	1	8	2017		

						III,	JUL 18	3 2()1/	1 3					
Date of Notification (1)	Name	of Building Ow	ner/Operator (2	2)											
10 7 / 1 1 / 1 7 Accepted to Accepte the Market of Land Accepted to Accepte the Market of Land Accepted to Accepte the Market of Land Accepted to Accepte the Market of Land Accepted to Accepted to Accepte the Market of Land Accepted to Accepte the Market of Land Accepted to Accepte the Market of Land Accepted to Acce	THO	MAS SIMO	NS			ASBE	ESTOS C			L &					
Agencies Notified Type Notifica	Street	Address				11 10 01411-1141-11 1141-11		AND PROPERTY.	-	TOWNSTANCES - TOWNS					
DEP Amended										12/2					
DOL Amendment #	: City, S	tate, Zip Code													
Emergency	The second secon	DOMFIELD,	NJ 07003												
justification	Name	of Contact				Telephone Number									
DCA Cancellation	n TH	OMAS SIMO	ONS					-							
		FAC	CILITY INFORM	IATIO	N										
Name of facility where abatement	is taking place (3)				Type of Facility									
THOMAS SIMONS						=	ol (K - 12) napter 8 (C		han	¥ 12\					
Street Address							(Private/C			. 500					
						Bldgs.	/Homes, e	tc.			rac a				
City (5)	County (6)			Co	unty Code (7)	Square Feet	# of Floor	S	"	Bldg. A	.ge				
					ate use only)	Current Use (P	rior if bein	g den	nolist	ned)					
BLOOMFIELD	ESSEX			6.				,	0.0000000	100000000					
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement C	ontractor (9)									
Charact Add					D & S RESTORA	TION, INC.									
Street Address					Street Address										
City, State, Zip Code				_	20 California Ave City, State, Zip Code	e.									
,						:02									
Project Manager for Monitoring Firm		Phone Numb	ber	-	Paterson, NJ 075 Telephone Number	103	License	Numb	er						
					973-345-8020		1	1169							
Start Date (10)	Sched. Com	pletion Date (1	1)												
07/25/17	08/15/17				D & S Restoratio	n, Inc.									
Occupancy Status During Abatemer		e)		-	20 California Avenue										
Facility closed/vacated during	entire period of a	batement.			City, State, Zip Code	inue									
Abatement performed outside Describe:		hours-		_											
Other-Describe: NORMAL H				-	Paterson, NJ 075	03									
Scope of Work (check all that apply >3 sf or >3 lf					=	ull Containment w	//negative	press	ure						
	Renovation				the same of the sa	lini-enclosure lovebag procedu	re								
≥160 sf or ≥260 lf	Demolition					lon-Exempted (*)		riable	proc	edure					
Location of asbestos-containing	Is location norm by maintenance							R	R	E n	E				
material (acm) to be	staff(12)		Description material (sbestos-containing	Amount (Specify S	F or	m	p	C	n				
abated in facility (13)	Yes N	N/A	- material (,0,,,,		ĹF)		0 V	i	a p	L				
BASEMENT			PIPE INSU	LAT	ION	90 L FT		e	-	H	\vdash				
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		ubic Yards of V	Vaste	9		001155								
City, State	13300	Disposal D	l yd Date	-	TULLYTOWN, R	ESOURCE RE	COVER	Y							
PATERSON, NJ 07503		07/26/1			TULLYTOWN, F	PA									
Completed by (Print or Type)	Title		Signature		1		Date								
BOGDAN JOLDZIC	PRESIDENT						07/11/	2017							

D&S Proj. #: 17-189

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

E C	E		星而
JUL	18	2017	

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Date of Notification			Name of Bu	3-00-00-00-0 0 70 - 20-0-00-0	The street of the					ASRE	STOS	CON	TRO	1 2			
Agencies Notified		ion		IAN SZC	CYDA					7 1 42 2-7 (2	LICEN						
EPA	☑ Initial		Street Addre	ess						Y4							
☐ DEP	Amended																
☐ DOL	Amendment #:	0	ity, State,	Zip Code													
<u> </u>	Emergency			-KUS, N.	J 074	123											
□ DOH	(including justification)	N	ame of Co	ntact						Telephone	Number						
☐ DCA	Cancellation	11	CHRIST	TIAN SZ	CYDA	4											
12	•			FAC	ILITY	INFORMATIO	NC						2-11-50-				
Name of facility w	here abatement i	s taking pla	ace (3)						Ty	pe of Facility (4							
CHRISTIAN S	SZCYDA									=	(K - 12) pter 8 (O	ther th	an K	-12)			
Street Address									11		Private/Co			,			
										Bldgs./l	Homes, et	C.		1 A .			
									<u>-</u> S	Square Feet	# of Floor:	S	BIG	dg. Ag	ge		
City (5)		Cour	nty (6)			1000		nty Code (7) e use only)	-	Current Use (Pr	ios if boing		oliche	nd)			
HO-HO-KUS		BEI	RGEN			(3	olai	e use only)	11,	Jurrent Use (Pr	or it being	g dem	Olistie	iu)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM I							П	Name of Abateme	ent Con	tractor (9)							
								D & S RESTO	DRATI	ON, INC.							
Street Address							11	Street Address									
							П	20 California	Ave.					-			
City, State, Zip Coo	de							City, State, Zip Co	de								
							11	Paterson, NJ									
Project Manager fo	r Monitoring Firm	1	Ph	none Numb	ber			Telephone Number		A CONTRACTOR OF THE PARTY OF TH	License		er				
							П	973-345-80			0	1169					
Start Date (10)		Sched	I. Completi	on Date (1	1)		11	Name of OSHA N		т.							
07/24/1717		08/15	5/17				Н	D & S Restor	ration,	Inc.							
Occupancy Status	During Ahatemer			W. Commission	mark and the		11	20 California	Awani	10							
	d/vacated during			ement.			Н	City, State, Zip Co		ic .			-				
Abatement p	erformed outside						П	City, State, Zip Co	oue								
Describe:	ihe NORMAL H	IOURS				-	Ш	Paterson, NJ	07503								
Scope of Work (ch							Ш			Containment w	/negative	press	ure				
>3 sf or >3 lf		Renovatio	ND.					Ì		-enclosure	nogunie	p. 000					
≥160 sf or ≥2										ebag procedur							
	20011	Demolition							Nor	-Exempted (*)	and Non-	friable TR	proc	edure E	1		
Location of asbestos-cor	ntaining		n normally enance/cus							Amount		е	e	n	E		
material (acr		staff(12)				Description of material (ACN		sbestos-containing	3	(Specify S	For	m	p	С	n c		
abated in fac	cility (13)	Yes	No	N/A			,			LF)		v	i	a p	L		
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DASEMENT					1111	L INSULA	11	011		10111			H	H	H		
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				#	1							Ħ	Ħ	Ħ			
					1							Ħ	Ħ	Ħ			
Registered Waste I	Hauler	INJDI	EP Hauler	ID# I	Cubic \	Yards of Wast	te	Name of Registe	red Lar	ndfill		1					
D & S RESTOR		135			1 yd	en en estatement en 1990-1960 en 1969 et 1960-1960		TULLYTOW			COVER	Y					
City, State	II 07502			Disposal I				City, State	AL D					-scenilles			
PATERSON, N		Tial			25/17 L Sign	nature	_	TULLYTOW	VIN, PA	\	Date	_					
Completed by (Prin BOGDAN JOL		Title PRESID	ENT		Joig	aturo					07/11	/2017	,				