CK# 1112

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

Date of Notification (1)		Manage	f Building Owner/Operator (2)															
07/16/2018			ia Realty		Operator	(2)		JUL 1 9 2018										
Agencies Notified	Type Notification			Street A					111111		111 1	0	กกรอ	- 1				
□ EPA					Kearny A	ve				U	VL	Ŋ	(U10	ridher raa	1			
DEP	Amended		+		ate, Zip Co						a nime manual a name			- 1		5		
× DOL	Amendment	#		Kearr	ny, NJ 07	032			1		STOS			1, 8,		1		
DOH DCA	Emergency (justification)	including	Ī	Name o	of Contact						ephone			100001-1-1-2-2	1,00	_		
DCA	Cancellation				wapniew					(2	01) 99	97-7	000					
Name of Facility Where A	batement is Taking	Place (3)	FAC	ILITY INFO	RMATI	ON	T	-f F1114 . //									
Private Home	is a continue to Taking	g i lace (c	,						of Facility (4	5								
Street Address								H	School (K-12 Subchapter	2) 8 (Oth	er than	K-12	١					
			12					X	Other (i.e. pr	ivate 8	& comn	nercia	d build	dings	hom	es,		
City (5)									etc.) e Feet	# of	f Floors	:	B	ldg. A	\ae			
Kearny		ι													.90			
County (6)					Code (7)			Currer	nt Use (Prio	r if bei	ng dem	nolish	ed)					
Hudson			- 1		USE ONLY)													
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASC	M No.		100000000000000000000000000000000000000		ement Cont		(9)							
Street Address				1					Safety LL	C								
Oli dol Madi Coo								Addres osby A										
City, State, Zip Code								tate, Zi										
10 10 10									NJ 07502)								
Project Manager for Monit		Telepho	ne No.			one No		1	Licen	se No).							
						400-8			0133		4.7							
Start Date (10)				npletion	Date (11)		Name	of OSH	A Monitor									
07/28/2018	A1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	07/30/						near contract	Safety LLO)								
Occupancy Status During								Addres	_									
Facility Closed/Vacat Abatement Performe	ted During Entire P	eriod of A	Abaten	nent		8		osby A										
X Other – Describe: 7	:00am-5:00pm	ar r acinty	Tiours	•			City, State, Zip Code Paterson, NJ 07502											
Scope of Work (Check All	That Apply)						1 ate	13011,										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X F	Renova	tion			Г] Full	Containme	nt with	Mogati	ivo Di						
2160 sf or ≥260 lf			emolit					Mini	-Enclosure			ive Pi	essur	е				
							×	Olo	ebag Proce -Exempted	edure	d Non-F	Friable	e Pro	redur	۵			
		Is	Locati	on			- 10		ZXOMPTOG	() and	3 14011-1	Habi			ement	t		
Location		1	Vormal	ly		Des	scription	of						Ту	ре			
Asbestos-Containing N			d Sole intenar		Asbest	os Cont	aining M	laterial	(ACM)	Ar	mount				Е	_		
TO BE ABA		Cust	odial S	Staff?	(i.e. 1	thermal surfac	systems	s insulat T. or	ion,		pecify or LF)		Ren	Re	ncal	Encl		
(13)			(12)			other m	niscellar	eous)		0.	o. L.)		Removal	Repair	Encapsulate	Enclosure		
e 10		Yes	No	N/A									1		ate	9		
Baseme		х		Pipe	Insula	tion		4	5 LF		х		х					
				•									~					
								-				_						
												-						
Name of Registered Waste	e Hauler	لـــــا	l N	JDEP W	/aste	Cubic '	Yarde	Т	Name of R	ogists	rod I -	den						
Removal Safety LLC			Н	auler ID	No.	of Was				-		iuiili						
City, State		0037007							GROWS	Nor	เท							
Paterson, NJ		I					al Date		City, State		^							
Completed by		Title					anct		Morrisvi	iie, P	A	-						
Lasko Veskov		Pres		6	ignature	0	Carles	7/	/	Date	e /16/2	0110						
			(1)	1600	-0	wegier			07	10/2	-010							





	AID		NOT					BESTOS ABAT C 8:60 and 5:1	CONTRACTOR BURNETS OF THE CONTRACTOR OF THE CONT	NECE		Ţ						
Date of Notification (1) 07 /	17 /	18			N			g Owner/Operator (ompany Inc.	(2)		1 5	1718						
Agencies Notified	Type Notific	ation			S	treet	t Address			111 00-		2710	7772					
□ EPA		*************					4 Susan	Place	1		Maria I							
□ DOLWD	☐ Amended				C		State, Zip C		17 ab	ASBESTOS LICE			1.0	_				
□ DHSS	Amendm			8			r Lawn, N		L	LIVE	bican							
DCA (NJAC 5:23-8)	☐ Emergen justificati		cludin	9	N		of Contac			Telephone Num	hor							
(110/10 0.20-0)	☐ Cancellat				'		n Duran			(718) 697-69								
					_	West country		FORMATION		(710) 097-08	09							
Name of Facility Where A	batement is 1	Takino	Place	(3)		FA	CILITIN	PORMATION	Type of Facility	(4)	-							
"Former Nussbaum		2.7		3 50	omn	neri	cal Prope	arty	School (K-1	* *								
Street Address		<u> </u>			011111	icii	cai i rope	arty	☐ Subchapter	8 (Other than K-12)							
50 Route 17									Other (i.e., p	orivate and commer	cial b	uildin	gs,					
City (5)									homes, etc. Square Feet	# of Floors	ТБ	Ida A	~~					
Hasbrouck Heights									5,100	# 01 F1001S		ldg. A 70	ige					
County (6)					10	Cour	nty Code (7)(STATE USE ONLY)	L %	rior if being demolis	hod)	10						
Bergen							ny codo (r	NOTHIE GOL GIVETY	Vacant	nor it being demons	ileu)							
Name of Monitoring Firm	Hired by Build	ding (Owner	(8)	I AS	СМ	No.	Name of Abateme)	_							
Health & Safety Ser		3		/		0011		Company of the Compan	nental Service	5.7								
Street Address								Street Address	nomai corrido	o, LLO								
P.O. Box 365								ANTICUTE AND DESCRIPTION AND THE STATE OF	Road, Suite 10	12								
City, State, Zip Code				dico				City, State, Zip Co										
Berlin, NJ 08009								Fairfield, NJ										
Project Manager for Moni	toring Firm			Te	eleph	one	No.	Telephone No.		License No.								
Jim Proctor				1			-1311	(973) 852-344	4	01349								
Start Date (10)		Sched	uled C	omp	letion	n Da	te (11)	Name of OSHA M										
07 /27 /			- 500	1		1 -	18	SAI Environn	nental Service	s, LLC								
Occupancy Status During			2.5	50				Street Address										
☐ Facility Closed/Vacate☐ Abatement Performed							Described to the second											
Time of Abatement:						AM Sity, State, 21p Sode												
Scope of Work (Check all		11 N	3					Fairfield, NJ (07004				ys. 254 1					
	шасарріу)	60	⊠ Re	nova	ation				ainment with Ne	gative Pressure								
≥160 sf or ≥260 lf			☐ De	Character				☐ Glovebag	Procedure									
			1-	1	- 4"			☐ Non-Exe	mpted (*) and No	n-Friable Procedu	e							
Location	of		100		ation ally			Description o			Al	atem	ent T	1				
Asbestos-Containing N	Naterial (ACM)	Use	d Sc	olely		Asbes	stos Containing Ma		Amount	Re	Repair	E	Enclosure				
TO BE ABA			24.000		nance		(i.e.	, thermal systems i		(Specify	Remova	pair	Sap	clos				
(13)	у		070070070	(12		A 5 / A 5		surfacing, VAT, other miscellaned		SF or LF)	<u> 20</u>		Encapsulate	ure				
			Yes	No	1 0	N/A			Juo,				te					
Ground floor						3	Floor Ti	le/Mastic		1,200 SF								
					Г	7					П	П	П	П				
Name of Registered Wast	e Hauler			\exists	NJD	EP V	Vaste	/aste Cubic Yards of Name of Registered Landfill										
Service Transport G	roup, Inc					er II	No. 17	Waste 10	Minerva La									
City, State New Castle, DE		21012		5 - 50	-			Disposal Date	City, State									
								07/29/2018	Waynesbu									
Completed By (Print or Ty Mary Petrovski	eside	ent				Signature	17	Date 7/17/18										
,			Joine					V1/1/11	11100000	2	1/1	17	//	8				

ASB-41 MAY 11

11100011 * Do not use this form for asbestos licensure exempted activities.

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

			State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										M			
Date of Notification (1) 5/10/2018 Revise	od 7/17/2010				f Building			(2)		Ì						Di Grandani
Agencies Notified	Type Notification	-,	_	Street A	Erie St	reet,	LLC			Щ	JUL	19	20)18	- Carles	U
					Wayne	. Aver	iue		Spekitshwa	Methodological					-	
EPA DEP	Initial Amended		ŀ		ate, Zip Co			110	-	ASE	ESTO	S CO	NI	ROL	8	
☑ DOF	Amendment # Emergency (iii		_		lelphia		9144		Ĺ		LICE	ENSI	VG	M-daucuren	topicono.	
DOH	justification)	iciuuliig			f Contact						lephone					
☐ DCA	Cancellation			-	h Ferg					26	7-228	3-01	11			
Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INF	ORMAT	ION	Type	of Facility	(4)			_			
Mastery Charter S	School - Pyne	Poyn	t Ca	mpus				_	School (K-							
Street Address								П	Subchapte	r 8 (Oth	er than I	K-12)			S	
800 Erie Street								_	Other (i.e. etc.)			ercial				es,
Camden									re Feet	2	f Floors			dg. A	ge	
County (6)			- 1	County	Code (7)				,000 ent Use (Pr	18883	ing dome	olicho	1000	937		
Camden					USE ONLY)		Sch		ioi ii bei	ing dem	Ullattet	1)			
Name of Monitoring Firm		wner (8)		ASCN	Λ No.		Name	100000000000000000000000000000000000000	tement Co	ntractor	(9)					
FINOG Environm	ental								ed Spec	cialty	Contr	actir	ng,	Inc.		
Street Address 617 Stokes Road	Suite 1_318						Street			0.	.:1. 4.	40				
City, State, Zip Code	, oute 4-516								e Avent	ie, St	lite 1	10				
Medford, NJ 0805	55						s, PA 1	9342								
Project Manager for Mon	itoring Firm			Telepho			Teleph				Licens	e No.	-			
Mark Rubnitz					15-221	1			9622		0110	13				
Start Date (10) 5/21/2018		Schedul 3/31/2		npletion	Date (11)		A CONTRACTOR OF THE PARTY OF TH		HA Monitor Labs							
Occupancy Status During							Street									
Facility Closed/Vaca				nent				0 Progress Drive								
Abatement Performe Other – Describe:	ed Outside of Norma	I Facility	/ Hours	3			City, State, Zip Code									
Scope of Work (Check A	II That Apply						Bens	alen	m, PA 19020							
≥3 sf or ≥3 lf	іі тпас Арріу)	mer -					Г	٦_								
≥160 sf or ≥260 lf			Renova Demolit				Z		II Containm ni-Enclosur		Negativ	ve Pre	ssur	е		
							~	Glo	ovebag Pro n-Exempte	cedure	d Non E	riakla	Droc	o dur		
	70 THE R. L.	ls	Locati	ion				1140	n-Exemple	u () an	u Non-Fi	Паріе		Abate		
Location		1	Vormal	ly		De	scription	of			<u>.</u>			Тур	эе	
Asbestos-Containing TO BE ABA		Ma	d Sole intena	nce/		tos Con	taining M systems	1ateria		100	mount		,,		m	ш
In Facili		Cus	todial S (12)	Staff?	(1.0.	surfa	cing, VA	T, or	auon,		Specify F or LF)		Removal	Repair	caps	nclo
(13)			17	Τ		other r	niscellar	neous)					oval	air	Encapsulate	Enclosure
Kitche	ın.	Yes	No	N/A		D:	L					-			(D	
Kitche			X	-		Pipe	Insula VAT	ation			16 LF		X			
1st Floor Rooms			X								00 SF	-	X	-		
134, 16, 7			^				VAT	70-271-0		36	68 SF	-	X	_		
Name of Registered Was			IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	red I an	dfill				
Mercer Group		1	1.00	lauler ID		Cubic Yards of Waste A0 Name of Registered Landfill Tulleytown Resource Recovery Faci				cility						
City, State					-2002-1003-	Dispo	sal Date		City, State							
1519 Rev S Howar	d Woodson Jr V	Way, Title	rent	on, NJ	08638		. 11		Tulleytown, PA							
Completed by James P. Vail		5	Signature	16												
odifico i . vali				7/17/2018												

MO 2507 6503646

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	(potenti	AID			FICATIO	State of No ON OF ASI Int to NJAC	BESTOS	ABATE		IT	RI	E C			<u></u>	Commence of the Commence of th	
Date of 7-18-	f Notification (1) 18					of Building G Marior				n [To the state of th	JUL	19	2018	}	世	
Agenci	es Notified	Type Notification	n			Address			***********		AS	BESTO	0.00	LITED O		<u> </u>	
girmany	PA EP	X Initial			U.S. STORES	√an Keu tate, Zip C	4000-400-60-60-60-60-60-60-60-60-60-60-60-60-6).				LIC	ENSIA	WIRC UG)L &		
X DO	OL	Amended Amendmer				ey City N		sey 07	306				-	Production of the last of the	W. Charles Street, or other Persons Street, or other Persons Street, or other Persons Street, or other Persons		
Commenced.	OH CA	Emergency justification Cancellation)	g		of Contact Deluca					4 10000000	lephone N 08-512-0		0			
Namo	of Eacility Whore	Abatement is Taki	na Diana	(0)	FAC	ILITY INF	ORMATI	ON									
PSEG	Marion Swite		ng Place ((3)					Тур	e of Facility School (K							
186 V	Address an Keuren Av	e							X	Subchapt	er 8 (Oth	er than K- & commer		ildings	, hom	es,	
	y City New Je	rsey 07306							Squ 950	are Feet	3	f Floors	- 1	Bldg. / 75	Age		
County Hudso						Code (7) USE ONLY	n	_		rent Use (Pritchyard			shed)				
Total I	Environmenta	Hired by Building Solutions	Owner (8)	ASC	M No.				atement C nergy Ser							
Street A	^l ddress St. George La	ne						Street 740		ess rans Driv	re						
	ate, Zip Code enburg, PA 19	350								Zip Code oro NJ 0	8085			30-20-27)	722-200		
	Manager for Moni elesias	itoring Firm			Telepho 302-3	one No. 44-4217		Teleph 908-		No. 8161		License 01009	No.				
Start Da Augus	ate (10) st 1, 2018*		Schedul Septer	ed Cor nber :	npletion 30, 20	Date (11) 18*				SHA Monito	tor ntal Solutions						
Occupai	ncy Status During	Abatement (Che	ck Only O	ne)				Street		N 75 TO 1							
_ Aba	cility Closed/Vaca atement Performe ner – Describe:	ited During Entire ad Outside of Norr	Period of mal Facility	Abaten y Hours	nent S			City, S	tate,	St. George Lane ste, Zip Code							
	of Work (Check Ali	That Apply)						Land	lenb	urg, PA 1	9350						
≥3	sf or ≥3 If 60 sf or ≥260 If	φ,,,		Renova Demolit				×	M	ull Containn ini-Enclosu lovebag Pro on-Exempte	re ocedure				e		
	Location	of	1	Locati Normal	ly		Doe	crintian						Abate	ement pe		
Asbe	estos-Containing I TO BE ABA In Facilit (13)	ed Sole intenar todial S (12)	nce/		tos Conta thermal s surfac	Description of ontaining Material (ACM) all systems insulation, facing, VAT, or r miscellaneous)			(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure			
	Passwa	No	N/A		6 :								ate	n)			
	Baseme 1st Floo		X		X	Dine 1	Boiler					00 LF	X	-			
				-		ripe in				e Board		F 450 SI	-				
	2nd Flo	UI	X				irans	ite Bo	ard		45	50 SF	X				
	Registered Wast Wanagement o	e Hauler of New Jersey		H	JDEP Wauler ID 27273		Tame of regional cardina				acilit	у					
City, Stat lewark	te New Jersey		The distribution of the second				Disposal Date City, State 9-28-18 Tullytown PA										
Complete Daniel M	ed by VicConnell		ation I	Signature danie					mcconnell	Date							

7-18-18

^{*}To support scheduled and unscheduled plant shutdown, revised notification will be submitted for each project.

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



Date of Notification (1) 07/16/2018			of Building			or (2)	o Johnson w Johnson was Street Co.	Chec	k No.	1134	-1			Carry Color			
Agencies Notified	Type Notification				Address	ASU			CE				E/S				
⊠ EPA	□ Initial			302 Eli	m Street				Res made and the	and a second		A CONTRACTOR OF THE PARTY OF TH	A Control of Control				
☑ DEP ☑ DOL	Amended Amendment	# 1			tate, Zip C eld, New J		090	E TOTAL STATE	101 1	9 20	18		WHITE STATES				
☑ DOH □ DCA	☐ Emergency (9	Name	of Contact		-1	<u> </u>			relepho	ne Nu	mber				
L BOX	□ Cancellation			Dana S	Sullivan			L	ESTOS (g	08-789	4414	1				
Name of Facility 100				FAC	ILITY INF	ORMAT			LIDEN	SING		name of the	1				
Name of Facility Where A Westfield High School	Abatement is Takin	g Place ((3)						acility (4)								
Street Address 500 Dorian Road								School Subch	ol (K-12) apter 8 (((i.e. priva	Other to	han K-1 ommero	2) cial buil	ldings	, hom	es, et	tc.)	
City (5) Westfield, New Jersey 07	7090							quare F 0,000	eet	# 2	of Floo	ors		Bldg. 55+	Age		
County (6) Union					Code (7)	n	С	urrent U	lse (Prior High	if being		lished)					
Name of Monitoring Firm Environmental Connection		Owner (8)	ASC	M No.		Name	e of Aba Corpora	tement Co	ontract	or (9)						
Street Address 120 North Warren Street		Yā					#T41750175575	t Addres									
City, State, Zip Code Trenton, New Jersey 070	90							State, Zi dland Pa	p Code rk, New J	lersey	07424						
Project Manager for Moni Rollie Jones	itoring Firm			Telepho 609-392				hone No 225-8400			Lice 011	ense N 04	0.				
Start Date (10) 07/02/2018		led Co 018	mpletion	Date (11)	8			IA Monito nental Lal		ries, LL	С						
Occupancy Status During		- 5	1000	n+					Address coute 22 West								
☐ Abatement Performed ☐ Other – Describe: Oc	Outside of Normal	Facility I	Hours			_	City, S Union	State, Zi , New J	ate, Zip Code New Jersey 07083								
Scope of Work (Check Al	l That Apply)																
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		0.336	Renov Demol	77777			[≡ Full Containment with Negative Pressure □ Mini-Enclosure □ Glove bag Procedure 									
		1					L	⊠ Nor	n-Exempt	ed (*) a	and No	n-Friab	le Pro	7.00	re emen	t	
Location	of		s Loca Norma	lly		Des	scription	n of							/pe		
Asbestos-Containing I TO BE ABA	Material (ACM)		ed Sole aintena			tos Cont	aining I	Material		1	Amour		_		ш		
In Facilit		Cus	todial (12)		(i.e.		cing, VA	AT, or	tion,		Specify SF or L		Remova	Repair	ncap	Enclosure	
(13)		V				other m	niscella	neous)					oval	జ	Encapsulate	sure	
Boiler Room, Exterior Louve	er	Yes	No	N/A	Exterior L	over Cai	ılk					25 LF	Y		LD.		
At Manway Doors on Circul					Breeching			- 85			_	45 SF					
and Box Incinerator Drum Insulation			Incinerate			on				50 SF							
<i>Nalls</i> 15 LF on 10" Header, Rema	-	- Control of the Cont				ted			120 LF								
Boiler Room Work Area Boiler Room Work Area		X		-	Fitting Insulation							200 LF					
Boiler Room Work Area		X			Fitting Ins	ulation						100 LF					
					protocol Vaste	Cubic `			Name of	Regie		a potential and a second					
Lilich Corporation H.					No.	of Was	ste		Fairless			anuilli					
City, State Woodland Park, New Jers	8724		-	al Date		City, Sta Morrisvil		nsylva	nia								
Completed by Adriana Olejarova			Si	ignature	9.	(0)	-	_	Dat		40						
, which old alova		lent				11/12-	1	7			0//	16/20	18				



Date of Notification (1) 06/11/2018		Name of Building Owner/Operator (2) Westfield Board of Education Check No. 1134															
Agencies Notified Type Notification				Address n Street													
区 EPA ☑ Initial ☑ DEP Amended ☑ DOL ☐ Amendment ☑ DOH ☐ Emergency		_		ate, Zip Celd, New Je		090											
図 DOH ☐ Emergency justification) ☐ Cancellation	including		Name of Dana S	of Contact cullivan						ephone Nu 3-789-4414		3					
None of Facility NAMes and Advantage Ave.	D: /		FAC	ILITY INF	ORMATI												
Name of Facility Where Abatement is Takin Westfield High School	g Place (3)				×	Schoo										
Street Address 500 Dorian Road								apter 8 (Oth (i.e. private			ilding	s, ho	mes	s, etc	:.)		
City (5) Westfield, New Jersey 07090							quare Fo 0,000	eet	# o	f Floors		Bldg 55+	. Ag	e			
County (6) Union				Code (7) USE ONLY)	С	urrent U	se (Prior if t High S		demolished	1)						
Name of Monitoring Firm Hired by Building Environmental Connection, Inc.	Owner (8))	ASCI	M No.			of Abar Corpora	tement Cont	tractor	(9)							
Street Address 120 North Warren Street			*				t Addres										
City, State, Zip Code Trenton, New Jersey 07090							State, Zi Iland Pa	p Code rk, New Jer	sey 07	424							
Project Manager for Monitoring Firm Rollie Jones			Telepho 609-392				hone No 25-8400			License I 01104	No.						
Start Date (10) 07/02/2018	ed Co	mpletion	Date (11)				IA Monitor nental Labo	ratorie	s, LLC								
Occupancy Status During Abatement (Chec	0550					100000000000000000000000000000000000000	t Addres Route 2	T48086 55									
☐ Abatement Performed Outside of Norma ☐ Other – Describe: Occupied 7am Start	Facility H	Hours			_		ty, State, Zip Code nion, New Jersey 07083										
Scope of Work (Check All That Apply)												-					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renov Demol]	□ Min □ Glo	Containme ni-Enclosure ve bag Proc	e cedure								
	T			1			□ Nor	n-Exempted	(*) an	d Non-Fria	ble Pr			nent	8		
		Locat Norma			20	102 (22)	7211						Тур		8		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial (12)	ely by nce/		tos Cont thermal	system cing, VA	Material is insula AT, or		(S	mount pecify or LF)	Remova	Kepair	1	Encapsulate	Enclosure		
	Yes	No	N/A								<u>a</u>			ate	Гe		
Boiler Room, Exterior Louver	Х			Exterior L	over Cau	ulk				25 L	FX						
At Manway Doors on Circular Breeching Lines			Breeching	Gasket	s				45 S	FX		T					
Incinerator Drum Insulation between Steel Walls	X			Incinerato	r Drum I	nsulatio	on			50 S	FX			- 2			
15 LF on 10" Header, Remaining Quantity in Boiler Room Work Area	Х			Block Pip		ion and	Associa	ated		120 L	.FX		1				
Boiler Room Work Area	Х			Corrugated Pipe Insulation and Associated 300 LFX Fitting Insulation							1						
Name of Registered Waste Hauler Lilich Corporation		H	JDEP W lauler ID 8724	/aste	Cubic of Was	ste		Name of R Fairless La		red Landfi	11						
City, State Woodland Park, New Jersey					Dispos 07/16/2	sal Date 2018	,	City, State Morrisville,		sylvania							
Completed by Adriana Olejarova	ent			S	ighátur	e	Q.	Date 06/11/2018									

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

D : 611-46-41-(1)		Name	of Building O	uner/One	erator (2)		1	and the second seco		constant of			CONTRACTOR OF		
Date of Notification (1)		Panic	/)	TAU		C	JRUA	ÀT.			\mathbb{W}	E	In		
Agencies Notified Type Notifica	ation	Street	Address					初				-	-		
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☐ EPA ☐ Initial ☐ Amend	ed	City, S	tate, Zip Code	,			- 11		UUL	19	2018	spelled in			
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DOH Emerge	ncy (including	Name	of Contact				1	Tele	phone Numb	per		18			
□ DCA □ Cancell		14	1 CAK	VAJA	40				1 10 11						
		FAC	ILITY INFO	RMATI	ON		÷ 72 (4	The state of the s	Service Beautiful State of Control of Control	Carlon School	-10-41-				
Name of Facility Where Abatement is Tal			2			type of	Facility (4)							
Mr. JAJU	ER CAR	PLAU	rc_				hool (K-12		than K-12)						
Street Address				7.		Ot Ot	her (i.e. pr	ivate &	commercial	buildin	gs, hor	nes, e	tc.)		
			",						Floors		dg. A				
City (5)	QLAINS	• •				Square I	900		2.	1		S0			
	644103	1 Count	· Codo (7)	··-					demolished)		55-2			
County (6)			Code (7) EUSE ONLY			Curcin			5100		•				
Name of Monitoring Firm Hired by Build	ina (2)	LAS	CM No.		Name of	f Ahatem	nent Contra					-			
Name of Monitoring Firm Filed by Build	ing Owner (8)	7.50		Ī											
Short Address					Street Ac		noval	In							
Street Address				1		1.50	h Pi	170r	Stree	+					
City State 7in Code					City, Sta			VEI	DELEC				-		
City, State, Zip Code							ack,	NT (7601						
Project Manager for Monitoring Firm		Telenk	one No.		Telephor		ick,	NO (License No).					
Project Manager for Monthorning Firm		Telepi	one ive.				7///		0038	Q					
Start Date (10)	Scheduled C	ompletion	Date (11)				- 7444 Monitor		0030	0					
7/30/18	ounced co	1/31/	18		Name of OSHA Monitor Omega Environmental										
Occupancy Status During Abatement (Ch	eck Only One)	10/	10		Street A	ddress	IVIII.	11100-1	ııaı						
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Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ormal Facility Hours	One		İ	City, Sta										
Other - Describe: 5:00 AM	TO 5:00	18/1		-	Sout	h Ha	cken	sack	, NJ	076	06				
Scope of Work (Check All That Apply)															
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≥160 sf or ≥260 lf	☐ Den	nolition					-Enclosure								
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In Facility (13)	(12)			niscellane	cous) `		01	Of DI')	оуа	Dair	Encapsulate	Enclosure		
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Name of Registered Waste Hauler		NJDEP	Waste	Cubic	Yards		Name of I	Register	ed Landfill				1		
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Best Removal Inc		17	109		3C7.	2	Mine	rva	Enter	pri	ses	٠,	LLC		
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J. Maiorano	Esti	mato:	c		15	an	Nov.	ر		11.	1,	0			

01-3144 s

State of New Jersey - Notification of Asbestos Abatement

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

Super Address Street Address Stree	Date of Notification (1)					Name of Building Owner/Operator (2)											
Agencies Notified Select Notified Select Address									OF NJ								
DAME DE CONTROL DE CO	Agencies Notified				Page 1998	Street Address											
DEP DOP DOP DOP DOP DOP DOP DOP DOP DOP DO	EPA																
DEP DOH Ustification) DC Cancelled PISCATAWAY, NJ 08854 Name of Codists Michael Smith ENV HEALTH & States During Michael Smith ENV HEALTH & SASESTOC COUTROL & SAFETY Name of Facility Where Abstroment is Taking Place (3) Name of Codists Michael Smith ENV HEALTH & SASESTOC COUTROL & SASESTOC CO	DCA						4086, LIV	INGSTON	CAMPUS								
DOH							- prosess) E P		R I							
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SAFETY S	DON		□ Cance	lled			ALTU O										
Name of Facility (April 2017 1996 1997							ALIH	t t 2									
Street Address Str					FACILITY IN	FORMATION		11 001	- 1 9 - 2018								
Street Address RBAS Newark Campus Country (9)																	
Size County (6) County Code (7) Sq. Feet: Unknown	Medical Science Bldg	# /25/					į	Iname wo see on									
County (5) County (6) Essex County Code (7) Current Use (prior if being demolished): Academic										DL 8:							
County (6) County (7) Cou	RBAS Newark Campu	S				Other (i.e. private	& commercial b	ouildings, hom	es, etc.)	garage, may provide the state							
Name of Monitorina Firm Hired by Bidg, Owner (8) ASCM No. 0098 ATC ASSOCIATES Street Address St	City (5)	County (6	5)	Count	v Code (7)	Sq. Feet: Unknown	# of Floors	s: 8 <u>Bldg. A</u>	ge: 60 yea	rs							
Name of Monitorina Firm Hired by Bidg. Owner (8) 0098 O098	The state of the s		2			Current Use (prior if heir	na demolished). Academi									
Sireet Address 3 TERRI LANE Sireet Address Sireet A						amone ded (prior ii deli	ig demonstred	y. Adduction	•								
Street Address Str	Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)											
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Stite Zip Code						Street Address											
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Telephone Number G09-386-8800 Telephone Number G09-386-8800 G09-386-88																	
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Street Address Str						All and the second seco											
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe ② Other - Describe: 5pm - 5am -24 hrs & Weekends as Needed Source of Work (Check all that apply) X ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 Demolition Location of Asbestos-Containing Material (ACM) in Facility (13) Solely by Maint/Custodial Staff? (12) YES NO NA WAT Soe Below NJDEP Waste Hauler See Hauler Below # 1 & 2 NJDEP # 12561 Hauler #1) Greenwood Abatement Consultants, Inc Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 19551 Completed by (Print or Type) Raymond C. Pedallino Reflective for Normal Facility Hours - Describtion of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Pull Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Amount (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) See Hauler #10 See Below The provided Hauler ID # See Below								SIL									
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Full Containment with Negative Pressure X \geq 3 \text{ sf or } \geq 3 \text{ lf }	Course of Made (Ob ed. all III)																
X ≥ 3 sf or ≥ 3 lf	Source of Work (Check all that	appiy)					- " -										
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Secation Normally Used Solely by Maint/Custodial Staff? (12) YES NO NA Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, Specify SF or LF) Amount (Specify SF or LF) Remove Repair Encap Enclose					Demondon				Non-Friable P	rocedure							
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Project#

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Date of Notification (1)				1 Nama	of Duitdia	5 Oursel	0	(0)	70.77					-000000000			
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Name of Facility Where A		ng Place	(3)					Type of Facilit			STOCKER		- Property of				
Appartmants Buildin	ng							School (H	<-12)								
Street Address								Subchap	ter 8 (Other t	han K-12)	1		. 1 120000000				
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City (5) West Orange	e, NJ					CONTROL OF THE PARTY OF		Square Feet	# of Flo	oors	E	Bldg. /	Age				
County (6)					Code (7)		1	Current Use (F	Prior if being	demolishe	d)						
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Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name o	of Abatement C	contractor (9)		-		-	S. Peterson			
IRIS							Nick R	estoration	LLC								
Street Address							Street A	Address	Marie aleman Marie and Mar								
0.4 01 1 7 0							72 Bro	okside Rd									
City, State, Zip Code							City, Sta	ate, Zip Code		The second second		- Indiana					
Project Manager for Moni						lph, NJ 078	369										
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Start Date (10)	Start Date (40)							3-2550		358							
07/11/2018		07/18/			Date (11)	1.15	f OSHA Monito	or								
Occupancy Status During	Abatement (Che				the contract of the contract o	***********	IRIS Street A	dalas									
(Second)				2000 CO													
Facility Closed/Vaca Abatement Performe Other – Describe:	d Outside of Norr	nal Facilit	Abate v Hou	ment rs		2333 Rt 22 West City, State, Zip Code											
Other - Describe:	3.30PM			-		MICHIGO (MANA)		, NJ 07083									
Scope of Work (Check All	That Apply)			ame			OTHOR	, 110 07003									
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Asbestos-Containing N			ed Sol		Asbe	stos Cont	aining Ma	iterial (ACM)	Amou	unt			m				
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(13)			(12)			other n	niscellane	ous)	SF or	LF)	Remova	Repair	nsd	iosu			
		Yes	No	N/A							<u>D</u>	~	late	lre			
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Boiler room area			TSI wr	ap & cı	ure	The same of the sa	5 LF			×							
							THE SOURCE STATE OF THE SECOND	-						_			
Name of Registered Waste	Hauler	THE RESERVE		NJDEP W		Cubic		Name o	f Registered	Landfill	-						
Nick Restoration LLC					uler ID No. of Waste G.R.O.W.S												
City, State Randolph, NJ						Dispos	al Date	City, Sta	A .								
Completed by		WWW.	* *500000000000000000000000000000000000	the state of the s	ignature	Tullyto	wn, Pa	Date									
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Project#			NOTII	ICATIC	State of Ne DN OF ASE It to NJAC	BESTOS	ABATE	MENT_			eck#	4358-		(Barana yang ya		
Date of Notification (1) 07/11/2018					of Building Dublier		Operator	(2)		<u> </u>		<u></u>		The state of the s	William Separate	
Agencies Notified	Type Notification			Street	Address		***************************************			JUL	4 A	2010	-	111	-	
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leand	Amendment :		a -		Edge, N		31		ASI	9E510	S OON	TROL	A.			
DOH	justification)		"		of Contact						phone N				7	
DCA	Cancellation				Dublier		One or other statements							***************************************		
Name of Facility Where	Abatement is Taking	Place	(3)	FAC	CILITY INF	ORMATI	ON	Type	of Facility	741				-		
Appartmants Buildi			3.7.7					F-1								
Street Address	9	Performance of the Company of the Co							School (K- Subchapte	12) er 8 (Othe	r than K-	-12)				
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City (5)								THE PERSON NAMED IN	tc.) e Feet	# of	Floors	TF	3ldg. /	Ane		
West Orange	e, NJ							- 4	3.1 335		, 10010		Jiag. /	,gc		
County (6) Essex				County (STATE	Code (7))		Currer	nt Use (Pr	ior if bein	g demol	ished)				
Name of Monitoring Firm	Hired by Building C	wner (8	3)	TASC	M No.		Name	of Ahati	ement Co	ntractor (01					
IRIS								ne of Abatement Contractor (9) k Restoration LLC								
Street Address								et Address								
				72 E				Brookside Rd								
City, State, Zip Code	City, State, Zip Code							, State, Zip Code								
						olph, I	NJ 0786	69								
Project Manager for Mon	Project Manager for Monitoring Firm							one No			License	No.			-	
Start Date (10)		<u> </u>						3-255			01358					
07/11/2018				npletion	Date (11)			of OSH	A Monitor							
Occupancy Status During	Ahatement (Chack	07/18/	2018				IRIS									
,		100	92	00701VGH			2333 I	Address								
Facility Closed/Vaca Abatement Perform	ed Outside of Norma	eriod of al Facilit	Abaten v Hours	nent s		-		ate, Zip								
Other - Describe:	3PW						Union									
Scope of Work (Check Al	That Apply)	-					OTHOR	, 140 (7/003						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		I the read	Renova Demolit				100	Mini- Glov	Containm Enclosure ebag Pro Exempte	e cedure						
		1:	s Locati	on			***************************************							ement		
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In Facili		Cus	todial 8 (12)	Staff?	(i.e.	thermal s	systems ing, VA1	insulati , or	ion,		ecify or LF)	Remova	Re	Encapsulate	Enclosure	
(13)			(12)				iscellane				.,,	lova	Repair	Sul	uso	
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Boiler room area			TSI wra	ap & cu	ire			5 L.F			×					
				-												
Name of Registered Wast	e Hauler	ne r-rosamo	I NI	JDEP W	/asta I	Cubic Y	ards.		Nome							
Nick Restoration LL			H	auler ID	No.	of Wast		86	Name of I	(Table 1)	d Landfi	II				
				3378	2	TBD	*******		3.R.O.V							
City, State Randolph, NJ						Disposa TBD	al Date	1.0	City, State							
Completed by	The state of the s	Title	***************************************			-	gnature		ullytow	n, Pa						
Nikica Mrda		1000	dent			SIĘ			3.564	111	1 1 200	ate 7/11/20	010			
ikica Mrda President								4-5	(A) 27	A . 3. 1	0/	1111/2	010		_	



Date of Notification (1)				Nom	o of Buildin	n= 0		(0)	(A) F	\ /7 F			
07 /16	1	8			nanda Bo		wner/Operator (mley		66-6	W _L		7	
Agencies Notified Type No.	ification			Stree	et Address	į.		1151				-)
									JUL 1 9 2)18	Contract of the contract of th	11	
☑ DOLWD ☐ Amer		5.0		City.	State, Zip	Cod	le	7.1 9.2			B-0	and a	
	dment #		_				, NJ 08732		angende ann e an airpea. Tha e an airpean an			-	
DCA Emer (NJAC 5:23-8) justific	gency (i cation)	ncludin	g	_	e of Contac		, 140 00/32	AS	BESTOS CONT		8.		
☐ Canc					nanda Bo		mlev		Telephone Num	ber	northern a	-7	
						S- 28-15-12	RMATION						
Name of Facility Where Abatement	is Takir	o Plac	e (3)		CILITII	NFC	RIVIATION	Type of Facility (4)				
Residence		9 1 100	· (•)					School (K-12)					
Street Address					-	-		☐ Subchapter 8	(Other than K-12	2)			
								Other (i.e., pr	ivate and comme	rcial b	uildin	gs,	
City (5)								homes, etc.) Square Feet	# of Floors	Тр	Ida A		
Toms River								1500 sf	1	10	ldg. A 65	ige	
County (6)				Cou	inty Code (7)(S7	TATE USE ONLY)	Current Use (Prid		shed)	00		
Ocean					f .			Residence	or it being derrion.	sileu)			
Name of Monitoring Firm Hired by E	uilding	Owner	(8)	ASCN	No.	N	ame of Abateme	ent Contractor (9)					
Guardian Contracting, Inc.				111/1/2012/04/2012		11		ntracting, Inc.					
Street Address			- 137			_	treet Address						
1889 Rte. 9, Unit 61						8	1889 Route 9	. Unit 61					
City, State, Zip Code							ity, State, Zip Co						
Toms River, New Jersey 087	55							New Jersey 087	755				
Project Manager for Monitoring Firm			Te	lephone	No.	_	elephone No.		License No.				
Nicholas Fernicola			7	732-349	9-9932	1 220	732-349-9932		00624				
Start Date (10)	Sche	duled C	omp	etion Da	ate (11)	Na	ame of OSHA M	lonitor					
07 /26 /18		07_ /	3	1_ /	18		E.M.S.L. Anal	ytical					
Occupancy Status During Abatemer						St	reet Address						
☐ Facility Closed/Vacated During E	ntire Pe	riod of	Abat	ement			1056 Stelton						
Abatement Performed Outside of	Norma	Facilit	y Ho	urs - De	scribe	Ci	ty, State, Zip Co	ode					
Time of Abatement:AM		VI/	PI\	1	_AM		Piscataway, N	New Jersey 088	54				
Scope of Work (Check all that apply)	10.000		(C) 1		_			Will West				
≥3 sf or ≥3 If		⊠ Re	enova	tion				ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		☐ De					☐ Glovebag	Procedure					
		т-,					☐ Non-Exer	npted (*) and Non	-Friable Procedu	re		I I Too See T	
Location of			Loca Norm				D			Ab	atem	ent T	уре
Asbestos-Containing Material (A	CM)	Use	ed So	lely by	Asbe	stos	Description of Containing Mat		Amount	Re	Re	四	E
TO BE ABATED IN Facility				ance/ Staff?	(i.e	e., th	ermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)			(12				surfacing, VAT, ther miscellaned		SF or LF)	la l		Encapsulate	ure
		Yes	No	N/A		Ŭ	ther misochariet	ous)		1		te	
attic					vermicu	ulite	9		400 sf				
			П						100 01				
										분			
		П								닏			
Name of Registered Waste Hauler				NJDEP '	Mosts	T C	hi- V1- f	TN -				Ш	Ш
Guardian Contracting, Inc.				Hauler II	D No.	- 0.00	bic Yards of aste	Name of Register	ered Landfill				
City, State				20223	3	-	1 Possal Data	Management of Lond		Yell (1906)			
Toms River, New Jersey						1	sposal Date 07/31/18	City, State Tullytown F	Pennsylvania				
Completed By (Print or Type)	Title)					Signature	- Canytown, F		1 - /			
Nicholas Fernicola	1	roject	Mar	ager			Oignatate	$\wedge 1$	Da	te /	1/	110	e

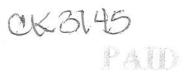
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State of New Jersey - Notification of Asbestos Abatement

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

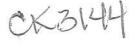
Date of Notification (1) July 16, 2018					Name of Building Owner,		VERSITY	OF N.I				
Agencies Notified		Notification	Type		Street Address	TATE OIL	V LITOIT I	01 110				
				fication	ENVIRONMENTAL	HEALTH	& SAFFT	Y DEPT.				
EPA		□Amende			27 ROAD 1, BLDG							
DCA					City, State, Zip Code	4000, LIVI	NOOTON	CAMI UU				
x DOL		□ Emerg		including		00054	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	CONTRACTOR CONTRACTOR AND				
DEP			ation)		PISCATAWAY, NJ	08854	A.E.A	Namber WE				
DOH		☐ Cance	lled		Name of Contact		Telephone	Number W				
					Michael Smith ENV HEA	ALIH &	848.44	5.2550				
				FACILITY INF			11					
Name of Facility Where Abate	ement is Ta	king Place (3)		, TAGILITI IVI	Type of Facility (4)		11 111	- 1 9 2018 IL				
Lipman Hall Bldg # 6		King Flace (5)			School (K-12)		-1	- 13 4010				
	020				Subchapter 8 (other tha	- 14 40)	ř E					
Street Address							LACETON	00.001.000.0				
Cook Campus								nesseta) NTROL &				
City (5)	0	`	10	0 1 (7)	Sq. Feet: Unknown # of Floors: 4 Bldg. Age. 80 Gyears							
	County (6			Code (7) Use Only)								
New Brunswick	MIDDL	ESEX	Colate	OSE OTIV)	Current Use (prior if being demolished): Academic							
Name of Monitoring Firm Hire		Owner (8)	ASCM		Name of Contractor (9)							
ATC ASSOCIATE	S		0098					0.000 10000				
					GREENWOOD ABA	TEMENT C	ONSULTA	ANTS, INC.				
Street Address					Street Address		70-100 M					
3 TERRI LANE	RRILANE											
	State Zin Code				511 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
	RLINGTON, NJ 08016				Butler, NJ 07405							
	ct Manager for Monitoring Firm Telephone Number				Telephone Number License Number							
BRIAN KEARNY		609-386-	8800		072 402 0477							
Cabadulad Ctad Data (40)		0 1 1 1 10			973-492-0477		00840					
Scheduled Start Date (10)		Scheduled C		n Date (11)	Name of OSHA Monitor							
July 27, 2018		July 30, 2	2018		Envirovision, Inc.							
Occupancy Status During A	hatament /	Check only o	70)		Street Address							
Facility Closed/Vacate				mont	Street Address							
Abatement Performed					20-21 , Bldg E Wag	araw Road						
Describe	outside t	ii Noimai i aci	ility i loui	5-	City, State, Zip Code	araw riouu						
☑ Other – Describe:	5nm _ 5	sam -24 hr	e 8. We	akande se	<u> </u>							
Needed Needed	Jpiii – c	aiii -24 iii:	S CX VVE	erelius as	Fairlawn, NJ							
Needed												
Source of Work (Check all that	t annlu)											
Source of Work (Check all the	it apply)					- " 0						
								h Negative Pressure				
≥ 3 sf or ≥ 3 lf					on	Mini-En						
	260			Demolition			ag Procedure					
							1	Non-Friable Procedure				
Location of Asbestos-Contain		cation Normal		Description of Ast	pestos Containing Material	Amour		atement Type				
Material (ACM) in Facility (13)	5 U 0000 17000	ly by Maint./Cι i? (12)	istodiai	VAT, or other mis	al systems insulation, surfac			nove Repair Encap Enclose				
	YES		NA	VA1, or other mis	ceii.)	or LF)	1 11011	Total Livery and				
33 A & 333 B	-	X	Γ	VAT		240 s	f 🗵					
00 A & 000 B				VAI		240 8) L					
Name of Pag Wasta Haulan		NIDED We-	to Harde	ID#	Outie Vanda after		No	agistarad I == JE"				
Name of Reg. Waste Hauler See Hauler Below # 1 & 2 NJDEP Waste Hauler ID # See Below				10#	Cubic Yards of Waste: Name of Registered Landfill GROWS North Landfill							
1000 2000					10	Diametric						
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, N.				c. – Butler, NJ 0	7405	Disposal Da		City, State 100 New Ford Mill				
NJ DEP # 12561						July 30, 2	2018	Road, Morrisville, PA				
Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 1955			NJ DEP # 19551				19067					
Total and the state of the stat							215-736-1700					
							POTONIC ACTUAL PROPERTY					
Completed by (Print or Type) Title					Signature		<u>Date</u>	-				
Raymond C. Pedal	ino	SENIOR PI	ROJEC	CT	Raymond C. Peda	lino	July 16	, 2018				
	2010/00/2015							*Brown and Colors Charles				
MANAGER												

GAC # 2018-060



State of New Jersey - Notification of Asbestos Abatement

PAID		(Purs	uant to <u>N.J.A.C</u>	. 8:60-7 and 12:120-7)) <u>,</u> E	CE		W E			
Date of Notification (1) July 16, 2018				Name of Building Owner/GRUTGERS, THE ST			TY OF	Nal o	010	And the state of t		
Agencies Notified EPA DCA	Notification Initi	al Noti	fication	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH	& SAFI	ETY DE	EPT.	710	bened to		
x DOL DEP	☐ Emerg	ency (i		City, State, Zip Code PISCATAWAY, NJ (Ī			VSING	-	Ma Turkerape of the		
DOH	□ Cance	lled		Name of Contact Michael Smith ENV HEA SAFETY	LTH &		445.25					
			FACILITY IN									
Name of Facility Where Abatement is Ta Medical Science Bldg # 725				Type of Facility (4) School (K-12)								
Street Address RBAS Newark Campus				Subchapter 8 (other than Other (i.e. private & Sq. Feet: Unknown	commercial b				ears			
City (5) County (in Essex			Code (7) Use Only)	Current Use (prior if being demolished): Academic								
Name of Monitoring Firm Hired by Bldg. ATC ASSOCIATES	Owner (8)	ASCM 0098		Name of Contractor (9)								
				GREENWOOD ABAT	EMENT C	ONSUL	TANTS	S, INC				
3 TERRI LANE				Street Address 511 MAIN STREET								
City, State, Zip Code				City State, ZipCode		-						
BURLINGTON, NJ 08016				Butler, NJ 07405								
Project Manager for Monitoring Firm	Telephone N			Telephone Number		License	e Number					
BRIAN KEARNY	609-386-	8800		973-492-0477		00840	n					
Scheduled Start Date (10)	Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor		00040						
July 27, 2018	July 30, 2	2018		Envirovision, Inc.								
Occupancy Status During Abatement	(Check only or	ne)		Street Address								
Facility Closed/Vacated During Abatement Performed Outside	Entire Period of	of Abater	ment 's -	20-21, Bldg E Wagaraw Road								
Describe	04 h	- 0 14/-		City, State, Zip Code								
☑ Other – Describe: 5pm – Needed	oam -24 nrs	S & VV G	eekenas as	Fairlawn, NJ								
Source of Work (Check all that apply)				3	Full Con	tainment	t with No	gative [Oraceu.	ro		
$x \ge 3$ sf or ≥ 3 lf			X Renova	tion		nclosure		gative	10330			
≥ 160 sf or ≥ 260			Demolition		Gloveba	g Proced	dure					
Location of Asbestos-Containing Is L	ocation Normal	v Head	Description of Asi	pestos Containing Material	xNon-Exen		and Non Abateme			edure		
	ely by Maint./Cu		(ACM) (i.e. therm	al systems insulation, surfacir	Amour	fv SF						
State YE	f? (12) S NO	NA	VAT, or other mis	cell.)	or LF)		Remove	Repair E	ncap E	nclose		
I609C2	X		VAT		100 s	f	X					
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Was See Below		ID#	Cubic Yards of Waste: S Name of Registered Landfill GROWS North Landfill								
Hauler #1) Greenwood Abateme	#1) Greenwood Abatement Consultants, Inc. – Butler, N.				Disposal Da	AND THE RESERVE AND THE PARTY OF THE PARTY O		ty, State				
NJ DEP # 12561					July 30, 2	2018	1 10000	00 New bad, Mo		120,000,000		
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 1955							19	067 5-736-1		D		
Completed by (Print or Type)	Title			Signature		Date						
Raymond C. Pedalino SENIOR PROJECT MANAGER				Raymond C. Pedaline July 16, 2018								



State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) July 16, 2018						Name of Building Owne			OFNI		
Agencies Notified		Notific	ation	Type		RUTGERS, THE S Street Address	MATEUN	IVERSITY	OF NJ		
EDA		100			ification	ENVIRONMENTAL	. HEALTH	& SAFET	Y DEPT.		
EPA DCA		□An	ende	d Cert	ification	27 ROAD 1, BLDG					
x DOL					(including	City, State, Zip Code					
DEP DOH				ation)		PISCATAWAY, NJ	08854	T			
DOIT		□ Ca	incel	led	20	Name of Contact Michael Smith ENV HE	ALTH &	Telephone 848.44			
						SAFETY			The second second second second	7 7/7 17	
Name of Facility Where Abate	ment is T	aking Plac	0 (3)		FACILITY IN	FORMATION Type of Facility (4)		111)15	6 6 1	I W IZ	
Medical Science Bldg	# 725	7	C (3)			School (K-12)					
Street Address						Subchapter 8 (other tha	an K-12)		1111 10	9010	
RBAS Newark Campi	us					Other (i.e. private	& commercial		nes, etc.)	2018	
City (5)	County	(6)		Count	Codo (7)	Sq. Feet: Unknown	# of Floor	s: 8 Bldg. A	<u>ge:</u> 60 yea	irs	
Newark	Essex	<			y Code (7) Use Only)	Current Use (prior if beir	ng demolishe	: Academi	ESTOS CO LICENSIN	NTROL & VG	
Name of Monitoring Firm Hired		. Owner (8		ASCM		Name of Contractor (9)				ALICE SHIPCING PARK TO THE PAR	
ATC ASSOCIATES	S			0098	i	GREENWOOD ABA	TEMENT	ONSIIITA	NITS INC		
Street Address						Street Address	LEWIEN	ONOULIA	11410, 1140.		
3 TERRI LANE						E44 MAIN OTDEET					
City, State, Zip Code						511 MAIN STREET City State, ZipCode					
BURLINGTON, NJ 08						Butler, NJ 07405					
Project Manager for Monitoring BRIAN KEARNY						Telephone Number		License Nu	mber		
DRIAIN NEARINY		609-	86-8	0088		973-492-0477		00840			
Scheduled Start Date (10)		0.00			on Date (11)	Name of OSHA Monitor		1 00040			
July 27, 2018		July	30, 2	018		Envirovision, Inc.					
Occupancy Status During Ab	atement	(Check o	nly on	e)		Street Address					
Facility Closed/Vacate	d During	Entire Pe	riod o	f Abate	ment	20 04 DLL 5 W					
Abatement Performed Describe	Outside	of Norma	Facil	ity Hou	rs -	20-21, Bldg E Waga City, State, Zip Code					
☑ Other – Describe:	5pm –	5am -24	hrs	& W	eekends as						
Needed	1.7.1					Fairlawn, NJ					
Source of Work (Check all that	apply)										
							Full Cor	ntainment witl	h Negative Pre	essure	
$x \ge 3 \text{ sf or } \ge 3 \text{ lf}$	8				▼ Renova	tion		nclosure			
≥ 160 sf or ≥ 260					Demolition	1	Gloveb	ag Procedure			
Location of Asbestos-Containing	ng Is L	ocation No	rmally	Used	Description of Asl	bestos Containing Material	Amou		Non-Friable F	rocedure	
Material (ACM) in Facility (13)		lely by Mai	nt./Cus	stodial		nal systems insulation, surfac	ing, (Spec	ify SF	ove Repair End	oon England	
	YE	iff? (12) ES N	O	NA	VAT, or other mis	ceii.)	or LF)	1 tem	Ove Ivepail Elle	ap Enclose	
C573		X			VAT		130 :	sf 🗵			
Name of Reg. Waste Hauler	ame of Reg. Waste Hauler NJDEP Waste Hauler ID #				I ID#	Cubic Yards of Waste: Name of Registered Landfill					
See Hauler Below # 1 & 2 See Below					5		Name of Registered Landfill GROWS North Landfill				
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ NJ DEP # 12561				c. – Butler, NJ 0		Disposal Da		City, State 100 New Fo	ord Mill		
fauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 1955					,,	->-50 HS 7 0	Road, Morris	sville, PA			
							215-736-170	00			
Completed by (Print or Type) Title				Signature		Date					
Raymond C. Pedalir	10			OJEC	T	Raymond C. Pedalina July 16, 2018					
	d C. Pedalino SENIOR PROJECT MANAGER					Augmona C. reacces outy 10, 2010					

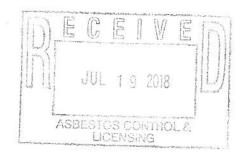
NOCK

Date of Notification (1) 07/16/2018				Name of I 395-403	Building Owner/O 3 University Ave	perator (2) nue, LLC.	(Che	ck No. 1555)	WE		Service Services	
Agencies Notified	Type Notification			Street Ad 500 Ave				n Maritagia (1745) and an arrivante (1847) and arrivante (1847) arrivante (And the state of t	Confidence Continued	
⊠ EPA □ DEP □ DOL	☐ Initial ☐ Amendment # ☐ Emergency (in			City, State Newark,	e, Zip Code New Jersey 07	105-4802	A Committee of the Comm		2018	1000		
⊠ DOH □ DCA	justification) i Cancellation			Name of Joe Tho	r		AS	Telephone Num 973-589-5931	IHUL E		T 10 10 10 10 10 10 10 1	
				FACIL	ITY INFORMATION		- '''' //\					-
Name of Facility When PSE&G	e Abatement is Taking	Place (3)				□ Scho	Facility (4) ool (K-12) chapter 8 (Other th	nan K-12)				
Street Address 403 University Aver	nue					⊠ Othe	er (i.e. private & co	mmercial building	gs, home			
City (5) Newark, New Jerse	y 07028					Square F 10,000		2	50+			
County (6) Essex				County C (STATE U	Code (7) ISE ONLY)			ercial Building				
Name of Monitoring F Matrix New World E	irm Hired by Building (Engineering	Owner (8)	- 3	ASCM	No.		Abatement Contra prporation	ictor (9)				
Street Address 26 Columbia Tpk 2 ^r	nd floor					Street Ad 606 McE	dress Bride Ave					
City, State, Zip Code Florham Park, New	Jersey 07724					City, State, Zip Code Woodland Park, New Jersey						
Project Manager for M Gavin Gilmore					ne No 0-1800	Telephor 973-225	ne No. 5-8400	License No 01104).			
Start Date (10) Scheduled 08/03/20				mpletion [Date (11)	Name of Iris Envi	OSHA Monitor ironmental Labo	ratories, LLC				
Occupancy Status Du						Street Ac 2333 Ro	ddress oute 22 West					
☐ Facility Closed/Vi☐ Abatement Perfor☐ Other – Describe:	acated During Entire F rmed Outside of Norm	Period of At al Facility F	deten	nent ;		City, Sta Union, I	te, Zip Code NJ 07083					
Scope of Work (Chec	k All That Apply)		0 === 1.0									
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		777	enova emoli			X D	Full Containmen Mini-Enclosure Glove Bag Proce Non-Exempted (*	edure / Limited C	ontainme	ent &	Tent	
		Τ.	•				THOM EXCHIPION (Amount		oaten		
Asbestos-Contain TO BE In F	ntion or ning Material (ACM) ABATED acility	Use Mai	inten	ally lely by ance/ Staff?	Asbestos Co (i.e. therm		laterial (ACM) s insulation, T, or	SF of LF)	Removal	Repair	Encapsulate	Enclosure
	13)	Yes	No	N/A			\$1000×50.00000 \$ 40				ate	ė
Former Day Care an Space Leading to Ba			Χ		Layer Wall Pla brown scratch,		ish coats	2,760 SF	X			2
Former Day Care band 3			X		Joint Compou	ınd 1 Gypsum	Board	280 SF	X			
Former Day Care			X		Asbestos-Cont Window Glazin		erior/Exterior	4 (ea)	X			
Former Day Care Ba	athroom 1, 2, and 3		X		Ceramic Floor	Tile Mast	ic and Tile	182 SF	Х			
Former Day Care Plenum Space X					Asbestos-Containing Corrugated 80 (Aircell) Pipe Insulation			80 FL	X			
Former Day Care Plenum Space							e Tar at Joints	12 (unit)	X			

Exterior Elevation "D"	X		1	os-Containing Tar (bion Wall	lack) to	20 SF	X	
Project Limits	X			d Electrical Wire Ins s gauge and color)	ulation	3,000 LF	Х	
Exterior Elevation "D"	X			ed Asbestos-Contai ed) Repair Tar (blac		3 SF	Х	
No de Marie Hayler		NJDEP	Waste	Cubic Yards	Name of	Registered Land	fill	
Name of Registered Waste Hauler Lilich Corporation		Hauler I 18724	D No.	of Waste 80	Fairless	Landfill		
City, State Woodland Park, New Jersey				Disposal Date 08/03/2018	City, Star Morrisvi	lle, PA	Date	
Completed by Adriana Olejarova	Title Presi	dent		Signature	\ U	5	Date 07/16/201	18

ASB-41 (R-06-08)

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





Date of Notification (1 07/06/2018)			Name 395-4	of Building Owner/6 103 University Av	Operator (2 enue, LL	2) C. () (e	heck No. 11	55)\// [5	3 / 1	7.	
Agencies Notified	Type Notification				Address venue P				VI II.		The second process of the second	
☑ DEP ☑ DOL	☒ Amendment☐ Emergency (City, St Newar	tate, Zip Code rk, New Jersey 0	7105-480	02	JUL 19	2018		1	
☑ DOH ☐ DCA	justification) □ Cancellation			Name of Joe Th	of Contact nor		ASB	Telephone 973-589-5		1		
				FAC	ILITY INFORMATI	ON	***	11 10000 U	Today or an Albertania	· American	+	
Name of Facility When PSE&G	re Abatement is Takir	ng Place (3	3)				Facility (4)					
Street Address 403 University Aver	nue					☐ Sul	bchapter 8 (Other ner (i.e. private &		uildings, ho	mes,	etc.)	
City (5) Newark, New Jerse	y 07028					Square 10,000		# of Floors 2		ldg. A	ge	
County (6) Essex					Code (7) USE ONLY)	Current	Use (Prior if bein Comn	g demolished) nercial Buildi				
Name of Monitoring Fi Matrix New World E	rm Hired by Building Ingineering	Owner (8))	ASCI	M No.		Abatement Cont orporation	ractor (9)				
Street Address 26 Columbia Tpk 2 ⁿ	d floor	- II-			-	Street Ac 606 Mc	ddress Bride Ave					
City, State, Zip Code Florham Park, New	Jersey 07724		34			te, Zip Code ind Park, New J	lersey					
Project Manager for M Gavin Gilmore	onitoring Firm			Telepho 973-24	one No 0-1800	Telephor 973-225		Licens 01104				
Start Date (10) 07/16/2018		Schedul 08/03/2	ed Co 2018	mpletion	Date (11)		OSHA Monitor ironmental Lab	oratories, LL	С			
Occupancy Status Dur						Street Ac 2333 Ro	ddress oute 22 West					
☐ Abatement Perform ☐ Other – Describe:							te, Zip Code NJ 07083					
Scope of Work (Check	All That Apply)		Seletti:									
☐ ≥3 sf or ≥3 lf 図 ≥160 sf or ≥260 lf			Renova Demoli			X 	Full Containme Mini-Enclosure Glove Bag Prod Non-Exempted (edure / Limite	d Contain	nent	&Ten	t
		Τ					Non-Exempled (Amount		Abate	men	
Locati	ion of		s Loca Norma			escription	of.	(Specify SF of LF		Ту		
Asbestos-Containing		1 1000000	ed Sole				laterial (ACM)	01 01 21	'		m	
TO BE A				Staff?	(i.e. therma	al systems acing, VA	insulation,		T E	Re	nca	Enc
(13	(1) The second s		(12)			miscellan			Kemova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1				2		ate	9
Former Day Care and	Adjacent Stair		Х		Layer Wall Plas	ster		2,760 SF	X	1	T	
Space Leading to Bas	ement				brown scratch/	white fini	sh coats					
Former Day Care ba	throoms #1, #2,		X		Joint Compour and Associated		Board	280 SF	X			
Former Day Care			Х		Asbestos-Conta Window Glazing	_	erior/Exterior	4 (ea)	X			
Former Day Care Bati	Х		Ceramic Floor T	ile Masti	and Tile	182 SF	X					
Former Day Care Plenum Space X					Asbestos-Contai (Aircell) Pipe Ins		rugated	80 FL	X			
Former Day Care Plenum Space					Asbestos-Contai (black)	verse en en en en e	e Tar at Joints	12 (unit)	X			

Exterior Elevation "D"		X		tos-Containing Tar (tion Wall	black) to	20 SF	Х	
Project Limits		K		d Electrical Wire In: us gauge and color)	sulation	3,000 LF	Х	
Exterior Elevation "D")	(1 10 20	ed Asbestos-Conta ted) Repair Tar (blac	1000	3 SF	Х	
Name of Registered Waste Hauler Lilich Corporation			P Waste r ID No. 24	Cubic Yards of Waste 80	Name of Fairless	Registered Landf	fill	
City, State Woodland Park, New Jersey			Disposal Date 08/03/2018	City, State Morrisvil				
Completed by Adriana Olejarova Title Presi		dent		Signature	20		Date 07/06/201	18

ASB-41 (R-06-08)

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



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Date of Notification (1)	7-17-1	8		lame of	Building Owner/C		n. La	Wahin	i.		1100000	Ta independent
Agencies Notified	Type Notification	<u> </u>	5	Street Ac			11000	III DI	UL T	1 20	18	
□ EPA	★ Initial		9	ity Stat	te, Zip Code	3177.						100
DEP DOL	Amended Amendment #		_ `	illy, Stat	Ma	rlto.	$\sim N$	TASBE	080	SI	30L	2
★ DOH	☐ Emergency (in justification)	cluding	N	lame of	Contact		* 03.44	Telephone	Number	TU -	NAME OF STREET	The Property leads
□ DCA	☐ Cancellation			100	P MCT	aug	hin					
Name of Facility Where	Abatement is Taking	Place (3)			LITY INFORMATI		pe of Facility ((4)	£			\neg
Vacan	+ Auto	, Po	e+	- 5	tore		School (K-1	12)				
Street Address	_			0		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Subchapter Other (i.e. p	8 (Other than I	K-12) ercial build	dings,	home	s,
City (5)						. So	etc.) uare Feet	# of Floors	В	ldg. A	ge .	-
Marz	Iton	N	J	- 0	8053		,.	3		90	_	
County (6) Bue 1	1' 100			County C	Code (7) ISE ONLY)		ırrent Use (Pri	or if being demo	olished)			
Name of Monitoring Firm		vner (8)		ASCM	I No.	Name of A	batement Cor	A				\neg
EPC TE	chnole	gies			N/A	Street Add	C 16	chnol	eqie!	.	In	6
Street Address	Box 33	57				P.O	. Box	337				
City, State, Zip Code	40	Z.V	- (280	5.3.3	City State	, Zip Code	A AL	OZ	RE	13	3
Project Manager for Mo	niff ri gr-irm		1	elephor	ne No.	Telephone	9 7	Licens	e No.	0	11	
Steve S	chenken				758-3365		58-334	5 (00	LC	1	
Start Date (10)	7-18	Schedule		pletion [Date (11)	_	OSHA Monitor	hnologi	as T			
Occupancy Status Durin		Only One		1 1	10	Street Add	iress	~	<u>ب</u> دی	ric		
Facility Closed/Vac	cated During Entire Pe	eriod of A	batem	ent			, Box	337			.,,	
☐ Abatement Perform ☐ Other – Describe:		I Facility	Hours				Egypt	AIT	na	53	2	
Scope of Work (Check /	All That Apply)					1000	-Jypi	/00	00	ر		
23 sf or ≥3 lf		Æ Re	enovat	ion				ent with Negati	ve Pressu	re		
□ ≥160 sf or ≥260 lf	9	□ De	emoliti	on		DE	Mini-Enclosur Glovebag Pro	cedure				
		1				<u> </u>	Non-Exempte	d (*) and Non-F	riable Pro		ement	
			Location or mail		Do	escription of			1		ре	
Locatio Asbestos-Containing			Solel		Asbestos Con	taining Mate		Amount	77		En	ш
TO BE AE			odial S		surfa	I systems in cing, VAT, o	or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)	r	other	miscellaneo	us)		, va	air ·	ulate	ure
		Yes	No	,N/A				170		-		
Basemer	1	X			Pipe]	Insul	ation	150 F	FX	-	-	
	- •								-	-		
						ration						
Name of Registered Wa	aste Hauler		N	JDEP W	/aste Cubic	Yards	Name of	Registered La	ndfill		b	
TO T	1 1 .			auler ID	No. of Wa	aste \mathfrak{I}	,	te Mana	1	t	c f	A
City, State	chnologies	<u> </u>		170	Dispo	osal Date	City, Sta	ite ,		- 0		
Win F	avot	VJ	Α.		by	_	8 Mori	risville	PA			
New E	V	Title	. , 1	+	+	Signature	250	1	Date	17	- 18	2
Steve Scho	en next	TRE	Sid	ent		Deep	مال فسراع	or a	1./	0 1		

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

	i.	'ALL)			Sbestos Abatement 2. 8:60-7 and 12:120-7)		[A]	C	E	1 W	FI				
Date of Notification (1) 07/16/18	10 #	2877	l.		Name of Building Owner/Op	erator (2)	KE			ij (j					
Agencies Notified	(82	Notification	Type		Matawan Aberdeen Region Street Address	nal Schoo	I Distric	t UUL	. 19	2018	1				
☑ EPA □ DCA ☑ DOL □ DEP 図DOH		☑ Initial Notation Amended ☐ Emerger justification ☐ Cancelle	d ncy notif)	n fication (including	1 Crest Way City, State, Zip Code Aberdeen NJ 07747 Name of Contact Mr. Joseph Majka, J.D.	The state of the s	Teleph	SREST one Nu 5-4003	mbers	DATTRO ING	DLS.				
Nome of Facility 1811				FACILITY IN							-				
Name of Facility Where A Cambridge Park Pro	e-School	Taking Place	(3)		Type of Facility (4) ⊠ School (K-12)										
Street Address 1 Aberdeen Terrace	1				□ Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors: 1 Bldg. Age: 1951 Current Use (prior if being demolished): Elementary School										
City (5) Aberdeen	County (6) Monmouth			ty Code (7) e Use Only)	Current Use (prior if being de	emolished): Elemer	ntary So	hool						
Name of Monitoring Firm I Environmental Conn		g. Owner (8)	ASCN	/I No.	Name of Contractor (9)										
Street Address					Panoramic Window & Door Street Address	Systems	Inc.			77-7					
120 North Warren Street					712 Sergeantsville Road										
City, State, Zip Code Trenton, NJ 08608					City State, Zip Code Stockton, NJ 08559										
Project Manager for Monit Roland C Jones		Telephone I (609)-273			Telephone Number P (732)926-0900 x102		License 01237	Numbe).						
Scheduled Start Date (10) 07/26/18		Scheduled (08/03/18	Complet	tion Date (11)	Name of OSHA Monitor			11							
Occupancy Status During □ Facility Closed/Vacated ⊠Abatement Performed Country Describe	During Entir	e Period of Al	natemer	nt	Street Address 87 Main Street City, State, Zip Code										
□Other - Describe:				7	Lincoln Park, NJ 07035										
Source of Work (Check all	that apply)														
≥ 3 sf or ⊠ ≥ 160 sf	or ≥ 260 If			⊠ Renova □ Demo	lition □C	ni-Enclosi Glovebag I Friable Pr	nclosure ebag Procedure ble Procedure								
Location of Asbestos- Containing Material (ACM) Facility (13)	in Used	cation Norma I Solely by t./Custodial S	•	Description of As (ACM) (i.e. therm surfacing, VAT, c	bestos Containing Material nal systems insulation, r other misc.)	Amoun (Specif LF)	it fy SF or		Repair F	Type Encap Enc	close .				
Exterior of Building			X	Exterio	or Window Caulking	1492 If		X							
Exterior of Building			X	Tr	1090 S	f	X								
Name of Reg. Waste Haule		NJDEP Was 0036057	te Haule	er ID#	Cubic Yards of Waste		Name of Chrin Bro	Register others Sa	ered La initary !	<u>andfill</u> Landfill					
Completed by (Print or Type Mark M Jovic	Dis Signature	sposal Da	<u>Date</u>		ty, Stat Iston, F										
MAIN IN SOVIC		110 hr	_	07/16/18											



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		EP/		N		CATION	of New OF ASBE to NJAC 8	STOS	ABATE		Т	E (G E			0 0 0		Approximate the store
Date of 7/16/1	Notification (1)						Building Cons			(2)		200				of common or	A chickward for	- Daniel Cale
	s Notified	Туре	e Notification		1	Street Ad		- 19/				- 	H. 19	201	3	Company of the last	11	and the latest services
EP DE		×	Initial Amended		-		te, Zip Co					CDIC	77.70 00	months to	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1		Mary Mary
× DC			Amendment Emergency		-		Creek, N	J 080	92				TOS CO LICENS	ING	JL. C	S. S	M. South Printers	1
X DC			justification) Cancellation	-		Name of Joyce	Contact Lynn Ca	ırr					ephone No 9-296-0					
		_				FACII	LITY INFO	RMAT	ION									
Name o	f Facility Where	Abate	ment is Takin	g Place (3))					Ту	pe of Facility (4	200						
Street A	Address									×	School (K-1: Subchapter Other (i.e. p	8 (Oth			ldina	s. h	ome	s.
C:4 (E)										Remark	etc.) uare Feet		Floors		Bldg.			
) . 1.535 (5) (6) (6) (6) (7) (8) (6)	hawkin									11	40				Diug.			
County						(STATE L	Code (7) JSE ONLY)			88	rrent Use (Prid ome	or if bei	ng demoli	ished)				
Name o	f Monitoring Firn	n Hired	d by Building	Owner (8)		ASCN	l No.				batement Con AD PROFE							
Street A	Address								Stree 6 W		ress E DOVE CO	DURT	•					
City, Sta	ate, Zip Code								City,	State	, Zip Code	27670.004220						
Project	Manager for Mo	nitorin	g Firm	-		Telepho	ne No.		Telep	hone			License	No.				
Start Da						mpletion	Date (11)		Name	e of C	SHA Monitor							
7/26/	18 ency Status Durir	sa Aba	tomant (Cha	7/31/18					Stree		AD PROFE	5510	INALS					
	incy Status Duri					ment			6 W	HIT	E DOVE CO	DURT						
Susceedil	patement Perform her – Describe:		utside of Norr	mal Facility	/ Hour	S		_	1		e, Zip Code /OOD, NJ 0	8701						
Scope	of Work (Check /	All Tha	it Apply)	er 12/			***************************************											
	sf or ≥3 If 60 sf or ≥260 If				Renova Demoli						Full Containme Mini-Enclosure Glovebag Proc	9	n Negative	e Press	ure			
										×	Non-Exempted	d (*) ar	d Non-Fri	able Pr				
	Locatio	on of		1	Loca Norma	illy		D	escriptio	n of						Typ	ment e	
Ast	pestos Containin TO BE AB	g Mate			ed Sole intena	ely by ance/		tos Co	ntaining	Mate	erial (ACM) sulation,		Amount Specify	7	١.	_	Enc	可
	In Fac	ility	2	Cus	todial (12)	Staff?	(surf	acing, V	AT, c	or		F or LF)	Remova	- Velouii	ona.	Encapsulate	Enclosure
	(13)		Yes	No	N/A		outer	misoene	arieot	43)			/al	1		late	a.
	EXTER	RIOR	5						Siding	3		2	500SF	x				
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						-								-	-	-		
Name	of Registered Wa	aste H	auler			NJDEP V	Vaste	Cub	ic Yards		Name of	Regist	ered Land	dfill	_			
	ARK CARTIN					Hauler ID 04509		100000000000000000000000000000000000000	aste /		IESI			-11-110		10000		
City, St	ate ARK, NJ							Disp 7/31	osai Dat I/18	e	City, Star BETHL		м РА					
Comple		EIN		Title	VER				Signatu	ire	Lance			Date				



	AID	NO	(Purs	ATION O suant to	of New Je F ASBEST NJAC 8:60	OS ABA and 12	:120)				E C		n	\mathbb{V}	E		polaricultura formania de
Date of Notification (1) 7/16/18					luilding Owr O. Sisco	ner/Oper	rator ((2)	Manufacture of the second	The second secon	JU	IL.	19	2018	OPPOSED AND ADDRESS	U	Magneta gent (1)
Agencies Notified	Type Notification		St	treet Add	iress								-0.=59%		and straights		Called Ann
П ЕРА	Initial Amended			1 21-1-	7:- Code					N C				VTRO	1.6		\mathbb{H}
DEP DOL	Amended Amendment #	ŧ	11 5553	ity, State Iizabet	, Zip Code th, NJ				la tontona	nament an ana-ag		ICE	NSIN	IG.	AUCTO-1414	Maria I (r)	1
DOH DCA	Emergency (in justification)			ame of C	Contact O. Sisco						Telep	hone	Numb	er			
DCA .	Cancellation				TY INFORM	MATION	ī -										
Name of Facility Where	Abatement is Taking	Place (3)						Type	School (Subchap Other (i.e	K-12)	(Other ate & o	than	K-12) nercial	buildir	ngs, h	omes	
City (5)							_	Squ	are Feet		# of F	loors		Bld	g. Age	9	
Elizabeth					odo (7)			Cur	rent Use (Prio: I		deir	nolishe	ed)			\dashv
County (6) Union				County C STATE U	SE ONLY)		-	hor									
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.	I	Vame	of At	atement AD PRC	Contra	SION	9) IAI S	3				
							Street				0101	.,					
Street Address						- 1			DOVE		JRT						
City, State, Zip Code						(City, S LAK	State, EW	Zip Code OOD, N) J 087	701						
Project Manager for Mo	nitoring Firm		T	Telephor	ne No	110 66	Telep 732-		No. -9078			Licer 120	nse No O).			
Start Date (10) 7/26/18		Schedule		pletion (Date (11)				SHA Mor		SIOI	VAL:	S				
Occupancy Status Duri	ng Abatement (Chec						Stree			- 00	UDT	-					
Facility Closed N/a	cated During Entire med Outside of Norr	Period of A	batem	nent ;		-	City,	State	E DOVE , Zip Code OOD, N	е							
Scope of Work (Check												T-1					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Business	enova emolit					×	Full Conta Mini-Encl Glovebag Non-Exer	osure Proce	edure			le Prod	cedure		
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Locati Asbestos-Containi <u>TO BE A</u> In Fa (1	ng Material (ACM) ABATED Icility	Use Ma	Normal d Sole intena todial (12)	ely by nce/ Staff?	Asbesta (i.e. t	as Conta	syster ing, V	Mate ns in AT, c		1)	(5	mour Specif or L	fy	Removal	Repair	Encapsulate	Enclosure
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				-													
Name of Registered V	Vaste Hauler		L	NJDEP \	Vaste	Cubic		<u> </u>	Nar	ne of i	Regist	ered	Landfi	11			
NEWARK CARTI				Hauler II)4509	O No.	of Was			IES	SI 7, State	0						
City, State NEWARK, NJ						Dispos 7/27/	18				e EHEI	M PA		ate			
Completed by JOSEPH PERLS	TEIN	Title OW	NER			S	Signat	ure						Jaie			

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

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	PAIL) '		CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		ī)EG	E		\mathbb{V}	
Date of Notification (1) 7/16/18					f Building Barbaga		7.0				JUL	. 1	9 2	018	D. Carlotte S. Carlotte
Agencies Notified	Type Notification			Street A	ddress					1					-
⊠ EPA	☑ Initial									-	AODEO			- Telephone - Company	- Company
│	Amended				ate, Zip C						ASBEST		ion. Sing	A R THAT CO.	. &
☑ DOL	Amendment Emergency			West	Creek N	1J 0809	92			frances and	Easy T	the state of the		********	Mirts sanue
☑ DOH	justification)	(including			f Contact					Te	lephone Nun	nber			
☐ DCA	Cancellation	Ý.		John	C.										
Name of Facility Where	Abatament is Takin	- Di /	21	FAC	LITY INF	ORMAT	ION	-							
John Barbagallo Pr		g Place (3)					Тур	e of Facility (4)					
Street Address	17410 1101110							H	School (K-1		er than K-12	Λ.			
Oli oct / Idai oss								K	Other (i.e. p	o (Otr	& commercia) al buil	dings	home	es.
City (5)									etc.)					1,500	
West Creek NJ 080	192							380)	are Feet 00+	2	of Floors		ildg. A	\ge	
County (6)				Country	Code (7)								35+		
Ocean			1		USE ONLY)		1	rent Use (Pri	or it be	ing demolish	ea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	4 No		Nama		atement Cor	atractor	- /0)				
N/A	va zy zamamig	5 milor (0)	,	7,001			1000	naco		iliacioi	(3)				
Street Address							Street								
								Box							
City, State, Zip Code							1800	1	Zip Code						
									rlin NJ 080	091					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none l	Vo.		License No).	-		
							856-	-753-	-9800		00727				
Start Date (10)				mpletion	Date (11)		Name	of OS	SHA Monitor					W	
7/26/18		8/3/18					Sam	ne							
Occupancy Status During	g Abatement (Chec	k Only Or	ne)			5.05557/	Street	Addre	ess						
X Facility Closed/Vac	ated During Entire F	Period of	Abater	nent											
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	/ Hour	S			City, S	State,	Zip Code						
-						_						v==2			-
Scope of Work (Check A	ii i nat Appiy)	_					_	-							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	-	Renova Demoli				-		ull Containme ini-Enclosure		n Negative P	ressu	ге		
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	*						<u> </u>	S N	on-Exempted	d (*) an	d Non-Friabl	e Pro			
		2.4 5.	Local											ement pe	í.
Location			Norma ed Sole				scription			2			,,	1	
Asbestos-Containing TO BE ABA		Ma	intena	ince/		thermal			al (ACM)		mount Specify	Z	_	Enc	m
In Facil	ity	Cus	todial (12)	Staff?	,	surfa	cing, VA	T, or			F or LF)	Remova	Repair	aps	Clos
(13)			(/			other r	niscellar	neous)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A										6	
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United Roll Off			100	22459		3	0.0		G.R.O.	W.S.					
City, State						Dispos	sal Date		City, State	е					
Elm NJ						8/3/1	8		Morrisv	rille P	A 19067				
Completed by		Title		120 00 100		S	ignature	9 _	-		Dat	e		100	

Anthony T Perna

President

Date

7/16/18

Signature

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Date of Notification (1) 07 /	09 /	40			1			vner/Operator	-		1						regular.
		18			NE	w Jersey	ira	nsit Authori	ty		-	1111				Description of the last of the	
Agencies Notified ⊠ EPA	Type Notific	ation				et Address				7		JUL	19	20	18		1
☑ DOLWD		d			19109	1 Main St					1					g Managaran	Chamber 1
☑ DHSS	Amendm		4		11.000	State, Zip (1	ASBESTO	is co	ALTE	201	1 R.	1
DCA	☐ Emerger		200	g		and the second s		J 07095-5042	2				ENSI		100	х	C. S. A.
(NJAC 5:23-8)	justificati				Nam	e of Contac	t				T	elephone N	Vumbe	r		- a grand-au-	- FITTHER
	☐ Cancella	tion								- COLUMN		732-750-	5300		ne.		
					FA	CILITY IN	IFO	RMATION									
Name of Facility Where				e (3)					Type of Fac	cility (4)						
Newark Bay Bridge	- Structure	N2.0	01W						School (14h a = 4h a = 1	Z 40)				
Street Address		2000	82727	272					Other (i.					al bu	ildino	S.	
Newark Bay Bridge	e (Spanning	g Riv	er) in	side	ewalk				homes,	etc.)							
City (5)									Square Fee		1	# of Floors		Ble	dg. A	ge	
Bayonne & Newarl	·				-12				9500 LF			N/A			>20	Γrs	
County (6)					Cou	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use				nolishe	ed)			
Essex & Hudson (u:		(0)	1000		1		Bridge S		wa	lk			0.50		
Name of Monitoring Firm Westcherster Envir			Jwner	(8)	ASCN			me of Abatem									
Street Address	onmentai L	LC			127		_	Graham-Tecl	n Environn	nenta	al S	Service, L	LC.				
307 N. Walnut Stree	at .						1	eet Address	_								
City, State, Zip Code							_	14 Read Driv	7								
West Chester, PA 1	0380						1	y, State, Zip Co									
Project Manager for Moni				To	ephone	No		Sicklerville, I	NJ U0U01		Τ,						
Matthew Abraham	itoring i iiiii					1-7545		lephone No. 3 56-318-134 1			1	License No 01158).				
Start Date (10)	15	Sched	uled C			ate (11)	_	me of OSHA N			L	01100					
07 / 23 /	AND THE PARTY OF T					18		Graham-Tech	0.001000000000	ente	1 9	anvicae	шс				
Occupancy Status During							-	eet Address	· Liivii Oilii	10116		or vices,	LLO.				
☐ Facility Closed/Vacate					ement			4 Read Drive	•								
☐ Abatement Performed	Outside of No	ormal	Facilit	у Но	ırs - De	scribe	1	y, State, Zip Co						-			
Time of Abatement: 7	AM- <u>11:30</u> PN	1/	PM-		_AM			Sicklerville, N									
Scope of Work (Check all	that apply)							ordici villo, i	10 00001		_						
				erra war na awa					tainment with	Nega	ativ	e Pressure	Э				
⊠≥160 sf or ≥260 lf			☐ Re					☐ Mini-Enc	losure Procedure								
									mpted (*) and	d Non	-Fr	riable Proc	edure				
				Loca Norm			20100							Ab	ateme	ent Ty	уре
Location Asbestos-Containing I		1)			lely by	Ashe	etne	Description o Containing Ma				Amount		R	Re	Щ	Щ
TO BE ABA	TED	·			ance/ Staff?		., the	ermal systems	insulation,			Amount (Specify		Remova	Repair	cap	Clo
IN Facilit (13)	ty		Cus	(12			2	surfacing, VAT, her miscellane	, or			SF or LF)	1	val	_	Encapsulate	Enclosure
(10)			Yes	No			OL	nei miscellane	ous)					1		ate	
Encased in Sidewalk						4" Diam	1 40	M Transite (Phase #11	1	-	2,200LF					
		-	_		-			in Transito (1 11000 #1)	-		2,200LI					
		-												Ц	Ш	Ш	Ш
								- 02 - 11 - A 1 V. (A. (A. (A. (A. (A. (A. (A. (A. (A. (A									
Litility Ro Litil	ity Room										- 350						
Name of Registered Wast	te Hauler				NJDEP		157.50	oic Yards of	Name of F	Regist	ere	d Landfill					
Waste Management	, Inc.				Hauler I 1727		100000000000000000000000000000000000000	ste 50CY				ement of	PA, I	nc.			
City, State					1/2/			posal Date	City, State								
Keyport, NJ									Tullyto		PA						
Completed By (Print or Ty	/pe)	Title	7					Signature	1 1	, ,			Date				
Vernice Graham			reside	ent				MINITA	O M	1.	-		Date	. 1	0-	15	2
				257				IWWU	NII	WI	1		1	- (0	1 8	1



	A.ALX			N OF ASE				11	01	1	Strangerst **	7	24	5	1
Date of Notification (1) 7/16/18				of Building						P	<u></u>	E	7/7 [7 [3 [.
Agencies Notified Type Notifie	cation			e of Elia	son c/	o Mark	R. Aikir	is, LLC	\square	E	C_		1 /A		2
	oation		Street	Address				-							
DEP Amen	ded		City, St	tate, Zip C	ode						IUL	10	20	18	111
	dment # gency (including		Wall,	NJ 077	19			again out	4 14			1.55			
DOH justific	ation)	g		of Contact					Те	lephon	e Nur	nber	0.8505	7/71	0
DCA Cance	ellation			Aikins							E 12		ONTI ING	الم المهادة	CZ
Name of Facility Where Abatement is	Taking Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of	Facility (1)	Annual Columnia (Columnia)		and the state of the state of	we have the second second	Nagara esente francis	io (tem)
home	3	,							16.3					3	
Street Address							Sul	nool (K-1 bchapter	8 (Oth	ner than	n K-12	2)			
							▼ Oth	ner (i.e. p	rivate	& comr	merci	al buil	dings,	hom	es,
City (5)							Square	1	# c	f Floors	s	E	Ildg. A	ge	
Howell							2600		2			7	' 5		
County (6) Monmouth				Code (7) USE ONLY)		Current home	Use (Prid	r if be	ing den	nolish	ied)			ŭ
Name of Monitoring Firm Hired by Bu	lding Owner (8	3)	ASCI	M No.			of Abaten								
Charles A. I.I.						ABS	Enviror	nmenta	Ser	vices,	LLC				
Street Address							Address	450	, ,			Tr.			
City, State, Zip Code							30x 483		ate L	rive		7/			
							tate, Zip (wood, N		18						
Project Manager for Monitoring Firm			Telepho	one No.	7		one No.	10 01 1		Licen	se N	າ.		_	
***							764-227	'6		703	100 11	J.			
Start Date (10) 7/26/18	Schedu 8/8/18		mpletion	Date (11)		Name	of OSHA	Monitor							1-0
Occupancy Status During Abatement	(Check Only O	ne)				Street	Address						_		
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: boiler room	ntire Period of Normal Facilit	Abater y Hour	nent s			City, S	tate, Zip C	Code			10000				
Scope of Work (Check All That Apply)															
23 sf or ≥3 lf		D	41			Ī	1								
≥ ≥ 160 sf or ≥ 260 lf	processor	Renova Demoli				Ê	Full Co	ontainme nclosure	nt with	Negat	ive P	ressur	e		
						N	Glovet Non-F	pag Proc xempted	edure	d Non-	Eriabl	o Dro	ooduse		
	Is	s Locat	ion					Acripted	() 411	u Non-i	Habi		Abate	ALCOHOLD STA	
Location of		Normal	lly		De	scription	of	1					Ту	oe .	
Asbestos-Containing Material (ACI TO BE ABATED		ed Sole aintena			tos Cont	aining M	aterial (A			mount				ш	
In Facility	Cus	todial S	Staff?	(i.e.		systems cing, VA	insulation T, or	1,		Specify or LF)	8	Remova	Re	Encapsulate	Enclosure
(13)		(12)				niscellan			-	· - /		lova	Repair	sula	osur
	Yes	No	N/A									_		ate	(D)
basement			х		bo	iler flu	Э		5	SF		х			
exterrior			х		- 1	siding			16	00 SF		х			
exterior			Х		gar	age ro	of		90	00 SF		x			
							(200)							-	
Name of Registered Waste Hauler			JDEP W		Cubic		N	ame of R	egiste	red Lar	ndfill				
Freehold Cartage		1000	auler ID 5939	No.	of Was	ste	l less	Vestern	-						
City, State Freehold, NJ				i i	Dispos TBD	al Date		ity, State Iirdsbor	n P/	Δ					
Completed by	Title				741111111111111111111111111111111111111	ignature		//	5, 17		Dat	e			
A. Scott Higgins	Pres	ident						1_			7777	6/18			

R A MALALAN	A15							٠,	In E 6	2		// li	5 1
Date of Notification (1) 07	12	41			20,100		ng Owner/Operator	(2)	The state of the s	hand 			311
	13 /	18	5		14	-/5 Ionn	elle, LLC	9	A CONTRACTOR OF THE PARTY OF TH				40000
Agencies Notified	Type Notifi	ication			Stree	et Address			11111 111	. 10	-20	18	1 1 5
☐ EPA ☑ DOLWD	☐ Amende	od			23	5 Main S	t., Suite 330		1				The state of the s
☑ DHSS	Amenda		ŧ		11 67	State, Zip		da.	ASBEST	OS C	ONTE	ROL	8
□ DCA	☐ Emerge		TOTAL TOTAL	ng	WI	nite Plain	s, NY 10601	eagenional		CENS			
(NJAC 5:23-8)	justifica					e of Contac	7.50		Telephone Nun	nber			F-14 - F-
	☐ Cancell	ation			Mr	. Robert	Stockel		914-522-06	05		3	
					FA	CILITY II	VFORMATION					•	
Name of Facility Where	Abatement is	Takin	g Plac	e (3)				Type of Facility	(4)				
N/A								School (K-12	2)				
Street Address								Subchapter	8 (Other than K-12	2)			
								homes, etc.)	rivate and comme	rcial b	uildin	gs,	
City (5)								Square Feet	# of Floors	ТВ	ldg. A	ae	
North Bergen								2,000	2		65 +		
County (6)		773			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli			•	
Hudson								Residence	•				
Name of Monitoring Firm	Hired by Bui	ilding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-			
N/A					N/A		MAK-B Pro, I						
Street Address							Street Address						
							104 Market S	treet					
City, State, Zip Code							City, State, Zip Co	ode					
							Garfield, NJ (07206					
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No.				
							973-931-3293		01365				
Start Date (10)						te (11)	Name of OSHA M	Ionitor					
07 /25 /	18)8/	1(_ /	18	Same as abo	ve					
Occupancy Status During							Street Address						
Facility Closed/Vacate	d During Ent	ire Per	riod of	Abate	ment								
Abatement Performed of Abatement:	Outside of N AMPM	ormal /	Facility PM	/ Hour A	s - Desc .M	cribe Time	City, State, Zip Co	ode					
Scope of Work (Check all	that apply)												
			_				☐ Full Conta	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf			☐ Re	novati				osure					
			Z De	inontic	711		☐ Glovebag☐ Non-Exer	Procedure npted (*) and Nor	n-Friable Procedu	re			
			Is	Locat	ion			, , , , , , , , , , , ,			atem	ant T	vne
Location				Norma ed Sole	0.8		Description of				T		i I
Asbestos-Containing N TO BE ABA		Л)		intena			stos Containing Mat		Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial	Staff?	(1.6	 thermal systems in surfacing, VAT, 		(Specify SF or LF)	ova	=	pst	osui
(13)			\/	(12)	T		other miscellaned	ous)		-		llate	e,
st and -		-	Yes	No	N/A				Ē			778	
1 st 2 nd Floor					\boxtimes	Floor Ti	le		500 SF				
					\boxtimes								
											Ш	Ш	
Jame of Device				Щ									
Name of Registered Waste				1 775	JDEP V auler ID		Cubic Yards of Waste	Name of Regist					
Newark Carting, Inc.				1	11222	Security of the Control of the Contr	vvaste 4	G.R.O.W.S.	, North W/M of	PA			
City, State							Disposal Date	City, State					
Newark, NJ							7-31-18	Morrisville,	PA				
completed By (Print or Typ	oe)	Title					Signature	> A 1	O Da	te		CLASS	-
Biljana Nestorova		Pr	eside	nt			1-45	11/1/	/	- /	2	10	
D 44					_			11/1/	1 / /	-/) ~	10	

		Terreno.	NOT	IFICATI	ON OF ASBESTO	SABATI	EMENT			0	F	n	11.77
				(Pursua	int to NJAC 8:60	and 12:12	20)	Unit di Lang]][[6	E]]	\mathbb{W}
Date of Notification (1)				Name	e of Building Owne	r/Operato	or (2)	- 4	1				* Total Market
7/(3/18 Agencies Notified		MILEY STATES			Gius	e pp	a Bu	rra-fig	10	JUL	7	0 2	010
Agencies Notified	Type Notification	1		Stree	t Address	++		- TO DOM		OUL		9 /	118
	Initial									No State Laboratory and American			
DEP DOL	Amended Amendmen	+ 44		City,	State, Zip Code		1-	-	ASB	ESTU	JS C	ONT	ROI
	Emergency	(includir	ng		- Yaters	on,	NJ	1751	3-	LIC	EMS	ING	there are a
DOH DCA	justification Cancellation			Name	of Contact	•	,	Tele	phone N	umber			
				(Sing Do	155a	lino						
Name of Facility Where Ab	atement is Takir	ng Place	(3)	ГА	CILITY INFORMA	TION	Type of Facilit	v (4)					
Home	Reside	nce					process						
Street Address							School (F	(-12) ter 8 (Othe	r than K-	12)			
							Other (i.e	. private &	commer	cial bu	ilding	s,hor	nes,
City (5)	200						etc.) Square Feet		Floors				
Pate	rson						1302	1 0 50	7		Bldg.		Wille S
County (6)				County	y Code (7)		Current Use (F	Prior if bein	a demoli	(beds		80 4	ears
County (6) Passar Name of Monitoring Firm Hi				(STATE	USE ONLY)		Resid	antic	/	silicu)			
Name of Monitoring Firm Hi	red by Building	Owner (8)	ASC	M No.	Name	of Abatement C	ontractor /	۵۱				
Stroot Address							A. Mal	ly Ca	magi	nv			
Street Address											× 1117 (1)		
City, State, Zip Code						/	74 Pas	saic	Ave	nue)		
ony, orace, zip code						City, S	tate, Zip Code						
Project Manager for Monitor	ing Firm			T.		Fa	ir field none No.	, No	0	700	4		
, and a second of the second	9 1 11111			relepn	one No.	Teleph	ione No.	<i>'</i>	License I	Vo.			
Start Date (10)		Schedu	led Co	moletion	Date (11)	860	2-702-33 of OSHA Monito	3//	01	330	0		
7/23/1	8		71	25	Date (11)	Name	of OSHA Monito	r / , /	_				
Occupancy Status During Al	patement (Chec	k Only C	ne)	73	//8	H.	Seine Lig Address	oh thou.	se So	plut	Tin	5	
Facility Closed/Vacated Abatement Performed						The second second							
Abatement Performed	Outside of Norm	al Facilit	y Hour	nent S		City St	Vose /	the .	4354	/			
Uther - Describe:		N				C.	H. O a		41-	a1 ~			
Scope of Work (Check All Th	nat Apply)	- 10-2				1000	th Oran	20,1	00	01	079		
≥3 sf or ≥3 lf		D	Renova	ition		×	F 5.111 Cambridge						
2160 sf or ≥260 lf			Demolit			1	Full Containn Mini-Enclosu	re	legative F	Pressu	re		
						Н	Glovebag Pro	cedure					
		Is	Locati	on			Non-Exempte	and I	Non-Friat	le Pro		e ement	
Location of			Normal	ly	Do	scription of	-f					pe	
Asbestos-Containing Mat TO BE ABATE	erial (ACM)		ed Sole aintenar		Asbestos Cont	taining Ma	aterial (ACM)	Amo	ount				
In Facility	2		todial S	2270707000	(i.e. thermal	systems cing, VAT	insulation,	(Spe	ecify	Re	D	Enca	5
(13)			(12)		other n	niscellane	eous)	SF o	r LF)	Remova	Repair	psu	Enclosure
- No 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Yes	No	N/A						<u>a</u>	7	Encapsulate	лге
Bathroom Ce	ilina			5	< , [11 1	. 101	75	<u></u>				
Basement Stair	· · · · · ·			10	Sustacing				SF	X			
Disement Stail	way			2	Surtacing	Matter	14/ Planter	85	sf	0			
Jame of Daniel													
Name of Registered Waste H			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEP W	J Gubio		Name of	Registered	Landfill				
H. Holly Co.	npanul		10000	auler ID	0	te f				r /	,		
ity, State				2569		al Date	tair	ess/	and.	+:11	1		
Fair Field, N	J 0700	4				BD Date	City, State		. 0	1			
Completed by	11	Title			10:	gnature	FIN	risvill		7			
Gary Torice	ello	Pa	Oir	t M	anager	grid Valley	20/		Dat	e /	_	1_	
/			- 500	0 1	21101961	6	7			///	3/	18	

PAID

Project #

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

Check # 4372

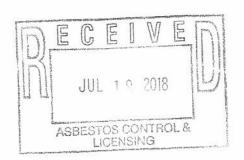
			٠,		L TO NOAC				Promotor	WALLES PRINTED AND LINE	Commission of the Commission o				
Date of Notification (1)					of Building				1171 1		EI	M		Son I	
07/12/2017					n Park I	Public S	Schoo	ols	IIIIIr			17	<u>L</u>		Paris la
Agencies Notified	Type Notification				Address				III				100	STATE OF THE PERSON NAMED IN	Table of the last
☐ EPA	Initial		1	All the second second	erson R					.1111	100	010		A STATE OF	
DEP DOL	Amended Amendment	#		-	ate, Zip C				F4 F7	001	13 4	010		land of	and the same
E DOL	Emergency		_		n Park,		35								į.
DOH	justification)			0.0000000000000000000000000000000000000	of Contact			Oppose	AS	BEST	ephone Nu 3-696-55	mber	i		the state
DCA	Cancellation				enry He	-		į		97	3-696-55	00-1	Cz		1
Name of Facility Where	Abatement is Takin	Place ((3)	FAC	ILITY INF	ORMATIC	ON	Tyr	e of Facility	(4)	- and the second se	**************************************	ttras service	No or and	1
Lincoln Park Middle		gacc ,	-/							00 0 000000					
Street Address	0 0011001			o usis si			VI 10		School (K		er than K-1	2)			
90 Ryerson Rd								Ħ			& commerc		dings	hom	es,
City (5) Lincoln Park	, NJ							Squ	are Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6)					Code (7)			Cur	rent Use (P	rior if be	ing demolis	hed)			
Morris				(STATE	USE ONLY	n	_								
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.	I	Name	of At	patement Co	ontractor	(9)				
EnviroVision Consu	ultants, INC.						Nick I	Res	toration L	LC					
Street Address							Street	Addr	ess						
20-21 Wagaraw Ro	I- Bldg 35 E						72 Br	ook	side Rd						
City, State, Zip Code							City, S	State,	Zip Code						
Fairlawn, NJ 07410					1		Rand	olph	i, NJ 078	69					
Project Manager for Mon	itoring Firm			Telepho			Teleph	none	No.		License N	lo.			
Frederic Larson					36-9145		97393				01358				
Start Date (10)				npletion	Date (11)				SHA Monito						
07/30/2018		08-13-							toration L	LC.					
Occupancy Status During							Street								
Facility Closed/Vac	ated During Entire F	eriod of	Abaten	nent					side Rd,	Rando	lph, NJ (7869	9		
Abatement Perform Other – Describe:	ed Outside of Norm	al Facilit	y Hour	5					Zip Code						
Scope of Work (Check A	II That Apply)						Rand	olph	, NJ 078	69					
Command Comman	п тпат Арріу)						Fee	=							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli	307.000					ull Containn lini-Enclosu		Negative F	ressu	re		
			Joinon	uon					lovebag Pro						
		_							on-Exempte		d Non-Friab	le Pro	cedur	e	
		1	s Locat									1		ement	t
Location			Normal ed Sole				cription			ļ		-	1 1	ре	
Asbestos-Containing TO BE ABA		Ma	aintena	nce/		stos Conta thermal s					mount Specify	7		m	ш
In Facili		Cus	todial ((12)	Staff?	(1.0.	surfaci	ing, VA	T, or			or LF)	Remova	Repair	cap	nclo
(13)			(12)			other m	iscellan	neous)			ova	air	Encapsulate	Enclosure
		Yes	No	N/A										te	
Kitchen			×		Ceiling	Plaste	r			700 S	F	×			
8															
				-		-			-	-		-		_	\vdash
	- missing a series		-	-								-			
Nome of Desire	ta David														
Name of Registered Was				JDEP Waller ID		Cubic Y of Wast			Name of	Registe	red Landfill			erna esta	
Nick Restoration LL	С		19968	03378		TBD			G.R.O.	W.S					
City, State Randolph,	NI I				(A)	Disposa	al Date		City, Sta	te		-			_
	INU					TBD,			Tullyto	wn, Pa					
Completed by		Title				Sig	gnature		· V.	- 4	Da				
Mrda Nikica		Presi	dent			11 %	1	. 4	· M	ud	. 07	12/2	018		

State of New Jersey

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

	100 (60%)		(Pursu	ant to N	IJAC 8:60 and 1	2:20/N.J.A.C.	7:26-2.12)	IME	G	5 [W	FF
	otification (1):	:				wner/Operator (2)				<u> </u>	5 U	\f_	
7/13/2018 Agencies	Type Notifica	ation	Street		lic Schoo	01					Application Cont.	0900000000000	111
Notified	I spe Notifica	illon				Avenue Room 20	9			IUL	19	2018	
ПЕРА	□ Amended	Ì			Zip Code								
□ DEP	Amendment#	:	Newar						L	m continues on	***	***********	
DOOL			Name			11		Telephone			S CON ENSIN		- Čt
	(including	-1	Mr. B	enjam	in Olaga	deyo		973-733-72	200	\$-10c	INORV	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	utter teknicie.
□DOH	justification Cancellatio												
□ DCA	_ cancenano					FACILITY INFO	ORMATION						
Name of F	acility: Chan	cellor Aven	ue Ann	ex Sch	nool		Type of Facility	(4):			25		
255 Chane	cellor Avenue						School (K-12) □ Subchapter 8 (12)				
City/ (5)		County (6	5):		County	Code (7):			rcial buildings, ho	mes, et	.c.)		
Newark		Essex			07106		Square Feet:		# of Floor	s:			
							Bldg. Age						
							Current Use : S						
	Monitoring Fig		Buildi	ng Ov	ner:	ASCM No.:	Name of Abate	ement Contra	ctor (9):				
HILENV	IRONMENT.	AL, INC.				0003	Apex Develo	pment, Inc					
Street Add		×		5001971			Street Address	:					
1253 No	rth Church S	treet					358 Broad	wav					
City, State	e, Zip Code:			ms=14.5			City, State, Zip						
Mooresto	own, NJ 080	57					Newark, NJ	07104					
Project M	anager for Mo		rm:			Telephone	Telephone No.	.:	License No.:				
James A.	. Guilardi					No.: 609-314-1683	(973) 350-010	1	01215				
Start Date 7/16/18	(10):	15-30 Section 5		Compl	etion Da		Name of OSH Metro Analytic		iac				
	Status During	8/16 Abatement (C		ılv one)		Street Address		165				
	Closed/vacated						255 West 36th	Street, Suite	203				
☐ Abateme Describe:	ent Performed O	outside of Nor	rmal Fac	ility H	ours		City, State, Zip New York, No)18				
□ Other													
Describe: Scope of W	Vork (Check all	that apply):						THE RESERVE OF THE PERSON					
$\square \ge 3$ sf o	r > 3 lf	0.00.000.00		P	Ŕenovat	ion		☐ Mini-E	ontainment with	Negat	ive Pr	essure	
N≥160 s	$f \text{ or } \ge 260 \text{ lf}$				Demolit			☐ Gloveb	oag Procedure empted (*) and N	on-Fr	iable P	rocedu	re
			Is	Loca	tion				•	Π	Abat	ement	1
	Location of		N	lorma	lly	A shestos Cor	escription of taining Materi	al (ACM)			Т	ype	
Asbesto	s-Containing	Material	Use	d Sol	ely by	(i.e., therm	nal systems insu	ulation,		-		匝	(T)
T	(ACM) O BE ABATE	ED.		ustod			acing, VAT, or		Amount	Removal	Repair	тса	Enclosure
1,	IN Facility			Staff	?	other	r miscellaneous	s)	(Specify	101	pai	psı	OSL
	(13)			(12)					SF or LF)	'al	7	Encapsulat	ıre
1 ST FLO	OR ROOM	1 209	Yes	No X	N/A	FLOOR TIL	E AND MAST	TIC	800 SF	*			
	OR UN-48			X			E AND MAST		250 SF	*			
1 ST FLO	OR UN-47			X			E AND MAST		80 SF	*			
1 ST FLO	OR UN-38			X			E AND MAST		255 SF	*			
1 ST FLO	OR UN-42			X		FLOOR TIL	E AND MAST	ГІС	100 SF	*			
	OR UN-43			X		FLOOR TIL	E AND MAST	ΓIC	100 SF	*			
	OR UN-44			X		FLOOR TIL	E AND MAST	TIC	100 SF	*			
	OR UN-45			X		FLOOR TIL	E AND MAST	ПС	100 SF	*			
	OR UN-46			X			E AND MAST		200 SF	*			
2ND FLC	OOR ROOM	1 210		X		FLOOR TIL	E AND MAST	ΓIC	700 SF	*			

Completed By: Chinyelu Oraegbunam		Title: Vice President	Signa	ture:	Date: 7/13/201	8	
City, State: Bronx, NY 10474	Disp	posal Date:		City, State: Waynesburg, OH			
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Ha No.: 19551	uler ID	Cubic Yards of Waste: 30	Name of Regi MINERVA I INC.		
1 ST FLOOR ROOM 201	X	FLOOR T	ILE AN	D MASTIC	850 SF	*	
1 ST FL. STORAGE ROOM	X	FLOOR T	ILE AN	D MASTIC	250 SF	*	
1 ST FL FIRE ALARM RM.	X	FLOOR T	ILE AN	D MASTIC	300 SF	*	
2 ND FLOOR ROOM 242	X	FLOOR T	ILE ANI	D MASTIC	700 SF	*	
2 ND FLOOR ROOM 238	X	FLOOR T	ILE AN	D MASTIC	900 SF	*	
1 ST FLOOR ROOM 206	X	FLOOR T	ILE ANI	D MASTIC	800 SF	*	
HALLWAY/CORRIDOR	X	FLOOR T	ILE ANI	D MASTIC	1,000 SF	*	
2 ND FLOOR ROOM 222	X	FLOOR T	ILE AN	D MASTIC	850 SF	*	



T/ANT?							10 0.00 and 5.1	0)) EG	BI	N/I	CI	Lower of Land
Date of Notification (1) 07 /	12	40					ng Owner/Operator	(2)	15 6		V/	딐	
		18	_		74	1-75 Tonn	elle, LLC	110) in the second			Parity page	ACTOR NO
Agencies Notified EPA	Type Notifi	ication			- 433	et Address			II JUL	1 9 2	018		IJj
☑ DOLWD	☐ Amende	ed			-	State, Zip	t., Suite 330					Charter	- Contract
☐ DHSS	Amend			-0	15 . (350)		s, NY 10601		ASBESTO	S CONT	ROL	E.	1
(NJAC 5:23-8)	☐ Emerge justifica	incy (in ition)	cludin	g	-	e of Contac			Telephone N	ENSING	THE PARTY.	Makes J.J.	- Pro - 100
	☐ Cancell	ation			M	r. Robert	Stockel		914-522-				
					F	ACILITY II	NFORMATION						
Name of Facility Where	Abatement is	Taking	Plac	e (3)				Type of Facility	(4)		- III		
N/A Street Address								School (K-12	2)	(4 0)			
Street Address								Subchapter Other (i.e., p	rivate and com	(-12) imercial h	ouildin	gs,	
City (5)								homes, etc.)					
North Bergen					3			Square Feet 2,000	# of Floors	E	Bldg. A	3350	
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr		nolished)		yrs	•
Hudson								Residence	ioi ii beilig deli	ionancaj			
Name of Monitoring Firm	Hired by Bui	lding O	wner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
N/A					N/A	ι	MAK-B Pro, I	nc.					
Street Address							Street Address						The Hole
City, State, Zip Code							104 Market S						
,,, 							City, State, Zip Co						
Project Manager for Moni	toring Firm			Te	lephone	No.	Telephone No.	77200	License No	0		Torini I	
							973-931-3293		01365	8			
Start Date (10)						ate (11)	Name of OSHA M	onitor					
		08			0 /	18	Same as above	ve					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate☐ Abatement Performed	d During Enti Outside of N	ire Peri ormal F	od of	Abate	ement	cribo Timo							
of Abatement:	AMPM	/F	PM	riou	AM	cribe riffle	City, State, Zip Co	de					
Scope of Work (Check all	that apply)						*						
≥3 sf or ≥3 lf	11.27		П n.				☐ Full Conta	ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf		[□ Re 図 De	nova moliti	ion			osure Procedure					
					No.		☐ Non-Exer	npted (*) and Nor	n-Friable Proce	dure			
Location	of			Loca						Al	oatem	ent T	уре
Asbestos-Containing N	Material (ACM	1)			ely by ance/	Asbes	Description of stos Containing Mat	erial (ACM)	Amount	Ren	Repair	Enc	Enc
<u>TO BE ABA'</u> IN Facilit					Staff?	(i.e.	, thermal systems in surfacing, VAT,		(Specify	Removal	Dair	aps	Enclosure
(13)	,	-		(12)			other miscellaneo		SF or LF)	1 20		Encapsulate	Ire
Parament			Yes	No	N/A							(D	
Basement						Pipe Ins	ulation		70 LF				
Basement						Floor Ti	le		120 SF				
· ·		[
		[
Name of Registered Waste				1/82	JDEP \ lauler I[Cubic Yards of	Name of Regist					
Newark Carting, Inc.				1	11222		Waste 2	G.R.O.W.S.	, North W/M	of PA			
Newark, NJ							Disposal Date 7-31-18	City, State	D.A.				
Completed By (Print or Typ	ne)	Title						Morrisville,	/PA				
Biljana Nestorova	,,	10000	side	nt			Signature	M X	٦, ١	Date			
		110	Jiuc				(A)	1	4	1-1	3	16	

6582 - NJ

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

Initial Non-Friable Notification / Check #: 7236

			1149						31									
Date of Notification	ALISAN ALTI MADELI	ο ,	Na	me or B	ullai	ng (Owner/Operat	or (41		(F-7	(A)	ra n	11//		and the second		
0 7 / 1							School Distric	t _			-	(C)		W	E	11		
Agencies Notified	Type Notifi	cation	St	reet Ado	dress					113						TO THE REAL PROPERTY.		
[]EPA	[X]Initia	ı	113	37 East 0	Centra	al A	venue					1111	1.0	onic				
[X] DEP	Notifi		Ci	ty. Sta	te, Z	ip (Code			IU L		31,11	1-0	CUIL		11		
⊠1DOL	[]Amende	đ	IIw	harton, l	NJ 07	7885	5									Ì		
[X] DOH	Notifi []Cancel		Na	me of C	ontac	t		Telephone Number ONTHOLS.										
[]DCA	III S	andy Ca	mmai	rata		LICENSING 973-361-2593												
	1100				ORMATION													
Name of Facility W	nere Abateme	nt is Ta	aking			1112	ONDATION	Typ	e of Fa	cili	ty (4)							
Marie V. Duffy Eleme						XISchool (K-12)												
Street Address								[]Subchapter 8 (Other than K-12) []Other (i.e., private & commer- cial buildings, homes, etc.)										
137 East Central Ave	enue							Squ	are Fee	et	# of I	Ploor	s B	dg.	Age			
City (5) County							y Code (7)		30,000		1	1	60					
\\/\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					(2	STAT	E USE ONLY)	Current Use (Prior if being demolished)										
Wharton, NJ 07885		Morris		IASCM N	0.	TIN	ame of Abate	Scl	Contra	ol Building								
Owner (8)											* 7 . * .							
Westchester Environ	mental, LLC			00110		- F	our Strong B	rs, Inc.	<u> </u>									
307 North Walnut St	reet					111	80 Sargeant	Aver	nue									
City. State. Zip Code						- 0	City, State, Zip Code											
West Chester, PA 19380 Project Manager for Monitoring Firm T				hone Nu	mber	-	Clifton, NJ 070	License Number										
Matt Abraham				31-7545	711		73-614-0377		FOF	00807								
0 7 / 1 9 / 1 8 0 7 / 2 Month / Day / Year Month / 2				1/11 Yea	3 1	F	Four Strong Builders, Inc.											
Occupancy Status During Abatement (Che [X] Facility Closed/Vacated During En of Abatement [] Abatement Ferformed Outside of No Hours - Describe:				Period	e e	1	180 Sargeant Avenue											
[]Other - Descr					_		Clifton, NJ 07013											
Scope of Work (Che	ck all that	apply)									ah Ma		- D-			-		
[]Demolit [X]>3 sf o []\(\overline{2}\)160 sf	IX1	Renovat	ion		<pre>[]Full Containment with Negative Pressure []Mini-Enclosure []Glovebag Procedure [X]Non-Friable Procedure</pre>													
			100	Is ation								Aba	temer	t Ty	/pe			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)				mally Used Diely Main- mance/ stodial aff(12)		(i.	Description Sbestos-Cont Material () e., thermal slation, surf or other miss	ing ems	Amount (Specify SF or LF)			R E M O V A L	R E P A I R	NCAPSUL	N C I O S U R			
Security Vestibule			ies	X	_	1.8	& Mastic			49 SF			X		-	E		
Name of Registered	Waste Haule	r		DEP Was			ibic Yards	Nan	ne of R	egist	ered	Land	111					
				auler ID	No.	of	Waste			1. 1.	O ''		16:11					
Newark Carting, Co			148	509		Di	sposal Date		and Cer		Sanitar	ry La	ndfill					
ATT. MEMPE						1	poour ouec											
Newark, NJ								-	A Argyl,	PA ·	18072							
Completed By (Prin	t or Type)	Title			triis-eseuv		Signature	Date								A		
Bilyana Kulakovska		Office A	dmin	istrator			(T)	7	11	1	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	/16/1	8			
ASB-41 JUN 95						1240-5						/	1					

04/19/10/

Print	Form
FIRE	LOHIII

- aslele										Г	Dia			
	DAIT		s	tate of New Jer	201/				Avenue and		Print			
	B 1 70 70 7	NOT	IFICATIO	N OF ASBESTO t to NJAC 8:60	S ABATE	(0)	ENTO) E	GEI	\mathbb{V}		Name of the last			
Date of Notification (1)				of Building Owne		r (2	2)			100				
7/10/18	T			Bush Private	Home			IUL 19	2018	-	hand had			
Agencies Notified	Type Notification	1	Street /	Address			Sed had				-			
X EPA DEP X DOL	Initial Amended Amendmer Emergency		Mana	ate, Zip Code ahawkin NJ 0	8050	ASBESTOS CONTROL & LICENSING								
DOH DCA	justification Cancellatio		John	of Contact			ų.	Telephone N	Numbe	ber				
Name of Facility Where	Abatement is Taki	na Place (2)	FAC	ILITY INFORMA	ATION									
John Bush Private		ng Flace (3)					Type of Facility (4)							
Street Address							School (K-12) Subchapter 8 Other (i.e. privetc.)	(Other than K	-12) rcial b	uilding	s, homes,			
Manahawkin NJ 08			1000	Square Feet	# of Floors		Bldg. Age							
County (6)	T 0 - 1	0 1 (7)			1000 +	2	35+							
Ocean				Code (7) USE ONLY)		Current Use (Prior if being demolished) House & Garage								
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)	ASC	M No.		ame of Abatement Contractor (9) Pernaco Inc								
Street Address						Street Address PO Box 329								
City, State, Zip Code					CONTRACTOR OF		te, Zip Code Berlin NJ 0809	1	149.0					
Project Manager for Mor	nitoring Firm		Telepho	ne No.	Teleph			License	No.					
					856-	75	53-9800	00727	,					
Start Date (10) 7/19/18		Scheduled Co 7/31/18	ompletion	Name of OSHA Monitor Same										
Occupancy Status Durin	g Abatement (Che	ck Only One)			Street		Idress		70000		-			
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Abate mal Facility Hou	ement Irs		City, Si	tat	e, Zip Code		-5-					
Scope of Work (Check A	II That Apply)					_								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	,,,	Renov Demo			×		Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	lure			ire.			
Location	of	Is Loca	PURSUE (1971)					, and 11011-1110	abic r	Abat	tement ype			

Location of	Is Location Normally Used Solely by				Description of			Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		estos Containing Mate e. thermal systems ins surfacing, VAT, o other miscellaneou	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								re	
Exterior Siding			x		Exterior Siding	2000 SF	x					
								-			_	
Name of Registered Waste Hauler United Roll Off			NJDEP Wast Hauler ID No 22459		Cubic Yards of Waste 5	The second	Name of Registered Landfill G.R.O.W.S.				I	
City, State Elm NJ					Disposal Date 7/31/18		City, State Morrisville PA 1960					

Title

President

Signature

Anthony T Perna

Completed by

Date

7/10/18

* Emergency *

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

CK 6864

Date of Notification (1)								CIN	68	67							
7/10/18	Name of Building Owner/Operator (2) Allrisk Inc.																
Agencies Notified Type Notifica	tion		Street Address					INECEIVEN									
EPA Initial Amende	ч		801 E Clements Bridge Rd City, State, Zip Code					\	10-01-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	***************************************	1		Company of the Compan				
DOL Amenda		_ [Runnemede NJ 08078					JUL 1 9 2018									
DOH justificat	on)			of Contact			Telephone Number										
DCA Cancella		Tom	ILITY INF	ODMAT	ION	856-546-0016 AGBESTOS CONTROL &											
Name of Facility Where Abatement is T	170	ici i ini	OKWAI	Type of Facility (A) ENSING													
Camden County Technical Sch				X	School (K-12												
Street Address 343 Berlin Cross Keyes Road								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
City (5)		Sauc	etc.)				Bldg. Age										
Sicklerville NJ 08081							3327333	Square Feet # of Flo 1000+ 2				11112	149. F	ige			
County (6) Camden				Code (7)	n		Curr	ent Use (Prio	r if bei	ng demo	olished						
Name of Monitoring Firm Hired by Build	na Owner /8\				/	Name	-F AL			(0)							
N/A	ing Owner (o)		The state of the s					atement Cont	tractor	(9)							
Street Address						7,000,000	t Address										
Cit. Out. 7: Out.							Box 329										
City, State, Zip Code								State, Zip Code									
Project Manager for Monitoring Firm		- 1					West Berlin NJ 08091 Telephone No. License No.										
3				856				6-753-9800 00727									
Start Date (10) 7/10/18	ed Con	ompletion Date (11) Name Sam					e of OSHA Monitor me										
Occupancy Status During Abatement (C	heck Only On	e)				Street Address											
Facility Closed/Vacated During Ent	re Period of A	batem	ent		8	•											
Abatement Performed Outside of N Other – Describe: 4 PM 5	tart 110	h/-	5h.+1	<u></u>		City, S	City, State, Zip Code										
Scope of Work (Check All That Apply)	<i>U</i>											11-27			7001		
≥3 sf or ≥3 lf	⊠ R	enova	ration					Full Containment with Negative Pressure									
≥160 sf or ≥260 lf		emoliti	ition					Mini-Enclosure Glovebag Procedure									
								Non-Exempted (*) and Non-Friable Procedure									
	177-55	Location	200									19		Abatement Type			
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by		scription			mount	-								
TO BE ABATED In Facility		ntenar odial S		(i.e.	thermal	systems	s insulation,		(S	pecify		RP P	R	≣nca	Enc		
(13)		(12)				niscellan				or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								1	-		ate	Ġ.		
Library			Х	Floor Tile			only 450			0 SF x							
The state of the s			JDEP Wauler ID		Cubic of Was			Name of R	egiste	red Land	dfill						
United Roll Off			2459		3	0	G.R.O.W.S.										
City, State Elm NJ					Dispos 7/13/	al Date											
Completed by	Title					ignature	Morrisville PA 19067										
Anthony T Perna	O.G. Maria				1				4/23/18								