Cleck 16726

Date of Notification (1)			T		of Building (		perator	(2)	all	· ·	10			C
7/18/17	+ 11				Blausteir	n			Tr	J.E	CI	3 1	W	F
Agencies Notified	Type Notification			Street A	Address						س ر	= U	U	<u> </u>
EPA DEP	X Initial Amended		-	City, St	ate, Zip Co	de			-H	7)				
X DOL	Amendmen				nfield, Nu				Ш	L J	IUL :	2 4	2017	7
X DOH	Emergency justification			Name o	of Contact				l Te	lephone N	umber			
DCA DCA	Cancellation	1		100000	Balusteir					HODE	2105	CU	NIR	OL 8
Name of Facility Where A	Abatement is Takir	ng Place (	3)	FAC	ILITY INFO	DRMATI	ON	Type of Facil	ity (4)		LICE			
house	todiomonic to Takin	ig i idoc (	5)					School (						
Street Address								Subchar	oter 8 (Oth	ner than K-				
								Other (i. etc.)	e. private	& commer	cial bui	ldings	, hom	ies,
City (5)								Square Feet	1 200	of Floors		Bldg.	Age	
Bloomfield								2300	2			70		
County (6) Essex					Code (7) USE ONLY)			Current Use ( house	Prior if be	ing demoli	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8		ASC	√l No		Name	of Abatement	Contracto	r (9)				
	,	. , , ,	(*)					Environme		4	.C			
Street Address								Address				-		
								3ox 483, 4 E	Gate D	Drive				
City, State, Zip Code								tate, Zip Code	7440					
Project Manager for Moni	toring Firm	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Talaalaa	N-		_	wood, NJ 0	17418	T				
Project Manager for Moni	toring Firm			Telepho	ne ivo.			one No. 764-2276		License 703	No.			
Start Date (10)		Schedul	ed Con	npletion	Date (11)		4444	of OSHA Moni	tor	100				
7/29/17		8/15/1												
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Address						
Facility Closed/Vaca	ted During Entire	Period of	Abaten	nent			01: 5			- 100 (100 (100 (100 (100 (100 (100 (100				
Abatement Performe  Other – Describe: b	asement	nai Facility	/ Hours				City, S	tate, Zip Code						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf		×	Renova	tion				Full Contain	nment witl	n Negative	Prassi	ITO.		
× ≥160 sf or ≥260 lf		processor.	Demolit				×	Mini-Enclos	sure		110330	116		
							Ê	Glovebag F Non-Exemp			able Pro	cedu	e	
		Is	Locati	on									ement	t
Location			Normal d Sole				cription				-	1	/pe	
Asbestos-Containing I TO BE ABA		Ma	intenar	nce/				aterial (ACM) insulation,		Amount Specify	70		m	lûi .
In Facilit (13)	In Facility Custodia					surfac	ing, VA	T, or		F or LF)	Removal	Repair	aps	Enclosure
(13)						other m	iscellan	eous)			<u>×a</u>	Ni.	Encapsulate	ure
		Yes	No	N/A							_			
baseme	nt			X		pipe	insulat	ion	1	20 LF	X			
Name of Registered Wast	e Hauler		1109.70	JDEP W auler ID	1000	Cubic \		Name	of Registe	ered Landf	ill			
Freehold Cartage			117332	5939	, , , , ,	TBD		West	ern Ber	ks Landf	ill			
City, State						Disposa	al Date	City, S						-
Freehold, NJ						TBD		A	boro, P.					
Completed by Title A. Scott Higgins President					Si	gnature	11/			ate 7/18/1				

Parel				CATION	OF ASB	ESTOS	ABATE			loop	1	160	2	) —	17	7
Date of Notification (1) 7/19/17					f Building Manager			r (2)				SE	1	W	/ F	7
	Type Notification			Street A							<u>U</u>		U	نا	L	
DEP I	Initial Amended		+		ate, Zip Co	0.50.00000	;				Jl	11 2	4	20	17	
X DOL	Amendment # × Emergency (ir				Brunswid	ck, NJ	08816	3		had be						
DOH DCA	justification) Cancellation			Name o	f Contact					Tell	phone	Number	00	TILL	ROL	_&
				FACI	LITY INF	ORMAT	TION			1						
Name of Facility Where Ab	atement is Taking	Place (	3)						of Facility	5 70						
Street Address								S	chool (K- lubchapter	12) r 8 (Othe	er than I	K-12)				
3630 Route 35									other (i.e. p	orivate 8	comm	ercial bu	ildi	ngs,	home	3S,
City (5)	<del>380011835</del>							Square	e Feet	100,000	Floors			lg. A	ge	
South Amboy County (6)				County (	Code (7)			2500	nt Use (Pri	2 or if bein	na demi	olished)	65	)		
Middlesex					USE ONLY			1	ar/comr		330	onsitedy				
Name of Monitoring Firm H	lired by Building O	wner (8	)	ASCN	ΛNo.				ement Cor onmenta			LC				
Street Address							100000000000000000000000000000000000000	Addres:	s 3, 4 E C	Sata Di	rivo					
City, State, Zip Code								State, Zir		ale Di	ive					
							5.0		NJ 074	118						
Project Manager for Monito	ring Firm			Telepho	ne No.			hone No -764-22			Licens 703	se No.		-		14 1010 1000
Start Date (10) 7/28/17		Schedul 9/15/1		npletion	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During A	Abatement (Check	Only O	ne)				Street	Address	S							
Abatement Performed	Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility In Other – Describe:					2.4.2	City, S	State, Zip	Code							
Scope of Work (Check All																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	C.C.* H1:10009	-	Renova Demolit				×	Mini Glov	Containm -Enclosur /ebag Pro -Exempte	e cedure					3.,	
		177.93	Locati										А	bate Ty	ment	
Location o Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	aterial (ACM) ED	Use Ma	Normal ed Sole sintenal todial S (12)	ly by nce/		tos Cor therma surfa	escription ntaining M al system: acing, VA miscellar	Material I s insulat AT, or		(S	mount pecify or LF)	Kemova	1	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1			ate	d)
Southwest Corner/HV	AC ductwork			X			tar			10	0 SF	×				
Roof - 8 HVAC	units			Х	flash	ing/m	echanic	cal flas	hing	40	0 SF	×				
Exterior du	ıct			Х			tar			10	0 SF	×				
Exterior (under				X			elt pape	er			00 SF					
Freehold Cartage					aste No.	of Wa			Name of							
				5939		TBD			Wester		is Lan	UIII				
City, State Freehold NJ						TBD	sal Date		City, Stat Birdsbo		4					
Completed by		Title					Signature	e /	) ~			Date				
A. Scott Higgins		Pres	idnet					14	/	_		7/19/	17			

Prox 2		N		CATION	OF ASBE o NJAC 8	STOS A			All .	o L	_ 10	67	7	7	
Date of Notification (1) 7/19/17					Building Clanagem			(2)		Ī	J E	G	<u> </u>		7 [3]
Agencies Notified  X EPA	Type Notification		S	Street Ac 7 Tang	idress ilewood	Lane					3		0 1	-004	
DEP X DOL	Amended Amendment #		100		e, Zip Cod runswick		8816			11		JUL	2 4	201	1
DOH DCA	<ul> <li>Emergency (in justification)</li> <li>Cancellation</li> </ul>	ncluding	100	Name of Jim	Contact					Tele	pho <del>he</del> N			ONTI	ROL
Ц				FACIL	ITY INFO	RMATIC	N						ENS	HAM	
Name of Facility Where A Old Vacant Bar Street Address	Abatement is Taking	Place (3	)						of Facility (4 School (K-12 Subchapter (	2) B (Othe					
3630 Route 35								EC 6	Other (i.e. pr etc.) e Feet	easures	Floors		dings, Bldg. A		15,
City (5) South Amboy								2500	)	2		6	35	.gc	
County (6) Middlesex				County C STATE U	ode (7) ISE ONLY)		_	old b	nt Use (Prio par/comm	ercial		ished)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.				tement Cont onmental			_C			
Street Address							-,,,,	Addres 3ox 48	ss 33, 4 E Ga	ate Di	rive				
City, State, Zip Code									p Code , NJ 074	18		100 - 100 -	-		
Project Manager for Mon	nitoring Firm			Telephor	ne No.			none No 764-2			License 703	No.			
Start Date (10) 7/28/17		ed Com	pletion (	Date (11)		Name	of OSh	HA Monitor							
Occupancy Status Durin	g Abatement (Check	Only On	ne)				Street	Addres	SS						
Facility Closed/Vac Abatement Perform Other - Describe:	ated During Entire P ned Outside of Norm	eriod of A al Facility	Abatem Hours	ent		_	City, S	State, Z	ip Code		W-0.000				
Scope of Work (Check A	II That Apply)								40.00						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- Contraction of the Contraction	Renova Demoliti				>	Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	edure				-e	
				muv.				110	II-Exempled	) ain	4 14011-11	abic i ii	5.43	ement	t
llia	o of	100	Locati Vormal	22334		Des	cription	n of					T	/pe	
Asbestos-Containing TO BE AB In Faci	Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Use Ma Cust					tos Conta thermal	aining N system sing, VA	Materia Is insula AT, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		750.000 Table			-	-				-	
South end -	South end - interior					9"x9"	floor	tile		20	00 SF	X			
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of I	Registe	ered Land	Hill		1	1
Freehold Cartage	127		11 . 333	auler ID 5939	No.	of Was	38.5%		Wester		ks Land	dfill			
City, State Freehold NJ						Dispos TBD	al Date	)	City, State Birdsbo		Д				
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A. Scott Higgins		Pres	idnet					(X		_		7/19/1	7		

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	Nellifontion			ROGRESS	VE A	THURSE	-	· .	لسببت	111	'	
	nisad			Address SYLVA			T	-3%	1	/		-
DEP P	ATRIENISANS	71	CIN	State, Zip Code		44 84	10811	/Epole	557	M	1	
lov e	mendment # Mergency (inci-		- /	ARSIPPAN	Y D'	7 070	-	print market time	1 1			
M 500	utilication)	រប់មេញ	Nam	s.of Contact	7	7 01	-					
	ancens you		1	SICH OF	HTMA	لد	1 10	<b>bin</b> Dhana i	NK.MY Da	er		
Name of Facility Where Abalem	INI IS Taking Pla	(2) (a)	F/	CILITY INFORM	ATION				AL CONTRACTOR		THAN	
CAMBRIDGE 1	HLLACE	Bu	ledin	EHE		Type of Facil						
THE STATE STATE OF THE STATE OF						School (	K-12)					
189 LITTLETO	1 COM	,				DO CALLEL (F)	e. privata	her than K & comme	-12) rosel b	uildin	an h	o m
PARSIPPAUY					_	Square Feet		of Floors				
County (6)			182			8000	0	3		1	, A91	1
			(BTAT	Y Code (T)		Current Use (	Prior   be	ing demoi	inhed)			
Name of Monitoring Firm Hired by	Building Owner	r (8)		OM No.	LATE	140	15		on the same			
			1		A. M	of Abatament C BC Contraction	ontractor	(8)	Manual Na			-
Street Address					Street	Address	ig inc.					
City, State, Zip Code					185 \	restand Ave	3.					
					City, S	lete, Zip Code						
Project Manager for Monitoring Fir	m		Talanh	one No.	Maria Mariana	nd Park, N.J	),					
	2020		, crops	rv i≅ IÁÔ'		one No. 52-5841		License				_
Start Date (10)	Sche	dujad C	mpletion	Data (11)		OSHA Monito		00156				
Occupancy Status During Abateme		· I June 1	17	v	Ome	a Environm	ental Se	orvices b	nc		-	
Facility Closed/Variable Dute	S Entra Daded				Birect	र्वविद्यात्र		-1-44 11				_
Facility Closed/Vacated During Abatement Performed Dutaids Closer — Describer	y could reday : s of Namosi Fed	of Abale Mity Han	ment G			uyler Street		W				
WO W	-	,				te, Zip Code	AWA64		***************************************		-	
Scope of Work (Check All That App	ly)				1 HAUKE	ensack, N.J.	07606			titling on the second		
23 sf or 23 if 2160 sf or 2250 #	B	Renov			- K & K	Full Comtainer Mini-Enclosus Glovebeg Pro Non-Example	rg Scarium	85				
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TO BE ABATED	N.	felintens intodies	nce/ Stat??	Asbestos Con (l.s. thermal	AVERSON'S I	inneritantéeus.		oun! ecify	75		Q.	
(13)		(12)		aume	ding, VAT,	or		H LF)	Recovered	Repair	Sag	1
	Yes	No	NA		4. 158.			2 4	Bh	4	Emcapsarlate	-
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Newark Carting, Inc. ity, State Newark, N.J. 07105			-	Dispipa	al Qate	City, State				dii		
Newark Carting, Inc.  Dity, State  Newark, N.J. 07105  Completed by  R. McDonald	Title			7//	material of	City, State	yl, PA (	8072		TIII.		

18 2017 03:43PM NJ Asbestos 07/19/2017 11:47 201	25203		,,,,,,,,,,	0004	Ah	pa IAC	ge :	2	1		2	<u> </u>	PAG	E 8
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Distre of Northceston (1)	· · · · · · · · · · · · · · · · · · ·				uliding Own	er/Operat			+-	ASIBES	TGG	ski)	NA	ROL
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				NIC	Holas	Lou	105			Telephone	N. III	DEF !	Vie	1.1.1
Name of Facility Where Abelianners is T	siding PG	(C) (D)		PAGILIT	/ INFORM	TION	The	o of Fac	Tibu (a)					
Street Address	The state of the s					-		School	AC. 104					
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TEAUTER	141						Squ	are For		# of Floors			g. Ag	
Dodning (d)		***************************************	Cou	nty Code	(7)			750		2	1		-50	
Name of Monitoring Firm Hared by Building	N CHOO	- 601	200		NLY			9	65)	being dame	Mahad	1)	1	
- Andrews - comment	另 <b>〇</b> 科(数)	(0)	A	SCM No.	acate continue con	Neme	of Abi	nemeni Derinc	E STATISTICAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS	nene (E)				
Street Address						Street			ang in	C.				
City, State, Zip Code	-					165 V	/reek	and A		,				
Project Manager for Mentioning Firm						Cay, Si Midla	ate, Z	io Code ank, N.	10749	12	_		**	
11 - 11 - 11 - 11 - 11 - 11 - 11 - 11			Tolop	rone No		Telepho	use N	0.		License	No.		Milestonia de la constanta de	-
Start Date (10)	Scher	fulled C	ompled	n Date (	11)	(201)2 Name o			-	00158				
Docupancy Status During Abeleament (Ch	i ak Only	2/	20/1.	7 `		Omag	a En	Yironn	or Tental	Services	Inc.			
Facility Classed/Vacated During Entire Abeliament Performance Outing Entire			brownt			Street A 280 Hi								
Other - Describe:	mei Faci	Ny Hou	#75			City, Ste	to, 21	Code					-	
cope of Work (Check All That Apply)		William Control				Macks	nsec	*, NJ (	07806	i				
≥3 af or ≥3 # ≥160 af or ≥290 #	8	Ranov	artion Mon				Glaw	obes Pr	ara Maasan	th Negative				
Location of		& Loos		1			Non-	Example	od (**) a	nd Non-Frie	Me Pro			
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In Facility (13)	Cui	(12)	State?	0	s. memat s behus	vaterna in 19. VAT. ( 500 Tembor	auletic	SCMO PA	1 (	Amount Specify For LF)	Ramous	Reput	Eracapaulate	Enclosum
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na of Registered Waste Hauter Varik Carting Inc.		THE	DEP W	mate	Cultiso Ye	rds P	TN	afte of	-	red Landilla				
State		04	509	· •0.	of Wente	1	G	rand (	Jentra Jentra	Sanitary	Land	MH		
verk, NJ 07105 Plated by					Diaposal		C	ly, State	-			+		
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Date of Notification (1)		_				g Owner/Operator	(2)	J				
	5 / 1	7		Ve	rizon Co	mmunications		D F C	E	П	\//	
Agencies Notified	Type Notification	1		Stree	t Address			111))_5 6	<u>E</u>	1	$\Psi$	5
⊠ EPA	☐ Initial			77	3 Summi	t Ave						
☑ DOLWD	Amended	41 7/1	1/47	City,	State, Zip	Code		II II JUL	2	1 2	117	-
□ DCA	Amendment			Je	rsey City	, NJ, 07037		IN THE JOIL	4	4 21	)   /	
(NJAC 5:23-8)	justification)	ricidali	y	Name	e of Contac	ot .		Telephone Numb	er			+
	☐ Cancellation			Ale	x Baylor	Si .				~ 1.	0	1.8
				FA	CILITY IN	NFORMATION		Lit	/ETV	OHYC	A .	
Name of Facility Where A	batement is Takir	ng Plac	e (3)			. Ortination	Type of Facility (	(4)				
Verizon Journal Sq							School (K-12					
Street Address							☐ Subchapter 8	(Other than K-12)				
773 Summit Ave							Other (i.e., pr homes, etc.)	ivate and commercial	cial b	uildin	gs,	
City (5)							Square Feet	# of Floors	B	ldg. A	an a	
Jersey City							82,029	4		+-50		
County (6)			2400	Cou	nty Code (7	)(STATE USE ONLY)		or if being demolish	- 1	1-50		
Hudson				000	nty code (	MOTHER GOT ONE!	Mark 1997 - 1997	nmunications	ieu)			
Name of Monitoring Firm	Hired by Building	Owner	(8) T	ASCM	No	Name of Abateme	The state of the s	illullications				
USA Environmental			(0)	/ (OOIVI	140.		VIRONMENTAL	INC				
Street Address	managomone					Street Address	VIICONVIENTAL	-, INC.				
8346 Enterprise Ave	3					1123 BEAVE	DOTDEET					
City, State, Zip Code		¥				City, State, Zip Co						
Philadelphia, PA 19	153					BRISTOL, PA						
Project Manager for Monit			Tolo	phone	No	Telephone No.	19007	I i i a a a a a a a a a a a a a a a a a				
Mark Jenkins	omig i iiii				5-5810	215-788-6040		License No. 00509				
Start Date (10)	Sche	dulad C			ite (11)	Name of OSHA M		00509				
7 / 21 /	535.0				17	17-17-17-17-17-17-17-17-17-17-17-17-17-1		INC				
			- 1				VIRONMENTAL	., INC				
Occupancy Status During  Facility Closed/Vacate		-		mont		Street Address						
					cribe	1123 BEAVER						
Time of Abatement:	AMP	M/5:00	PM-2:	00AM	CIDE	City, State, Zip Co						
				-000		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)					⊠ Full Cont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf			novati			Mini-Encl	losure	ative i ressure				
≥160 sf or ≥260 lf		∐ D∈	molitic	n		☐ Glovebag	Procedure	-Friable Procedure				
		Is	Locat	ion		☐ NOII-EXE	impled ( ) and Non	-Friable Procedure	_			
Location of	of		Normal	ly		Description of	f		-	atem		/pe
Asbestos-Containing N			d Sole intena			stos Containing Mat	terial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABAT		144200	todial S		(i.e	., thermal systems i surfacing, VAT,		(Specify	Removal	a .	aps	Enclosure
(13)			(12)			other miscellaned		SF or LF)	<u>n</u>		Encapsulate	Гe
		Yes	No	N/A							O	
1st Floor Janitor's Clos	set			$\boxtimes$	Pipe Ins	sulation		60 LF				
Basement Meter Roon	n			$\boxtimes$	Pipe Ins	sulation		17 LF				
Basement Building St	orage				9x9" VA	T/Mastic		440 SF		П		$\overline{\Box}$
Basement Bottom of S	Stairwell				9x9" VA	T/Mastic		315 SF		П	$\overline{\Box}$	$\overline{\Box}$
Name of Registered Waste	Hauler			JDEP V		Cubic Yards of	Name of Registe	ered Landfill				=
SERVICE TRANSPO	RT GROUP, IN	C.		auler II		Waste	MINERVA L					
City, State				20990	-	Disposal Date	City, State	3)3				
NEW CASTLE, DE						TBD	WAYNESBL	JRG. OH				
Completed By (Print or Typ	oe) Title	9		-		Signature		Date	2 2		1	
Dillan DeCaro		stima	or			Signature 1	n De Cac	/ · Date	1/	0/	,7	
SB-41						Nilla	n N lac	0/16/	//	1/	11	
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Cl# 3240

Date of Notification (1)					Name	of Duildia	- 0		(0)	Printed	- 19	1			The same
7 /	5 /	17	e e		0.545			vner/Operator ( unications	(2)		) E C	E		$\mathbb{W}$	E
					ve	nzon Coi	mm	unications			7				
Agencies Notified  EPA	Type Notific	cation				t Address				111					1
⊠ DOLWD		d			4.52	3 Summit					1 JUI	. 2	4 2	2017	
⊠ DOH	Amendr	770	1-7/19	/171		State, Zip (					l				1
☐ DCA	☐ Emerger					sey City,		, 07037		and the same of	ASBEST	00	400	TDC	21 0
(NJAC 5:23-8)	justificat				- ANTHORN	of Contac				Telep	hone Num	er	ISIN	G	JL a
	☐ Cancella	tion			Ale	x Baylor		= = ====					(Property lies		
					FA	CILITY IN	NFO	RMATION		- 84 - VIII E III					
Name of Facility Where A				(3)					Type of Facility	(4)			-1 1		
Verizon Journal Sq	uare Centra	al Of	fice						School (K-1		The second secon				
Street Address									☐ Subchapter ☐ Other (i.e., p				uildin	70	
773 Summit Ave									homes, etc.		na commen	Jiai D	ununi	, jo,	
City (5)									Square Feet	# of	Floors	В	ldg. A	ge	
Jersey City									82,029	4			+-50		
County (6)			1000-100 m		Cour	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (P	rior if be	ng demolis	ned)	1000		
Hudson									Verizon Co	mmuni	cations				
Name of Monitoring Firm	Hired by Buil	ding (	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	)					
USA Environmental	Managem	ent li	nc.				E	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							Str	eet Address		50					_
8346 Enterprise Ave	9						1	123 BEAVE	R STREET						
City, State, Zip Code		-					City	y, State, Zip Co	ode						
Philadelphia, PA 19	153						E	BRISTOL, PA	19007						
Project Manager for Monit	toring Firm	20		Tele	phone	No.	Tel	ephone No.		Lice	nse No.				
Mark Jenkins				2	15-365	-5810	2	15-788-6040		00	509				
Start Date (10)	3	Scheo	luled C	omple	tion Da	te (11)	Nar	me of OSHA M	lonitor						
7 / 21 /	17		8/	5	/	17	Е	BRISTOL EN	VIRONMENTA	L, INC					
Occupancy Status During	Abatement (	Check	c only c	one)			Stre	eet Address							
☐ Facility Closed/Vacate							1	123 BEAVER	R STREET						
	Outside of No	ormal	Facility	y Hou	rs - Des	cribe		y, State, Zip Co							
Time of Abatement:	AM	PI	л/ <u>5:00</u>	PM- <u>2</u>	:00AM			BRISTOL, PA							
Scope of Work (Check all	that apply)														
□ > 2 - £ > 2 \ £	1000 000		Π-						ainment with Ne	gative Pr	essure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			⊠ Re	novati molitic											
			_ 50	monta	***			☐ Non-Exer	mpted (*) and No	n-Friabl	e Procedure	9			
			100	Locat								Ab	atem	ent Ty	ype
Location				Vorma d Sole				Description of				3.2	_		
Asbestos-Containing N TO BE ABA		1)		intena	-			Containing Matermal systems in			nount pecify	em	Repair	nca	nclo
IN Facility			Cust		Staff?	(1.0		surfacing, VAT,			or LF)	Removal	=	Encapsulate	Enclosure
(13)				(12)	T	-	oth	her miscellaned	ous)					late	roi l
			Yes	No	N/A									2000	
Basement Office						9x9" VA	T/M	lastic		29	0 SF	$\boxtimes$			
Basement Battery Are	a				$\boxtimes$	9x9" VA	AT/M	lastic		3	0 SF	$\boxtimes$	П	П	
							70000000								
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Name of Registered Waste				12500	JDEP V		9949WS	oic Yards of	Name of Regis						
SERVICE TRANSPO	RT GROUP	, INC	).		20990		Was	Sid	MINERVA	LANDF	ILL				
City, State				-			Disp	oosal Date	City, State						
NEW CASTLE, DE		- 1					Т	BD	WAYNESB	URG, C	H				
Completed By (Print or Typ	oe)	Title						Signature		- 1	Date	9 ,	33	,	-
Dillan DeCaro		Es	stimat	or				Della	n De Ca	4/	el 7	/1	7/	17	7
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Date of Notification (1)	33		N			g Owner/Operator	(2)	MEG	E		7 18	-	
	5 /	17			Veriz	zon Con	nmunications			ഥ	U C		-11
3	Type Notific	ation		S	treet A	Address			15				
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	Amende Amendm			C	ity, Sta	ate, Zip C	Code						1
□ DOH 6565	☐ Emerger		ding		Jerse	ey City,	NJ, 07037		ASBEST	OSC	ONIT	BOI	_ <u></u>
(NJAC 5:23-8)	justificati	ion)			V (2000 - 10	of Contact	t		Telephone N	mpen	SING		
	☐ Cancella	tion			Alex	Baylor			1				
					FACI	ILITY IN	FORMATION						
Name of Facility Where Ab				3)				Type of Facility					
Verizon Journal Squa	are Centra	al Office	1					School (K-1)	2) 8 (Other than K-	12)			
Street Address								Other (i.e., p	private and comn	nercial	buildir	igs,	
773 Summit Ave			W					homes, etc.		Τ,	21.1.		
City (5) Jersey City								Square Feet 82,029	# of Floors		3ldg. / +-50		
County (6)				10	County	Code (7)	(STATE USE ONLY)		rior if being demo	liahad		)	
Hudson					Journey	Code (r)	(STATE USE ONLT)		mmunications				
Name of Monitoring Firm Hi	red by Build	dina Own	er (8)	TAS	CM No	0 1	Name of Abateme		Controlled Controlled Controlled Control				
USA Environmental N		1000	c. (o)	/10	OMITTE	0.		VIRONMENTA					
Street Address							Street Address	· into itilization	,		-		
8346 Enterprise Ave							1123 BEAVER	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Philadelphia, PA 1915	3						BRISTOL, PA	19007					
Project Manager for Monitor	ing Firm		T	elepho	ne No	o.	Telephone No.		License No.				
Mark Jenkins				215-3	365-58	810	215-788-6040		00509				
Start Date (10)	Delite.	cheduled					Name of OSHA M	onitor					
7 / 20 /	17	8	/_	4	/ _1	17_	BRISTOL EN	/IRONMENTAI	L, INC				
Occupancy Status During Ab	patement (C	Check onl	y one)	)			Street Address						
☐ Facility Closed/Vacated D							1123 BEAVER	STREET					
Abatement Performed Ou Time of Abatement:						be	City, State, Zip Co						
			<u> </u>	2.00/			BRISTOL, PA	19007					
Scope of Work (Check all that	at apply)						⊠ Full Conta	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			Renov					osure	adve i ressure				
≥ 160 sf or ≥260 lf			Demol	ition			☐ Glovebag		n-Friable Procedi	Ire			
			Is Loc	cation	T			ipica ( ) and ito	1-1 Habie 1 Tocedi		atem	ent Ti	vne
Location of		ļ	Norn				Description of				1		
Asbestos-Containing Mat TO BE ABATEI		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		olely by nance/	-		os Containing Mate thermal systems in		Amount	Removal	Repair	nca	nclo
IN Facility	2	Cı		al Staff	?	(1.6.,	surfacing, VAT,	or	(Specify SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Va	(12	-	10		other miscellaneo	us)				late	0
		Yes	-	-				-		+-			
1st Floor Janitor's Closet	t			- 23	Pi	ipe Insu	ılation		60 LF		Ш		
Basement Meter Room				$\boxtimes$	Pi	ipe Insu	ılation		17 LF				
Basement Building Store	age				9>	x9" VAT	/Mastic		440 SF	$\boxtimes$			
Basement Bottom of Sta				$\boxtimes$	9>	x9" VAT	/Mastic		315 SF				
Name of Registered Waste H				NJDE! Hauler		77	Cubic Yards of Vaste	Name of Registe					
SERVICE TRANSPORT	GROUP,	INC.		209				MINERVA L	ANDFILL				
City, State							Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESBU	JRG, OH				
Completed By (Print or Type)		Title					Signature	00/	ON Da	ate	_	-	
Dillan DeCaro		Estima	ator				Dullan	DeCaro/	YK 1	7-5	) -	1	

Pg. 2 CWK#3235

Date of Notification (1)				, NI	ome of Duit	di 0 12	(a) [=		-1			
7 /	5 /	17		- 1		ding Owner/Operato	r (2)	n) E C	EI	W	G	1
Agencies Notified							11.5		<u> </u>	_U_	<u>L</u>	111
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☑ DOLWD	Amended Amendmen	n+ #		Ci	ty, State, Zi	p Code	1 502	1 001	C. 4	2017	- (	and and
	☐ Emergency		ding		Jersey Cit	ty, NJ, 07037	į				ĺ	
(NJAC 5:23-8)	justification		anig	Na	me of Cont	act		ASBESTO Telephone	SICO	HRO	La	
	☐ Cancellatio	n		1	Alex Baylo	or	-	_ 1	-1416441	$\sim$		
				-	FACILITY	INFORMATION		-1				
Name of Facility Where Ab				)			Type of Facilit	v (4)				
Verizon Journal Squa	are Central	Office					School (K-					
Street Address							─ Subchapter	8 (Other than	K-12)			
773 Summit Ave							Other (i.e., homes, etc.)	private and con	nmercia	l buildi	ngs,	
City (5)							Square Feet	# of Floors		DIA	^	
Jersey City							82,029	4		Bldg.		
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Hudson					· · · · · · · · · · · · · · · · · · ·	(*)(***********************************		mmunication		1)		
Name of Monitoring Firm Hi	red by Buildin	g Owne	er (8)	ASC	M No.	Name of Abatem			15		_	
USA Environmental N		THE STATE OF THE STATE OF	1-7	1			IVIRONMENTA	27				
Street Address						Street Address	TAILOIAIRICIAIA	AL, INC.				
8346 Enterprise Ave						1123 BEAVE	DOTDEET					
City, State, Zip Code						City, State, Zip C						
Philadelphia, PA 1915	3					BRISTOL, PA						
Project Manager for Monitor			TT	elephon	e No	Telephone No.	19007					
Mark Jenkins			74		55-5810	215-788-6040	1	License No				
Start Date (10)	Sch	eduled			Date (11)	Name of OSHA M		00509				
7/20/					17			1 1110				
Occupancy Status During Ab							VIRONMENTA	L, INC				
☐ Facility Closed/Vacated D						Street Address						1000
Abatement Performed Ou	tside of Norm	ellou o	ity Ho	ement	saribo	1123 BEAVER						
Time of Abatement:	AMF	PM/5:0	OPM-	2:00AN	A	City, State, Zip Co						
Scope of Work (Check all tha						BRISTOL, PA	19007					
Scope of Work (Check all tha	t apply)					M Full Cont	oinmont with Ne-	-4: - D				
≥3 sf or ≥3 lf		⊠ R				⊠ Mini-Encl	ainment with Neg osure	ative Pressure				
≥160 sf or ≥260 lf		☐ D	emolit	ion		☐ Glovebag	Procedure					
		1	s Loca	tion	T	☐ Non-Exer	npted (*) and Nor	n-Friable Proced	dure			
Location of			Norm	ally		Description of			Al	pateme	ent T	уре
Asbestos-Containing Mate				ely by	Asbe	stos Containing Mat		Amount	Re	Re	En	Enclosure
TO BE ABATED	)			ance/ Staff?	(i.e	., thermal systems in	sulation,	(Specify	Remova	Repair	cap	CIOS
(13)						surfacing, VAT, other miscellaneo	or (	SF or LF)	/al	1 1	Encapsulate	oule
20 1100 11 11 11 11 11 11 11 11 11 11 11 11 11		Yes	No	N/A		other miscenaries	us)				ate	
Basement Office					9x9" VA	T/Mastic		290 SF				Г
Basement Battery Area				$\boxtimes$	9x9" VA	T/Mastic		30 SF				_
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ame of Registered Waste Ha	uler			IDED.	Macta	Cubic Vanda of	No.					
SERVICE TRANSPORT		О,	-0.00	JDEP \ auler II	O No.	Cubic Yards of Waste	Name of Registe MINERVA L					
ty, State				20990		Disposal Date	City, State					-
NEW CASTLE, DE						TBD	WAYNESBU	RG, OH				
ompleted By (Print or Type)	Title					Signature		- 1	ate			-
Dillan DeCaro	Es	stimat	or				DIPARA!	m l	7 .	- 1	1-	)

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Date of Notification (1)		Nam	ne of Bu	ilding Own	eniOpen	$A \mathcal{A} = $	601	EZ	1 1 1 1	0		0 0	1
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DEP Amend		City		Zip Code		0:	ty	AL.	T. La	235	4		
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DOH justific	ation)	Nam	ne of Ca	omaci. (S. C		= 7		1 7 7 7 7	•	711	,F13/2	211AC	' +
□ DCA □ Cancel	EDON	F		TY INFOR		N							_
Name of Facility Where Abatement is Ta	aking Place (3)					1	e of Facility						
MS MANI	E GOME	2	, 13mg				School (K- Subchapter	- 2 (Other	than K-12)				
Street Address						B	Other (i.e.	private &	commercial b	uilding	s, hon	ies, et	c.)
				14.		Squ	are Feet		Floors	BI	dg. Ag		
City (5) TEVLSEY	02+4			1 0,		1 -	2800		2 "	-	19	15	
County (6) JUDSON	0 17			de (7)		Cur	resit Use (Pri	or if being	demolished)	=			
HUDSON	)			E ONLY)		-	atement Con		SNE				$\dashv$
Name of Monitoring Firm Hired by Buil	ding Owner (8)	A	ASCM 1	No.			Removal						
						Street Addre		IIIG					
Street Address					1.		outh Riv	er Stre	et.				٠
City, State, Zip Code					-+	City, State,	Zip Code	·					
City, Seale, 21p Code							isack, N	J 0760					
Project Manager for Monitoring Firm		Tek	ephone	No.		Telephone N	√o. -329-74	A A	License No	388			
									00.	200			
Start Date (10)	Scheduled C	15 8		(11)	. [		HA Monitor		21		\$		
Occupancy Status During Abatement (C	hardr Only One)	01.	<u>3/ 1</u>	_/	$\dashv$	Street Addn	222		-				
	tim Decial of Abstract	ent.		7			Juyler S	treet					
Facility Closed Vacaned During Ed  Abatement Performed Outside of 1  Other - Describe: 7:00	Vormal Facility Hours	DH			٠ ٢	City, State,	Zip Code	onal '	NJ 07606				
2 Other - Describe: 1:00 A	4-40 7:00	271			3	Soun	I Macker	Dava,	143 07000				
Scope of Work (Check All That Apply)			24	•					No. analism Dans	~			
□ ≥3 sfor≥3 lf		ovation polition		25			Mini-Enclos	SE	Negative Pro	35010			
_2 ≥160 sf or ≥260 lf		DOISOGE					Glovebag Pro	ocediere ed (*) and	Non-Friable	Proced	me	T2000	
			1	٠.			Will manned	T		1	Abate	anent	ii S
		ocation	-	•	Dan	ription of				-	Ту	pe	
Location of Asbestos-Containing Material (AC	Used S	Solely by		Asbesto	e Conta	ning Materi	al (ACM)		Amount Specify	2		En	E
TO BE ABATED In Facility	Custod	fial Staff	B?		7	AT, or	n, surfacing,	S	For LF)	Removal	Repair	Encapsulate	Enclosure
(13)	. (	(12)		-	other II	iscellaneous	s)			¥ E	-	date	ure
	Yes	No	NA	-					-	-	_		
BASEMENT		-		V4T-	1 1	ASTIC	٤		700 SF	X	_		-
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		$\dashv$											
		+											
Name of Registered Waste Hauler			EP Wa		Cubic Y		Name	of Registe	red Landfill	• • •	•		
Best Removal Inc			der ID N		of Was	20/20	75	Minve	rva Ente	rpris	es, L	LC	
Best Kemoval Inc			1710	7	Dispos	d Date	. City, S	tate					
Hackensack, NJ 07601		*3	~		8)	3/17	Wa	ynesb	urg, OH	1468	8		
Completed by	Title					gnature /	0			7/2	201	17	
J. Maiorano	Est	imato	or			1	Jou'a		7	110	1	, 1	
ASB-41 (R-06-08)						() * Do	not use this	form for a	sbestos licen	ance co	ampted	l activ	ities

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Date of Notification	n (1)	
07	_ / _	20

Date of Notification (1)					Name	e of Buildir	ng Ov	vner/Operator (	(2)					11
/	20 /	17	_		Bri	ian Hoffn	agle	9			JL 2	4 2	017	
Agencies Notified	Type Notific	cation			Stree	t Address								- Inches
⊠ EPA										ASBEST	00.00	3017	701	_
□ DOLWD   □   □   □   □   □   □   □   □   □	☐ Amende				City.	State, Zip	Code	)		/ NODEST	CENS	ING	HUL	. Č
⊠ DOH	Amendm				20.00			s, NJ 08751		-	0-140	1140		
DCA (NJAC 5:23-8)	☐ Emerger justificat	ncy (inc	luding			of Contac		0, 110 00701		Telephone Nu	mhor			
(140/10/3.23-0)	Cancella					an Hoffn		1		Telephone Nu	nber			
					-		_	RMATION		_				
Name of Facility Where A	batement is	Taking	Place	(3)		OILITT II	11 0	MATION	Type of Facility	(4)				
Residence		•		(-)					School (K-1)	55 N				
Street Address									Subchapter	8 (Other than K-1 private and comm		uilding	ıs.	
									homes, etc.					
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Seaside Heights									1500	1		65		
County (6)					Cou	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
Ocean									Residence					
Name of Monitoring Firm	Hired by Buil	ding Ov	wner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	)				-
N/A							(	Guardian Co	ntracting, Inc.					
Street Address							Str	eet Address						
							1	1889 Route 9	, Unit 61					
City, State, Zip Code								y, State, Zip Co						
							1	Toms River, I	New Jersey 08	755				
Project Manager for Monit	oring Firm			Tel	ephone	No.	Te	lephone No.	-	License No.				
							7	732-349-9932		00624				
Start Date (10)		Schedu	led Co	ompl	etion Da	ite (11)	Na	me of OSHA M	lonitor					
07 /31 /	17	08	_ /	0	1 /	17	E	E.M.S.L. Anal	lytical					
Occupancy Status During	Abatement (	Check	only o	ne)			Str	eet Address						
□ Facility Closed/Vacated	d During Enti	re Perio	od of A	Abate	ement		1	056 Stelton						
Abatement Performed	Outside of N	ormal F	acility	Ηοι	ırs - Des	scribe	Cit	y, State, Zip Co	ode					
Time of Abatement:	AM	PM/		_PM	l- <u> </u>	AM			New Jersey 08	854				
Scope of Work (Check all	that apply)								-	465 24				
≥3 sf or >3 If		Г	Rer	nova	tion			☐ Full Cont	ainment with Neg	gative Pressure				b
≥160 sf or ≥260 lf			☑ Der					Glovebag	Procedure					
						_		Non-Exer     Non-Exer	mpted (*) and No	n-Friable Proced	ure			
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Location of Asbestos-Containing N		1)			ely by	Aaba	ataa	Description o			R	D.	Ш	Ш
TO BE ABAT		'/	Mai	nten	ance/	(i.e	the	Containing Ma ermal systems i	insulation	Amount (Specify	Removal	Repair	ıca	ıclo
IN Facility	/		Custo	odial (12)	Staff?	,	5	surfacing, VAT,	or	SF or LF)	va	_	Encapsulate	Enclosure
(13)		22	Yes	No	N/A		ot	her miscellaned	ous)				ate	tu l
exterior		[		$\boxtimes$		asbesto	os si	iding		1400 sf	$\boxtimes$	П		П
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		Ĺ												
Name of Registered Waste				1732	NJDEP I		0.572.50	oic Yards of	Name of Regis	tered Landfill				
Guardian Contractin	g, Inc.			1	dauler II 20223		Wa 3		T.R.R.F.					
City, State							-	posal Date	City, State					
Toms River, New Jer	sey						8.	/02/17	Tullytown,	Pennsylvania				
Completed By (Print or Typ	oe)	Title						Signature	1	1	ate /	1		
Nicholas Fernicola	0.00	Pro	ject	Man	ager			/	~ (		7/	21/	1	
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	Telephone Num	Dei	
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Facility	(4)		
	8 (Other than K-12 private and comme		
Feet	# of Floors	Bldg. Age	
	2	70	
Use (Pr	rior if being demolis	shed)	
dence			
actor (9)	)		
g, Inc.			
1			
sey 08	755		
	License No.		
	00004		

Date of Notification (1)				T				1111				
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Agencies Notified						cking & Disposa			37	3	17	
⊠ EPA	Type Notification  ☐ Initial			100000000000000000000000000000000000000	t Address D Box 13	62		ASBES	TOS C			_ &
☐ DOLWD	☐ Amended				State, Zip				TOEIN	21146		
⊠ DOH	Amendment #		-		ill, NJ 07							
DCA (NJAC 5:23-8)	Emergency (in justification)	ncludin	g		of Contac			Telephone Nu	mhor			_
(10/10 0.20 0)	☐ Cancellation			Do				releptione No	innei	-		
						NFORMATION					-	
Name of Facility Where A	batement is Takin	a Place	e (3)	17	CILITI	NFORMATION	Type of Facility	(4)				
Residence		3	(0)				School (K-12					
Street Address							☐ Subchapter	8 (Other than K-	12)			
							Other (i.e., p homes, etc.)		nercial b	uildin	JS,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Freehold							5620	2		70	3-	
County (6)		Ja		Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)			
Monmouth							Residence		W 76			
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
N/A						Guardian Co	ntracting, Inc.					
Street Address		0.07.50	102.00			Street Address						
						1889 Route 9	), Unit 61					
City, State, Zip Code						City, State, Zip C	ode					
		V	,			Toms River,	New Jersey 08	755				
Project Manager for Monitor	oring Firm		Tele	phone	No.	Telephone No.		License No.				
Ct-+ D-t- (40)			<u></u>			732-349-9932		00624				
Start Date (10) 08 /03 /				etion Da	55 50	Name of OSHA N						
				<u>'</u> ' -		E.M.S.L. Ana	lytical					
Occupancy Status During				mont		Street Address						
☐ Abatement Performed (					cribe	1056 Stelton						
Time of Abatement:						City, State, Zip Co	ooe New Jersey 08	054				
Scope of Work (Check all t	hat apply)					1 iscataway, i	vew Jersey Uo	004				
□ >3 sf or >3 lf		По					tainment with Neg	ative Pressure				
≥ 25 si oi ≥ 3 ii ≥ 260 sf or ≥ 260 lf		☐ Re	novat			☐ Mini-End ☐ Gloveba						
			92%			⊠ Non-Exe	mpted (*) and No	n-Friable Proced	dure			
			Local			W			Al	atem	ent T	уре
Location of Asbestos-Containing M			Norma ed Sole		Acho	Description o stos Containing Ma			Re	R	Щ	Щ
TO BE ABAT	ED	Ma	intena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		Cusi	(12)	Staff?		surfacing, VAT	, or	SF or LF)	Va	-	sula	sure
(15)		Yes	No	N/A		other miscellane	ous)				ate	
exterior		П	$\boxtimes$	$t_{D}$	asbesto	os roof		5620 sf		П	П	
pp - 2007 - 2007 - 2007				=		70.001		0020 31		믐		
				1						Ш	Ш	Ш
		Ш	Ш									
Name of Registered Waste			10.000	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contracting	g, Inc.		H	20223		Waste 40	T.R.R.F.					
City, State						Disposal Date	City, State			-		
Toms River, New Jer	sey					08/14/17	Tullytown,	Pennsylvania	R			
Completed By (Print or Typ	e) Title					Signature	-/-	//	Date /	<del></del>		
Nicholas Fernicola	Pi	roject	Mana	ager			$\sim$ 1	1	7/	10/	17	
SB-41		70				/	1 - 12		10	101	1 1	

		NO	ricio	, A TIO	State of N	lew Jers	sey		ID E	@ [	= 1	7\/7	
Check#2833		NO			n OF AS			TEMENT 6)		<u> </u>		$\forall$	5
Date of Notification (1)				Nam	e of Buildir	na Owner	Operator (	2)	-HD				
07		17					a provided in	-;		JUL :	2 4	201	7
Agencies Notified	Type Notifica				el Souza							100	
☐ EPA				0000	at Address				ASB	ESTOS	CO	NTF	OL 8
□ DOLWD	☐ Amended			City	State, Zip	Code				LICE			
☑ DHSS	Amendme	_	_										
DCA (NJAC 5:23-8)	Emergenc justificatio	y (includin in)	g	Nam	beth, NJ (	07206			Telephone Nu	mbor		-	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cancellation				el Souza				relephone M	moer			
					CILITY	VEODIA	TION						
Name of Facility Where	Abatement is Ta	aking Plac	= (3)	ГР	CILITT	NFURIM	ATION	Type of Facilit	v. (4)				
Private house		anny ride	· (0)					School (K-					
Street Address								Subchapte	r 8 (Other than K-1	1 2)			
Sept CE S. Productive and the Constitution of	Ī								private and comm	nercial b	uildin	gs,	
City (5)								homes, etc	O.F.		T. F. St.	•	
Elizabeth, NJ 07206								Square Feet	# 01 F10015		ildg. /	(ge	
County (6)				Cour	nty Code (7)	(STATE I)	SE ONLY)	Current Use (	Prior if being demo	olichod)		-	
Union					, ()	(01)1120	OL ONET	Odireit Ose (i	nor it being deind	Jistieu)			
Name of Monitoring Firm	Hired by Buildi	ng Owner	(8)	ASCM	No.	Name	of Abateme	ent Contractor (	9)				
			VO.400-0			Gr Tec		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,				
Street Address			20014615-50			_	Address		-				
						576 Va	lley Rd#	283					
City, State, Zip Code						-	ate, Zip Co					-	
						Wayne	NJ 0747	0					
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telepho			License No.				
						973-63	8-1777		01127				
Start Date (10)		cheduled C				Name o	of OSHA M	onitor					
/		07		9/		Enviro	vision Co	nsultants,Inc					
Occupancy Status During						Street A		, , , , , , , , , , , , , , , , , , , ,					
Facility Closed/Vacate	ed During Entire	Period of	Abate	ment		20-21 V	Vagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	AM-	mai Facilit	y Hou PM	rs - Des	Scribe AM	City, St.	ate, Zip Co	de					
		_				Fair La	wn, NJ 07						
Scope of Work (Check all	that apply)					H	Clean up	and decontam	nation with negat	ve pres	sure		
>3 sf or >3 If = 160 sf or >260 If			enovat			Н	Mini-Encl	osure	egative Pressure				
☐ ≥ 100 St 0f ≥200 If		∐ D∈	moliti	on		$\bowtie$			Tent with Negati		sure		
		15	Loca	tion			NOII-EXE	ilpted ( ) and iv	on-Friable Proced		1		
Location			Norma	lly		De	scription of	•			_	ent T	ype
Asbestos-Containing N TO BE ABA			ed Sole intens			stos Cont	aining Mat	erial (ACM)	Amount	Rer	Repair	Enc	Enc
IN Facilit	The state of the s		todial	Staff?	(I.e		systems in cing, VAT,		(Specify SIF or LF)	Remova	pair	Encapsulate	Enclosure
(13)		-	(12)		-		niscellaneo		On or Er )	<u>n</u>		ulate	6
		Yes	No	N/A								10	
Basement				$\boxtimes$	Pipe insu	ılation			50 LF	$\boxtimes$			
											П		
			П										
								- Collins		ᆜᆜ		Ц	
Name of Registered Wast	e Hauler			) L J	Unules IC N	0.1: 37		81					
	o Haulti				Hauler ID No.			Name of Regi	stered Landfill				
Fr Tech LLC . City, State			(	003378	5	TBI		T.R.R.F. Inc					
						Disposa	Date	City, State					
Vayne, NJ 07470	no\	Title				TBI		Tullytown, P	A				
Completed By (Print or Ty	pe)	Title				Sig	nature /	1,		Date			
J.Jevtic SB-41		)wner					1/10	who wend	ad 0	7/19/17	1		
		8 D			7	121	V	0.21 0.0007 00		or contract of the last			

			NOT	IFICATI (Pursua	ON OF A	New Jers SBESTO AC 8:60 a	SABATE	EMENT 0)	Removale and a second	DE	C	E		
Date of Notification (1)				Name	e of Buildi	ing Owner	/Operato	r (2)	100	The state of the s				
7/18/2017 Check						art Scho		2 1	1		JUL	2 4	50,	17
Agencies Notified	Type Notification				t Address				i	1				
EPA	✓ Initial					Brook A	venue		All and a second	ASBE	STO	SCC	TIME	301
DEP DOL	Amended	cи			State, Zip				- 1	, 10,52	LIC	ENS	NG	IOL
	Amendment Emergency	(includir	10	_	dhurst, I						-			
DOH DCA	justification)		.5		of Conta	ict			T	elephone N	lumbe	r		
□ BCA	Cancellation	1		Rae								-		
Name of Facility Where A	Abatement is Takin	n Place	(3)	FA	CILITY IN	NFORMAT	TION	- :-						
Sacred Heart School	ol	ig i lace	(5)					Type of Faci	lity (4)					
Street Address								School	(K-12)					
620 Valley Brook Av	venue						1	Other (i	pter 8 (Ot	her than K	-12)	مانامانه	a h	
City (5)								etc.)		a comme	Ciai Di	ullaing	s, noi	mes,
Lyndhurst								Square Feet	1 920	of Floors		Bldg.	Age	
County (6)						***		15,000	2			60+		
BERGEN				(STATI	y Code (7 E <i>USE ON</i>	( ) ( )		Current Use	(Prior if be	eing demol	shed)			
Name of Monitoring Firm	Hirod by Building	2 /	2)	7/2				School						
riamo or moritoring rimi	rified by building (	Jwner (	3)	ASC	CM No.			of Abatement						
Street Address	-							Services Co	rporatio	n				
3.1 0017 (dd) 033								Address						
City, State, Zip Code							10000000	69th Street						
ony, orato, zip oode								tate, Zip Code						
Project Manager for Monit	oring Firm			<b>T.</b> 1. 1				enberg, NJ (	07093					
jeet manager for worth	oring rinni			i eleph	one No.		100 March 200 March 200 M	one No.		License	No.			
Start Date (10)		Schodu	lad Ca		D : ///			295-1700		01074				
7/29/17	1	7/31/2		mpletior	Date (11	)		of OSHA Monit	tor					
Occupancy Status During	Ahatement (Chack							as above						
The state of the s							Street A	Address						
Facility Closed/Vacate Abatement Performed Other – Describe: St	d Outside of Norma	eriod of al Facilit	Abater y Hour	nent s			City, St	ate, Zip Code						
Scope of Work (Check All	That Apply)													
The second secon		X					_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				200	Full Contain	ment with	Negative	Pressi	ıre		
The state of the s								Mini-Enclos Glovebag P						
	<u></u>	T			1		×	Non-Exemp	ted (*) an	d Non-Fria	ble Pro	ocedu	e e	
2. 21			Locat										emen	t
Location o	f		Normal ed Sole			Des	scription of	of				Ty	/ре	
Asbestos-Containing M TO BE ABAT	ED (ACM)	Ma	intena	nce/	Asbe	stos Conta	aining Ma	terial (ACM)	9555	mount			т	_
In Facility		Cus	todial S	Staff?	(1.6	surfac	systems sing, VAT	insulation,		pecify or LF)	Ren	Re	nca	Enc
(13)			(12)			other m	iscellane	ous)	0,	OI LI )	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					1		<u>a</u>	"	ate	Гe
1st Floor-Big F	Room		Х			Coilir	ng Plast			0.5		-		
						Cellii	iy riasi	.61	- 3	SF	-	Х		
Name of Registered Waste	Hauler			JDEP W		Cubic Y	/ards	Name o	f Register	red Landfill	1			
Tri-State Transfer Asso	oc.			auler ID	No.	of Wast			850					
City, State			19	9551		tbd			va Ente	prises				
Bronx, NY						Disposa	al Date	City, Sta		20.000.00				$\neg$
Completed by		7714				tbd		Wayn	esburg,	ОН				
Other D. J.	1	Title				Sig	gnature /	0//	V	Da	te			

Office Manaer

Gina Betances

Date

7/17/17

Print Form

			(	Pursua	nt to NJA	C 8:60 ar	nd 12:12	(0)			(	ni	4	0	26-	20
Date of Notification (1) 07/19/17					of Building				ducation				_	00	16	<u> </u>
Agencies Notified	Type Notification	n		Street	t Address Bouleval						)-[	6	E	1	<u> </u>	5
EPA DEP DOL	Initial Amended Amendmen	nt #			State, Zip ( brouck H		NIOZ	204		The second secon	.1	UL	2 4	20	117	Married Action
	× Emergency justification	(includin	g		of Contac		143 076	504		To	ephone				11	Ž.
X DOH X DCA	Cancellatio			120000000000000000000000000000000000000	Dina Me	75				110	Pehrione	Null	ibei			٦
Name of English Whore A	botoment in Tabi	DI	(0)	FA	CILITY IN	FORMAT	ION					LIC	INS	ING		.α
Name of Facility Where A Hasbrouck Heights	High School/N	ng Place ⁄liddle S	(3) Schoo	I				Typ	oe of Facility	5 53					and the same	
Street Address 365 Boulevard									Subchapter Other (i.e. petc.)	8 (Oth	er than & comm	K-12 nercia	) I buil	dings	, hom	es,
City (5) Hasbrouck Heights								5.000	uare Feet ,000 +	# 0	f Floors		10000	8ldg. /	Age	
County (6) Bergen				County (STATE	y Code (7) E USE ONL	Y)		Cur	rent Use (Pri hool	or if be	ing dem	olish	ed)	- 12-11		
Name of Monitoring Firm Westchester Enviror		Owner (8	3)	ASC 001	CM No.				patement Cor tracting &			tal (	Cons	ultin	a In	C
Street Address 307 North Walnut St	reet						Street	Addr							9, 11	
City, State, Zip Code West Chester, PA 19	9380	· ·					City, S	tate,	Zip Code NJ 07470				-			
Project Manager for Monit Mr. Philip Conteh	oring Firm				one No. 131-7545	5	Teleph	one	SERVICE SERVICE SERVICES		Licens					
Start Date (10) 07/21/17		Schedu 07/24/			n Date (11)		Name	of OS	SHA Monitor sion Cons	ultant		0				
Occupancy Status During	Abatement (Chec						Street			unani	5, 1116.					
Facility Closed/Vacat Abatement Performe	ed During Entire d Outside of Norr	Period of	Abate	ment rs			20-21	1 Wa	agaraw Ro Zip Code	ad, B	ldg. #3	5E				
Other – Describe:							525		n, NJ 0741	0						
Scope of Work (Check All	That Apply)												-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renov Demoli				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure	-				2	
		15	s Locat	tion				1 14	on-Exempled	() and	u Non-F	Паріє		Canal Value of	ment	
Location of			Norma	illy		Des	scription	of						Ту	ре	
Asbestos-Containing N TO BE ABAT In Facility (13)	TED	Ma	aintena todial (12)	ance/ Staff?	Asbes (i.e.	tos Cont thermal surfac	aining M	ateria insu T, or	lation,	(S	mount specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	(D
Hallway		-		X		Pipe	e Fittino	gs		43	Each		X			
N(D. 1																
Name of Registered Waste I.R. Contracting & Env		onsul.,	Inc F	NJDEP V Hauler ID 7819		Cubic of Was			Name of F	0.000				,		
City, State Vayne, New Jersey			E3   '				al Date		City, State Pen Arg		nnevly	ania	E			
Completed by erry Bijelonic		Title Proje	ect Ma	anager		Si	gnature		1 51719	,, i G		Date	-	7		

				N OF ASBESTOS t to NJAC 8:60 an			i .	IF	) E (	7 [5	i	W	
Date of Notification (1)			Name (	of Building Owner/		000000000000000000000000000000000000000	1	#	1	<u>ا</u>	ı ü	U	
Agencies Notified Type Notification			Street /	CHLS Address	Biù	-27	<u> </u>	111	الا	II 1	[]	2017	
EPA Initial Amended Amendmen Emergency Justification	(including	a de la composição de l	Name o	ate, Zip Code  (I L FUL)  of Contact		J .7	5.0	, -		TOS			3 JC
DCA Cancellation		And services			LASS	SUC	, 1		EC	F	П	7\/7	E.
Name of Facility Where Abatement is Takin	ig Place (	3)	FAC	ILITY INFORMAT	ION		of Facility	[ [	<u>L</u> <u>U</u>	<u> </u>	U	M	5
Street Address							School (K- Subchapte Other (i.e. etc.)	r8 (Ot	er than K-1 & commerc	2) 2 ial 6ui	dings	017 , nom	es,
Oly (5) MILFORD						1	are Feet 600	-: /	Floors ASBEST	OS C		ORO	)L &
County (6) HUNTERDOD		1		Code (7) USE ONLY)		Cum			ng demotis いつみし		CHA		
Name of Monitoring Firm Hired by Building	Owner (8)	!	ASC	∜ No.			atement Co	niracto					
Street Address			1		Street	Addre		10					
City, State, Zip Code					Midk	and P	lip Code Park, NJ (	7432					
Project Manager for Monitoring Firm		AND DESCRIPTION OF THE PERSON	Telepho	ji "		)262-	5841		License N 00156	ło.			
Start Date (10) 7/29/17	Õ	loz	npleäon ]   T	Date (11)	Ome	ga E			arvices Ir	1C.			
Occupancy Status During Absternant (Check Facility Closed/Vacated During Entire In	esied of A	Abaten	nent			Huyle	ar Street						
Abatement Performed Outside of Rome Other – Describe:	ar Facility	r Hours	5				tip Code ick, NJ 01	7606					
Scope of Work (Check All That Apply)  23 sf or ≥3 lf  ≥160 sf or ≥260 lf		ienova Jemolii			No. Market	Mil Gl	ni-Enclosur ovebag Pro	e cedure	Negative F			9	
	1	Locati					and South				.Abate	ment	-
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	tonnal d Sole intenar redial S (12)	iy by noe/ Staff?	Asbestos Cont (i.e. thermal surfac		lateria s insula T, or	ation,	0	nouni pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
BASEMENT	Yes	No	N/A	PIPE	la V S	Selve d	tion)		SOLF				-
DUGE MCN1	10 10 10 10 10 10 10 10 10 10 10 10 10 1			TIFE	780 ~	Ver	311030		<u> </u>	No. of Contrast of			
Name of Registered Waste Hauler		1.51	JDEP W	asie Cubic	f m mi =		1	5		We will be seen a seen			- Annual of the last of the la
Newark Carting Inc.		174	auler ID \$509						ed Landfill I Sanitary		dfill		
City, State Newark, NJ 07105		104	+308		al Date 29/17	On	City, State	e	. 08702			-	
Completed by Joseph Vocaturo	Title Vice I	Presid	dent		gnature		1/	esti	Da	,	6/r		

Ch 260	105		NOT		ATIO		BE	Jersey STOS ABA <sup>*</sup> 8:60 and 5:1		DE	CE		$\mathbb{V}$	E	
Date of Notification (1)  07 /	21 /	17				e of Buildir		wner/Operator	(2)		UL 2	4	201	7	-
							iciic								
Agencies Notified  EPA	Type Notific	cation				t Address				ASBE	STOS	00	NITE	301	2
⊠ DOLWD	☐ Amende	h						ue 12 <sup>th</sup> Floor		AODE	LICE			.0_	~
☑ DHSS	Amenda				11/25/00	State, Zip				Ten April 10 and	Marie Control of the last				
DCA	☐ Emerger	A CONTRACTOR OF THE PARTY OF TH		a a	Ne	w York, I	NY 1	10017							
(NJAC 5:23-8)	justificat	tion)			Name	of Contac	ct			Telephone I	Number				
	☐ Cancella	ation			Dir	no Nappi									
					FA	CILITY II	NFO	RMATION		-					8
Name of Facility Where A	batement is	Taking	Place	e (3)					Type of Facility	83 53					
Bank of America									School (K-1:	2)					
Street Address			)						Subchapter Other (i.e., p			l bi	ldina	_	
336 Park Avenue									homes, etc.		imercia	Dui	laing	5,	
City (5)									Square Feet	# of Floors		Bld	g. Ag	ie.	
Scotch Plain									10,000	1			0		
County (6)					Cou	nty Code (	7\/ST	ATE USE ONLY)	Current Use (Pr	ior if heing der	nolisho	377			
Union					-	,	ηο.	, , , , , , , , , , , , , , , , , , ,	Odirent Ose (i i	ior ir beirig der	HUIISHE	1)			
Name of Monitoring Firm	Hired by Buil	Idina C	wner	(8) T	ASCM	No	N/	ame of Abatom	ent Contractor (9)						
New York Environm		unig C	VIIICI	(0)	AUGINI	INO.		JVN Restora							
Street Address	- Ctai								uon inc						
88 Harbor Road								reet Address							
								47 Foster Ro							
City, State, Zip Code								ty, State, Zip Co							
Port Washington, N							1	Staten Island	I NY 10309						
Project Manager for Monit	toring Firm				ephone		Te	lephone No.		License No	).				
Mike Baudo					16-944		1	718-605-6256		00774					
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)	Na	ame of OSHA N	lonitor						
07 /30 /	17	_ 0	8_ /	10	_ /	17		Testor Tech							
Occupancy Status During	Abatement (	Check	only o	one)			Str	reet Address							
☐ Facility Closed/Vacate	d During Enti	ire Per	iod of	Abate	ment			10 59 Jackso	n Avenue						
Abatement Performed	Outside of N	ormal	Facility	y Hou	rs - Des	scribe	Cit	y, State, Zip Co	ode						
Time of Abatement: St	unday AM		PM/ <u>8:</u>	00 ar	n to 8:	00PM-	100	LIC, NY 1110							
Scope of Work (Check all	that apply)	2412-11767					Γ.	2.0, 111 1110							
									ainment with Neg	gative Pressure	9				
≥3 sf or ≥3 lf     >160 sf or >260 lf			Re     De     De     Re     De     Re					Mini-Enc							
				monti	חכ				g Procedure mpted (*) and No	n-Friable Proc	edure				
		T	Is	Locat	ion				Inpice ( ) and Ito	TI-T Habic 1 100	-	۸ ۱۰ - ۱		-4 T.	
Location of	of			Norma				Description o	f		-	T	teme		
Asbestos-Containing N		1)		d Sole				Containing Ma	terial (ACM)	Amount		Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility					Staff?	(i.e		ermal systems		(Specify		NO I	air	aps	losi
(13)	у			(12)				surfacing, VAT, ther miscellane		SF or LF)		n		sula	ure
			Yes	No	N/A				/			- 1		te	
1st Floor Restroom						Joint C	omp	oond		75 SF	0				
											Г	7	П	П	П
											Г	7		П	$\exists$
				П								=			$\exists$
Name of Registered Waste	e Hauler		The state of the s	IN	JDEP \	Naste	Cu	bic Yards of	Name of Regis	tered Landfill		-			
Newark Carting				1000	auler II	No.	Wa	ste	IESI	La Landini					
City, State					NJ-56	б		posal Date	City, State						
Newark, NJ							457030	8/10/17	Bethelhem	, PA					
Completed By (Print or Type	oe)	Title	-					Signature	11		Date				-
Ralph Barnhardt		100010000	roject	t Man	ager			holls	Million	2	07.	- Z	.1 -	SDI	7

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Check # 11346

Date of Notification (1)					Nam	e of Buildin	g Owner/Operator (	(2)	, , , , , ,	C			
7 / 21	1_/_	17			Cit	y of Cam	den		DEC	F	7 1	// [	5 [
Agencies Notified Ty	pe Notifica	ation			Stree	t Address			111) 5 6	15	11 1	¥/ 1	5
	Initial				PC	Box 951	20						
	Amended				City.	State, Zip (	Code		11111	2	1 01	117	- 11
⊠ DOH	Amendme	_			Towns and Suns and	mden, N.			II LI JUL	2 .	4 20	11/	1
□ DCA (NJAC 5:23-8)	Emergeno		luding			e of Contac			Telephone Numb	205			_
The state of the s	Cancellat				1000	nes Rizzo			ACDECT(	JC (	NO:	TRO	L &
					FA	CILITY IN	IFORMATION						
Name of Facility Where Abat	ement is T	Taking	Place	(3)				Type of Facility	(4)				
220 No 37th STREET S	TRUCTL	JRE						School (K-1					
Street Address								Subchapter	8 (Other than K-12)				
220 No 37th STREET S	TRUCTL	JRE						homes, etc.	private and commer	cial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Camden								varies	varies		50+	J -	
County (6)				1	Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	ned)			
CAMDEN									DEEMED UNSAF				
Name of Monitoring Firm Hire	d by Build	ding Ov	vner (8	)	ASCM	No.	Name of Abateme						
850								nvironmental					
Street Address							Street Address		-,				
							1121 N. Bethl	ehem Pike - S	uite 60				
City, State, Zip Code							City, State, Zip Co						
							Spring House						
Project Manager for Monitorin	g Firm			Tele	phone	No.	Telephone No.	,	License No.		-		_
							215 542 7000		00847				
Start Date (10)	S	chedu	ed Co	mple	tion Da	te (11)	Name of OSHA M	onitor					
7 / 24 / 1						17	CES						
Occupancy Status During Aba	atement (C	Check	only on	e)			Street Address						
☐ Facility Closed/Vacated Du					ment		1121 N Bethle	hem Pike -Su	ite 60				
☐ Abatement Performed Out:	side of No	rmal F	acility	Hour	s - Des	cribe	City, State, Zip Co		100				
Time of Abatement: 7:00	M- <u>5:00</u> PI	M/	_PM-	Longie	_AM		Spring House						
Scope of Work (Check all that	apply)				=======================================						· ·		
☐ >3 sf or >3 lf		Г	Ren	ovati	on		☐ Full Conta	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			Dem				☐ Glovebag	Procedure					
							Non-Exer	npted (*) and No	n-Friable Procedure	;			
1				ocat						Ab	ateme	ent Ty	уре
Location of Asbestos-Containing Mate	rial (ACM)	,	Used			Ashas	Description of stos Containing Mat		Amount	Re	Re	Ē.	Щ
TO BE ABATED		٠ ] .	Main				, thermal systems in		Amount (Specify	Removal	Repair	ıcar	Clo
IN Facility			Custo	diai 3 (12)	stan?		surfacing, VAT,		SF or LF)	val	7	Encapsulate	Enclosure
(13)		T,	Yes	No	N/A		other miscellaned	ius)				ate	LU
See Attached Notice of H	azard	Г	7	]		See Atta	sched Notice of	Hazard	200 YD per res				
		-		_	_	OUC ALL	ionea monee or	lazaru	200 ID per les				
				_						Ц		Ш	Ш
		L	] [										
		[											
Name of Registered Waste Ha					JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
Waste Management of N	IJ				auler ID 17273	90,90000	Waste 200/regidens	GROWS					
City, State				1	11213		200/residenc Disposal Date	City, State			_		-
Fairless Hills, PA							8/31/17	Tullytown i	PA				
Completed By (Print or Type)		Title					Signature	, , , , , , , , ,					
Patricia Visco			ce Ma	man	er		Do F	1/10-	Date	1	. /		
ASR 11				9	-		Illines	1 Wall	0 1	2	12	21	7



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Date of Notification (1)				me of Bu SEG	uilding Owne	er/Operator	(2)		ASSES	TOS	CO	VIE	
gencies Notified	Type Notification		- A	eet Addr 000 Ha	ress dley Road	d			NODEC	LICE	VSIN	IG.	
EPA DEP DOL	Initial  Amended  Amendment	11	Cit	y, State,	Zip Code	NJ 07086							
DOH	Emergency (in justification)		Na	me of C					Telephone Num	ber			
DCA	Cancellation				TY INFORM								
Name of Facility Where PSEG EAST RIVE Street Address	RTON SUBSTA	Place (3) TION		· Adia			Туре	School (K-12) Subchapter 8 Other (i.e. priv	(Other than K-12)	) I buildir	igs, h	omes	,
545 NORTH REAL City (5)								etc.) are Feet	# of Floors N/A	Bld N//	g. Age	9	
CINNAMINSON, N County (6)	IJ		Co	ounty Co	ode (7) SE ONLY) _		Cun		if being demolish	ed)			
BURLINGTON Name of Monitoring Fin	m Hired by Building (	Owner (8)	13	ASCM I		Name	of Ab	atement Contr	actor (9)				
N/A	mind by bunding t			N/A		CEL HISTORY	S En		Services , Inc				
Street Address N/A						17 0	old D	ock Road					
City, State, Zip Code N/A								Zip Code , NY 1198	A STATE OF THE PARTY OF THE PAR				
Project Manager for Mo	onitoring Firm			elephone	e No.	631		-8111	License N 01136	0.			
Start Date (10) 07-24-17		Scheduled		oletion D	ate (11)			SHA Monitor s above					
Occupancy Status Dur	ing Abatement (Che						t Add	ress s above					
Abatament Porfo	acated During Entire rmed Outside of Norr Work performed du	nal Facility	Hours			City,	State	, Zip Code s above				-	
Scope of Work (Check													
23 sf or ≥3 lf ≥160 sf or ≥260 l		Dangard	enovat emoliti				-	Mini-Enclosure	edure				
							×	Non-Exempted	(*) and Non-Fria	ole Pro	Abate	ement	
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility (3)	Used Mai	Location ormalication of the company	y ly by nce/	(i.e. th	Descripti s Containing termal syste surfacing, \ other miscel	Mate ms in: VAT, o	sulation, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Eliciosore
00 10 1 0	Ashinguard	Yes	No	N/A X	Transite	nine (En	case	d conduit)	400 LF	Х			
26 KV SW	tching yard			1	Transito	pipo (mir							L
										+	-		-
Name of Registered \	Waste Hauler		100000	IJDEP W lauler ID		Cubic Yard	\$	1	Registered Land				-
Monte Managem	ent Services		10000	7273		100 Disposal D	ate -	City, Sta	'S Landfill Nor			-	
ESCHOLENS CONTROL AND AND AND ASSESSMENT OF THE						TBD		) Morris	ille, PA 190	67			
City, State Newark, NJ 0711	4						1	/-		Sate			
City, State		Title Proje	ect Ma	anager		Signa	ture	al E	(0)	Date 07-19	-17		

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	JUL	2	4	Print 201	Fort	
ASE	REST	OS.	00	ONTE ING	OL	8

1 1 - 110	<u> </u>	-	Nan	ne of Buil	ding Owne	r/Operator	(2)			1	ASDIC	ICEN	SIN	<u> </u>	+
te of Notification (1) 7/20/2017			EC	CLC of N	New Jers	еу				-					-
gencies Notified	Type Notification			eet Addre Lum A									· Koull		_
EPA DEP DOL	Initial Amended Amendment #		City	, State, z natham,	Zip Code , NJ 0792	28				Si .					-
DOH	Emergency (ir justification)  Cancellation	ncluding	Jo	me of Co be Dimir	10				- T	Teler	ohone Numb	eL			_
DCA				FACILIT	Y INFORM	ATION	IT	ype of Fa	acility (4)						٦
ame of Facility Where ECLC of New Jers	Abatement is Taking ey	Place (3)					E	- 0.4	ol (K-12) chapter 8	(Otho	r than K-12) commercial	building	js, ho	mes,	
treet Address 21 Lum Avenue							-	etc.)			Floors		. Age		_
ity (5) Chatham							13	35,000		2	ng demolishe	50+			_
County (6)			(S	ounty Coo	de (/) E ONLY) _			School							
Morris Name of Monitoring Fir RK Occupational	m Hired by Building (	Owner (8) Analysis, I	100	ASCM N 0090	lo.	Nam Ba	ne o	f Abatem Constru	ent Contr uction &	actor Res	(9) storation, I	nc.			
Street Address 401 St.James Ave						26	5A		46 Suite	9 3D					
City, State, Zip Code Phillipsburg, NJ 0			- 10 Maria			To	tow	ate, Zip C va, NJ C	ode )7512						
Project Manager for M Jon Gilbert				elephone 908-454		97	73-2	one No. 256-701			License N 0666	0.			
Start Date (10) 08/04/2017		Scheduled 08/04/20		pletion Da	ate (11)	Ba	ako		Monitor ruction (	& Re	storation,	Inc.			
Occupancy Status Du	ring Abatement (Che	ck Only One)	)			Str.	eet A	Address Route	46 Suit	e 3D					
- ::: Old\/	acated During Entire	Period of Ab	ateme	ent		Cit	y, S	tate, Zip wa, NJ	Code						
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)		enovat				KK	Mini-	Enclosure	e cadur	th Negative e and Non-Fria	ble Proc	edur	e mont	
		ls l	Locati	ion										ement pe	
Asbestos-Contair TO BE In F	ation of ning Material (ACM) ABATED Facility (13)	Used	ormal I Sole ntena odial S (12)	nce/ Staff?	(i.e. ti	Descripts Contains thermal system other misc	ing I stem g. V/	Material ( ns insulat AT, or	ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Elicioadia
	-	Yes	No X	N/A		Pipe In	sul	ation			16LF	X			T
Craw	rispace													-	-
										_					t
	Waste Hauler on & Restoration	, Inc.		NJDEP V Hauler ID 20889		Cubic Ya of Waste 10	l Da	ite	Tullyto	own	Resource	Ifill Recov	/ery	Facil	lity
City, State Totowa, New Je	rsey	Title				08/07/2   Sig	nata	dre	Tullyte			Date 07/20	/201	7	
Completed by			ant A	/lanage	r		11	lur	1100	reli	(	01120	1201	1	_

Check # 25548

Data of Nationalian (4)								ID E	P	5		// F
Date of Notification (1)	21/17			Nam	e of Buildir	ng Owner/Operato	r (2) Feller		<u> </u>		-	1
Agencies Notified	Type Notifica	tion		Stree	et Address	_			5855			
□ EPA	Initial				AND THE STREET, STREET SANSON				JUL	2 4	20	11/
DEP	Amended			City,	State, Zip	Code		4				_
<b>⊠</b> DOL	Amendme Emergence		īg	13.53		High	nland Park, N	NJ 08904ASB	ESTO	90	TIAC	BOI
<b>⊠</b> DOH	justification	on)	9	Nam	e of Conta			Telephone Nur	-		11111111111	
□ DCA	Cancellation	on				Art Feller						
				FA	CILITY IN	ORMATION						
Name of Facility Where	Abatement is Ta	aking Plac	e (3)				Type of Facili	ty (4)				
	R	esident	ial				School (K-					
Street Address					-		Subchapte	r 8 (Other than K-				
							Other (i.e., homes, etc	private & commer	cial bui	ldings	5,	
City (5)							Square Feet	# of Floors	В	ildg. A	\qe	
	Highland	l Park, l	NJ 08	3904			2200	2			)+/-	
County (6)				Cou	inty Code (	7) (STATE	Current Use (F	Prior if being demo	lished)			
	ddlesex			USE	E ONLY)							
Name of Monitoring Firm		ng Owner		ASCIV	No.	Name of Abatem						_
(8)	MECS					Stev	vens Environ	mental Service	ces, In	nc.		
Street Address		annunu.				Street Address						_
	PO Box 3	341						Box 322				
City, State, Zip Code		TT 0051	_			City, State, Zip C						
	osswicks, N	IJ 0851.					Allentov	vn, NJ 08501				
Project Manager for Mon			10000000	phone	S. (2. 12. 12. 12. 12. 12. 12. 12. 12. 12. 1	Telephone No.		License No.				
Bill We			-		<u>8-4070</u>	(609) 25			0049.	3		
Start Date (10)	So	cheduled C			ate (11)	Name of OSHA		EGG.				
8/1/17			8/7/1	1			IV.	1ECS				
Occupancy Status During  Facility Closed/Vacate	그래요 그 그 이 그는 그래요 그래요?					Street Address	DO 1	Box 341				
☐ Abatement Performed						Oit : Otal = 7:- 0		DOX 341				_
Other - Describe: 8			ly 1 lou	3		City, State, Zip C		- NII 00515				
Scope of Work (Check al							Closswich	ks, NJ 08515				_
	ii triat apply)	92				☐ Full Con	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati			☐ Mini-End	closure					
2 100 St 01 2200 II			rnoillio	П			ag Procedure empted (*) and N	on-Friable Proced	ure			
			ocatio				, , ,			bate	ment	
Location o	f		omally I Solel			Description of				Тур	e	
Asbestos-Containing M			ntenan		Asbest	Description of os Containing Mate		Amount			_	
TO BE ABATI	ED		ustodia Staff?	l		thermal systems in	nsulation,	(Specify	Re	73	inc	ᄪ
(13)		,	(12)			surfacing, VAT, other miscellaneo		SF or LF)	Remova	Repair	sde	Enclosure
© 2		Yes	No	N/A			sscd <b>≠</b> 0		val	=	Encapsulate	ure
D		100		N/A	TUI	1.0. 7	1	155.10			**	
Basemen		-	×		1he	ermal Pipe Ins	sulation	155 lf	X			
Basemer	nt	-	×			VAT		575 sq.	X			
		-										
N		_										
Name of Registered Wast			l H	JDEP V	10000	Cubic Yards of Waste	Name of Regi	stered Landfill		70		
Stevens Environm	ental Service	ces, Inc	-   '		292	3 cu		Rairless Lan	dfill			
City, State		3.77				Disposal Date	City, State	1				
Allentown, NJ						8/8/17	M	/Morrisville,	PA			
Completed By Mahlon E. Stevens Title Project M					and the second	Signature	1/	Date	m 10 -	1		
ivianion E. Stev	rens _	Pr	oject	Man	ager	-///			7/21	/17		

Check # 25547

D-1(N-05-0-00)		4					<b>,</b>		G	F	1	WI
Date of Notification (1)	21/17			Nam	e of Buildi	ng Owner/Operato	r (2) Wasko					
Agencies Notified	Type Notific	cation		Stre	et Address		vv asku				_	_
☐ EPA	Initial			0.10	ot / tadicoc				JUL	2 4	20	)17
DEP  DOL	Amende			City,	State, Zip	Code					_	_
	Amendm Emerger		ng			I	Linden, NJ 0		ESTC	SC	TNC	RO
DOH DCA	justificat	tion)	9	Nam	e of Conta			Telephone Nur	nber	ENS	ING	
	L Cancella	IIIOII			I	Dennis Wasko		_				2000
	***************************************			FA	CILITY IN	FORMATION						
Name of Facility Where							Type of Facilit	y (4)				
Charl Address	1	Resident	ıal				School (K-		(0)			
Street Address							Other (i.e.,	r 8 (Other than K-1 private & commerc	(2) cial bui	Idinas		
City (5)							homes, etc	:.)				
Oity (5)	Line	den, NJ (	703	6			Square Feet 1800	# of Floors		Bldg. A	0.000	
County (6)	LIII	dell, INJ	7703		inty Code (	7) (STATE		2 Prior if being demo	_   _		+/-	_
	Jnion			USE	E ONLY)	i) (SIAIL	Cullent Ose (F	nor ii being demo	isnea)			
Name of Monitoring Firm	Hired by Build	ding Owner		ASCN	l No.	Name of Abatem	nent Contractor (	9)				_
(8)	MECS					Stev	ens Environ	mental Service	es, I	nc.		
Street Address						Street Address						-
	PO Box	341					PO I	Box 322				
City, State, Zip Code		NII 0051	2			City, State, Zip C						_
	osswicks,	NJ 0851					Allentow	n, NJ 08501	_			
Project Manager for Mon Bill We:				phone		Telephone No.	0.000	License Ne-	0040	2		
Start Date (10)		Scheduled (			08-4070	(609) 25			0049	3		
8/3/17	'		8/7/]		ate (11)	Name of OSHA N		IECS				
Occupancy Status During	g Abatement (			. /		Street Address	TAT	IEC3				_
☐ Facility Closed/Vacate	ed During Enti	re Period of	Abate	ment		5,1051,100,000	PO I	30x 341				
☐ Abatement Performed	Outside of No	ormal Facili	ty Hou	rs		City, State, Zip C						=
Other - Describe: 8		m					Crosswick	s, NJ 08515				
Scope of Work (Check a	ll that apply)											
<b>≥</b> 3 sf or ≥3 lf		<b>⋉</b> Re	enovat	ion		Mini-End	tainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf		□ De	emolitic	n		Gloveba	g Procedure	na Falabla Dassad				
		Is	ocatio	n		I INOII-EXE	inpled ( ) and No	on-Friable Procedu		Abaten	aont	$\dashv$
1			omally						'	Тур		
Location o Asbestos-Containing M			Solel otenan		Asbest	Description of os Containing Mate	erial (ACM)	Amount		П		
TO BE ABATI			ustodia Staff?	al		thermal systems in	sulation,	(Specify	R	ת	Enc	Ē
(13)		,	(12)			surfacing, VAT, other miscellaneo		SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			soca.€//		/al	=,	ilate	ure
Basemer	nt		×	2.00.00	The	ermal Pipe Ins	vlotion	75 lf	10		-	$\dashv$
Dascine	lit.	-	^			emai ripe ms	ulation	/3 11	×		-	-
		_			_				+		-	_
		_									-	_
Name of Registered Wast	te Hauler		IN	JDEP \	Vaste T	Cubic Yards	Name of Regis	stered Landfill				_
Stevens Environm		ices Inc	1 11	auler ID	No.	of Waste	ranio or regi		4£11			
City- State	ontai Serv	1003, 1110	<u>-                                    </u>	182	292	1 cu Disposal Date	City, State	Fairless Lan	ullll			_
•	Allentown	n. NJ				8/8/17	Jos. Jake	Morrisville,	РΔ			
Completed By Title						Signature	1-1	Date	171			-
Mahlon E. Stev	/ens	Pr	oject	Man	ager	_ / //			7/21	/17		
SKINDSDOOP							-	The second secon				

CHIDID		NOTI	FICATIO	State of New Jers DN OF ASBESTO: nt to NJAC 8:60 a	SABATE	EMENT		N E	G	E		V/ [8
Date of Notification (1)		,					1				<u>u</u>	<u> </u>
07/20/2017			203	of Building Owner	/Operato	r (2)						
Agencies Notified Type Notification	1		100000000000000000000000000000000000000	Address					Ш	2	1 20	)17
■ EPA × Initial								ì				
DEP Amended				tate, Zip Code				ASBE	510	)S (	ON	ROL
■ DOL Amendmen     ■ Emergency	t# (includin	n .	Bloo	mfield NJ 0700	)3				LIC	EN	SING	3
DOH justification		9		of Contact			Tele	phone Nu	ımber			
DCA Cancellation	1			ica Llamas								
Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	CILITY INFORMAT	TION	Type of Facility	(4)					
Private Home	5											
Street Address						School (K-	12) r 8 (Other	than K-1	12)			
						X Other (i.e.	private &	commerc	cial bu	ilding	s, hon	nes,
City (5)						etc.) Square Feet	# of F	loors	T	Bldg.	Age	_
Bloomfield										3	-	
County (6) Essex				Code (7) USE ONLY)		Current Use (Pr	ior if being	demolis	hed)			
Name of Monitoring Firm Hired by Building	0											
reality of Montaching Firm Filled by Building	Owner (8	5)	ASC	M No.		of Abatement Co		9)				
Street Address						noval Safety LI	_C					
						Address osby Ave						
City, State, Zip Code						tate, Zip Code						
						rson, NJ 0750	2					
Project Manager for Monitoring Firm			Telepho	one No.		one No.		icense N	Vo.			
21.15					973-	400-8711		01332				
Start Date (10) 08/02/2017				Date (11)		of OSHA Monitor						
Occupancy Status During Abatement (Chec	08/03					oval Safety LL	.C					
						Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	eriod of al Facilit	Abaten v Hours	nent			osby Ave						
Other - Describe: 8:00am-4:30pm					200	rson, NJ 0750	2					
Scope of Work (Check All That Apply)			119-22-79-2		, 410		_					
≥3 sf or ≥3 lf	×	Renova	ition			Full Containme	ant with N	agativa E	)room			
≥160 sf or ≥260 lf		Demolit	ion		×	Mini-Enclosure	)	cyauve r	16330	ire		
					î	Glovebag Prod Non-Exempted	edure i (*) and N	Jon-Friah	le Pro	cedur	0	
	Is	Locati	on						T		ement	
Location of		Normal ed Sole		De	scription	of				Ty	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenar	nce/	Asbestos Cont (i.e. thermal	aining M	aterial (ACM)	Amo	1000000			Ш	_
In Facility	Cus	todial S (12)	Staff?	surfa	cing, VA7	, or	(Spe SF or		Rem	Re	ncap	incl
(13)		(,-/		other n	niscellane	eous)			Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	li sa					-		ite	0
Basement			Х	Pipe	Insulat	ion	100	LF	х		х	
Name of Registered Waste Hauler		N.	JDEP W	aste Cubic	Yards	Name of F	Registeres	I andfill				
Removal Safety LLC		1000000	auler ID	No. of Was		GROW	1000	Landill				
City, State		100	037007		al D-							
Paterson, NJ					al Date /2017	City, State Morrisvi					AUD-15-S	
Completed by	Title				ignature	/ WOTTISVI	IIE, PA	Dat	.0			
Lasko Veskov	Presi	ident		X	al	p/le	iko		.e 7/20/2	2017		

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

2017-94

B & G proj. #:

Check # 8496 Date of Notification (1) Name of Building Owner/Operator (2) 10 | 7 | / | 2 | 1 | / | 1 | 7 | Bill Huebner Agencies Notified Type Notification Street Address EPA X Initial ☐ DEP City, State, Zip Code X DOL Amendment Glen Ridge, NJ 07028 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Bill Huebner **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Bill Huebner Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Glen Ridge, NJ 07028 Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 08/03/2017 08/04/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation ☐ Full Containment w/negative pressure Glovebag procedure >160 sf or >260 lf Non-friable procedure Is location normally used solely Location of E e by maintenance/custodial asbestos-containing n Amount Description of asbestos-containing staff(12) m п D C (Specify SF or material to be material (ACM) C a abated in facility (13) LF) Yes No N/A pipe insulation boiler room, storage room, X 111 If & main room above drop ceiling Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill 19563 B & G Restoration, Inc. Tullytown Resource & Recovery Center Disposal Date City, State City, State Lincoln Park, NJ 08/04/2017 Tullytown, PA Signature Completed by (Print or Type) Date Title Gordana Luna Gordana Luna Secretary/Treasurer 07/21/2017

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

B & G proj. #: 2017-88

-7 and 12:120-7)

Check # 8495

	(4)										20118-01-0		
Date of Notification					er/Operator (2)			[ <del></del>			п	200	
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Agencies Notified EPA	Type Notificati	on S	reet Addres	S				l hos	KL		-		
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☐ DEP			ity, State, Zi						Li	JUL 2	4 21	)1/	los
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X DOH			ame of Cont	act				Telep	phone N	espes (	CON	TROL	_ &
☐ DCA	☐ Cancella	ition	Chaim N	Mendelb	aum							·	
				FAC	LITY INFORM	ATION						129 00 024	
		. tatilaa ata	(2)					Type of Fac	ility (4)				
Name of facility wh	nere abatement is	s taking pia	ice (3)					☐ S	chool (h	( - 12)			
Chaim Mende	elbaum									er 8 (Other			
Street Address										vate/Comn mes, etc.	nercial		
								Square Fee	-	f Floors	E	ldg. A	.ge
City (5)		Cour	nty (6)			Cour	nty Code (7)						
							e use only)	Current Us	e (Prior	if being de	molish	ied)	
Passaic, NJ		1.0.00	ssaic					residenti					
Name of Monitorin	g Firm Hired by I	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
					n/a		B & G Restorat	tion, Inc.					
Street Address							Street Address 105 Ryerson F	Soad					
Tr							City, State, Zip Code						
City, State, Zip Coo	le						Lincoln Park,						
S in the second	- Manitarina Eirm		I Pho	one Numb	er		Telephone Number		TL	icense Nur	nber		
Project Manager fo	r Wonttoning Firm			Jile Nulli	·C1		(973)696-686	39		0037	3		
	1. (10)	ICabas	I. Completio	n Date /1	1\		Name of OSHA Mon	itor					
Scheduled Start Da	ate (10)		20	II Date (I	1)		B & G Restora	tion, Inc.					
08/02/2017			03/2017			[	Street Address	)l					
Occupancy Status							105 Ryerson F						
	d/vacated during erformed outside						City, State, Zip Code						
Describe:						-11	Lincoln Park, N	NJ 07035					
Other-Descri		1				- 11							1.
Scope of Work (ch Demolition	The state of the s					П	ull Containment w/ne	native pressur	е П	Glovebag	nroceo	dure	
	X	Renovation					fini-enclosure	gative pressur		Non-friabl			
>3 sf or >3 lf		≥160 sf or				N 10	mil-endosure			T R	R		1
Location of			n normally usenance/cust				-b-stee containing	Amoi	unt	e m	e	n	E n
asbestos-coi material to b		staff(12)			material		sbestos-containing		cify SF	or o	p	a	С
abated in fac	cility (13)	Yes	No	N/A				LF)		v e	li	р	L
basement				×	pipe (wra	р & сі	ıt)	130 lf	f	X			
<u>Jaconnon</u>					1								
				No.									
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Registered Waste I	Hauler		EP Hauler II 19563	D# C	Subic Yards of 2 1/2	Waste	Name of Registered	d Landfill Resource (	& Recr	overy Ce	nter		
B & G Restora	mori, inc.			Disposal I			City, State						
City, State Lincoln Park,	NJ				01/2017	<u></u>	Tullytown	PA					<u> </u>
Completed by (Print or Type) Title Signature							Gordana Luna			Date			
Gordana Luna Secretary/Treasurer							Yordana Zuna			07/21/2	J17		

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

B & G proj. #: 2017-89

Check # 8494 Date of Notification (1) Name of Building Owner/Operator (2) 10 17 1/12 11 1/11 17 1 Richard Downes Agencies Notified Type Notification Street Address EPA X Initial 2 4 2017 □ DEP City, State, Zip Code X DOL Amendment Glen Rock, NJ 07452 X DOH Name of Contact Telephone Number NSING Cancellation ☐ DCA Richard Downes **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Rich Downes Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Glen Rock, NJ 07452 Bergen residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 07/31/2017 08/01/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition | Renovation Full Containment w/negative pressure ▼ Glovebag procedure ≥ 3 sf or ≥3 lf ✗ Mini-enclosure ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely Location of by maintenance/custodial Ε asbestos-containing e n Description of asbestos-containing Amount staff(12) m n material to be p (Specify SF or C material (ACM) abated in facility (13) 0 а C a Yes No N/A р 2nd floor bedroom attic pipe insulation 8 If X family room closet X pipe insulation 8 If Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 1 1/2 Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 08/01/2017 Tullytown, PA Completed by (Print or Type) Signature Title Gordana Luna Gordana Luna Secretary/Treasurer 07/21/2017

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Date of Notification (1)	21 /	17		100000000000000000000000000000000000000	e of Buildi xonMob	ng Owner/Operato	r (2)	10000	IL 2	1 2	017	-
Agencies Notified	Type Notific	cation		Stree	et Address				1 -	4 6	UIF	- 1
⊠ EPA	☐ Initial	bation		885.55		33 East						
□ DOLWD		ed			State, Zip	102201700000000000000000000000000000000	-	ASBES	TOS (	CON	TRO	18
□ DHSS	Amendn	nent # <u>1</u>		2.0				L	ICEN	SINC	<u>ì</u>	
☐ DCA		ncy (includir	ng	10000000	CONTRACTOR INCOME	, NJ 08801						
(NJAC 5:23-8)	justificat			1110:000.01	e of Conta			Telephone Nu	mher			
	Cancella	ation		Ky	le Tucke	r						
	- III III II				CILITY	NFORMATION						
Name of Facility Where A		THE CONTRACTOR OF THE PROPERTY	e (3)				Type of Facility					
ExxonMobil Clinton	Research						School (K-1		0)			
Street Address							Other (i.e.	8 (Other than K-1 private and comm	2) ercial h	uildin	ne	
1545 Route 22 East							homes, etc	.)	oroidi b	unum	93,	
City (5)					111111111111111111111111111111111111111		Square Feet	# of Floors	В	ldg. A	ge	
Annandale, NJ 0880	)1						850,000	3		30+		
County (6)				Cou	nty Code (	7)(STATE USE ONLY,	Current Use (F	rior if being demo	lished)			-
Hunterdon							Research					
Name of Monitoring Firm	Hired by Buil	lding Owner	(8)	ASCM	No.	Name of Abaten	nent Contractor (9	9)		7		
Vertex				NA		Alliance En	vironmental Sy	stems				
Street Address						Street Address	,					
700 Turner Way						550 East Un	ion St.					
City, State, Zip Code						City, State, Zip 0				_		
Aston, PA 19014							er, PA 19382					
Project Manager for Monit	orina Firm		Te	elephone	No.	Telephone No.	,	License No.				
Don Heim				610-558		610-701-900	0	00508				
Start Date (10)		Scheduled C				Name of OSHA		00000				
5/30/	17_	8/	/ _:	25_ /	674 594	Vertex						
Occupancy Status During			- 20			Street Address						
☐ Facility Closed/Vacated						700 Turner \	Vay					
Abatement Performed Time of Abatement: 7A					scribe	City, State, Zip C Aston, PA 1						
Scope of Work (Check all	that apply)											
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		⊠ Re	enova emoli			☐ Mini-En ☐ Gloveba	ag Procedure	gative Pressure				
		Is	. Loc	ation		□ Noll-Ex	empled ( ) and No	II-Fliable Procedi				Market .
Location of	nf	100	Norm			Description	of			atem		_
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TO BE ABAT				I Staff?	(i.e	e., thermal systems		(Specify	Nov	ai.	aps	losi
(13)	6		(12	2)		surfacing, VAT other miscelland		SF or LF)	<u>m</u>		ula	Te .
		Yes	No	N/A			/				6	
Labs LF-LH-1					VAT / N	lastic		12,000 SF	$\boxtimes$			
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Name of Registered Waste	Hauler			NJDEP V	Monto	Cubic Yards of	Nome of Desi			Ш		ш
Veola	: naulei		1/3	Hauler I		Waste 120	Name of Regis	stered Landfill Berks Communi	ty Lar	dfill		
City, State		All III				Disposal Date	City, State				T-00	
Flanders, NJ						TBD	Birdsboro	, PA				
Completed By (Print or Typ	oe)	Title Estima	tor			Signature	1/2	7/// D	ate	1	/	
SB-41			-94						_//	4	11	)

D&S Proj. #: 17-193

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

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Date of Notification (1)		Name	of Bu	ilding Owr	ner/Operator (2	)				0.0				
1 <u>0  7  / 1  7  / 1  7  </u>		CH	RIS F	REY					ASBE	STOS	CON	TRO		
Agencies Notified Type Notifica	ation	Street	Addre	ess					T ASIS	LICEN	SING	ì		
DEP Amended									has shown					
Amendment	<b>#</b> :	City, S	State, 2	Zip Code										
☑ DOL ☑ Emergence	, —	VE	RON	A, NJ 07	044									
DOH (including justification	.	Name		The second second second					Telephon	e Numbe	r	-		
DCA Cancellation	10	CH	IRIS I	FREY										
·				FAC	ILITY INFORM	ATIO	N		=					
Name of facility where abatement	is taking	place (3	3)					Т	ype of Facility (					
CHRIS FREY									=	I (K - 12) apter 8 (0		han k	(12)	
Street Address								11		Private/C			(-12)	
								1 L	Bldgs./	Homes, e	etc.			
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City (5)		ounty (6	)			1	unty Code (7) ate use only)	-	Current Use (P	rior if bair	a don		٥ ط/	
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Name of Monitoring Firm Hired by	Bldg. Ow	/ner (8)			ASCM No.		Name of Abateme	nt Con	tractor (9)	) (K				
							D & S RESTO	RAT	ION, INC.					
Street Address							Street Address							
							20 California	-						
City, State, Zip Code							City, State, Zip Coo	de						
Dai di						_	Paterson, NJ							
Project Manager for Monitoring Firm	n		Pho	one Numb	er		Telephone Numbe			License		er		
							973-345-802 Name of OSHA Mo				1169		_	
Start Date (10)	Sch	ed. Con	npletio	n Date (11	)		D & S Restora		Inc					
07/19/17	07/	31/17					Street Address	atron,	me.					
Occupancy Status During Abateme							20 California	Avenu	ie					
Facility closed/vacated during							City, State, Zip Coo	de						
Abatement performed outside Describe:		al facility	/ hours	S-										
Other-Describe: NORMAL I						_	Paterson, NJ (	07503						
Scope of Work (check all that appl	y)						,	Full	Containment w	/negative	press	ure		
> 3  sf or  > 3  lf	Renova	tion						=	-enclosure					
≥160 sf or ≥260 If	Demoliti	on					F		ebag procedur -Exempted (*)		friahle	nroce	adura	
Location of				sed solely						una 11011	R	R	E	1
asbestos-containing	by mair staff(12		e/custo	odial	Descriptio	n of a	asbestos-containing		Amount		e m	e	n	E n
material (acm) to be abated in facility (13)		T	Lac	T	material (A	ACM)			(Specify S LF)	For	0	а	c a	С
	Yes	I N	lo	N/A					/		v e	i r	р	-
garage					ROOF (BUI	RNT	MATERIAL)		468 SQ FT					
Portological Maria Handa														
Registered Waste Hauler D & S RESTORATION, INC.		DEP Ha 3506	uler ID	CA101	ubic Yards of W YDS	/aste				COVER	v			
City, State			In	Disposal D		-	City, State	, RES	SOURCE RE	COVER	I	e se	recent courses	and the same
PATERSON, NJ 07503				15	\$10.50 C		TULLYTOW	N, PA						
Completed by (Print or Type)	Title				Signature		1	,		Date				
BOGDAN JOLDZIC	PRESI	DENT								07/17/	2017			

JUL 17 2017 02:54PM NJ AS	spestos Control	002,03	3,0664	page 2						
87/17/2017 11:24AN	973345806	0		D&S RESTORAT	IO	ME	CE	PAGE	<u>V</u> a	2/84
Das Proj. 8: 17-193		ורנ	otification of As Insulant to NJA	e of NJ Spestos Abatemer C 8:60 and 12:12	nt (0)	24	#4F 2 - 10 D	<u>4 2</u> AY	017	
0 17 1/17 /17			Owner/Operator (2	2)		ASF	SESTOS	CON	THI	Jy a
Agencies Notified   Type Notifice	CHRI	SFREY			1	- 111	— HON	7/-	1-	-
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□ DEP □ Amended			Ė			MAINTE	1	<u> </u>		
Mandment #:		ic, 410 Gag	a	Manager Manage	lr.	WAIVER	TOWN.	WEI	)	1
⊠ Emergency (Including	1	ONA, NJ	07044							-1 -
Juelification)	- 11	Contact	and the supplication of th	A STATE OF THE STA		Talanho	ne Number			
Cancellation	CHRI	S FREY				1 100000	um untilbet			
		F	ACILITY INFORM	ATION	10 W	_				-0.55(0.00)
Name of lacility where abstament is	s taking place (3)									
CHRIS FREY					- 11	Type of Facility	(4) il (K - 12)			
Street Address		EN-INVINCES					apter \$ (Oth			2.
						IXI Other (	Priveta/Cor	nmere	n K-12	2)
Cify (5)		III NOW AND ADDRESS OF THE PARTY OF THE PART			11	biugs./	Homes, etc			
	County (8)			County Code (7)		Ddraga Last	# of Floore		Bldg.	Age
VERONA	ESSEX		1	(State use only)	15	Current Use (Pr	loc if hainn	(email	abaail.	
Name of Menitoring Firm Hired by Bi	dg. Owner (8)	_	ASCM No.	I Noise of the				2 10 1 5 1 10 2 11	iineo)	
			AGOIN NO.	Name of Abates						
Street Address	-	The state of the s		D & S REST	TORAT	TON, INC.	-11 Jn			
City, State, Zip Code				20 Californ	ία Δυα					
,	er rational and a second			City, State, Zip C	ode	The second secon		-		- 550-5
Project Manager for Monitoring Firm	I b	hone Num		Paterson, N	J 0750	3				
	1"	rona rigini	oer	Telephone Num			License Nu	mber	-	
Start Date (10)	Sched. Completi	OD [13/a /	(Datement let)	973-345-8 Name of OSHA	020		0110	19		
07/19/17	1	on Cara (1	''	D & S Resto		Inc				
Occupancy Status During Absternant (	07/31/17 Check only one)		The second secon	Street Address	× 4110/1/1	IIIC,				
Paciffy placed traces	All and the second seco	ment		20 California	Avenu	10				
Describe:	normal facility hour	18-	86.0	City, State, Zip O	ode			To Delivion.		son-fac
M Other-Describs: NORMAL HOU	RS			Paterson, NJ	r næenn					
Scope of Work (check all that apply)  >3 sf or >3 if					NOT LESS BELLEVILLE					
M No	novalion				Mini-	containment win	egative pres	gure		
- KA	molition				Glov	ebag procedure				
Location of la asbastos-containing by	maintenance/custo	red solely			Non-	Exempted (*) an	d Non-friebl		edure	
material (ecm) to be sta	aff(12)	- Colai	Description of	gninistnoo-sátsedes ?		Amount		R	E	E
sbated in facility (13)	Yes Na	N/A	material (AC	M)		(Specify &F	or m	P	c	n
garage						LF)	V	a I	R	L
			ROOF (BURN	T MATERIAL)	10	68 SQ FT		1	-	13
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				- Commence					H	T
egistered Waste Hauler D&S RESTORATION, INC.	NUDEP Hauler ID		bic Yarde of Wast	Name of Register	nd l and	·				T
Ry, State		5	YDS	TULLYTOWN	I, RESC	DURCE RECO	VERV			D'alliant de la constant de la const
PATERSON, NJ 07503		sposal Da 15	(a	City, State			A	-		
empleted by (Print or Type) Title		CONTRACTOR OF THE PARTY OF	Signature	TULLYTOW	N, PA	**			122	
BOGDAN JOLDZIC PRI	ESIDENT	- 1					ale			THE REAL PROPERTY.
Do n	not use this form for	aspesios	licensure exampt	ed activities.	-	10	7/17/2017	_	-	

D&S Proj. #: 17-196

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

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		JUL	2	4	2017	4	
	-				NTRO		

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Date of Notification (1)		Name of Bu	ilding Owr	ner/Operator (2	)			L	DECTO	0.00	11.77	201	1
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EPA Initial	uon	Street Addr	ess							PROFESSION	And Pag	Consultation of the Consul	
DEP Amended		p.o.box											
DOL Amendment #		City, State,	Zip Code										
Emergency		-	t, nj 070	72									
DOH (including justification)	)   1	Name of Co	ntact					Telephon	e Numbe	r			
☐ DCA ☐ Cancellation	n	jon russ	ell					-					
			FAC	ILITY INFORM	IATIO	N							
Name of facility where abatement	is taking p	lace (3)					Туре	f Facility (					
julius blum&co.inc.								=	l (K - 12)				
Street Address									apter 8 (C Private/C			(-12)	
							4	Bldgs./	Homes, e	etc.	iciai		
50 Blum Boulevard		Warner .					Squar	e Feet	# of Floo	rs	В	ldg. A	ge
City (5)	Cou	nty (6)				unty Code (7)							
carlstadt	BE	RGEN		5	(518	ate use only)	Curre	nt Use (P	rior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contract	or (9)					
						D & S RESTOR	ATION.	INC.					
Street Address				.,		Street Address							
						20 California A	ve.						
City, State, Zip Code						City, State, Zip Code							
5						Paterson, NJ 07	503						
Project Manager for Monitoring Firm	1	Ph	one Numb	er		Telephone Number 973-345-8020			License	Numb 1169	er		
						Name of OSHA Mon	itor			1109			
Start Date (10)	Sched	d. Completio	on Date (1	1)		D & S Restorati							
07/22/17	07/3					Street Address	,						
Occupancy Status During Abatemen		(C) (D)	92			20 California Av	enue						
Facility closed/vacated during Abatement performed outside						City, State, Zip Code							
Describe:		racility flour	5-		_								
Other-Describe: NORMAL H						Paterson, NJ 07	503						
Scope of Work (check all that apply >3 sf or >3 lf						=		ainment w	/negative	press	ure		
🖂	Renovation	n					Mini-encl	osure I procedur	٩				
≥160 sf or ≥260 lf	Demolition							mpted (*)			proc	edure	
Location of asbestos-containing		n normally i								R	R e	E	E
material (acm) to be	staff(12)			Description material (		sbestos-containing		Amount Specify S	For	m	р	n c	n
abated in facility (13)	Yes	No	N/A	materiary	/ (Olvi)			F)		o v	a i	a p	L
GROUND LEVEL bathroom				PIPE INSU	ΙΔΤΙ	ON	23 1	ft		e	r		$\vdash$
GROOND BEVEL battiloom				THEINSO	LATI	ON	23 1	11			片	片	╫
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Registered Waste Hauler		P Hauler I		ubic Yards of V	Vaste	Name of Registered							
D & S RESTORATION, INC.	135			yd		TULLYTOWN,	RESOU	RCE RE	COVER	Y			
City, State PATERSON, NJ 07503			Disposal D 07/2			City, State TULLYTOWN,	PA						
Completed by (Print or Type)	Title			Signature		1 TODDITOWN,			Date			-	
BOGDAN JOLDZIC	PRESID	ENT							07/17/	2017			

Jul 17 2017 02:54PM NJ As	sbestos Control	609,633	.0664		page 1							
67/17/2017 82:57PM				Dec.	RESTORATIO			1 [	C <sub>PA</sub>	F	1 W	IE F
D&S Proj. #: 17-196		Notifi	ication of As	of NJ		· ·			IUL	2 4	w-w****	A Second
Date of Notification (1)	Nume of	Building Ow	ner/Operator (2	2)		-			110	ENIS	NG	10.0
Agencies Notified   Type Notifical	julius b	um&co.ir	7.1 (22.3)	<b>.</b>				101		1	1	
EPA Initial	Street Add	ress							17		1	
☐ DEP ☐ Amended	p.0.503			o-equations				150		0111		
DOL Amendment #:		, Zip Code	**			-1	TEAT	VER A		UYL	17	J
DO DOH   {including	Name of C	dt, nj 070	172		Acceptance and the second	-	Talanh	one Numb	***	-		
DCA [ustification)					*		( diehti	OLIS MOUS	er			
	Jon rus											
Name of facility where abetement is	Subject of the state of the sta	FAC	ILITY INFORM	MATION		7						
	raining biside (2)						ype of Facilit	y (4) oal (K - 1)	2)			
julius blum&co.inc. Street Address								ohapter B			-12)	
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50 Blum Boulevard				200-1-020		1	Square Feet		100000000000000000000000000000000000000	9	dg. Agi	5
City (5)	County (6)				ly Code (7) use only)	1 -			S			
caristadi	BERGEN			(SIAN	usa only)		Current Use	Prior If be	ng dar	nolish	ed)	
Name of Monitoring Firm Hired by B	ldg. Owner (a)	-	ASCM No.	T	Name of Apagemen	ni Cor	ricactor (9)	and the same of th	-01616	-		LINESCOPE.
					D& S RESTOR	RAT	ION, INC.					
Street Address					Street Address		MODEL THE STATE OF	- ALL LOWER	E-MANAGE AUTON			A CONTRACTOR OF THE PARTY OF TH
City, State, Up Code					20 California / ity, State, Zip Code					- tage	and the same of	Name
					Paterson, NJ 0		1					
Project Manager for Monitoring Firm	] F	hone Numb	cer		elephone Number			Licens	s Num	Der		
				_  -	973-345-8024	THE PERSON NAMED IN		L	01165			a produced to
Start Date (10)	Sched Comple	ion Dals (1	1)		Name of OSHA Mo D & S Restora		Inc					
07/22/17	07/31/17			1/2	treet Address			esta a souther	er eus e-sing			Non-Chan
Occupancy Status During Abatement  Facility closed/vacated during a		lana and			20 California A		18		Total Addition			energenes.
Abstement performed outside of	of normal facility ho	urs-			ily. State, Zip Cod	la	•					apparent and a second
Describe: NORMAL HO	URS			-11	Paterson, NJ 0	7503						
Scope of Work (check all that apply)		-				-	Containment	w/negativ	a pres	SUM		
	Renovation						-ancidaure rebeg proced	luma.				
	Demolition		7			Non	-Exampted (	) and Nor	-friable	proc	dure	
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material (acm) to be abated in facility (13)	staff(12)	<del></del>	meterial (		estos-containing		Amount (Specify	SF or	m	Pa	2	ñ
analag in lacilità (12)	Yes No.	N/A					LF)		V	1	p	Ĺ
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Registered Wests Hauler	NUDEP Hauler	10s   C	ubic Yards 51 V	Vests II	Name of Registers	d Lac	dill	-				
D&S RESTORATION, INC.	13506		l yd		TULLYTOWN			ECOVE	RY			
PATERSON, NJ 07503		Disposal D 07/2			City, State TULLYTOWN	U DA						
Completed by (Print or Type)	Title		Signature		VOLT I I OM!	v, E &		Date			-	-
BOGDAN JOLDZIC	PRESIDENT								/ 2017	7		
**	and the face	des mananta	o lineasing ave	amaian :	sattuitas			-		THE REAL PROPERTY.	-	

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Date of Notification (1)			Name	of Building Owner/					JUL	2.4	20	17			
Agencies Notified Type Notification			Street	FED ERAL Address	- W	lat	10N A.						_		
☐ EPA				1515 T	Rac	202	) Ru	gs,	RESTO	OS C CENS	ONT	ROL	. &		
X DEP Amended	1.45			ate, Zip Code						Jan 1 4 S	1114		٠.		
Emergency		_	N	WEST BU	Ry	,N	.4 11	590							
DOH justification)		9	and the same of	of Contact	~		)	i i elen	hone Ali	mher					
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Name of Facility Where Abatement is Takir		3)			-	Туре	of Facility (4	4)							
Street Address	-poet	7					School (K-1)			0					
27 WRIGHT	ulan				Tal processing to		Subchapter Other (i.e. p	o (Omer rivate & c	commerc	iz) sial bui	ldings	, hom	ies,		
City (5)	-	)-					etc.) are Feet	l # of F	loors		Bldg.	Āne			
Fairfield					Martine		0,000		2		4-51				
County (6)				Code (7) USE ONLY)			ent Use (Prio	r if being	demolis	hed)					
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Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	VI No.			atement Contracting		)						
Street Address				162	Street	9,		mio.							
					185 V	/reela	and Ave								
City, State, Zip Code				:+_	City, State, Zip Code										
Project Manager for Monitoring Firm			<b>-</b>		1		ark, NJ 07					3			
		NAMES OF TAXABLE PARTY.	Telepho	ine No.		phone No. License No. 00156									
Start Date (10)				Date (11)			HA Monitor								
8/4/17 Occupancy Status During Abatement (Chec	17										>				
	- 3	800		Street Address 280 Huyler Street											
Abatement Performed Outside of Norm	al Facility	Abaten Hours	nem												
Other – Describe:							ck, NJ 076	306							
Scope of Work (Check All That Apply)			WHO.												
≥3 sf or ≥3 if ≥160 sf or ≥260 if	THE COLUMN	Renova Demolit					l Containme	nt with No	egative F	ressu	re				
`	food -	on one	2011			, Glo	vebag Proce				020				
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Asbestos-Containing Material (ACM)		d Sole intenar		Asbestos Cont	aining Ma		Amo		Philippin parks		П				
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(13)		(12)	1	other n	niscellane	eous)			58	oval	bair	Encapsulate	Enclosure		
	Yes	No	N/A									6			
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		9	13.00			8									
Name of Registered Waste Hauler			JDEP W auler ID		The state of the s										
Newark Carting Inc.		4	509	0111/43	1	The state of the s	Grand C	entral S	Sanitary	/ Lan	dfill				
City, State					al Date		City, State								
Newark, NJ 07105  Completed by	Title				4/17	On	Pen Argy	/I, PA 0							
Joseph Vocaturo	Title Vice I	Presid	dent	Si	gnature	4	Va. D		Da	te 7/19	1		-		
					4		W CANDO	N		1117	111				

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Chk. #NA USCG CEU Cleveland / Job #1707-2208 20 17 ASBESTOS CONTROL & Street Address Type Notification Agencies Notified LICENSING 1240 East 9th Street, Room 2179 **⊠** EPA ☐ Amended **⊠** DOLWD City, State, Zip Code Amendment # **⊠** DHSS Cleveland, OH 44199 ☐ Emergency (including ☐ DCA --- Alumber Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation LT Ian Ashner FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) **USCG Station Atlantic City** Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) 900 Beach Thorofare Bldg. Age Square Feet # of Floors City (5) 1 50 360 SF Atlantic City Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Atlantic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Asbestos and Mold Services, Corp. Criterion Labs Street Address Street Address 3859 Sylon Boulevard 400 Street Road City, State, Zip Code City, State, Zip Code Hainesport, NJ 08036 Bensalem, PA 19020 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00862 215-244-1300 609-702-0400 Mike Panepresso Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EMSL Analytical, Inc. 8 / 2 / 17 8 / 2 / 17\_ Street Address Occupancy Status During Abatement (Check only one) 200 U.S. Route 130 North □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ☐ Glovebag Procedure □ Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Encapsulate Enclosure Remova Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)No N/A Yes X 480 SF Floor Tile & Mastic X П Throughout X $\boxtimes$ П

ASB-41 MAY 11

City, State

Lafayette, NJ

Name of Registered Waste Hauler

Waste Management

Completed By (Print or Type)

Kimberly A. Trumbetti

Cubic Yards of

Disposal Date

Signature

8/3/17

Waste

5

NJDEP Waste

Hauler ID No.

17273

Office Coordinator

Title

Name of Registered Landfill

**Grand Central** 

Penn Argyle, PA

City, State

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

#### State of N NOTIFICATION OF AS (Pursuant to NJA

TION	OF ASE	ew Jersey BESTOS ABAT .C 8:60 and 5:10			E		$\mathbb{V}$		M			
Name	of Building	g Owner/Operator (	2)	LL L JU	-		2017	į,				
Mon	tgomery	Township BOE	/ Jo	b #1707-2206	Ch	k. #4	756	-				
Street	Address			ASBES"	ros	CON	TRO	)L &				
1014	Route	601			ICEN	ISIM	<u>G</u>					
City, St	tate, Zip C	ode				-110						
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				Telephone Numb								
2000000												
FAC	ILITY IN	FORMATION										
			Other (i.e., property homes, etc.)	) 3 (Other than K-12) rivate and commer	cial bu							
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Count	y Code (7	(STATE USE UNLT)	School School	or it being demoils	nea)							
ASCM N	No.	Name of Ahatem										
NOO!WIT	10.	A CONTRACTOR OF THE PROPERTY O	d Mold Services, Corp.									
		Street Address		-,					B			
		3859 Sylon B	oulevard									
		City, State, Zip Co	ode									
		Hainesport, I	NJ 08036									
phone N	10.	Telephone No.		License No.								
9-890-		609-702-0400		00862								
tion Date		Name of OSHA M										
_ / _	17_	EMSL Analyt	ical, Inc.									
		Street Address										
nent	atte a	200 U.S. Rou										
		City, State, Zip Co										
		Cinnaminsor	i, NJ 08077									
on n		<ul><li>☐ Mini-Enc</li><li>☑ Glovebag</li></ul>	g Procedure	native Pressure	re							
ion					Ab	atem	ent T	уре				
ly by nce/ Staff?		, thermal systems	terial (ACM) insulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure				
N/A		other miscellane		SI OILF)			ulate	re				
	illman, NJ 08558 e of Contact nette Wells  CILITY INFORMATION  No. Name of Aba Asbestos Street Addres 3859 Sylo City, State, Z Hainespo  No. Telephone No 0-7277 609-702-0 ate (11) Name of OSF EMSL An Street Addres 200 U.S. F City, State, Z Cinnamin  Glov Non  Describt Asbestos Containing (i.e., thermal systes surfacing, V			6 LF	$\boxtimes$							
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JUEP V	/asie	Cubic rards of	Name of Regis	tered Landilli								

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Agencies Notified	Type Notification			Street	Address			ASBESTOS CONTROL &						
⊠ EPA	☐ Initial			101	4 Route	601	LICEN <b>SI</b> NG							
⊠ DOLWD	Amended			City, S	State, Zip (	Code				-10				
☑ DHSS □ DCA	Amendment #			Ski	Ilman, N									
(NJAC 5:23-8)	justification)	icidaling		Name	of Contac	t		Telephone Num	ha-		_			
. The second real real real real real real real real	☐ Cancellation			Anr	nette We	lls								
				FORMATION										
Name of Facility Where A	Abatement is Takin	g Place	(3)				Type of Facility (	4)						
Orchard Hill Elemei		2				School (K-12)								
Street Address							☐ Subchapter 8							
244 Orchard Road							Other (i.e., pri homes, etc.)	ivate and comme	rcial bu	lilding	IS,			
City (5)		2011					Square Feet	# of Floors	ВІ	dg. A	ae	-		
Skillman							50000	1		1960				
County (6)				Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			-		
Somerset							School							
Name of Monitoring Firm	Hired by Building	Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
PARS Environment						The state of the s	d Mold Services	s, Corp.						
Street Address	A. 14	14-16-17				Street Address		© - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1						
500 Horizon Drive,	Suite 540					3859 Sylon B	oulevard							
City, State, Zip Code						City, State, Zip Co						-		
Robbinsville, NJ 08	691					Hainesport, N								
Project Manager for Moni			Tele	phone	No.	Telephone No. License No.								
Julian Fernandez	3		6	09-890	-7277	609-702-0400	00862	57						
Start Date (10)	Schee	duled C		tion Da		Name of OSHA Monitor								
7 / 21 /				1 /		EMSL Analytical, Inc.								
Occupancy Status During						Street Address								
☐ Facility Closed/Vacate			111100000	ment		200 U.S. Rou	to 130 North							
					cribe	City, State, Zip Code								
Time of Abatement:		The state of the s				Cinnaminson, NJ 08077								
Scope of Work (Check all	that apply)					Omnaminson	, 110 00077							
	triat apply)					☐ Full Cont	ainment with Neg	ative Pressure						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		⊠ Re				☐ Mini-Enclosure ☐ Glovebag Procedure								
△ ≥ 160 St of ≥260 If		☐ De	molitic	on			g Procedure mpted (*) and Nor	-Friable Procedu	re					
		Is	Loca	tion					1	atem	ent T	vpe		
Location	of		Norma			Description o	f		10,000	Abatement Type				
Asbestos-Containing I	Carried and the second of the	2000	d Sole intena	ely by		stos Containing Ma		Amount	Removal	Repair	nca	Enclosure		
TO BE ABA IN Facilit		0.0000000		Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	=	ıpsı	unsc		
(13)	2		(12)			other miscellane		/	_		Encapsulate	G,		
		Yes	No	N/A										
1 Lg. Bathroom & 3 S	mall Bathroom			$\boxtimes$	Pipe In	sulation		6 LF	$\boxtimes$					
		П	П							П	П			
		15		1000000			-			]				
		<u> </u>								Ш	ш			
Name of Registered Wast	te Hauler		100	JDEP \		Cubic Yards of	Name of Regist	ered Landfill						
Waste Management	:			lauler II 17273		Waste 5	Grand Cent	tral						
City, State				17270		Disposal Date	City, State							
Lafayette, NJ						7/21/17	Penn Argyl	e, PA						
Completed By (Print or Ty	rpe) Title	е				Signature		Da	ate					
Kimberly A. Trumbe		Office (	Coord	dinator	•	1 X 1			7	-2	0-1	71		
ASB-41						JAV				-	/	1		
MAY 11	*	Do not	use th	nis form	for asbes	tos licensure exemp	ted activities.							

Date of Notification (1)

\_\_\_7\_\_\_/\_\_20\_\_\_/\_\_17

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-Ch47	58	NOTI	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	EMENT 20)	г	D-	G	E		$\mathbb{V}$	
Date of Notification (1) 07/17/2017				of Building						.1111	2	4 2	017	
Agencies Notified Type No	tification		Street	Address						001		4 (	J17	
× EPA × Init	ial ended			Woodb State, Zip C		venue			ASE	BEST	OS C	ONT	TROI	
X DOL Am	endment # ergency (includir			on, NJ 0					·	LIC	CENS	SING	i	
DOH just	ification) ncellation	ig		of Contact					Telephone	Number	_			
Name of Facility Where Abatemen	t is Taking Place	(2)	FAC	CILITY INF	ORMAT	ION			-		8-			
Main Hall Science Wing	tis raking Place	(3)					Туре	e of Facility (	37					
Street Address 2600 Woodbridge Avenue	15						×	School (K-1 Subchapter Other (i.e. p	8 (Other than k	(-12) ercial bu	iilding	s. hor	nes.	
City (5) Edison							Squa	etc.) are Feet	# of Floors Bldg. Age					
County (6) Middlesex			County (STATE	Code (7)	w w		Curr	ent Use (Pric	or if being demo	lished)				
Name of Monitoring Firm Hired by I Environmental Connection I	Building Owner (8	3)	ASC 0030	M No.		Name VMC	e of Abatement Contractor (9) C Company, Inc							
Street Address 120 N. Warren Street			Street Address 208 Piaget A					ress						
City, State, Zip Code Trenton, NJ 08608			City, State, Z					ate, Zip Code n NJ 07011						
Project Manager for Monitoring Firn Roland C. Jones	1						Felephone No. License No. 973-253-8828 00704							
Start Date (10) 08/21/2017	08/26/	2017	mpletion	Date (11)		Name of OSHA Monitor VMC Company Inc								
Occupancy Status During Abateme			Street Address								-			
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: occupied	Entire Period of of Normal Facilit	Abaten y Hours	nent s			City, Si	tate, Z	ip Code						
Scope of Work (Check All That Appl	y)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Min Glo	ni-Enclosure vebag Proce	nt with Negative dure (*) and Non-Fria					
-	Is	s Locati	tion				1401	-Exempled	( ) and Non-Fin	able Pro	Abatement			
. Location of Asbestos-Containing Material (A	CM) Use	Normal ed Sole	ly by	Ashaa	Des	cription of					Ty	Туре		
TO BE ABATED In Facility (13)	IVIE	aintenar todial S (12)		(i.e.	thermal s	systems ng, VAT			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
******	Yes	No	N/A		outet till	ovenan(	eous)			oval	air	sulate	sure	
Room 224	Х			Soffi	t plast	er		500 SF	×					
Name of Registered Waste Hauler		N	IDEP W	aste T	Cubic.V	arda		New						
ewark Carting Inc		H	JDEP Waste Cubic Yards auler ID No. of Waste 5409				Name of Registered Landfill Grand Central Sanitary Landfill							
city, State ewark, NJ		-			Disposa 08/28/			City, State Pen Agry	ΙΡΔ					
Completed by	Title					natura		· CIT Agry		ate				
oytek Roszkowski	Presi	dent			1	1)	1	1		7/17/2	017			

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Date of Notification (1) 07/17/2017				of Building Owne esex County			L 2	4 2	017	many or the state of			
Agencies Notified Type Notificati	on			Address Woodbridge /	Avenue								
EPA Initial Amended	f			ate, Zip Code	-venue	ASBESTOS CONTROL & LICENSING							
X DOL Amendm	ent # cy (including	_	Ediso	n, NJ 08818				ICE	1211/	G_			
■ DOH justification     □ DCA     □ Cancellar	on)	,		of Contact d R. Drost			Telephone N	umber					
				ILITY INFORMA	TION		1-1-1						
Name of Facility Where Abatement is Ta Main Hall Science Wing	king Place (	3)				Type of Facility (							
Street Address 2600 Woodbridge Avenue						X Other (i.e. p	2) 8 (Other than K- rivate & commer	12) cial bui	ldings	, hom	es,		
City (5) Edison						etc.) Square Feet	# of Floors		3ldg. /	Age			
County (6) Middlesex			County (STATE	Code (7) USE ONLY)		Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Buildin Environmental Connection Inc	ng Owner (8	)	ASCI 0030			le of Abatement Contractor (9) C Company Inc							
Street Address 120 N. Warren Street		r				Address Piaget Avenue	ue						
City, State, Zip Code Trenton, NJ 08608						State, Zip Code on NJ 07011							
Project Manager for Monitoring Firm Roland C. Jones			Telepho	ne No.		Telephone No. License No. 973-253-8828 00704							
Start Date (10) 08/30/2017	Schedul 09/12/		npletion	Date (11)		e of OSHA Monitor C Company Inc							
Occupancy Status During Abatement (Ch	neck Only O	ne)				Address					-		
Facility Closed/Vacated During Entity Abatement Performed Outside of No Other – Describe: occupied	re Period of ormal Facilit	Abaten y Hours	nent s		City, S	tate, Zip Code							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolii			×	Mini-Enclosure Glovebag Proc				e			
· · · · · · · · · · · · · · · · · · ·		Locat					\-\(\frac{1}{2}\)		Abatement Type				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Normal ed Sole iintena todial s (12)	ly by nce/	Asbestos Co (i.e. therma		faterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A					<u> </u>		ate	re		
Science Wing	Х		V	AT/Mas	tic	13,000 SF	x						
								-					
Name of Registered Waste Hauler													
Name of Registered Waste Hauler Newark Carting Inc		H	NJDEP Waste Cubic Yards Hauler ID No. of Waste 05409			ds Name of Registered Landfill Grand Central Sanitary Landfill							
City, State Newark, NJ				Dispo	osal Date	City, State Pen Agr							
Completed by Voytek Roszkowski	Title Presi	dent			Signature		1 D	ate 7/17/2	2017				

14586	NOT						STOS ABA <sup>*</sup> 8:60 and 5:1	DEC									
Date of Notification (1)	20 /	17	,	370)2		Nam		g O	wner/Operator	(2)		L 24	20	17			
Agencies Notified  EPA	Type Notific						et Address 00 Fair La	awn	ı Ave.		ASBES"	TOS C	TNC	ROL	. &		
☑ DOLWD ☑ DHSS	☐ Amende Amenda					City,	State, Zip	Code	9			ICENS					
□ DCA	Emerge	and the same of the		- Ia		Fa	ir Lawn, I	UJ (	7410								
(NJAC 5:23-8)	justifica	tion)		9		Name	e of Contac	t			Telephone N	umher					
	☐ Cancella	ation				Te	rry Bonga	ard			l.						
						FA	CILITY IN	IFO	RMATION		_ =						
Name of Facility Where Al	patement is	Takin	g Place	e (3)	)					Type of Facility							
CVS										School (K-1	-12)						
Street Address											er 8 (Other than K-12) ., private and commercial buildings,						
2400 Fair Lawn Ave.										homes, etc.		mercial buildings,					
City (5)										Square Feet	# of Floors	Е	Bldg. Ag				
Fair Lawn, NJ 07410										13,730	1 45+						
County (6)						Cou	nty Code (7	)(ST	ATE USE ONLY)	Current Use (Pr	se (Prior if being demolished)						
Bergen										Retail							
	Name of Monitoring Firm Hired by Building Owner (8)  Vertex									nt Contractor (9)							
		NA		1	Alliance Envi	ironmental Sys	stems										
Street Address								St	reet Address					7			
700 Turner Way									550 East Unio								
City, State, Zip Code									ty, State, Zip Co								
Aston, PA 19014				-				-	West Cheste	r, PA 19382							
Project Manager for Monito  Don Heim	oring Firm					hone		112000	lephone No.		License No.						
Start Date (10)	10	Cabad	الممار				3-8902	-	510-701-9000		00508						
8 / 7 / _							17	1,789	me of OSHA M Vertex	lonitor							
Occupancy Status During A	- 10	•		3.5				Str	eet Address								
☐ Facility Closed/Vacated							900	7	700 Turner W	'ay							
Abatement Performed C Time of Abatement: 7A							scribe		y, State, Zip Co								
								1	Aston, PA 19	014							
Scope of Work (Check all the second	nat apply)		⊠ Re □ De						Mini-Encl     Glovebag	osure Procedure	n Negative Pressure d Non-Friable Procedure						
			Is	Loc	atio	n		-0-		. , ,			atem	ent T	vne		
Location of				Norm			1220-241-00-00		Description of				-		1		
Asbestos-Containing Ma TO BE ABATI		A)		inte					Containing Matermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility			Cust			aff?	(1.0.	5	surfacing, VAT,	or	SF or LF)	oval	=	psu	Jusc		
(13)			Yes	(1: N		N/A	-	ot	her miscellaned	ous)				late	O		
Store Area					-	× N/A	VAT				2460 SF						
Store Area			П	П			Glue Do	ts			2460 SF						
Vacant Area							VAT				670 SF						
															П		
												nistered Landfill					
Richard Burns							Hauler ID No. Waste 19955 30 Western Berks Community Landfill						ndfill				
City, State									posal Date	City, State							
Phila., PA								T	BD	Birdsboro,	PA						
Completed By (Print or Type) Title							Signature Date					70	1.				
	Completed By (Print or Type)  Mark Griffin  Estimator									1411		1/2	-	11	)		

State of New Jersey

									ME	C	E		M P	int -
no ch			FICATIO	tate of N N OF ASI t to NJAC	BESTOS	ABATE		т			5	1 2/	<u>₩ [</u> 117	-
Date of Notification (1) 07-20-17			Name o	of Building &G	g Owner/C	perator	(2)		tool bro	JUL	,	4 - 21	<del>J1 / -</del>	
Agencies Notified Type Notification	N HOL	D		Address Hadley	Road				ASB	EST	OS C			- &
EPA Initial Amended Amendmer			City, St	tate, Zip C	Code					Lang (	O'C.IN	20140	4	
Emergency	(including			Plainfie										
DOH justification Cancellatio	)			of Contact Neville					Talauba	Al	mhar			
			FAC	ILITY INF	ORMATI	ON			-					
Name of Facility Where Abatement is Taki PSEG Hackensack Substation	ng Place (	(3)					Тур	e of Facility	(4)					
Street Address						-	H	School (K-	12) r 8 (Other tha	an K-1	2)			
202 South River Street							×	Other (i.e. petc.)	orivate & cor	nmerc	ial bui	ldings	, hom	es,
City (5) Hackensack, NJ							Squ N/A	are Feet	# of Floo N/A	ors	133	Bldg. /	Age	
County (6) Bergen			County (STATE	Code (7) USE ONLY	n			rent Use (Pri ectrical Sw			hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASCI N/A	M No.				patement Cor vironmenta		s ,Inc	).			
Street Address N/A						Street 17 O		ess ock Rd						
City, State, Zip Code N/A								Zip Code NY 11980	)					
Project Manager for Monitoring Firm N/A			Telepho N/A	one No.		Teleph 631-9	one l	No.		ense N	lo.			
Start Date (10) 07-21-17 (ON HOLD)	Schedul 10-21-		mpletion	Date (11)				SHA Monitor vironmenta	al Services	s, Inc				
Occupancy Status During Abatement (Che	ck Only O	ne)				Street Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Work perform during	mal Facility	v Hour	S			City, S	17 Old Dock Rd  City, State, Zip Code							
Scope of Work (Check All That Apply)	9 9 9	-				Yaph	ank	, NY 1198	30					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	participal (	Renova Demoli				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
	Is	Locat	ion			-	I IN	on-Exempted	(*) and Nor	i-Friab	le Pro	Abate		
Location of	1	Norma ed Sole	lly		Des	cription	of						pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intena todial ( (12)	nce/	Asbes (i.e.	tos Conta thermal s surfaci other m	systems ing, VA	insu F, or	lation,	Amoun (Specif SF or Li	y	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ate	ė.
Control House			X		,	VAT			244 SI		x			
Control House			Х		S	tucco			1180 S	F	х			
Control House		Х		Ceme	ent Pa	nel		200 SF		X				
Control House			X			aulk			257 LI		х			
Name of Registered Waste Hauler Waste Management Services		H	IJDEP W lauler ID 7273		Cubic Y of Wast 20			1	Registered Landfill No					
City, State Iewark NJ 07114					Disposa TBD	I Date		City, State Morrisvi	lle PA 190	67				
Completed by Imanda Vallone	Title Admi	n Ope	erations	s Manag		nature	do	Van	Un	Dai 07	te -20-1	17		
		-			/	) 11 6	1314	101	~ ~					

-00 ( $h$		N	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)									W	Print	
Date of Notification (1)			Nai	me of Bui	ilding Own	er/Operate	- 1		JUL	2	Δ	201	7	
Agencies Notified Type Notifica			Stre	et Addre	ss			ASE	BESTO	S	CO NSI	NT	RO	
▼ DOL Amendr  Emerge  Justificat	nent #_ 4	2_ iding	_ Ke	ne of Cor	J 07032	?				<u>/</u>	I C.V.	NO.		
Name of Facility Where Abatement is T		00 (7)		an Man ACILITY	INFORMA	TION								
Street Address 590 Belleville Turnpike	oning Fla							NF 5005			uilding	is ho	mes	
City (5) Kearny							Square Feet 10,000	# of Floors   Bidg 1   50+/			Age			
County (6) Hudson			Coun (STA)	ty Code	(7) NLY)		Current Use (Prior if being demolished) Unoccupied / Electronics							
Name of Monitoring Firm Hired by Buildin ACER Associates	ng Owner	(8)	AS	CM No			ne of Abatement Contractor (9) DSERVICES, LLC							
Street Address 1012 Industrial Drive City, State, Zip Code	012 Industrial Drive ity. State, Zip Code						el Address 8 B National Road							
West Berlin, NJ					late, Zip Code n, PA 19341				-					
Project Manager for Monitoring Firm Matt DePalma	Teleph 856-	none No 809-12	02	Telephi 484-8	one No 872-8884	100000	cense No							
Start Date (10)	8/31	117		Q Date (1			of OSHA Monito				-			
Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire Abatement Performed Outside of Noi Other – Describe  Scope of Work (Check All That Apply)	n					Street A 200 R	t Address Route 130 North State: Zip Code naminson, NJ							
≥3 sf or ≥3 # ≥ 160 sf or ≥260 #		Renov Demoi				×××	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure					5,11cm		
Location of		ls Loca Norma					Non-Exempted (*) and Non-Friable Proc			Abatement Type		ıl		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	M	ed Sole aintena stodial : (12)	ely by ince/ Staff?	Asbe (i.e	stos Conta e thermal : surfac	cription of aining Mat systems in ing. VAT iscellance	terial (ACM) nsulation or	Amour (Specil SF or L	fv	Removal	Repair	Encapsulate	Enclosure	
See Attached	Yes No									2		ate	ife	
ame of Registered Waste Hauler			JDEP W		Cubic Y		Name of f	Registered La	andfill		Let .			
aste Management of New Jersey y. State wark, NJ	Hauler ID No of Waste 200+/- Disposal Date				GROWS Landfill									
mpleted by	TBD Morrisville, PA													
ck Bally	oct Manager OCW Bally (P 7/21/17													
B-41 (R-05-08)			I	Do not us	e this form for a	asbestos lice	nsure exc	emp	oled a	ctiviti	es			

@ Work temporarily stopped. We will amend the notification prior to work resumption.

Furnace Room         Yes         No         NA         FI/E           Furnace Room         x         Floor tile / mastic         50 SF           Office / Restroom         x         Joint compound / drywall         0           Warehouse         x         ACPI / Fitting Insulation         62 LF           Exterior Walls         x         ACPI / Fitting Insulation         62 LF           South Wall, exterior         x         Textured Paint         4100 SF           Roof         x         Roof and Flashing         14500 SF           Lab Room         x         Transite in lab hood         25 SF           Loading Dock Roof         x         Transite roofing         1000 SF           Boiler Room         x         Fire doors         500 SF	Description of Material Amount Removal	Repair Encapsulate Enclosure	Permit (Y/N)
x Floor tile / mastic x Joint compound / drywall x ACPI / Fitting Insulation x Window Glaze x Textured Paint x Roof and Flashing x Transite in lab hood x Transite roofing x Boiler x Boiler x Boiler	SF/LF		
x Joint compound / drywall x ACPI / Fitting Insulation x Window Glaze x Textured Paint x Roof and Flashing x Transite in lab hood x Transite roofing x Boiler x Boiler x Boiler			Z
x ACPI / Fitting Insulation x Window Glaze x Textured Paint x Roof and Flashing x Transite in lab hood x Transite roofing x Boiler x Boiler x Fire doors	drywall		2 2
x Window Glaze x Textured Paint x Roof and Flashing x Transite in lab hood x Transite roofing x Boiler x Boiler x Fire doors			2 2
x Roof and Flashing x Roof and Flashing x Transite in lab hood x Transite roofing x Boiler x Boiler x Fire doors			2 >
x         Roof and Flashing           ng Dock Roof         x         Transite in lab hood           Room         x         Transite roofing           x         Boiler         x           ighout         x         Fire doors			>
x Transite in lab hood  x Transite roofing  x Boiler  x Fire doors	500		- >
K Roof X Transite roofing X Boiler X Rire doors			- 2
x Boiler x Fire doors			2 >
x Fire doors			- 2
	500 SF ×		zz

Exterior Work	Roof, Roof flashing, Windows, Paint	\$200.00
Interior Work	Joint Compound on Drywall	\$200.00
Change of Start date	from 7/5 to 7/10	\$200 00
TOTAL:		\$600.00
Previously paid		(\$400,00)
Total Due		(20.20.2)
The same of the sa		200.0036

Please contact Jack Bally, Project Manager with any questions regarding permit fee calculation and total amount.

Jack Bally - 610-755-7563



## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

HIFICATION	UF	ASDE	.510	J AD	WILLIAIL
(Pursuant	to	NJAC	8:60	and 5	:16)

AV # 414E	)	NOI					05 ABA1 0 and 5:16				F	1	57	
Date of Notification (1)				Name	of Building	Owne	r/Operator (2	2)			-	-	1	
	19/	17		Ger	neral Gro	wth P	roperties	14 14	JUL 2	1 201	7	j,		
Agencies Notified	Type Notificat	ion		Street	Address					201		-	4	
⊠ EPA				110	N. Whac	ker D	rive	A	Sur street				1	
□ DOLWD	Amended			City, S	State, Zip C	ode				17/1/12			1	
⊠ DOH	Amendmer	11		Chi	cago, IL 6	60606							1	
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		3	Name	of Contact				Telephone Nu	mber _				
(10/10/03/20/0)	☐ Cancellation	0.000		Kel	ly Webb			1						
				FA	CILITY IN	FORM	MATION	-						
Name of Facility Where	Abatement is Ta	aking Place	(3)					Type of Facility (4	1)					
Willowbrook Mall								School (K-12)		4.03				
Street Address				100				☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-	12) nercial bu	ildina	S.		
1400 Willowbrook	Mall							homes, etc.)	1410 4114 0011111			-1		
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge		
Wayne								1,633,000	2		48			
County (6)				Cour	nty Code (7	)(STAT	E USE ONLY)	Current Use (Price	or if being demo	olished)				
Passaic								Commercial						
Name of Monitoring Fire	m Hired by Buildi	ing Owner	(8)	ASCM	No.	2000		ent Contractor (9)						
Criterion Laborato	ories, Inc.					Sh	ade Enviro	onmental, LLC						
Street Address						Stree	et Address							
3370 Progress Dri	ive, Suite J					62	3 Cutler A	venue	5					
City, State, Zip Code						City,	State, Zip C	ode						
Bensalem, PA 190	020					Ma	aple Shade	, NJ 08052		100				
Project Manager for Mo	nitoring Firm		Te	lephone	No.	Tele	phone No.		License No.					
Michael Panepres	so		2	215-244	1-1300	85	6-755-0099	9	00842		- 200			
Start Date (10)	S	cheduled (	Compl	letion Da	ate (11)	1000	e of OSHA N							
8 / 1	/17	8	/ _1	1_/	17	Cı	iterion Lab	oratories, Inc.					-5-41	
Occupancy Status Duri	ng Abatement (C	Check only	one)			Stree	et Address	an Duive Suite I						
☐ Facility Closed/Vaca	ated During Entire	e Period o	Abat			33	70 Progres	ss Drive, Suite	J					
	ed Outside of No	rmal Facili	ty Ho	urs - De	scribe	City,	State, Zip C	ode						
Time of Abatement:	AM	PM/ <u>10:</u>	<u>00</u> PN	I- <u>7:00</u> A	M	Be	ensalem, P	A 19020						
Scope of Work (Check	all that apply)						M Full Con	tainment with Neg	ative Pressure					
≥3 sf or ≥3 lf		⊠R	enova	ation			☐ Mini-End		alive Flessuie					
≥3 \$1 61 ≥3 11     ≥160 sf or ≥260 lf			emoli				Gloveba	g Procedure	- F-i-bi- D	al				
							☐ Non-Exe	empted (*) and Nor	n-Friable Proce			ant T	-	
2 2 22	20		s Loc Norm			*	Description	of		2 3150-23	atem	1	T	
Location Asbestos-Containin		1	ed So	olely by	Asbe	estos C		aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE A		IV		nance/		e., ther	mal systems	insulation,	(Specify	100%	B.	aps	uso	
IN Fac		Cu	31001a (12				urfacing, VAT er miscellane		SF or LF)	=		ulat	ē	
(13	)	Yes	No	o N/A		Otti	or moodian.	,				Œ		
Bloomingdales Ext	erior				Cemen	t Boa	ırd		1,800 SF					
	14 J   1   1   1   1   1   1   1   1   1	П	П											
			+-	$\dashv \exists$						П		П	In	
										-	1		T	
					1	101	·	Name of Regis	torod Landfill			Ш		
Name of Registered W Freehold Cartage				NJDEP Hauler 1593	ID No.	Was	16/64		orth Landfill					
City, State				1000			osal Date	City, State						
Freehold, NJ						8/	11/2017	Morrisville	, PA					
Completed By (Print or	Type)	Title					Signature			Date				
Christina Lynch	. 7.6-7	11000	resid	dent of	Operatio	ns	(Mr. X)	tood >		7/10	1/1	7		

#### New Jorsoy Department of Health Consumer, Environmental and Occupational Health Service PO Box 369 Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 60

Fax: 609-826-4975

APPHOVED MDeption Health & Senior Services

| Maria C. TARMON
(9) (1) (1) (1) (1) 19 17 Timo: 2

#### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

THE PROPERTY OF THE PROPERTY O
Date of Notlification: 7 / 19 / 2017  ☑ Initial ☐ Amended ☐ Cancellation ☑ Emergency (must include justification)  Type of Work: ☐ Demolition ☑ Renovation
Name of Building Owner/Operator: Rancocas Valley Regional High School District  Street Address: 520 Jacksonville Road City: Mount Holly State: NJ Zip: 08060
200 004 0000
Name of Facility Where Work Activity is to Take Place: Rancocas Valley Regional High School
Describe Facility Use: School
Street Address: 520 Jacksonville Road City: Mount Holly State: NJ Zip: 08060
County Name: Burlington County Code (State Use Only):
Scheduled Start Date: 07 / 24 / 2017 Scheduled Completion Date: 07 / 25 / 2017
Occupancy Status During Activity (check only one);
☐ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe:
Other—Describe:
Scope of Work (check all that apply):
☐ Floor Tile Square Footage: 465 SF Percentage Asbestos: %
☑ Mastic Square Foolage: 465 SF Percentage Asbestos:
Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099
Street Address: 623 Cutter Avenue City: Maple Shade State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): Coastal Environmental Compliance Telephone No.: 609-820-9312
Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations
Signature:

117 7 303	(Pursuant to NJAC 8:60 and 12:120)														
Date of Notification (1)					Building O							JUL	2	4 2	017
7/13/2017 Check					Door C	naπer	Schoo	)		-5,000	-			-	
Agencies Notified	Type Notification		1 3	Street Ad 3044 K	ennedy	Blvd					1	SLI+		(ii)	IHU
EPA DEP	Initial Amended				e, Zip Cod		-	-			1				<u></u>
DEP DOL	Amendment		_	Jersey	City, NJ	0730	6								
-25-24	Emergency (	(including	1 '	Name of						Tele	nhane Mi	ımhar			
DOH DCA	Cancellation			Mr Poo	ran										
		Di (0)		FACIL	ITY INFO	RMATIC	NC	Typo	of Facility (4	1			_		
Name of Facility Where Golde Door Charte		g Place (3)													
Street Address	1 3011001							F	School (K-12 Subchapter 8	(Othe	r than K-	12)			
3044 Kennedy Blv	d							Ħ	Other (i.e. pretc.)	ivate 8	commer	cial build	ings, l	nome	S,
City (5)				100				Squa	are Feet		Floors	11 535	dg. Ag	je	
Jersey City, NJ										2			0+	77511	
County (6)				County C	ode (7) SE ONLY)			Curre	ent Use (Prio	r if beir	ng demoli	ished)			
HUDSON		0 (0)					Name	me of Abatement Contractor (9)							-
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	NO.				ces Corpor		(5)				
N/A Street Address								et Address							
Street Address							426	6 69th Street							
City, State, Zip Code							Zip Code								
							rg, NJ 070	193							
Project Manager for Mo		Telephor	ne No.		Teleph		No. 1700		License 01074						
01-10-1-110		Schedule	d Con	nnletion [	)ate (11)				SHA Monitor		01071		-		
Start Date (10) 07/24/2017		07/25/2		npiedon	Date (11)		1.00		above						
Occupancy Status Durin	ng Abatement (Che	ck Only One	e)	Street					ess						
Facility Closed/Va	cated During Entire	Period of A	baten	nent											
Abatement Perform Other – Describe:	med Outside of Nor Starting 1:00 PM	mal Facility	Hours	5			City, S	itate, .	Zip Code						
Scope of Work (Check												_			
	All That Apply)		enova	ation				] Fi	ull Containme	ent with	Negative	e Pressu	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	emoli					M	lini-Enclosure	•					
_							×	G N	lovebag Proc on-Exempted	edure d (*) an	d Non-Fr	iable Pro	cedur	e	
		lo	Locat	ion									Abate	ement	
Locatio	on of	N	lorma	lly		De	scription	n of					Ту	pe	_
Asbestos-Containin			d Sole ntena	ely by		os Con	taining N	<b>Materi</b>	al (ACM)		mount Specify	71		En	ш
TO BE Al			odial	Staff?	(i.e.		I system cing, VA				or LF)	Remova	Repair	caps	Enclosure
(13	(S.) 10 P.		(12)			other	miscella	neous	5)			oval	ar ar	Encapsulate	sure
		Yes	No	N/A										Ф	
Basement B	oiler Room		X		Р	ipe ins	sulation	n del	oris	1	0 SF	Х			
Name of Registered W	aste Hauler		1 3	NJDEP W			Yards	10000	Name of						
Tri-State Transfer Assoc				Hauler ID No. of Waste 19551 TBD				Miner/a Enterprises Inc							
City, State				Disposal Date City, St					City, Stat						
Bronx, NY				TBD				Waynesburg, OH							
Completed by Title				Signature											
Gina Betances	Jointpieted by							Phuas - 07/13/2017							

Print Form

11/# 20		TON	(Purs	ATION O	F ASBES NJAC 8:6	0 and 12	2:120)	EN I								
Pate of Notification (1) 7/17/2017 Check #	±3041		Na	ame of Bu	uilding Ow of Little I	ner/Oper	rator (2	2)		į		JUL	2 4	201	7	
gencies Notified	Type Notification			treet Add						1	-				4	
7 EPA	✓ Initial				sevelt A					-	ASIN			11.		
DEP DOL	Amended Amendment #		200		, Zip code y Height					_		A1797 -				
_	Emergency (ir justification)		N	ame of C	ontact					Tele	phone Num	ber				
DOH DCA	Cancellation		1		lendorio											
	A betement is Taking	Place (3)		FACILI	TY INFOR	MATION	1	Туре	of Facility (4)							
Name of Facility Where A		1 1000 (0)							School (K-12)	)						
Street Address									Subchapter 8 Other (i.e. pri	(Othe vate &	r than K-12 commercia	) I buildir	igs, h	omes	,	
110 Roosevelt Ave	nue							_	etc.)				g. Ag		-	
City (5)	3							Squa 20,0	re Feet	1 1	Floors	60				
Berkely Heights		W-1 45		County Co	odo (7)		-		ent Use (Prior	if beir	ng demolish	ed)				
County (6)					SE ONLY)		_		ırch		9					
DMION Name of Monitoring Firm	n Hired by Building C	wner (8)	_	ASCM	No.				atement Cont							
Name of Monitoring 1 in	irrinod by Bananig i						11.334		ces Corpor	ation						
Street Address						100	Street	on engine	ss Street							
		,							Zip Code							
City, State, Zip Code									rg, NJ 070	93						
Project Manager for Mo	nitoring Firm	-	Τ.	Telephon	e No.		Teleph	one N	No.		License N	0.				
Project Manager for Mo	Intorning i ann								1700		01074					
Start Date (10)		Scheduled		pletion D	ate (11)				SHA Monitor above							
7/28/17		7/29/20					Street									
Occupancy Status Duri							Ollect	/ tuui	000							
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire I med Outside of Norn Starting at 3 PM	Period of Al nal Facility	Hours	nent		_	City, S	state,	Zip Code							
Scope of Work (Check	All That Apply)							7	Full Containment with Negative Pressure							
≥3 sf or ≥3 lf		District Co.	enova				P		ull Containme		n Negative I	Pressur	е			
≥160 sf or ≥260 lf		□ D <sub>1</sub>	emolit	ion				7 6	lovehag Prod	edure	d Nen Eriol	olo Pro	adur			
							L		lon-Exempted	d (^) ar	na ivon-Fria	JIE PIO	Abate	ment		
			Locat										Ту	ре		
Locati		Use	lorma d Sole	ely by	Asbest	tos Conta	cription	Mater	ial (ACM)		Amount	_		En	П	
Asbestos-Containin	BATED		ntena	nce/ Staff?	(i.e.	thermal:	system sing, V	ns ins	ulation,		Specify F or LF)	Removal	Repair	cap	Enclosure	
In Fa (1)	50 Sec. 10.	000	(12)			other m	niscella	neou	s)			oval	air	Encapsulate	sure	
ζ.	- /	Yes	No	N/A							%			Ф		
Chape	I Area		X			Ceilir	ng Pla	aster	-		12 SF	x				
Chape	Alea															
Name of Registered V	Vacte Hauler			NJDEP V	Vaste	Cubic	Yards		Name of	Regis	tered Landf	ill				
Name of Registered v				Hauler ID		of Was	ste		Minery	a En	terprises					
	A3300.			19551		4.00	sal Dat	te	City, Sta	ite						
City, State Bronx, NY						tbd		/	Wayne	esbur						
Completed by		Title				S	Signatu	ire/	2//	1	1.3	Date 7/17/1	7			
		Offic	e Ma	anaer				(//)	Veua	)		111111	1			

	Pursuant to NJAC 8:60 and 12:120)
Date of Notification (1)	Name of Building Owner/Operator (2)  Bo VGEN (FUNY Tech Naca) #2 hoo]
Agencies Notified Type Notification	Street Address - Ridsowood a RELISION CONTHUL &
EPA Initial Amended Amendment #	City, State, Zip Code
DOL Amendment # Emergency (including	Dayanus, n J 07652 Name of Contact
DOH justification) Cancellation	thomas Jodice
Name of Facility Where Abatement is Taking Place (3)	FACILITY INFORMATION  Type of Facility (4)
Teterboro Greenhouse	School (K-12)
Street Address 504 U.S highway 46	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)
City (5) TPTEX (600), NJ 0760	Square Feet # of Floors Bldg. Age
County (6) Berser	County Code (7) (STATE USE ONLY)  Current Use (Prior if being demolished)  CURRENT USE (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No. Name of Abatement Contractor (9)
Street Address 1253 VAPELY Church S	treet 254 cumberland are
City, State, Zip Code	57 City, State, Zip Code (57 0750)
Project Manager for Monitoring Firm	Telephone No.   Telephone No.   License No.     St. 2019 13 942   1934   1996
	ompletion Date (11) Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One)	Street Address
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hour Other – Describe:	
Scope of Work (Check All That Apply)	_
≥3 sf or ≥3 lf Renov ≥160 sf or ≥260 lf Demol	
Is Loca	Abatement
Location of Lead Sol	nally Description of
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Asbestos-Containing Material (ACM)  Maintenia  Custodial	nance/ (i.e. thermal systems insulation, (Specify R R R R R R R R R R R R R R R R R R R
(13)	
Yes No	
Green Mouse	intibinant and 10 sq.t
Oren house	ext. window Caulh 1. DDDRF V
	NJDEP Waste Hauler ID No. ON 34140  Cubic Yards of Waste TRRF WQ154  Mag
City, State DUHLISON, NJ 0750	Disposal Date City, State
Completed by Title	ect Uninger India

		,						1				7		
Date of Notification (1)  07 /	18 / 17		N			vner/Operator (2 & Construction		3052	4 89	47	112	Section (Control of Control of Co		
Agencies Notified	Type Notification  ⊠ Initial		S	treet Ad		on Avenue		ASLIC						
☑ DOLWD	☐ Amended		C		e, Zip Code							+		
☑ DOH	Amendment #	A 11			Inwood, I							_		
DCA	☐ Emergency (ir justification)	ncluaing	١	lame of	Contact			Telenhana Numba	•		3			
(NJAC 5:23-8)	☐ Cancellation			Joel								_		
				FACIL	ITY INFO	RMATION								
Name of Facility Where	Ahatement is Takir	ng Place (	3)				Type of Facility (4)	)						
Residence	, 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10						☐ School (K-12) ☐ Subchapter 8 (	Other than K-12)						
Street Address							Other (i.e., priv	rate and commerci	al build	ings,				
Stiest Address							homes, etc.)					-		
City (5)							Square Feet	# of Floors	65 65	. Age				
Brick							1200 sf	1				-		
County (6)				County	Code (7)(S	TATE USE ONLY)	The same of the	r if being demolish	ea)					
Ocean							Residence				37155	-		
Name of Monitoring Fir	m Hired by Building	Owner (8	B) A	SCM N	0.		ent Contractor (9)							
N/A							ntracting, Inc.					-		
Street Address					5	Street Address								
						1889 Route 9								
City, State, Zip Code						City, State, Zip C		, E.E.						
							New Jersey 087	License No.						
Project Manager for M	onitoring Firm		Tele	phone N	lo.	Telephone No. License No. 00624								
	2-71					Name of OSHA		00024						
Start Date (10)	1000	eduled C			- ()	E.M.S.L. An								
07 /28		07 /		_ ′ -	17		aryticar							
Occupancy Status Dur	ring Abatement (Ch	eck only o	one)			Street Address	-							
M Facility Closed/Vac	ated During Entire	Period of	Abate	ment	aribo	1056 Steltor			-					
Abatement Perform	ned Outside of Norn t:AM	nai Facilit	_PM-	- Desc	AM	City, State, Zip (	, New Jersey 08	854						
Scope of Work (Check						Π.F. 11.00	ntainment with Neg	native Pressure						
☐ >3 sf or ≥3 lf		□ Re	enovat emoliti	ion		☐ Mini-Er	nclosure							
≥160 sf or ≥260 lf		M D(	) I I O II O	011		⊠ Non-E	xempted (*) and No	n-Friable Procedu		- 4	nt T	100		
		100	s Loca							ateme	_			
	tion of		Norma	ally ely by	Achas	Description stos Containing N	n of Material (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure		
Asbestos-Contain	ing Material (ACM) ABATED	M	aintena	ance/	(i.e.	, thermal system	ns insulation,	(Specify SF or LF)	3001	air	apsu	uso		
	acility	Cus	stodial (12)	Staff?		surfacing, VA other miscella	AT, or	SF OILF)	=		ılate	ю.		
(1	13)	Yes	T .		1	Other misocha	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
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exterior				+	aspeste	,5 ola9								
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											П			
						T = 11 : 2 1 .	None of Dee	istered Landfill			_			
Name of Registered	Waste Hauler			NJDEP Hauler I		Cubic Yards of Waste	T.R.R.F.	ISICICU LANGIIII						
Guardian Contr				2022		3	107.00000000000000000000000000000000000							
City, State						Disposal Date	City, State	n, Pennsylvania	(0)					
Toms River, Ne	w Jersey					8/1/17				i	1			
Completed By (Print	or Type)	Title				Signature			Date	10	/,-	>		
Nicholas Fernic		Proje	ct Ma	nager			M-K	1	-//	15	/ [ /			

ASB-41 JAN 13

PAL JOB#16-1089 Add Material Name of Building Owner/Operator (2) JUL 2 4 201 William Patterson 07/18/2017 Street Address Agencies Notified Type Notification 300 Pompton Road Initial **EPA** City, State, Zip Code DEP × Amended Wayne, NJ 07470 Amendment # × DOL Emergency (including Name of Contact DOH justification) Karl Pettit Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) William Patterson University School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 300 Pompton Road - Hunziker (Hall) etc.) Bldg. Age # of Floors Square Feet 56 91,500 3 Wayne, NJ 07470 Current Use (Prior if being demolished) County Code (7 County (6) (STATE USE ONLY) University Passaic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAL Environmental Services N/A TTI Environmental Street Address Street Address 11-02 Queens Plaza South 1253 N Church Street City, State, Zip Code City, State, Zip Code Long Island City, NY 11101 Moorestown, NJ 08057 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00853 856-889-5182 718-349-0900 Jeff Seaman Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Wojciech Kowalaczyk 11/19/2017 06/19/2017 Street Address Occupancy Status During Abatement (Check Only One) 133 Beach 98th Street Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Normal Hours 7:00am-3:30pm Rockaway Park, NY 11694 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify (i.e. thermal systems insulation, Remova Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 1,300 SF X VAT & Mastic X 1st Floor # X VAT & Mastic 2,000 SF X 2nd Floor Please see attached quantity sheet Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Minerva Enterprises ATC 30 Yards 24310 City, State Disposal Date City, State Waynesburg, OH 44688 07/24/201/ Shirley, NY 11967 Date Signature Completed by 07/18/2017 Compliance Admin Ann A. Ali

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

LOCATION	TYPE OF MATERIAL	QUANTITY
3RD FLOOR	VAT & MASTIC	250 SF
1ST - 3RD FLOOR	FIRE DOORS	210 SF
1ST FLOOR	PIPE INSULATION	60 LF
2ND FLOOR	PIPE INSULATION	60 LF
EXTERIOR	TAR PAPER	110 SF



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification Kellie D'Andrea 7/19/2017 Street Address Agencies Notified Type Notification [ ]EPA [X]Initial Notification City, State, Zip Code [ ]DEP [ ]Amended Belleville, NJ, 07109 ASLI [X]DOL Notification Name of Contact [X] DOH [ ]EMERGENCY Kellie D'Andrea [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Kellie D'Andrea [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial Street Address buildings, homes, etc.) Bldg. Age # of Floors Square Feet City (5) County (6) County Code (7) 2272 2 (STATE USE ONLY) Belleville Essex Current Use (Prior if being demolished) Residence Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 N/A (973) 744-8800 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) 07 29 2017 N/A 07 28 2017 Day Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure [X]Mini-Enclosure [X]>3 sf or >3 lf [X] Renovation [X]Glove-bag Procedure [ ]>160 sf or >260 lf [ ]Demolition [ ]Non-Friable Procedure Abatement Type Is Location Normally Description of Location of NUAPSDI NCHOSD Asbestos-Containing Amount REP Asbestos-Containing Used E (Specify Material (ACM) Solely Material (ACM) MOV By Maintenance/ SF or (i.e., thermal systems TO BE ABATED AI Custodial Staff (12) insulation, surfacing, VAT, In Facility LF) A or other miscellaneous) (13)R No N/A 140 Pipe Insulation 140 LF X X Basement Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. 17040 of Waste 1.0 Minerva Enterprise INC AZTECH MANAGEMENT, INC. City, State Disposal Date City, State Waynesburg, Ohio 44688 07/29/2017 Montclair, NJ 07042 Completed By (Print or Type) Title Signature Date 7/19/2017 President Constantine Vivian

OK# 445	28					TOS ABATE					13	53-NJ	-17A
Date of Notification (	1) 07/19/201	7				Owner/Ope			5"				
Agencies Notified	Notification T			Street	Address rd William		Sity			JUL	2 4	201	I
()EPA	(X) Initial Not				tate, Zip C					4	-		
( ) DEP (X) DOL	( ) Amended Amendm				ensack NJ				A	5		CHEN	MUL
(X) DOH ( ) DCA	( ) Emergend justification	n)	ding	L 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	of Contact Gorczyca		3			Tol No	مد ما شم		
	( ) Cancellat	on	40	FACIL	ITY INFOR	MATION							
Name of Facility Who	ere Abatement	s Takin	g Place				Type o	f Facility	y (4)				
Edward Williams H	lall				12)								
Street Address 150 Kotte Pl	, and						(X) Oth		r 8 (other t private & c c.			ldings	5,
City (5) Hackensack								Square Feet # of Floors Bldg. Ag					9
County (6)					Code (7)	(STATE	Curren	t Use (F	Prior if beir	ng demo	ished)		
Bergen County	USE ONLY)  Name of Contractor (9)												
Name of Monitoring	Firm Hired by B												
(8) EMWA			CID CONSTRUCTION SERVICES, LLC										
Street Address		:00				Street Ad							
100 Misty Lane						300-2 Rd			- Ste 3				
City, State, Zip Code Parsippany NJ 070						City State Lodi, NJ		1e					
Project Manager for		Tele	phone N	Number		Telephon		r		License	Num	ber	72.55
Craig Gor				73)703-6	6649	(973)685	5-9791			01191	"A"		
Scheduled Start Dat	e (10)	500,000,000		Completi	on Date	Name of	OSHA M	onitor					
07/31/	17	(11)		8/11/17		Testor T	ech						
Occupancy Status D	uring Abateme	nt (Chec	k only c	ne)		Street Ad	dress						
(X) Facility Closed/V	acated During	Entire P	eriod of	Abateme	ent	10-59 Ja							
( ) Abatement Perfo	rmed Outside o	f Norma	al Facility	y Hours		City, State							
( ) Other – Describe Source of Work (Che		v)		-		Long Isla	and City,	NY 11	101				
$(X) \ge 3 \text{ sf or } \ge 3 \text{ If}$ ( ) ≥ 160 sf or ≥ 260		(X)	Renova Demolit			( ) Mi	ni-Enclos ove bag l	sure Procedu	vith Negati ure and Non-l			ure	
94 869	2										oatem		/ре
Location Asbestos-Contain (ACM) TO BE ABA in Facilii	ng Material	Use Ma	ation No ed Solely aintenan dial Staf	y by ce/	Containir therma surfa	ription of Asing Material systems in cing, VAT, conscellaneous	(ACM) (i. nsulation, or other		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A			/		50,000,000			0	(32)
Mechanical Room -				X		Tar			50 SF	X		+	-
Mechanical Room -	Roof Area			X		Caulking			20 LF	X			
Name of Reg. Waste		NJD	EP Was # 32	te Haule 905	er ID Cub	oic Yards of	Waste	Name 110 S	of Reg. La	andfill			
City, State Garfield, NJ					Dis <sub>i</sub>	posal Date	1	City, S Melville	tate				
Completed by Roque G Schipilliti Project Manager Signature Date 06/09/17													

JOB OFF HOLD ORIGINAL START DATE REMAIN THE SAME

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1	1001/		NU	(Per	SEERE TO	NJAC 8:60 a	and 12:120)		ILLI					11	
	00 CIL			Nan	me of Bu	rilding Owner	Operator (2	)	,		Ц 2 А	201	7	-11	
1	Date of Notification (1)	1,7		A	CHD	ilding Owner	5 OF	NEWA	RIC/S	MINI	正し	ZA	BE	164	$\dashv$
-	Agencies Notified	Type Notification		Str	MET ACICITY				1						
	_	☐ _Initial			-	Myd				ASDIT			100		
	EPA DEP	E Amended -	3	Cit	y, State,	Zip Code CKOFF	N'	T. 0	7481						
-	DOF.	☐ Emergency (inclu	ding	Na Na	me of Ca	ontact	<del>, , , , , , , , , , , , , , , , , , , </del>		1	Pal-L.	VE				
	DOH DCA	justification)  Cancellation		F	RED	GIA	NNETT	0				_		-	-
1				1	FACILI	TY INFORM	IATION		acility (4)						
T	Name of Facility Where A	batement is Taking Place	(3)					E Sch	nol (K-12)						
	ST E	izabet s	>C 194	00 (	· - *	. 7.		4	011	Other than	r K-12) mercial bui	ldines.	home	s, etc	.)
	Street Address 7 04	o Wycke	FF	A	JE						-	-	z Age		$\dashv$
-	City (5)	1 .				- 18.		Square F	400	# of Flo	os 2 ~		75		
		KOFF				1 00.0		Corrected	Use (Prior if	being de	molished)		10		
	0			C	TATE US	de (7) E ONLY)			50	140	م ال	•			
	Name of Monitoring Firm	GE (V)	(8)	1	ASCM :	No.			ent Contrac	tor (9)					
	Name of Mothering Fun	SSOCIATE	S		000	12			oval Inc		-				$\dashv$
	Street Address					45		Address		Cu				্	
	300	S GRAND	A	18			4	State, Zip C	h River	Street					$\neg$
İ	City, State, Zip Code	15 11000		7	0	1621			k, NJ 0	7601		To Distance			
	ENG	26 MOOC	, , ,	J To	elephone	No.		hone No.		L	icense No.	20			
	Project Manager for Mon	HOTING FIRM			7	9-670	8		9-7444		0038	88		_	_
	Start Date (10)	S	cheduled	Comple	tion Dat	æ (11)	Nam	of OSHA		a ambal			*		
	7/19/	17	8	4	17			mega.r.	nvironn	TCHIZA					
JOB OFF	Occupancy Status During	Abatement (Check Only	One)			7.5	2	280 Huy	ler Stre	et					
HOLD	Facility Closed/Vac  Abatement Perform  Other - Describe:	ated During Entire Period ed Outside of Normal Far	of Abata ility Hou	anen IS. /	000	WRIED	City,	State, Zip (	Code ackensa	ok NI	07606				
STAR DATE	2 Other - Describe:	TAM TO S	100 (	M/	000			Soum 11	ZUACHSa	Author I wo					$\dashv$
(18 MAIN'	Scope of Work (Check A	Il That Apply)		,	-			E	Contrinue	r with Ne	gative Press	STE			
SAME	□ ≥3 sfor≥3 lf			enovatio		*	,	☐ Mini	-Enclosure						ļ
20	2 ≥160 sf or ≥260 lf							☐ Glov	ebag Proced Exempted (	*) and No	m-Friable Pr	ocedu	re		
			Ja.	Locatio	_	5.	3.						Abate Typ		
	Locati	en of	1	Vormally	y .		Descripti	on of		Aen	ount				
	Ashestos-Containin	g Material (ACM)		d Soleh		Asbesto:	s Containing al systems in	Material (A sulation, Su	recing .	(So	ecify	Ren	Re	Encapsulate	Enclosure
	, TO BE A	BATED	Cus	todial St (12)	aff?		VAT,	OF		SFO	cLF)	Removal	Repair	sulai	osure
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			Yes	No	N/A			110-15	110-1-	, 3	ZSLF	70			
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	Name of Registered Was			H	auler ID	No.	of Waste	ocrs	104	linver	/a Enter	orise	s, L	LC	
	NEWAR	K CARTIN	6	6	1456	29	Disposal Da		City, State	:					
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	Completed by	, , , , , , , , , , , , , , , , , , , ,	Title				Signat	ше \ /		محدر	1 1 1000	7/1		17	
	J. Maiorano		E	stima	itor			<del>- X</del>	1 00			1/1	1/		
\$	777/PRIC N/NOV_10449-741-27	2						Do not	use this for	m for asb	estos licensa	iie ex	anptex	activ	rities.

AMENDED HZ

#### State of New Jersey NOTHFICATION OF ASSESTOS ABATEMENT (Persenet to NIAC 2:00 and 12:120)

NOOV)	(177,33)	(Parsaan	t to NJAC 2:60 and	12:120)	F	5 14	To For	6	1		
Date of Notification (j)		Name of	Building Owner(O	perator (2	)	15	0	20	>	150	_,
7/18/17			HDIOCES	E OF	- NE MYCK	1 SA	1011	EU.	ZAI	38	74
Agencies Notified Type Notification	,04-	Street A		1/01	COFF A	UE.	JUL 2	4	2017		
EPA E initial	-10 LI.	City Sta	te, Zip Code	9 CK	COFT A	00					$\neg$
DEP Amended Amended		- Wy	CKOFF .	NJ.	. 07481	ASL	1377	rich	SIR	0	
E DOH Emergency (inc justification)	cluding		Contact			- 1					-
D DCA Cancellation		FREI!				-					4
Name of Facility Where Abstement is Taking Pla	~(I)	FACE	LITY INFORMAT	TION	Type of Facility (	4)				_	$\neg$
ST ELIZABETH S		<u>.</u>	_		School (K-1	2)					
Street Address	Ch				Subchapter Other (i.e. p	2 (Other the	n K-12)	oildins	s bor	nes e	(2
700 Wyekos	FF +	1UE			•		The second secon		energy of the same	-	
City (5)					Square Feet	#ofFl			dg. A. 95		
WYCKOFF		10	C. I. M. S		Z8400 Current Use (Pric	1		1 4	12	2	$\dashv$
County (6) BEVGEN			Code (7) USE ONLY)			وصلت					
Name of Monitoring Firm Hired by Building Own	ner (8)	ASCI	M No.	Name	of Abatement Cont						
DETAIL ASSOCIAT	€5	0	2100		st Removal	nc	own Womania a				_
Street Address				1.	Address	2					
300 GRAND	ANS				O South Rive	a Street		-			
City, State, Zip Code WYCKOFF			8 .		kensack, NJ	07601					1
Project Manager for Monitoring Firm		Telephor	ne No.	Teleph	one No.	I	icense No.		-		$\neg$
AUTHORP VALENTINE			69-6708	1	201-329-744	4	003	88			
Start Date (10)		Completion D		1	of OSEA Monitor	. 1					
7/19/17 Occupancy Status During Absternaut (Check Only		14/17	, , , , ,		nega Enviror	mentai					-
1			/s		30 Huyler Str	eet				- ~	
Facility Closed/Vacated During Entire Period  Abatement Performed Outside of Normal Performed Control For State For	gility Hours	00016	2 =10	City, S	tate, Zip Code	1 211	03606				
Other - Describe TAM 70 St	m/	Deco !	16.0	S	outh Hackens	eck, NJ	07000				_
Scope of Work (Check All That Apply)					/	# 10 120012200					
☐ ≥3 sf α ≥3 ff Æ ≥160 sf α ≥260 ff		ovation solition	34	€		8	phave Fren	SIE			
2180 2 G 2200 H		DATE OF L			Glovebag Proc	edure	a Prioble P	nocedu	TE:		1
	V-100		T		J Worthampter	) emilion	a confidence &		Abate		$\neg$
Location of		ocation mally		scription	of				Ty	×	-4
Asbestos-Containing Material (ACM)		Solely by tenance/	Ashestos Cont	taining M	assial (ACM)	Amo (Spe		=		Bo	H
n Facility	Custod	Sai Staff? 12)		VAT, or		SFor	LF)	Removal	Repair	Bacapsulate	Enclosuro
(13)	- (	12)	· other	miscellar	neous)			101	=	dato	ofu
	Yes 1	No N/A						-	-	$\dashv$	$\dashv$
BoiLER ROOM		X	THERMAL SY	STEH	SIUSUKTION		25 LF		_	_	_
BOILER ROOM		X	THEKMALSU	R FACE	कि ग्राम्स	w 6	OOSF	7		_	
Name of Registered Waste Hauler		NUDEP W	No of Wa	Yards	i	Registered I					
NEW ARK CARTIN	16	045	29 3	soc'	43 GRAN	DOENT	RAC SAI	DITAL	271	300	FIL
NEWAZIC. N		Assessment of the second	Dispos	sal Date	City, Stat	e Arcyl					
Completed by	Title			8 A 1		MICEY	Date	10	0(1		-
J. Maiorano		mator			Volabo	عسرص	71	7/	18	4	
NAME OF TAXABLE PARTY OF TAXABLE PARTY.	THE REAL PROPERTY.	-			1		Hydron Control (1986)	· ·			

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.

THENDED # 7

KINOKO	P			N OF ASBESTOS A t to NJAC 8:60 and		8						
Date of Notification (1)		$\Box$	Name of	Building Owner/Op	erator (2) EOF No	EWAKK	1 SAI	TE	EU	CA	68	TH
Assencies Notified Type Notification		-	Street A	delener		1 24	1				71	-
EPA ZI Initial DEP Z Amended Amendment#				700 W  the, Zip Code  CKOFF.				- 24	21	11/		
E DOH Emergency (inc justification)	cluding	F		Contact			1	-1				
DOH justification Cancellation			FREI	STANNE	TTO	į						
				LITY INFORMAT	ION				AMERICA			
Name of Facility Where Abatement is Taking Pla	œ(3)				1	of Facility (						
ST ELIZABETH S Street Address				×		School (K-1 Subchapter ) Other (i.e. p	2) 8 (Other than rivate & com	K-12) nercial b	uildin	gs, ho	mes, e	tc.)
700 Wyckos	FF	AU	8			-						
City (5) WYCKOFF					1 2	re Feet 28400	2		- 1	ldg. A 195		_
County (6) BEVGEN				Code (7)	Cum		r if being den					
							CHOO!	-				
Name of Monitoring Firm Hired by Building Own	ez (8)		ASC		Name of Aba							
DETAIL ASSOCIAT	E2		0	0012		emoval I	nc		-			
Street Address 300 GRAND	AU	E			Street Address 450 So	s outh Rive	a Street		-			v
City, State, Zip Code,		fr to fr		0.	City, State, Z		1					
WYCKOFF				**	Hackens	sack, NJ						
Project Manager for Moditoring Firm  AUTHORY VALENTINE			Telephon 201-5	ne No. 69-6708	Telephone No. 201-	329-744		ense No. 003				
		d Com	pletion Da	ate (11)	Name of OSE Ornega	IA Monitor Environ	mental				l de la companya de l	
Occupancy Status During Abatement (Check Only			<del>,</del> , ,	1.	Street Address						- ~	
☐ Facility Closed/Vacated During Entire Perio ☐ Abatement Performed Outside of Normal Fa ☐ Other - Describe: 7/A/A (10 SA	d of Abe	UIS O	ecu f	9 ED	City_State_Zi	in Code	ack, NJ (	7606				
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	-	Kenovat Demolit	7777 C	6 fz	□ Ma	ini-Enclosure ovebag Proce				ore.		
	7-	7		1						Abate	100000000000000000000000000000000000000	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Locati Normal ed Solel aintena todial S (12)	ly ly by nce/ Staff?	Asbestos Contz (i.e. thermal syste	scription of sining Material ams insulation, a VAT, or miscellaneous)	(ACM) surfacing,	Amous (Special SF or L	Sy	Removal	Ty	8. Encapsulate	Enclosure
	Yes	No	N/A	-				-16	~	-	4	
BoiLER ROOM			1	THERMAL SY			- 1	54	X		-	
BOILER ROOM			X	THEKMAL SUR	2 FACIPE	مهاسکه،	w 60	POSF	٦	-	1	
Name of Registered Waste Hauler		l N	UDEP W	aste Cubic	Yards	Name of I	Registered Lan	odfill				
NEW ARK CARTIN	ے ا	H	lauler ID OGSE	No. of Was	ocys	GRANI	CENTRE		)ra	Ry 1.	ANE	F
NEWARK. N	ゴ				14/17	PEN :	ARGYL	, PA	18	2073	2	• ••
Completed by J. Maiorano	Title	tima	itor	Si	ignature V	1abr	gusa	Dage	7/	18	117	
ASB-41 (R-06-08)					Do no	t use this for	m for asbestor	s licensur	e com	npted	activit	ies.

NO OLG NO OLG

100 00												
Date of Notification (1) 7/6/17			Name of	f Building Owner/Op しないことを	perator (2)	1=411.00	-/ 51.47	F.	1-	201	2,	Ш
Agencies Notified Type Notification							1			سائي او	101	FL
			Direct II	700 W ate, Zip Code  WyckoF  Contact	V CK	OFF A	JZ					
EPA Initial DEP		(	City, Sta	ate, Zip Code	1	- 1 V /1	1 10	L 2 2	4 6	Ú17		117
DOL Amendment #		_		WYCKOF	平	NJ.	07481	類				
Emergency (in	cluding		Name of	Contact				Minchae	-		-1	
DOH justification)  DCA Cancellation				D GIANO		i						
			101 to 101 to 1	LITY INFORMAT								-
Name of Facility Where Abatement is Taking Pl	ace (3)					Type of Facility	y (4)					
SAINT E	いいっと	ABE	= 1+	t, SCHOO	00	School (K						
Street Address	_	_	a 1-	_			er 8 (Other than K . private & comm		ildin	as ho	mes e	tc )
700 WYC	10077		AUE	;								
City (5)						Square Feet	# of Floor	S		ldg. A	-	
WYCKOFF						28400				14	55	
County (6)  BERGEN				Code (7) USE ONLY)			rior if being demo	olished)				
							SCHOO!					
Name of Monitoring Firm Hired by Building Ov				M No.		f Abatement Co	Section of the sectio	1		-		
DETAIL ASSOCIATE	27		E	D001Z			E MOJA		11	0		
Street Address	11=	-			Street A		1150. 1-	-0	<-	_		
300 GRAND	AUE				45	ate, Zip Code	H 1210=	210	21			
City, State, Zip Code	0	15		07/2/	City, St	ate, Zip Code	A-CIC - 1	11.5	1	77/	-0	, 1
ENGLE WOO Project Manager for Monitoring Firm	Δ ,.	107	relepho	07031	Telepho	CILENS		nse No.	-	268		
ANTHONY VACEN-	TI NE	-	e lepitoi	568 CZ08			7444		O .	38	8	
Start Date (10)	Scheduled	Comp	etion D	ate (11)		f OSHA Monito		~			-	
7/19/17			11:				ENVIR	nd r	1/E	NI	AC	
Occupancy Status During Abatement (Check On		-1-	1 1	1	Street A				16-			
Facility Closed/Vacated During Entire Peri		ement				280 H	JY LER	ST				
☐ Abatement Performed Outside of Normal F					City St	ate Zin Code			-			
☐ Other – Describe:					500	AH HTC	CKENSAC	UC. 1	77	. 0	760	76
Scope of Work (Check All That Apply)												
□ ≥3 sf or ≥3 lf	E R	enovati	on		æ	Full Contain	ment with Negati	ve Pressu	ure			
≥160 sf or ≥260 lf		emoliti	on			Mini-Enclos						
						Glovebag Pr Non-Exempt	ocedure ed (*) and Non-F	riable Pro	ocedi	ıre		
	Te	Locatio	'n								ement	
Location of	10000	iormally		Dec	scription o	√f.				Ту	ре	
Asbestos-Containing Material (ACM)		d Solely intenan		Asbestos Conta	aining Ma	terial (ACM)	Amount	t			ш	
TO BE ABATED In Facility	100	odial St		(i.e. thermal syste	ems insula VAT, or	tion, surfacing,	(Specify SF or LF	900	Ren	Re	ncaj	Encl
(13)		(12)		10000	miscellane	ous)	51 O. D.	'	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				di dis-		-		te	е.
	100		3.6				1 2	7-1				
BOILER ROOM			X	THERMAL S.	7			254	1			
BOILER TOOM			P	THERMAL SU	QFACE	16 in so ma	100 60	OSF.	×			
Name of Registered Waste Hauler		N	DEP W	aste Cubic	Yards	Name o	of Registered Lan	dfill				
		Ha	uler ID	No. of Was	ste	es es 1	•				2000	
NEWARK CARTING		0	A50	ı	300	1 GRAN	10 CENTRA	C SA+	JK.	ARC	· La	MUL
City, State	1 +			Dispos	al Date	17 City, St	tate  J ARGY	. 0	Λ	10	17-	2
City, State NEWARK, N Completed by AIORANO	7 <b>3</b>				1 1/	11 TEN	HICGY	Date	tt	10	3/6	-
Completed by	Title	<	111-	TOR	ignature	م دده	ua	Date	7/1	5/1	7	
7. IMORANO		2 (1	MA	1010	W ( )	المن مادم			/ 6	11		
ASR_41 (P_06_08)					()	not use this	form for asbestos	licensure	e exer	noted	activi	ties
SB-41 (R-06-08)					V	PO HOU USE HIS	נטוניין דטו שטרטנטט		- unul	p.cou	avti V I	

(X, # 95101224	104 (F	Pursuant t	to NJAC 8:60	and 12:120	1)				La	he.	<u>.</u>
Date of Notification (1) 07/17/2017		Name of David	Building Owr Allen	ner/Operator	(2)		1111 0				
Agencies Notified Type Notifica	tion	Street Ad	ddress			4 1	JUL 2 4	ZULI		/	
X DOH justificat	nent # ncy (including ion)	West 0	te, Zip Code Drange, NJ Contact	07052		ASI	Tolonbono M	1.5			
DCA Cancella	ation		LITY INFORM	MATION						-	
Name of Facility Where Abatement is T House	aking Place (3)	PAOI	LITT HEI OK	MATION .		f Facility (4)					1
Street Address					× o	ubchapter 8 ther (i.e. pri tc.)	Other than K- ivate & comme	-12) rcial buil	dings,	home	s,
City (5) West Orange					Square N/A		# of Floors N/A	100	Bldg. A	.ge	
County (6) Essex	(4		Code (7) USE ONLY) _		Curren	(1995) (1 (1 m/j))	r if being demol	lished)			
Name of Monitoring Firm Hired by Build N/A	ding Owner (8)	ASCN	/ No.	2.177.000		ement Cont ment, Inc					
Street Address					Address Rosengi	s ren Aven	ue				
City, State, Zip Code				100000000000000000000000000000000000000	State, Zip wa, NJ	Code J 07512					
Project Manager for Monitoring Firm	(0)	Telepho	ne No.		hone No -345-86		License 01311				
Start Date (10) 07/27/2017	Scheduled Co 07/28/2017		Date (11)			A Monitor ment, Inc	D.				
Occupancy Status During Abatement ( Facility Closed/Vacated During El		ament			t Address Roseng	s ren Aven	ue				
Abatement Performed Outside of Other – Describe: Occupied	Normal Facility Hou	ırs			State, Zip owa, No	Code J 07512					
Scope of Work (Check All That Apply)	W.						2000				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	X Reno	vation plition			× Mini	i-Enclosure vebag Proc				·a	
	ls Loc	ation.		L	INOIN	-Exempled	( ) and Non-ri	Table 11		ement	t
Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Norm	nally blely by nance/ al Staff? 2)	(i.e. the	Descriptions Containing ermal system surfacing, Volter miscella	Material ns insulat AT, or		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
Basement	X		pipe	& fitting in	nsulatio	on	20 LF	Х			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP V Hauler ID 20996	No.	Cubic Yards of Waste FBD			Registered Land Managemen				
City, State Totowa, NJ				Disposal Date	е	City, State Morrisvi					
Completed by Ned Joksimovic	Title Project N	Manager		Signatu	re $\geq$	FN		Date 07/17	2017		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Thort # Blogs	IVC				60 and 12									= 1
Date of Notification (1)					wner/Oper				1		2	, 0,		7
7-19-17			The Por		rity of N	Y&I	NJ	i	-	1	- 22	! 21	11/	
Agencies Notified Type Notification					St Expre	sspo	ort Pla	za Suite	7	A C	4.5			
EPA Initial Amended				, Zip Cod						33111 9 1	7 (4	P v 1	HUL	ě.
X DOL Amendment #		-	Elizabe	th NJ 07	7201									
Emergency (ir justification)	iciuaing	11 15	Name of C		<del></del>				1	•				
DOH justification)  DCA Cancellation			Uday M	100000000	RMATION					a		-		
Name of Facility Where Abatement is Taking	Place (3)		FACILI	II T INFO	RIVIATION	Т	Туре	of Facility (4)	)				4	
Port Authority Marine Terminal Bldg	173						□ s	ichool (K-12	)					
Street Address								Subchapter 8 Other (i.e. pri	3 (Othe ivate 8	er than K-12 & commerci	2) al build	ings,	nome	s,
Marsh & Export St	W ==						u е	tc.)		Floors		dg. A		
City (5) Newark							7500	e Feet	2	Floors	1	ag. A	,0	
County (6)		(	County Co	ode (7)		_	Currer	nt Use (Prior	r if bei	ng demolish	ned)			
Essex		(	STATE US	SE ONLY)	-	-								
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.	31000			ement Cont onmental						
The Port Authority NY & NJ						-00000000000000000000000000000000000000	Addres		0100	-P				
Street Address 241 Erie St								obb Rd						
City, State, Zip Code					100			p Code	W-02					
Jersey City NJ 07310								PA 18436	3					
Project Manager for Monitoring Firm			Telephon 201-59				one No 8341			License N 01216	10.			
Uday Mehta Start Date (10)	Schedule							IA Monitor						
07/31/17	8/31/17		1		5	SCE	Envir	onmental	Gro	up Inc				
Occupancy Status During Abatement (Check	Only On	e)			1 20		Addres	s obb Rd						
Facility Closed/Vacated During Entire P	eriod of A	batem	ent					p Code						-
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours				1000		PA 1843	6					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	× R	enova	tion			×	1 1 11	l Containme		n Negative I	Pressui	re		
≥160 sf or ≥260 lf	D	emolit	ion				Glo	i-Enclosure vebag Proc	edure					
					A CARLES TO SEE	L	No	n-Exempted	(*) ar	d Non-Frial	The state of the s	cedur Abate		
	0.000	Locati Iormal	2000			w.o							ре	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbest	Descr tos Contair			(ACM)	A	Amount			Ш	_
TO BE ABATED		ntena odial S	9.075385700		thermal sy surfacin	stems	s insula			Specify F or LF)	Remova	Repair	тсар	Enclosure
In Facility (13)		(12)			other mis					,	oval	oair	Encapsulate	sure
	Yes	No	N/A										Ф	
Second Floor Annex		Χ			Floc	or Til	е		7	000SF	X			
Second Floor Annex		Χ			Pipe In	nsula	ation			10LF	Х			
Second Floor Annex		Χ			Cove	Molo	ding		4	180LF	X			
Second Floor Annex		Χ			Joint C		ound			60LF	X			
Name of Registered Waste Hauler		10	JDEP Waller ID		Cubic Ya of Waste					ered Landfi				
Cardella Waste		11	J-861	1071	30					Grows La	andiii			
City, State					Disposal 8/18/17		<b>:</b>	City, State Tullytov		Δ				
North Bergen NJ	Title					natur	e /	runytov	ocu t /		ate			
Completed by Mariah Wheeler	PMA				//	/	1	11/1	/	// 7	7/19/1	7		
					1/0	//	7		7					Mar -
ASB-41 (R-06-08)						Do n	ot use	this form for	asbe	stos licensu	re exer	npted	activi	ues.

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CKI	158		NOT! (Purs	IFICAT	FION OF ASBE NJAC 8:60 and 12	EST	os <b>ABATEMEN</b> N.J.A.C. 7:26-2.12)	r DE	C	E i	<u>M</u>	E,			
Date of Notification 06/19/2017	on (1):	Na So	ame of	Building	Owner/Operator (2) plewood School Dis	trict			JUN	2 6	2017				
Agencies Notified	Type Notification		reet Ad		piewood School Dis	Series									
⊈ÉPA	□ Initial			emy Stre			11 1 ( part 112 black)	L		2 00.00					
☐ DEP	☐ Amended			e, Zip Co				P(01)	110	J. U.		JL G			
9-DOL	Amendment#:			od, NJ 07	040										
₫ ĎОН	☐ Emergency (including			Contact: el Guerci			1000	je ber:			-				
⊒ DCA	justification)  ☐ Cancellation	An	kirea Di	ei Guerci	0		6.8	D. ·			100				
	Carcellation				FACILITY INFOR	RMA	TION								
Name of Facility:	Fuscan Elementary	School				Т	ype of Facility (4):	JUL	. 2	20	17	-			
25 Harvard Avenue	e						School (K-12)	**				59.11			
City/ (5)	Cou	inty (6)		Cour	on Code (7)		Subchapter 8 (Other than Other (i.e., private & cor		•	crossection and		1			
Maplewood	Ess			0704	nty Code (7):	1				etc.)					
ya ediristi ≢in da kasu nadakilantek						S	quare Feet:	# of Flo	ors:	7 mm					
No. of the contract of the con						C	ldg. Age urrent Use : School								
Name of Monitorin AHERA CONSUL	ig Firm Hired by B	uilding	Owner	:	ASCM No.: 0057	N	ame of Abatement Co	ntractor (9):				ran destavo			
					0037	A	pex Development,	Inc.							
Street Address: PO Box 385							reet Address:								
FO B0X 383															
City, State. Zip Coc	le:					658 Rutgers Place City, State, Zip Code:									
Oceanville, NJ 08	3231						aramus, NJ 07652								
Project Manager for					Telephone No.:		elephone No.:	License No.:							
Eric Clarkson	9				609-947-8015	17231	73) 350-0101	01215							
Start Date (10):		Schedu	iled Co	mpletion	Date (11):	Na	-								
7/17/17		09/26/	17	fl:		tories									
Occupancy Status Dur  Facility Closed/vaca							reet Address: 5 West 36th Street, St	ita 202							
Abatement Performe	ed Outside of Normal	Facility	Hours	IL .		Cit	ty. State. Zip Code:								
- 6.1						Ne	w York, New York,	10018							
Other Describe:															
Scope of Work (Check	all that apply):														
$\geq 3 \text{ sf or } \geq 3 \text{ lf}$ $\geq 160 \text{ sf or } \geq 260$	ır		Reno Demo				☐ Mini-Enclose	ment with Negativ are ocedure I (*) and Non-Fria			e				
Locatio	on of		Locat		De	scrip	tion of		T		temen ype	t			
Asbestos-Containin	g Material (ACM)	Use	d Sole		Asbestos Cont	ainin	g Material (ACM) tems insulation.		-	T					
TO BE A			aintena		surfac	cing.	VAT, or	Amount	70	-	En	En			
IN Fac		1	Staff		other i	misce	ellaneous)	(Specify	300	Repair	cap	clo			
(13	,		(12)				rovesse state of the Catholic	SF or LF)	Removal	air	Encapsular	Enclosure			
EXTERIOR OF	BUILDING	Yes	No	N/A							-	- 1			
ON PARKING L															
ND PLAYGRO			X		GRAY WIN	DO	W CAULKING	5,580 LF	*			*			
OF THE FACILI															
CD :															
iame of Registered IMMY BYRNE TR	Waste Hauler: UCKING			NJDEI 19551	Waste Hauler ID N	Vo.:	Cubic Yards of Waste: 30	Name of Regis MINERVA E				SOL			
					6			INC.	NIER	TRIS	E5 A5	SUC.			
ity. State: ronx, NY 10474	1		Dispo	sal Date			City, State:								
Completed By: Title:						Sion	Waynesburg, OH 4 ature:								
hinyelu Oraegbunar	m			V. Pres	sident	C.	erant.	Date: 06/19/201	17						

CK 0550

#### State of New Jersey

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

		***							History				
Date of Notification	on (1):				Owner/Operator (2 plewood School D				The second secon	JUN	28	or '7	
Agencies Notified	Type Notificat	tion St	reet Add	ress:		73(110)							
₽ ÉPA	G Initial	THE PERSON NAMED IN	25 Acade	man distance and the						-77.	7	1.12 1.12	
□ DEP	☐ Amended Amendment#:		ity. State								SIL.	13	. L L
⊒-DOL	☐ Emergency		apiewoo ame of C		040					****** 1		***	
∄'ĎOH	(including	A	ndrea De		0		11.5		her:				
□ DCA	justification						1		F			9 h	ier r
	© Cancellation									- 1	1	-1.11	
Name of Position	77 77				FACILITY INFO							- C	
Name of Facility:		tary Schoo	t				ype of Facility (	4):					1
25 Harvard Avenu	ie						School (K-12) Subchapter 8 (C	Nelson elson f	Ju J	UL :	2.4	2017	11
City/ (5)	T	County (6	).	Cour	ity Code (7):	-17	Other (i.e., priv	ate & com	vercial buildings.	homes	e977 1		1
Maplewood		Essex		07040									
						Sc	quare Feet:		Akaf Flo	ors:			1.4
						Bi	ldg. Age						
N							urrent Use : So						
Name of Monitorin AHERA CONSUL	ng Firm Hired b	y Building	Owner:		ASCM No.:	Na	ame of Abater	nent Cont	ractor (9):				
ATIENA CONSUI	1.1 AN 15. INC.				0057	A	pex Develop	meni. Ir	ic.				
Street Address:							reet Address:						
PO Box 385													
						65	8 Rutger	s Place					
City, State, Zip Co.	de:					-	ty. State. Zip			-			
Oceanville, NJ 08	8731					Po	ramus, NJ	07657					
Project Manager fo		rm:			Telephone No.:		lephone No.:	07052	License No.:				
Eric Clarkson					609-947-8015	1000000			25				
Start Date (10):		1000	1. 1.0	1			73) 350-0101		01215				
7/17/17		09/26		npietion	Date (11):		me of OSHA etro Analytica		at or				
Occupancy Status Du	ring Abatement (							i Laborato	71103				
Tracility Closed/vac				,		4011000000	eet Address: 5 West 36th St	trant Suit	ta 7:13				
Abatement Perform	ed Outside of No	rmal Facility	Hours	L.		-	y. State. Zip (						
Describe:							w York, New		210				
Other						1	n rongiven	10110, 10	OLC				
Describe:													
Scope of Work (Check	k all that apply):											-	
> 3 sf or > 3 lf			□ Renov	ation			□ Full (	Containma	ent with Negativ	e Pres	sure		
$\geq 3$ sf or $\geq 3$ lf $\geq 160$ sf or $\geq 260$	1f		□ Demo				E Glov	-Enclosure ebag Proc	e edure				
									*) and Non-Friai	ble Pro	cedur		
			s Locat	on		8 320	8 85		1	ī	Aba	temen	t
Locati		1	Normal		Asbestos Cor	escript	ion of	(73.4)			Т	ype	
Asbestos-Containin TO BE A	ng Material (AC	M) Us	ed Sole laintena		(i.e., therm	ial syst	ems insulation	OD.				1 - 1	
IN Fa		1,100	Custodi	200707000	surf	acing,	VAT, or		Amount	Re	~	inc.	311.
(12	(C.S. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Staff?		other	misce	llaneous)		(Specify	Removal	Repair	aps	los
			(12)						SF or LF)	Va_	=	Encapsula	Enclosure
EXTERIOR OF	BILLIDING	Yes	No	N/A							-	-	
ON PARKING L												İ	
AND PLAYGRO	UND SIDES		X		GRAY WI	NDOV	V CAULKI	NG	:5,580 LF	*			非
OF THE FACILI	ITY	Ì											
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iame of Registered					Waste Hauler ID	No.:	Cubic Yard		Name of Regis	tered	landfil	1:	
IMMY BYRNE TR	CUCKING			19551			of Waste: 3	()	MINERVA E				SOC.
ity, State:			Diana	onl Date:			0: 0		INC.				
ronx. NY 10474			DISPO	sal Date:			City, State: Waynesbur		.00				
ompleted By:	in the second			Title:		Signa		g, Ort 446	Date:		- C.W T.		
hinyelu Oraegbuna	ım			V. Pres	ident	8			06/19/201	17			
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