Date of Notification (1)	Name of Bu	ding Owner/Operator	(2)	4.115
7/22/16			TINE KAMB	ANS 2016
Agency Notified Type Notification	Street Addre		0.0	
□ EPA	Ch. Chaba	To Code	/ sdEST	OS CONTROL &
DEP Amended Amendment #	- LIA	DORTH.	NJ. 0764	DENSING
☐ Emergency (including	Name of Co		Telephon	e Number
DDOH justification) DCA Cancellation				
	FACILITY	NFORMATION		
Name of Facility Where Abatement is Taking Place (3)		•	Type of Facility (4)	
MR. KAMBAWIS		1.0	Subchapter 8 (Other that	n K-12)
Street Address		s - 1	5 Other (i.e. private & con	mercial buildings,
			homes, etc.) Square Feet # of Floo	rs Bidg. Age
City (5)	, .	i i i i i i i i i i i i i i i i i i i	1850 Z	1935
HAWORTH			Current Use (Prior if being	
County (6)	County Co	e (7) (STATE USE	Current Use (Filed a Deals	E.
BERLEN		Name of Ahata	ement Contractor (9)	
Matte of Moderning Later (1904 b) persons	SCM No.	ALL CONTROL OF THE PROPERTY OF	emoval Inc	
(8)		Street Address		The state of the s
Street Address	a		ith River St	
City, State, Zip Code		City, State, Zr		
Cry, State, Zip Code		Hackens	sack, N.J. 076	01
Project Manager for Monitoring Firm Tel	ephone No.	Telephone No	License	
riojes manager se angle	***	1111	9-7444 - 00	388
Start Date (10) Scheduled Completic	on Date (11)	Name of OSH		
8 4 16 8 5 1	6	Omega Street Address	Environmental	
Occupancy Status During Abatement (Check only one)	· 2		Huyler St	
☐ Facility Closed/Vacated During Entire Period of Abate	ment	City, State, Zi	Code	
DAbatement Performed Outside of Normal Facility House Other - Describe: 8:00 by 10 5:00 ft	1	S. Ha	ackensack , N.J	. 07606
Scope of Work (Check all that apply)		n e	d Containment with Negative	Pressure
<u> </u>	-B Renova	iion Diff	mi-Enclosure	
□ ≥ 160 sf or ≥ 260 ff	□ Demoi	on ZG	ovebag Procedure on-Exempted (*) and Non-Friz	ible Procedure
	Location			Abatement Type
l N	ormally	Description	on of	
	d Solely by ntenance/	Achostos Containing	Material (ACM)	Amount Specify
TO BE ABATED C	lsibotau	(i.e., thermal syste surfacing, \	IID BOUNDEDTH	Amount Specify Repair Repair
IN Facility (13)	Staff? (12)	other miscell		val Ir
Yes	No N/A			
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BAZERCE		401010000111000		,
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Name of Registered Waste Hauler NJ	DEP Waste Har	ler Cubic Yards	of Name of Registered La	ndfill
I Mante of Mediatered Agence (Image)	No.	Waste		erprises ,LLC
	17109	2=7		
City, State		Disposal Dat	(F. 18 - 8)	, Oh,44688
Hackensack , N.J. 07601		Signature	1 .	Date
Completed by J. Maiorano Estima	tor		Monorous	7/22/16
		1		

CV 6274

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Date of Notification (1)			Na	me of	Building	Owner/Operator	(2)	1111 6	0 004	_		11
	2/16			MI	R. I	BEN MA	ACTIN:	JUL 2	5 ZUI	0		2
Agency Notified	Type Notification		Str	reet Ac	idress				i			
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Q EPA Q DEP	☐ Amended		Ci	ty, Sta	te, Zip C	ode .	57	LICEN	StMG			
DOL.	Amendment #		1	ع للا	STU	100D. N	17.016	Telephone Hum	her			
д рон	☐ Emergency (includin iustification)	9	Na	ame of	Comma			Telebirate man				
DCA	☐ Cancellation					ARTIN				- 1		
			F	FACILI	ITY INFO	RMATION		10				
Name of Facility Where	Abatement is Taking Place	≥ (3)					Type of Facility	(4)				
MR	HARTIN.			٠	284,		☐ School (K-12)	Α -			
Street Address	((,)						Subchapter &	(Other than K-12 wate & commercia	.) al building	gs,		
Object/ marge	0.00					2	homes, etc.)					
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City (5)					*.		2200.	2		3:	٥, د	د
	Cocwi		IC	ouniv	Code (7)	(STATE USE	Current Use (Pr	nor if being demol	ished)			
County (6)	SEN.			NLY)			Re	51 DEN C	S			
		F AC	SCM N	in :		Name of Abater	nent Contractor (S	9)				
Name of Monstoring run (8)	m Hired by Building Owne	a /~	50 (8) 11			the second secon	moval In					
						Street Address				-	-	
Street Address						0,000,000	th River	S +				
						City, State, Zip	THE RESERVE OF THE PARTY OF THE	31		100		
City, State, Zip Code	14						ack, N.J	07601				
						Telephone No.		License No.				
Project Manager for Mo	enstoring Firm	Tele	phone	e No.		201 - 320	-7444 -					
						Name of OSHA		1 0000				
Start Date (10)	Scheduled C	1 1		(11)		Omega	Environm	ental				
8/5/16		6/18				Street Address						
	ng Abatement (Check on		**	*		280 H	uyler St					
☐ Facility Closed/Vaca	ted During Entire Period	of Abater	ment			City, State, Zip			1 2020	Di .		
2 Other - Describe:	ed Outside of Normal Face	E:00	EM	1 -		S. Ha	ckensack	,N.J. 0	7606			
Scope of Work (Check						5.5.5	0	Negative Pressu	479			
A ≥ 3 ⊈ or ≥ 3 ₹			J	a Ren	ovation		Enclosure	i regulare . rees				
□ ≥ 160 sf or ≥ 260 lf					notition	27 Colon	vebag Procedure	d Non-Friable Pro	cedure			
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Loca	tion of		ormality Solet		-	Description	of	Amount		1		543
	ing Material (ACM)	Main	ntenan	cel	Asbe	stos Containing la thermal system	s insulation.	(Specify		Ret	B	Encapsulate
	ABATED		ustodia Staff?		l face	statisting, VA	T, or	SFCLF)	Remova	Reput	nad
4	13)		(12)			other miscellar	neous)			2		ato
	*	Yes	No	N/A	1			-				
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						Curbic Yards of	E Name of Par	stered Landill		1		-
Name of Registered V		ID N	The state of the state of	vaste i	dauder	Waste		a Enterp	rico	9	ТТ	
Best Rem	oval Inc	101		109		21/20	ninerv	a Lucerp.	LISE	,	ויו	10
						Disposal Date						
City, State	ck , N.J. 07	7601				8/8/15	Wayne	sburg, 0	h,44	688	}	
Completed by	Title	001	0.000			Signature /)		Date	4	1	, ,
J.Maioran		imat	0.0			IVA	سرصر صده	S	17/	22	11	8
1 0 - 110 1 0 1 0 1						icensure exempte	ad activities		/		1	

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Date of Notification (1) 07/21/2016					f Building ary Cahi		Operator	(2)	1		JU	L 2 f	: 20)16	i L
Agencies Notified X EPA DEP DOL	Type Notification Initial Amended Amendment Emergency justification)	(including		Summ	ate, Zip Co nit, NJ 07					Tel	SBEST LI	CENS			- &
DOH DCA	Cancellation				ary Cahi						77.				
Name of Facility Where A House Street Address	batement is Takir	g Place (3	3)	FACI	LITY INFO	JKMAI	ION	Sc Su	Facility (4) hool (K-12 behapter 8 her (i.e. pri) 3 (Oth			dings	, hom	es,
City (5) Summit						i.e.		Square N/A	Feet	# o	Floors		3ldg. A V/A	\ge	
County (6) Essex			T		Code (7) USE ONLY)		Current	Use (Prior	if bei	ng demoli	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	A No.				nent Contr		(9)				
Street Address	9 × 7							Address osengre	en Aveni	Je					
City, State, Zip Code								tate, Zip wa, NJ				3			
Project Manager for Monit	toring Firm			Telepho	ne No.		220022	none No. 345-868	35		License 01311	No.			
Start Date (10) 08/03/2016		Schedul 08/04/2		npletion	Date (11)		1	of OSHA Abaten	Monitor nent, Inc				11		
Occupancy Status During Facility Closed/Vacat				nent		=		Address osengre	en Avent	ie .					
Abatement Performe Other – Describe: 00	d Outside of Norn					_	1000	tate, Zip (wa, NJ							
Scope of Work (Check All	That Apply)						-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit	17.700			×	Mini-E Glove	ontainmer Inclosure bag Proce Exempted	dure				e	
Location	of	1 200	Locati			D-			.xempted	() () ()	2 14011 1 110	ibic i re	Abate	ement rpe	
Asbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM) TED	Ma	d Sole intenar todial S (12)	nce/		tos Con thermal surfa		laterial (A s insulatio T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Daseme	TIL .		X			pipe	insulat	lion		8	0 LF	x			
Name of Registered Waste	e Hauler		I NI	JDEP W	laste.	Cubic	Yards	l N	lame of Re	anieto	red Landfi	II			
D&S Abatement, Inc.	y insite		Н	auler ID 0996	777777	of Was		To see	Vaste M	, S					
City, State Totowa, NJ					-	Dispos TBD	sal Date		ity, State ullytowr	n, PA					
Completed by Ned Joksimovic		Title PM				S	Signature	- -	FN	6	1000	ate 7/21/2	2016		

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT		-
	· FA	5
(Pursuant to NJAC 8:60 and 5:16)	EA	7

Data at National (4)					h.1	7 D 11 II		10	01	J. T.				1111
Date of Notification (1)	29 / _	16						ner/Operator (ommunity C		JUL 2	6 2	2016		U
Agencies Notified	Type Notifica	ation			Street	Address							1	
					510	0 Black l	Hors	e Pike		ASSESTOS	001	ITO	1 0	
	Amended		12214	.	City, S	State, Zip C	ode			LICEN				
☑ DHSS ☐ DCA	Amendme			2	May	s Landir	ng, N	IJ 08330		LIOLI	e OIT C			
(NJAC 5:23-8)	justificatio		ing	1	Name	of Contac	t			Telephone Numb	er			
	Cancellat				Tim	Edmund	ds			1				
					FAG	CILITY IN	FOR	RMATION						
Name of Facility Where Ab	atement is T	aking Pl	ace (3)					Type of Facility	(4)		-	-	
ACCC Student Succ				***					School (K-12					
Street Address										8 (Other than K-12)		م ما المال،		
5100 Black Horse Pil	ke								homes, etc.	rivate and commer	Sial Di	manig	5,	
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Mays Landing														
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Atlantic														
Name of Monitoring Firm H	lired by Build	ling Own	er (8)	1	ASCM	No.	Nar	ne of Abateme	ent Contractor (9))				
Brinkerhoff Environr	nental Ser	vices					В	RISTOL EN	VIRONMENTA	L, INC.				
Street Address							Stre	eet Address						Hina
1805 Atlantic Ave							1	123 BEAVE	R STREET					
City, State, Zip Code							City	, State, Zip Co	ode					
Manasquan, NJ 0873	6						В	RISTOL, PA	19007					
Project Manager for Monito	ring Firm		1	ele	ohone	No.	Tele	ephone No.		License No.				
Gary Fleming				73	2-425	-7258	2	15-788-6040	l (00509				
Start Date (10)	S	chedule	d Corr	plet	ion Da	te (11)	Nar	ne of OSHA N	lonitor				en lune	
7 / 21 / _	16	7	_ / _	25	_ / _	16	В	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During A	Abatement (0	Check or	ly one	:)			Stre	et Address			X			
☐ Facility Closed/Vacated							1	123 BEAVE	R STREET					
Abatement Performed C						cribe	City	, State, Zip Co	ode				11-20	-
Time of Abatement: 7:0	00AM-3:30P	'IM/	_PM-		AM		В	RISTOL, PA	19007					
Scope of Work (Check all to	hat apply)							_		V 25 1228				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	Reno					Mini-Enc	tainment with Ne losure g Procedure	gative Pressure				
								Non-Exe	mpted (*) and No	n-Friable Procedur	1			
			Is Lo	cati mal				_			Ab	atem	ent T	уре
Location of Asbestos-Containing Ma		, 1	Jsed S		2	Ashe	stos (Description o Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABAT	ED		Maint				., the	rmal systems	insulation,	(Specify	Removal	pair	Encapsulate	Enclosure
IN Facility (13)			Custod (12)	stan?			urfacing, VAT, ner miscellane		SF or LF)	<u>a</u>		ula	ure
(13)		Y		Vo.	N/A		Oti	ici illiscellarie	045)				e	
Room C 153] [2	3		Floor ti	le an	d mastic		2,400 SF				
Room C 151				3		Residua	al bla	ack mastic		100 SF				
Throughout] [2	3		Firedoo	rs	776		7 ea				
Roof				3		Roof fla	shir	ng		25 LF	\boxtimes			
Name of Registered Waste	Hauler			N.	JDEP \	Vaste	Cub	ic Yards of	Name of Regis	stered Landfill				
SERVICE TRANSPOR		, INC.		100000	auler II		Was	ste	MINERVA	LANDFILL				
City, State					20990)	Disr	osal Date	City, State					
NEW CASTLE, DE 19	720									BURG, OH 44688				
Completed By (Print or Typ		Title						Signature		/ Dai		1		
Brian Scafiro	-)		natoe	4				1 -	I. Je	1.0 7	22	116		
Dilaii Goalli G		Loui	.14106					Dream	sugers,	1-11 11	/	-		

ASB-41 MAY 11 B 5/6 0 3/

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

		N	ITO				BESTOS ABAT AC 8:60 and 5:16		EGA		M	E	Tr
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2	2)		7	10		-11
4/	29 /	16					oe Community C	(K) ==	1111	2	201		
Agencies Notified	Type Notific	cation			Street	Address			JUL :	<u> </u>	ZUI	0	1
⊠ EPA	☐ Initial				510	00 Black	Horse Pike		TON TOTAL				
☑ DOLWD ☑ DHSS		The second	7/22	/16		State, Zip			ASDESTOS LICE	NSIN	NTR	OL d	8
☐ DCA	☐ Emerger					50,	ng, NJ 08330			14011	VG.		
(NJAC 5:23-8)	justificat					of Contac	55		Telephone Numb	per			
	☐ Cancella	ation			Tim	Edmun	ds		1 8				
					FA	CILITY IN	NFORMATION						
Name of Facility Where				(3)				Type of Facili	-70,000				
ACCC Student Su	ccess Cent	er Bldg	g C					Subchante	-12) er 8 (Other than K-12)	Y			
Street Address									, private and commer		ilding	S,	
5100 Black Horse	Pike							homes, et					
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Mays Landing													
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Prior if being demolis	hed)			
Atlantic													
Name of Monitoring Firr		1,000		(8)	ASCM	No.	Name of Abateme						
Brinkerhoff Enviro	nmental Se	rvices					BRISTOL EN	VIRONMENT	AL, INC.				-53
Street Address							Street Address						
1805 Atlantic Ave							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co						
Manasquan, NJ 08							BRISTOL, PA	19007					
Project Manager for Mo	nitoring Firm				phone		Telephone No.		License No.				
Gary Fleming			20	-	32-425		215-788-6040		00509				
Start Date (10)	an processor H	Schedu					Name of OSHA N						
7 /21 /		/			5_ / -	16	BRISTOL EN	VIRONMENT	AL, INC.				
Occupancy Status Durin							Street Address			-04.1=-4.11			
Facility Closed/Vaca							1123 BEAVE	RSTREET					
Abatement Performe Time of Abatement:							City, State, Zip Co						
Scope of Work (Check a							BRISTOL, PA	19007					1000
An 150 B <u>15</u>	in triat apply)								legative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf		[novati molitic									
<u>M</u> ≥ 100 31 01 ≥200 II		L	_ De	THOILE	JII				Non-Friable Procedur	re			
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Locatio				Norma	illy ely by	1	Description of			R	R	Ш	П
Asbestos-Containing TO BE AB		VI)		intena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	ıcar	CIO
IN Faci			Cus		Staff?	(1.5)	surfacing, VAT	or	SF or LF)	Va.	-	Encapsulate	Enclosure
(13)		-	Yes	(12) No	N/A	+	other miscellane	ous)				ate	
Roof			res	No	IN/A	White	flashing caulk		25 LF			П	-
Room C119							ile and mastic		32 SF				F
Room C 161									70 ea				-
ROOM C 101						Pipe Fi	turgs		70 00				-
Name of Registered Wa	ste Hauler		Ц		JDEP V	Maste	Cubic Yards of	Name of Red	gistered Landfill				_
SERVICE TRANSP		P. INC.		1990	lauler II	D No.	Waste		A LANDFILL				
City, State					20990)	Disposal Date	City, State	nemental entre			(0) V	
NEW CASTLE, DE	19720						Disposal Date		SBURG, OH 44688	}			
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Completed By (Print or	(Ahe)	Title					Signature	Scali	, / - Da	7/2	7/	///	
Brian Scafiro		E co	timat				NIII 1	2/1-5		1 1 -			

NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) DANIE Agencies Notified Type Notification Initial EPA City, State, Zip Code ASBESTOS-CONTROL & 白 Amended DEP ELIZA (回 Amendment # DOL Emergency (including Telephone Number Name of Contact DOH iustification) Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, home etc.) # of Floors Bldg. Age Square Feet ELIZABETH NO. Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address Street Address City, State, Zip Code City, State, Zip Code Telephone No. Project Manager for Monitoring Firm Name of OSHA Monitor Scheduled/Completion Date (11) Start Date (10) NOUALE Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf M 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 Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify Removal (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No FAN Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste City, State Disposal Date City, State OID Date Signature Title Completed by 0 Do not use this form for asbestos licensure exempted activitie ASB-41 (R-06-08)

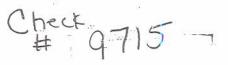
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Type Notification Street Address Agencies Notified initial EPA City, State, Zip Code Amended DEP H Amendment # DOL Emergency (including Telephone Number Name of Contact justification) 区 DOH ANONE DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Square Feet # of Floors Bldg. Age City (5) 2,500 County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. NOVATEC Street Address Street Address City, State, Zip Code City, State, Zip Code 766 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) NOVATE Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code N.2 08857 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf 品 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) Encapsulat Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) No N/A Yes 4400 5/AX BASE MENT INSULATION & 100 S/AX GARAGE DUCT Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. G. R.O.W.S NOVATECIN City, State Disposal Date City, State 2/16 C,U on Pisson OID MESIDENI Date Signature Completed by

State of New Jersey

	Form

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Date of Notification (1) 7-13-2016				Building C Hills Ce		erator	(2)				il 2	5 6	016	
Agencies Notified Type Notification			Street Ad	dress est Jerse	ev Stree	et			-					į
EPA Initial DEP Amended		1	City, State	e, Zip Cod	de					ASBES			TFIC	Εâ
DOL Amendment Emergency (Elizabe	th, NJ 0	17202				Tole	ephone Ni		81 8		
DOH justification) DCA Cancellation				contact c Lande	rs				TOR	prior				
			FACIL	ITY INFO	RMATIO	N		Z = 10. 73						
Name of Facility Where Abatement is Taking Private building	g Place (3)				36			of Facility (4)						
Street Address 225 West Jersey Street					*		S	chool (K-12 ubchapter 8 other (i.e. pri tc.)	(Othe			dings,	horne	s,
City (5) Elizabeth, NJ 07202							Square 2000	e Feet	# of	Floors	1000	ldg. A 5+	ge	
County (6) Union			County C	ode (7) SE ONLY)			Currer	nt Use (Prior	if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	*				ement Cont						
						000000000000000000000000000000000000000		ironmenta	al Se	rvices, L	LC			
Street Address						235 \		a Avenue			3			
City, State, Zip Code	*						tate, Zip ey City	o Code v, NJ 0730)4					
Project Manager for Monitoring Firm			Telephor	ne No.			one No 333-88			License 01174	No.			
Start Date (10) 7-13-2016	Schedule 7-13-20		npletion [Date (11)			of OSH e as a	A Monitor bove						
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addres	S						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:						City, S	itate, Zij	p Code						
Scope of Work (Check All That Apply)		140-23												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolii				**	Min	Containme i-Enclosure vebag Proci n-Exempted	edure				·e	
	Is	Locat	ion				1 1101	LXCITIFICA	() ai	4 1101111110		Abat	ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lorma d Sole ntena odial ((12)	ely by		Desc tos Conta thermal s surfaci other mi	ystem ng, VA	/laterial s insula tT, or		(mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	. N/A								_		G	Ф
Boiler room		Χ			Boiler	insul	ation			O SF	X			
						10000						-		
											+	-		
Name of Registered Waste Hauler Green Environmental Services, LLC	C	H	NJDEP W Hauler ID 034889	No.	Cubic Y of Wast			Name of F		ered Landf em Land		1		
City, State Jersey City, NJ			ti i		Disposa 7-13-2			City, State Bethleh		 PA				
Completed by Liliana Serrano	Title Office	e ma	nager		Sig	gnátur 0 1 1	e () 1	n Sei	e fi		Date 7-13-2	016		



Date of Notification (1)	.17	Name of	Building Owner/O	perator (2)	The second secon	11/1/1		Water 1		
(D) 1-dd	16	~			ORace	Vybite	2 5	(
Agencies Notified Type Notification	*	Street Ad	odress —			Ne				
☐ EPA initial ☐ Amended	No. 1	City, Stat	te, Zip Code			ASELLI		•	ا د	
DOL Amendment #				erna	cle -	NJ 08	3.0	පිළි	-	
DOH Emergency (in justification)	cluaing	Name of	Contact			Telephone Nur	nhor			
□ DCA □ Cancellation			race W		-					
Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFORMATI		γpe of Facility (4)				
	Dwell	line			School (K-1	2)				
Street Address	,				- Subchapter	8 (Other than K-12 private & commercia		dinac	hama	
					etc.)					:5,
City (5)	NJ	0	8088	So	quare Feet	# of Floors	В	idg. A	ge 7 † -	
County (6) Dernacle	107	County C		C	urrent Use (Pri	or if being demolish	ned)	10	1	
Buelinston			ISE ONLY)		311 0111 000 (1 11	o, ii boing comone.	.00)			
Name of Monitoring Firm Hired by Building On	wner (8)	ASCM	No.	Name of	Abatement Cor					
ELC Ischuolo	3162		MA	Street Ad		chaoleg	16:	b ,	In	16
Street Address Box 33	57	19		P.C	. Box	337	,			
City, State, Zip Code	117	AD	622	City State	e, Zip Code	1117	A	06	2	2
New Equat	NO	00	333	Telephon	SEGY	License N	U	0	0	3
Project Manager for Movithri go Firm	ν.	Telephor	758-3365		58-336	24	5.5	19	H	
Start Date (10)	Scheduled Co				OSHA Monitor				-	_
8-10-16	8-1	10-11	2			hnologies	I	nc	3071	
Occupancy Status During Abatement (Check				Street Ad		337				
Facility Closed/Vacated During Entire Pe					Box e, Zip Code	<i>J</i> (-
Other – Describe:					Egypt	ALT (785	53	3	
Scope of Work (Check All That Apply)					J (P	750				
25 ≥3 sf or ≥3 lf	Renov					ent with Negative F	ressu	re		
Æ ≥160 sf or ≥260 lf	□ Demo	lition			Mini-Endosure Glovebag Pro					
*					Non-Exempte	d (*) and Non-Friat	le Pro	1077 13	5.1	
	Is Loca							Abate	ement pe	
Location of Asbestos-Containing Material (ACM)	Norma Used So	lely by	Asbestos Con	scription of taining Mate		Amount			Ш	
TO BE ABATED	Mainten Custodial		(i.e. thermal	systems in	sulation,	(Specify SF or LF)	Ren	Re	ncal	Encl
In Facility (13)	(12)		cing, VAT, o niscellaneo		31 01 11)	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A			500		-		ate	6
Kitchen	×		Floor	ľac		200 SF	x			
THE CHO!	1			-3						
Name of Registered Waste Hauler		NJDEP W		Yards	Name of	Registered Landfill				
EPC Technologies		Hauler ID		ste	Wast	e Manage	nes	40	FF	A
City, State		1/0	Dispo	sal Date	City, Stat	e				
New Egypt /	VJ.			11-16	Morn		PA			
Completed by	Title	0 +	5	Signature	2500	J. Da	te 7	22)-1	6
Steve Schenker	Presid	tent.		Steer	p) Och	che	1-	20	2-1	6

CK K	921	٨		CATION	OF ASBE	STOS	BATE		T	Γ		E	G	E	7	
Date of Notification (1) 7-20-2016			1000		Building C n Manso		perator	(2)		1			1111	0.0	- 01	040
Agencies Notified T	ype Notification		5	Street Ad	ddress		5				U L		101	2	- 4	/18-
□ EPA [×	Initial									1						
DEP [Amended				te, Zip Cod		7		*	i	Ā	SBE	STC	SC	ON	TRO
∑ DOL X	Amendment # Emergency (ir		0.5		City, NJ	0/30	/							EN	SING	à
≥ DOH	justification)				Contact n Manso					lel	ephone	Num	her			
DCA L	Cancellation				LITY INFO		140			1						-
Name of Facility Where Aba Residential	atement is Taking	Place (3	3)	1 ACI	LITT INTO	NMA III	JIN	Тур	oe of Facility (4)						
								H	School (K-12 Subchapter 8		or than	K-191				
Street Address								×	Other (i.e. pr					ings,	home	s,
City (5)								Sa	etc.) uare Feet	# 0	f Floors		BI	dg. A	ae	_
Edgewater, New Jers	ey 07020							19	52	2			12	23	3	
County (6) Bergen					Code (7) JSE ONLY)			Cu	rrent Use (Prio	r if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hi	ired by Building O	wner (8)		ASCN	1 No.				balement Cont			tig saw				
									nvironmenta	al Se	rvices	, LL(2			
Street Address							Street 235		ress Jinia Avenue							
City, State, Zip Code									, Zip Code City, NJ 0730	04						
Project Manager for Monito	ring Firm			Telepho	ne No.		Telepi 201-		No. 8855		Licens 0117		10.			
Start Date (10)				pletion	Date (11)		Name	of C	SHA Monitor							
7-21-2016		7-23-2	100000000000000000000000000000000000000				23.575700	27.002.00	s above							
Occupancy Status During A	abatement (Check	Only Or	ne)				Street	Add	ress				7			
Facility Closed/Vacate Abatement Performed Other – Describe:							City, S	State	, Zip Code					117-2		
Scope of Work (Check All T	hat Apply)		-													
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf			Renova Demoliti				>		Full Containme Mini-Enclosure Glovebag Proc Non-Exempled	edure	Ÿ				е	
		Is	Locati	on										100000000000000000000000000000000000000	ment	
Location of	ſ	10-000	Normall	*			scription						-	lу	ре	
Asbestos-Containing M TO BE ABAT			ed Solel sintenar						rial (ACM) sulation,		Amount Specify		ZD		En	Ш
In Facility		Cus	todial S (12)	Staff?	(1.0.	surfac	cing, VA	AT, o	Г		F or LF)		Remova	Repair	caps	Enclosure
(13)		Yes	No.	N/A		otner n	niscella	neou	IS)				val	air	Encapsulate	sure
Exterior			X				siding	(6)		20	000 SF		X			
Throughout the	property		X				VAT			7	60 SF		Χ			
Roof			X			roofir	ng mat	teria	al ·	7	10 SF		X			
Basemer	nt		X			duct	insula	ation	1	4	10 LF		Х			
Name of Registered Waste	Hauler	4	1,000	JDEP W		Cubic			Name of F	Registe	ered Lar	ndfill				
Green Environmental	Services		10000	auler ID 034889	30000000000000000000000000000000000000	of Was			G.R.O.V		North	Land	fill			
City, State Jersey City, NJ						7-23-	sal Date 2016	2	City, State Morrisvi		Α	07				
Completed by		Title	one program				ignatur				7	Dat				
Liliana Serrano	**	Offic	e Mar	nager			NW	a	Mer	RU	w	1-2	20-20	116		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

07/23/2016 08:53AM 9736381778

City, State

N.Jevtic

MAY 17

Wayne, NJ 07470

Completed By (Print or Type)

Title

Owner

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT Check#2552 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) ASBESTOS CONTROL 07 22 16 1 ICENSING RAB Lighting Inc Agencies Notified Type Notification Street Address DO EPA 20 Initial dui 170 Ludiow Avenue DOLWD Amended City, State, Zip Code DHSS. Amendment # 1 Northyals, NJ 07647 DCA Emergency (Including (NJAC 5:23-8) (notification) Name of Contact falaphone Number Cancellation Paul Mariano FACILITY INFORMATION Name of Facility Where Absternent is Taking Place (3) Type of Facility (4) Commercial building School (K-12) Street Address Subchapter & (Other than K-1 2) Other (i.e., private and commercial buildings. 140 Ludlow Avenue homes, etc.) City (5) Square Feet # of Floors Blog. Age Northvale, NJ 07647 County (5) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demoilshed) Bergen Nama of Monitoring Firm Hired by Building Owner (8) Name of Abstement Contractor (9) Gr Tech LLC Street Address Smeet Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Talephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 23 / 16 07 Envirovision Consultants, Inc Occupancy Status During Abatement (Check paly one) Street Address Facility Closed/Vapated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Class up and decontamination with negative pressure Full Containment with Negative Pressure >3 st or >3 !!
 ≥ 180 st or ≥250 !! Rénovation Demolition Glovabeg Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition & Lecation Abetement Type Location of Asbasics-Containing Material (ACM)
TO BE ABATED Normally Description of Asbestes Conspiring Meterial (ACM) Used Solely by Repair Enctoquire Removal Amount Maintenance (i.e., thermal systems inculation. (Spedly Custodia Staff? IN FECULTY aurfacing, VAT, or SIF or LF) (12)(13) other miscellaneous) Yes No NA X First floor 300 SF VAT floor tiles and mastic X Name of Registered Waste Hauler NUCEP Weste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc

* Do not use this form for aspestos licensure usempted activities.

Disposal Date

Signatura

THD

City, State

lephe

Tullytown, PA

World

Date

07/22/16

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	Ā	SBEST	TOS (50 181	INTF NG	₹OL	&
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	Tel	ephone i	Numbe	er		. Vielenne	
e of Facility ((4)						
School (K-1 Subchapter Other (i.e. petc.)	12) 8 (Oth	er than K & comme	(-12) ercial b	ouile	dings,	hom	es,
are Feet	# 0	f Floors		333	ldg. A	\ge	
ent Use (Pri mentary S	or if bei		lished	250			
atement Cor Contracting	ntractor	(9)					
ess e 46 Suite	72						
Zip Code	, / Q						
IJ 07512							
No. 9176		License 01232					
HA Monitor	ıltants	Inc.					
ess agaraw Ro	l Blda	35E					
Zip Code	I blug	JUL					
n NJ 0741	0						
ull Containm ini-Enclosure lovebag Pro- on-Exempte	e cedure			Pro	cedur Abate		
al (ACM)		mount		_		En	Ш
lation,		Specify or LF)	(Remova	Repai	caps	Enclosure
				wal	air	Encapsulate	sure
	20	00 SF	Х				
	20	00 SF	X				
	25	50 SF	X				

Date of Notification (1)				Owner/Operato t of the Chat		1	1	JUL	2 6	201	Ü	
Agencies Notified Type Notification EPA Initial			eyersville				ĀS	BESTO	is cc EHS	INTE NG	₹ÖL	&
DEP X Amended Amendment		Chath	ate, Zip Co am NJ (<u> </u>						
Emergency (justification) DCA Cancellation	including		f Contact Cataldo				Telep	ohone Nu	mber			
		FAC	ILITY INF	ORMATION	T =	- (E 10 L - ()	4					
Name of Facility Where Abatement is Taking Southern Boulevard Elementary Southern Address					Type	of Facility (4 School (K-12 Subchapter	2) 8 (Other				£70.00	
192 Southern Boulevard						Other (i.e. pietc.)	rivate &	commerc		- 50		es,
City (5) Chatham					60,0		3	-loors	6	31dg. <i>A</i> 30+	Age	
County (6) Morris			Code (7) USE ONLY)		ent Use (Pric mentary S		g demolis	hed)			
Name of Monitoring Firm Hired by Building (RK Occupational & Environmental	Owner (8) Analysis I	nc 090	M No.	1 0.05000		atement Con Contracting		- FO				
Street Address 401 St. James Avenue					t Addre	ess e 46 Suite	7a					
City, State, Zip Code Phillipsburg NJ 08865						Zip Code J 07512						
Project Manager for Monitoring Firm Jonathan Gilbert		Telepho 908-4	ne No. 54-6316		-333-9			License N 01232	No.			
Start Date (10) 7/18/2016	Scheduled 7/26/201	Completion 6	Date (11)			HA Monitor on Consul	Itants I	nc.				
Occupancy Status During Abatement (Chec	k Only One)	9.0			t Addre	ss garaw Rd	Blda 3	55				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied; Working F	al Facility H	ours		City,	State, Z	Zip Code 1 NJ 07410						
Scope of Work (Check All That Apply)				1 4 41								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Section 2	novation molition		Land Action Association	Mi GI	III Containme ni-Enclosure ovebag Proc	edure					
					_ No	on-Exempted	(*) and	Non-Frial	ble Pro		emeni	
Location of	Nor	ocation mally Solely by	Ashaa	Descriptio		L(ACM)	۸m	iount			/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custod	enance/ lial Staff? 12)		thermal system surfacing, V. other miscella	ns insul AT, or	ation,	(Sp	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes_ I	No N/A									e	
Boiler Room/ Boiler 1	X			Boiler Insu	lation		200) SF	X			
Boiler Room/ Boiler 2	X			Boiler Insu	lation		200) SF	X			
Boiler Room	X			Boiler Bree) SF	X			
Boiler Room	X			Pipe Insul	ation) SF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.	•	NJDEP V Hauler ID 0035844	No.	Cubic Yards of Waste 15		Name of F Tullytow	9 (1-1 -1 000) (10-100)			ery F	asci	lity
City, State Totowa NJ 07512				Disposal Date	17	City, State	n A	9007				
Completed by	Title	al Manage		Signatu	711	14	M		ate /6/201			

			NOT	FICATI (Pursua	ON OF A	ASBES7 .C 8:60-7	TOS ABA and 12:12	ATEMENT 20-7)		E G i	Chec	\/ k#	263	3-11
Date of Notification (1)	5/16			Building (Owner/Op sity	perator (2	2)			الال	2.6	201	6	
Agencies Notified [] EPA [] DEP	Type of Notifical [x] Initial Notification	10		dress Norris A						SBESTO:	S CO		OL	1 2
[X] DOL	[] Emergency [] Amended Notification	Ur		NJ 07								4 C.		
[] DCA	[] Cancellatio	Na		Contact ne Kup	oiec				Telephone Nur	mber				
				F.	ACILITY	INFORM	NOITAI							
Name of Facility When Kean University	re Abatement is T — Whiteman	aking Plac	e (3)					Sub Oth	iool (K-12) ochapter 8 (Other er (i.e. private an	than K-12)	ial buil	ding	S,	
Street Address 1000 Morris Ave	€.							Square Feet		ors	Bldg.	Age		
City (5) Union		County (Union				nty Code TE USE	ONLY)	Office	Prior if being de	emolished)	~80			
Name of Monitoring F		ding Owner	- A:	SCM No. 003			J	ent Contractor upiter Env	ironmental S	Services	, Inc.			
Street Address						Street A	Address	os Chana	ebridge Roa	d Suite	100			
9 East Stow Ro	ad		500-524			City St	ate, Zip C		ebilage ivoa	u, Cuite	100			
City, State, Zip Code Marlton, NJ 080)53					S.N.J.1	F	Pine Brook	k, NJ 07058					
Project Manager for N Jim Gerardi	Monitoring Firm	856	-985	Number -8800				973-575-8	700	Licens	se Num	00	852	2
Scheduled Start Date 8/3/16	5		/16	Date (11)				J & S Envi	ronmental L	aborator	ries, l	LC		
Occupancy Status Do	uring Abatement (ed/Vacated Durin erformed Outside	a Entire Pe	eriod o	f Abatem y Hours	nent -		Address 2 tate, Zip C	2333 Route	e 22 West					
Des	cribe: scribe: partially va					City, S	tate, ZIP C	Union, NJ	07083				. ==	
Scope of Work (Chec	ck all that apply)			100720				[]	Full Containmen Mini – Enclosur	nt with Nega	ative Pr	essu	re-	
[] Demolition [x] ≥3 sf or ≥3 [] ≥160 sf or ≥				[]	Renovat	tion		[x] [x]	Glovebag Proce Non – Friable Pr	edure				
[] [] []		100	Locat	900			Dasa	ription of	it			Ab		nent
Asbestos – Materia TO BE A	Location of Solely by Asbestos – Containing Maintenance/Cus Material (ACM) TO BE ABATED						Asbestos Mater (i.e., ther asulation, s	- Containing rial (ACM) rmal systems surfacing, VA7 niscellaneous)		Amou (Spec SF or	ify	R E M O V	REPAI	E N C C A P O
In Fa (1	3)	Yes	No	N/A			or other in	nootharrood)				A L	R	S S U U
Whiteman - 205,	305, 225		X		TSI-	wrap &	cut"			15 LF		Х		
	*													-
Name of Registered Jupiter Enviror	Waste Hauler nmental Serv	11 123	JDEP auler I 0478		Of	ubic Yard f Waste 1		Allianc	Registered Landf e Landfill	1				
City, State Pine Brook, No	J .					sposal D /10/16	ate	City, State Taylor,					2007	
Completed By (Print	iger	Sig	nature	. (125-03	ite 23/16	3						

ASB-411

CK 241

State of New Jersey

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

		E	C			\mathbb{V}	E	m in
			JUL	2	6	2016		
-	Å	SBE		DS (VTRO	DL &	

Date of No.	otification (1):		Name	of Buil	ding Ow	mer/Operator (2)				1111	0.0	004	,
Agencies	Type Notifica	tion		Addres					7	JUL	20	CUI	
Notified	☑ Initial			ove Stre	eet ip Code:								
☑ EPA □ DEP	☐ Amended Amendment#:				np Code. NJ 07643				ASE	BESTO			OL &
BDOL	☐ Emergency			of Con				Telephone	Number:	LIU	ENS	IVG	
56011	(including justification	1)	Alan I	Kirchof	f								
DÓOH □ DCA	□ Cancellation												
<u> </u>						FACILITY INFO							
Name of I	Facility						735	of Facility (4):					
70 Grove	Street						□ Su	nool (K-12) bchapter 8 (Other than K	-12)				
City/ (5)		Count	ty (6):		County	y Code (7):	0-Ot	ner (i.e., private & comm	ercial buildings,	homes, e	tc.)		
Little Ferr	ry	Berge	n		07643		Squa	are Feet:	# of Flo	ors:			
							Blde	g. Age					
							100000	ent Use: House					
	Monitoring Fir			ilding (Owner:	ASCM No.:	Nam	e of Abatement Contr	actor (9):				
Safety En	vironmental C	o. of N	Y				Ape	x Development, In	c.				
Street Add	dress:							et Address:					
33 Clinto	on Avenue						(50	D. D. de Dla a a					
City Stat	a Zin Cada:							Rutgers Place, State, Zip Code:					
City, State, Zip Code:							200000						
	land, NY 103		- Ti			Telephone No.:		phone No.:	License No.:		-		
Francis O	lanager for Mo	nitorin	g r irm:			718-390-0914							
			Cohadul	ad Com	pletion l	Date (11):) 350-0101 ne of OSHA Monitor:	01215			-	
Start Date 08/02/16	: (10):		08/5/16		ibierion i	Date (11).	2000000	ro Analytical Laborato	ories				
Occupancy	Status During	Abateme	nt (Chec	k only o	ne)		(F) (-1 P) (1-	et Address:					
	Closed/vacated I					£		West 36th Street, Sui	te 203				
Describe:	ent Performed O	utside oi	Normal	Facility	Hours			, State, Zip Code: York, New York, 10	0018				
□ Other							1 33553		5				
Describe:													
Scope of W	Vork (Check all	that app	ly):					□ Full C	Containment wi	th Nega	tive Pr	essure	
	$0 r \ge 3 lf$				□ Renov	vation		□ Mini-	Enclosure bag Procedure				
R ≥ 100 s	$f \overline{or} \ge 260 \text{ lf}$					HILION		P-Non-E	xempted (*) and	l Non-Fr			
			1 - 35555	Locati	20000000	D	escript	ion of				emen ype	t
	Location of -Containing M	aterial		Vormal d Sole		Asbestos Con	taining	Material (ACM)			Т.	1	
Asucsius	(ACM)	atoriai	Ma	intena	nce/	(i.e., therm	al syste	ems insulation, VAT, or	Amount	Re	R	Encapsulat	Enc
	BE ABATED		C	ustodi: Staff?		other	misce!	laneous)	(Specify	Removal	Repair	aps	Enclosure
1	IN Facility (13)			(12)					SF or LF)	val	H.	ula	ure
000	Yes No N/A								*	-	-		
1 ^{S1} FL.	1 ST FL. NORTH WING X SIDIN				SIDING			60 SF			-		
				-				Louis				11	
	Registered Wa BYRNE TRUC				NJDE 19551	P Waste Hauler ID	No.:	Cubic Yards of Waste: 30	Name of Re MINERVA				C.
City, State: Disposal Date:						City, State:							
Bronx, NY 10474					Cine	Waynesburg, OH 4	4688 Date:						
Completed By Title: Sylvester Oraegbunam President					Signa	ature:	07/22/2	2016					

PAGE 03/845

07/22/2016 08:57AM 9736381778

Carting Control Carting Co			NOTIF	ICA:	Ste Flon	of ASE	w Jersey ESTOS ABAT	EMENT		1111	_		0.73
17	40#23456170091									JUL	2	0 4	Ulb
Services Notified Type Notification Services	Date of Notification (1)				Name (of Building	Owner/Operator (2)					
Street Address JUL G Age A	07 +	22 / 1	6	6	tine S	haw and	Ever Barrenom	·	ASBE				
DOLWD DHES Amendment DHES Amendment DHES DHES Amendment DHES Amendment DHES	Agencies Notified	2 1	1				EAST DOIRSTOIL	1		110		SHY	G
DORS Control	□ EPA						300		July 1	r. Li		1	
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NOTIFICATION OF ASBESTOS ABATEMENT MO#23456170102 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 22 2016 07 16 JUL 26 Miguel Delgallego Type Notification Street Address Agencies Notified **⊠** EPA ASSESTOS CONTROL □ DOLWD ☐ Amended City, State, Zip Code LICENSING Amendment # X DHSS Bloomfield, NJ 07003 Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Miguel Delgallego FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) Bloomfield, NJ 07003 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 08 / 02 / 16 08 / 01 / 16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation >3 sf or >3 If > 160 sf or >260 If Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X \boxtimes 140 SF Boiler room Duct insulation X Duct insulation X Laundry room 75 SF NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic lewic Wenad 07/22/16 Owner ASB-41

State of New Jersey

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Day AV III				CATION (Pursuant	to NJAC	ES	erscy TOS ABATEM and 12:20)		E	20	16	04
Date of Notification (1): 5/10/16	Na.	me of E	Building ATSO	Owner/Ope	rator (2):			The state of the s				
Agencies Type Notification		cet Add				-		JULES TO	V. 15	7	\leftarrow	_
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				FACIL	ITY INF	ORA	TATION				_	
Name of Facility Where Abad	ement	is Takir	ng Place	(3): RESID	ENTAL	1	ype of Facility (4):) School (K-12)					
Street Address:						_ () Subchaptor & (Other to () Other (i.e., private & human, sto.)	han K-12) commercial huildin	gr.			
City & State (5): CHATHAM						S	quare Feet: NA	# of Floors	: 3	Bld	g. Age	. NA
County (6): MORRIS		(USE ONLY	<i>(</i>)	CR	urrem Use (Prior if b	cing demolished):				-
Name of Monitoring Firm Owner:(8) ENVIRONMENTAL CONST				314	No.:	1	ame of Abstement C	A11570	-			-
Street Address:						The Personal Property lies	rect Address:	v, ,mc.				
71 ARCH STREET							9 N. 6TH. STREET	r				
City, State, Zip Code;							ty, State, Zip Code;				_	
PATERSON, NJ 07522							ospect Park, NJ 07	508				
Project Manager for Monitorin FERNANDO VILLA	ig Firm	1;	4	Telephor 973-418		To	lephono No.:	Licenso No.	:		_	
	Salanda	iled C-					73) 595-6955	00641				
6/11/16	6/12/1	б		Date (11);		S/	me of OSHA Monit M Enterprise of No	or: w Jersey, Inc.		-		
Occupancy Status During Abstorn (X) Facility Closed/vacated Durin () Abstament Performed Outside	. Entire	Davisot	or a hores	nen(\$11 33	est Address: 9 N. 6 TM . STREET					
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Scope of Work (Chock all that app	ly):											-
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(13) Starff of						nisce	liancous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulat	Enclosure
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7										-		-
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Dity, State: BRONX, NY		Dispo 6/16/1	sal Date	19551		1	City, State: WAYNESBBURG, (MUNERVA		and the control of		
Completed By:			Title:		S		ture					ii .
ALIMDOUKA			PRES	DENT			1/11	Date: 6/10/16				

State of New Jersey

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OK &	2405			(Pu	rsuant to NJAC 8:	60 and 12:2	(0)	() [
Date of No 7/22/16	otification (1):	Name of THE E	f Buildin THICAL	ig Ow COM	ner/Operator (2): MUNITY CHARTE	ER SCHOOL	1	1				
Agencies	Type Notification		ddress:					1 106 2	3 6	2016		
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(X) DOL	Notification		of Contac				Telephone	Number.			LX	
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() DOM					FACILITY INFO	RMATION						
Name of	Facility Where Ab	atement i	s Taking	Plac	e (3): CHARTER	Type of Facil	lity (4):					
SCHOOL						() School (K		10)				
Street Ada	iress: 95 BROADW	AV AVE				(X) Other (i.e	er 8 (Other than K	nercial buildings,				
Succi Aut	ness. 75 bicords w	111 1111				homes, etc						
City & Sta	ate (5): JERSEY CIT	Y			•	Square Feet	t: NA	# of Floors: 3	I	3ldg. /	Age: N	ΙA
County (6):		County	y Cod	e (7)	Current Use	e (Prior if being	demolished):				
HUDSON					SE ÓNLY)	APARTME	ENTS					
	f Monitoring Firm	n Hired	by Bui	lding	ASCM No.:	Name of Al	batement Contra	actor (9):				
Owner:(8)) NMENTAL CONSU	II ING GE	OUD U	I.C	NA	S/M Enter	prise of NJ, In	ic.				
Street Ad		DII G GI	(001, 11	00		Street Addr	ess:					
71 ADCI	H STREET					339 N. 6 ^{TI}	I. STREET					
	e, Zip Code:					City, State,						
						Prospect F	ark, NJ 07508	}				
	SON, NJ 07522 anager for Monitoria	no Firm:			Telephone No.:	Telephone		License No.:				
	NDO VILLA				973-418-4036	(973) 595-6		00641				
Start Date	: (10):	Schedule	d Comple	etion I	Date (11):		SHA Monitor:	1				
7/22/16	()	7/23/16					prise of New .	Jersey, Inc.				
	Status During Abatem					Street Addi 339 N. 6 TH						-
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	- Describe:	c of ivolina	i i doinity i	Dours			T PARK, NJ 07	508				
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	BE ABATED		istodial/ Staff?			miscellaneo		(Specify	Removal	Repair	aps	Enclosure
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	(13)	Yes	No 1	N/A					77			
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					-							
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	TE TRANSFER AS		J.		Hauler ID No 19551		/aste: 1/2	MINERVA				(1)
City, Stat			Disposa 7/27/16			City, S WAYN	tate: NESBURG, OH					
BRONX,			1800-257 1708-01									
Complete MIKE AI	ed By: LTADOUKA		11 2	Title: PRES	IDENT	Signature:	1/2	Date: 7/22/16				

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Date of Notification (1): 5/13/16 Agencies Type Notification	131	ome of	FIRLD T	Owner/Operator (2): OWNSHIP BOARD	OF EDUCATION			-		
Notified () Initial	15	BRO	AD STR	EET		ASSEST	05/	JUN	1 HUI 2	_ 0:
() EPA Notification (X) DEP (X) Amendment	ÇI	ty. Stat	te, Zip Co	ocie;			1-18	CHAC	-	
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(X) DOX () Cancellation () DCA			BBALD		1 total	one Number	. ((*)	, <u>,</u>		•
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Name of Facility Where Aba MIDDLE SCHOOL	.cmcnt	is Tak	ing Place	(3): BLOOMFIELD						-
Street Address: 60 HUCK RO					(X) School (K-12) () Subchapter 8 (Other th () Other (i.e., private & cohomes, etc.)	an K-12) ommercial building	s.			
City & State (5): BLOOMFIT	RLD. N	ر ا			Square Feet: NA	# of Floors	2	Bld	g. Age	: NA
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			(STATE	USE ONLY)	MIDDLE SCHOOL	ing acmolished);				
Name of Monitoring Fire Dwner:(8)	n Him	cd by	Buildir	S ASCM No.:	Name of Abatoment Co	Attention (Ob.				
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Strast Address:					S/M Enterprise of NJ, Street Address:	Inc.			-	
CROSSWICKS STREET	5				A M TEARLOWN					
ity, State, Zip Code:					339 North 6" Street					
ORDENTOWN, NI OBSC	15				City. State, Zip Code:					-
roject Manager for Monitorie	ng Picm	11		Talantes Bi	Prospect Park, NJ 075	80				
MIKE HODAK		**		Telephone No.: 607-298-5520	Telephone No.:	License No.:		-		-
fart Date (10):	Schedi	ulod Cr	Smeletion	Date (11):	(973) 595-6955	00641				
_	7/15/1	16		Date (11):	Name of OSHA Monitor S/M Enterprise of Nev	U Tarren I				
coupancy Status During Abatem	ent (Che	ock only	(DDD)		Street Address:	v Jersey, Inc.				
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			(Pu	rsuant to	NJAC 8:	:60 and 12	2:120)				1111_	28	20	16	
Date of Notification (1) 7-19-2016				Name of B Dixon Pr		wner/Oper	rator (2))							1
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Name of Facility Where	Abatement is Takin	g Place (3)		1 140121	11	1400		Гуре	of Facility (4)						
Residential		7)					-	7	School (K-12 Subchapter 8) (Othe	er than K-12)			
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City (5)	202						1000	Squ 205	are Feet	# of	Floors		dg. A)+	ge	
Jersey City, NJ 07 County (6)	302		-	County Co	ode (7)		- 4		rent Use (Prior		ng demolish				
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Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM	No.				atement Cont nvironmenta			С			
Street Address		N.					Street A 235 Vi		_{ess} nia Avenue						
City, State, Zip Code						C	City, Sta	ate,	Zip Code						
				Telephon	o No		Jerse) Telepho		ity, NJ 0730	J4.	License N	0.			
Project Manager for Me	onitoting Fitti			relepitori	C 140.	100			8855		01174				
Start Date (10) 7-20-2016		Schedule 7-21-20	d Completion date (11)						SHA Monitor above						
Occupancy Status Dur	ing Abatement (Che	ck Only One	9)			S	Street A	\ddr	ess						
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire med Outside of Nor	Period of A mal Facility	bater Hour	atement											
Scope of Work (Check	All That Apply)										٧.				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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		0.50	Loca! lorma	50.39000		Desc	ription (of					T	/pe	_
Locat Asbestos-Containi TO BE A In Fa (1	ng Material (ACM) ABATED Icility	Mai	ntena	ely by ance/ Staff?		tos Contain thermal sy surfacir other mis	ining Ma ystems ng, VAT	ater ins T, or	ulation, r	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		63		24						e	
Ro	oof		Х			roofing	g mate	eria	il	8	60 SF	X			
Sta	airs		Х			\	VAT				60 SF	X			
3rd floo	r closet -		X			\	VAT				9 SF	X			-
						10.1	(a.ed-		Name of	Denis!	ered Landfi	II.			1
Name of Registered V Green Environmen				NJDEP W Hauler ID 0034889	No.	Cubic Y of Waste					North La				
City, State Jersey City, NJ				Disposal Date City, State 7-21-2016 Morrisville, PA											
Completed by Liliana Serrano Title - Office Ma				anager		Sig	gnature	· · ·	(1,75	pe	-	ate -19-2	016		
Ciliana Serrano		.,,,	3			111	Li	.ll A	NE	CH-C!					

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PLANS OF FIRST JOHNSY POTERICATION OF ACCUSTOD ADATESENT

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	Hame of Building Owner	Operator (2)		
Date of Notification (1)	Dotoli I	205. deice	11	
Tyce Noblecation	Steel Madre:		iii JUL	2 6 2016
adeanced transmi			1	
V EPA Amorates	City, Grate, Zip Gatte	New Serse	LASDESTO	S CONTROL &
△ DEP 1 1 2 Amendment &		New Jerse	/ Telephone Nen	Wer Tala
[1] Entergency (I TOIGHTON	
Concellation	Sutian	Titlet		
	PACILITY REFORM	Type of Facility	(4)	
Marca of Facility Conste Abritaniant is Taling	Fiers for	IT School (K	-12)	
Rotoli 165 des le		Subchapte Other ille	er 8 (Ofner than K-12 private & cusumarck	d buildings, names,
Strat Addies:		(alc.)		
		Square Feet	# of Figure	577
W KOFF		1/000	i X	The same of the sa
Copyrily (e)	County Code (?)	Tesid		1
140000)	Hame of Abatement C	Contractor (9)	
Name of Carlothing Firm Hired by Harlishing	Owner (b) Macan its.	Ace insulation (In		
		Strent Address		1
Sucet Address		95 Montrose Ro	<u> </u>	
City, State, Zin Code		City, State, 2:p Code Colts Neck, N.J.	27722	j
		i Telaphose No.	! Licanso N	io.
Project Lensper for Constoring Prim	Telaphone Na.	/32-204-1757	1 00020	
	Specification Constitution Date (11)	Marie of OSHA Chols	7.	
S= D= (19)	XIXIIIO			
Opphipancy Status During Abatement (Che	o's Only One)	Glinel Address		
1	Period of Abatament	Car State, Zin Cole		
Abalement Performed Galaxie of A	η - +0 m	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1 Chall - 1422 130				
Scope of Work (Chack All Test Apply)	[] Renovation	Full Contain	mant with Negativo	Pressure
23 sf or 23 ii Vi >160 sf or 2260 ii	Dampid'en	Clini-Emilia Glovebag P	errainse.	
X Ziosia	37.35	X From Exemin	तस्य () कार्य स्थान-निर्दे	nle Practicità L'Abraena d
	te Localian			1 Type
Location of	Used Solely by Addresses	Description of Containing Listerial (ACLI)	Annound	1 1 5
Ashestos-Containing Material (ACM) TO BE ABATED	Liamtenance/ (i.e. the	ermal systems insulation,	(Spacky SF or LF)	Roman
In Facility		nuriacing, VAT, or less infacetatinous)	ar or Ery	Endouve Endepublic Ropear Ropear
(13)	Yes 30 NOA		e e	1 15 1
		C.	(d. 000)	X
outside	X Sidia	7100	707 10	TXI T
K:+chen	1 X IInDie		au 17)	TX T
andy um (sideron)	X : 7 30c-	+'Ll	10010	
		Lako Yanés 1 Pisme	of Registrest Land	Co
Namo of Registered Waste Fauler	lauler ID No. c	Estimation in	.O.W.S.	
Ace Insulation Co., Inc.	132086	.)	State	
City. State			ylovai, PA	
Coits Nack, New Jersey	1745	Stonative /	The second secon	0927
Compared by	Georgia y Treasurer	Buy		2/23/16
INGE BRADER		0		

	N		ATION	OF ASBE	STOS	ABATEN		M			F	V	3	SK	Ī
Date of Notification (1) 7/20/16 & 7/22/16				Building O o Global			(2)					0.46			
Agencies Notified Type Notification		1 7	Street Ac 101 Mc	ddress ontgome	ry Str	eet, Su	ite 20	00 1	- JU	H 2	0 2	1016	<i>F</i>		7 1
DEP Initial Amended Amendment #_				te, Zip Coo ancisco,		4014		Ā	SBES	TOS (OL.	<u>s</u>	
Emergency (in: justification) DCA Cancellation	cluding	- 1		Contact larciano			-	<u> </u>		phono N					
			FACIL	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking F Truck Repair Garage Street Address	Place (3)						of Facility (4 School (K-12 Subchapter	2)	than K-	-12)				
901 North Avenue East	Wi			-			×	Other (i.e. pretc.)	rivate &	comme					es,
City (5) Elizabeth							Squar 2000	re Feet)	# of F	Floors		69 69	dg. A	ge	
County (6) Union				Code (7) JSE ONLY)		_	Curre	nt Use (Pric	or if being	g demol	lished	1)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	1 No.				tement Con onmental			_C				er .
Street Address						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Addres 30x 48	ss 33, 4 E Ga	ate Dri	ve					
City, State, Zip Code		16						ip Code , NJ 074	18		12.00	7-20-5			
Project Manager for Monitoring Firm			Telephor	ne No.			none N 764-2		100	License 703	No.				
	chedule 3/1/16	ed Com	pletion (Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatement (Check	Only On	ie)				Street	Addres	SS		- 10 130-		-2-			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:															
Scope of Work (Check All That Apply)													_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovat emoliti				×	Mir Glo	I Containme ni-Enclosure nvebag Proc n-Exempted	edure					Э	
		Locatio												ement pe	8
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Vormall d Solel intenan todial S (12)	y by ce/		os Con therma surfa	scription taining M system: cing, VA niscellar	Material s insula T, or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				- 6							0	
window above storage			Х		win	dow ca	iulk		25	LF	>	1			
window above bathroom	om x					dow ca	iulk		25	LF	>	2			
piping along roof			Х		win	dow ca	ıulk		25	LF	>	2			
Ni		17	IDED		0.11	V- 1			3		(5)				
Name of Registered Waste Hauler Freehold Cartage		Ha	JDEP Wauler ID 1939	656	of Wa	Yards ste		Name of F Westerr	75 THE						
City, State Freehold NJ					Dispo TBD	sal Date		City, State Birdsbo							
Completed by A. Scott Higgins	Title President					Signature Date 7/20/16 & 7/22				/22/	16				

		CATION		ASBESTOS ABATEMENT NJAC 8:60 and 12:120)						•,						
Date of Notification (1) 7/22/16		Name of Building Owner/Operator Melanie Vespa											li			
Agencies Notified		Street Address ULL 2 6 20							16		1					
× EPA	× Initial													1		
DEP X DOL	Amended Amendment #			City, State, Zip Code Little Falls, NJ 07424					ASBESTOS CONTROL & LICE 19:NG							
X DOH	Emergency (ir justification)				f Contact				Telephone Number							
DCA		Melani														
Name of Facility Where A	3)	FACILITY INFORMATION Type of Facility (4)														
home							School (K-12)									
Street Address							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hornes, etc.)									
City (5) Little Falls		G			22	quare Feet # of Floors Bidg. A 200 2 64					Age					
County (6) Passaic			3	County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished)							
Name of Monitoring Firm		ASCN	No.			ne of Abatement Contractor (9) S Environmental Services, LLC						2,4				
Street Address						et Address D Box 483, 4 E Gate Drive										
City, State, Zip Code							City, State, Zip Code Glenwood, NJ 07418									
Project Manager for Monit		Telephone No.			Telephone No. License No. 973-764-2276 703											
Start Date (10) 8/2/16	ed Com	ompletion Date (11) Name of OSHA Monitor														
Occupancy Status During	ne)	Street Address														
Facility Closed/Vacai Abatement Performe Other – Describe:																
Scope of Work (Check All That Apply)											-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoliti						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Locati										Abatement Type					
Asbestos-Containing Material (ACM) TO BE ABATED Use			Normall d Solel intenar todial S	y by nce/	Description of tos Containing Material (AC thermal systems insulation			ulation,	(S	mount specify	Re		T	Enc		
In Facility Custo (13)					100		surfacing, VAT, or ther miscellaneous)			SF or LF)		Remova	Repair	Encapsulate	Enclosure	
Yes			No	N/A		=							ate	e)		
basement				Х		pipe	insula	tion		50 LF		x				
													-	-		
Name of Registered Waste Hauler				NJDEP Waste			Yards	Name of Registered Landfill								
Freehold Cartage	H	Hauler ID No. of			Waste 3D		Western Berks Landfill									
City, State Freehold NJ		Dis TB			sal Date	V==7.0		ity, State Birdsboro, PA								
Completed by A. Scott Higgins Title Presider						S	ignature	1	ac	L 7			2/16			

NOTIFICATION OF ASBESTOS ABATEMENT Check#2553 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 22 / 16 William Yin JUL 26 2016 Agencies Notified Type Notification Street Address X EPA X Initial ☑ DOLWD Amended ASBESTOS CONTROL & City, State, Zip Code X DHSS Amendment # LICENSING DCA Emergency (including Metuchen, NJ 08840 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation William Yin FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Metuchen, NJ 08840 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 31 / 16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/_PM__AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation
Demolition Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Asbestos Containing Material (ACM) Remova Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Crawl space \boxtimes Cleanup 250 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature N.Jevtic Owner 07/22/16 ASB-41

State of New Jersey

	FCO	EEK	#	W.	3
11,					1

Date of Notification (1)				Name	of Buildir	na Ow	ner/Operator (2)	5000	700 Sat 7	0046		11/		
06/27	Name of Building Owner/Operator (2) New Jersey Institute of Technology JUL 2 6 2016														
Agencies Notified Type ⊠ EPA □ I		Street Address 323 Dr. Martin Luther King Jr. Blvd. ASBESTOS CONTROL & LICENSING													
[] [] [] [] [] [] [] [] [] []	Amended	5	20	City,	State, Zip	Code	74			FMSI	VG				
	Amendm Emergen	ent # <u>1</u> cy (includi	na	Ne	wark, NJ	0710	02	51 35							
	ustificati		ng	Name	of Conta	ct			Telephone Number						
	tion		Mr.	Joseph	Mye	rs		27							
				FA	CILITY	NFOR	RMATION								
Name of Facility Where Abates	ment is	Takino Pla	ce (3)	- 17	OILITT II	141 01	WILL TON	Type of Facility	(4)			-			
NJIT - Central High Sch			(-)			School (K-12)									
Street Address					Subchapter 8 (Other than K-12)										
363-383 Martin Luther K	(ing Jr.	Blvd. (1	00 Sui	nmit S			Other (i.e., private and commercial buildings, homes, etc.)								
City (5)						Square Feet	# of Floors	BI	ldg. A	ge					
Newark								300,000 SF	4		40+				
County (6) Essex			T.	Cou	nty Code	(7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demo	lished)					
Name of Monitoring Firm Hired	by Build	dina Owne	r (8)	ASCM	No	Nar	me of Ahatem	ent Contractor (9)							
Omega Environmenta S		(0)	120	200000000 ES	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.										
Street Address		120				iaz iviat Kelllov	, mc.								
280 Huyler Street		Street Address 494 E. 41 Street													
City, State, Zip Code						20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	30 500								
South Hackensack, NJ	1.07606				City, State, Zip Code										
Project Manager for Monitoring			To	lephone	Paterson, NJ 07504										
Eric Gelhaus	-					License No.									
Start Date (10)	Scheduled	973-345-0022 00507 Name of OSHA Monitor													
07 / 08 / 16	02	100,000,000	BOOKER SECULOR SECU												
			/		East Coast Haz Mat Removal, Inc.										
Occupancy Status During Aba Facility Closed/Vacated Du			Street Address 494 E. 41 Street												
Abatement Performed Outs															
Time of Abatement:A		City, State, Zip Code Paterson, NJ 07504													
Scope of Work (Check all that				8608											
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demolit		 ✓ Full Containment with Negative Pressure ✓ Mini-Enclosure ✓ Glovebag Procedure ✓ Non-Exempted (*) and Non-Friable Procedure 											
		Is Loca	ation							atem	ent T	vne			
Location of Norma							Description of	of		7	_		1		
Asbestos-Containing Mater TO BE ABATED	rial (ACN		nainten				Containing Ma rmal systems		Amount	Remova	Repair	Encapsulate	Enclosure		
IN Facility		Staff?	/		urfacing, VAT		(Specify SF or LF)	ova	=	nsd	unsc				
(13) (12) Yes No					-	oth	ner miscellane	ous)				ate	(D)		
Lower Level near Elevator			s No	N/A	Wall P	laste			40 SF			П	-		
First Floor-Old Lobby/Hal	First Floor-Old Lobby/Hallway				1		Plaster		80 SF						
Second Floor - Rm 236,221B,219A						2000 C	Plaster	75 SF 🛛 🖂 🖂							
Second Floor -Auditorium-Doors			П		Wall P	laster	-	80 SF 🛛 🖂 🖂							
Name of Registered Waste Ha	NJDEP			oic Yards of	Name of Regis										
East Coast Haz Mat Ren		Hauler I	D No.	Was	ste	GROWS, Ir									
City, State							Disposal Date City, State								
Paterson, NJ 07504								le, PA 12506							
Completed By (Print or Type)		_	Signature	1 1	1 10	ate			-						
Leslie Olszewski Project Manager								hu Hully		07-2	21-	201	6		