

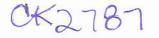
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			(	Pursuar	IT TO NJAC	8:60 a	ind 12:120	))	1	UT	odujeci stanare	and the second				
Date of Notification (1) 7/20/18					of Building mus Sou						JUI	L 3	0	2018	3	AND DESCRIPTION OF THE PARTY OF
Agencies Notified	Type Notification	1			Address US High	way 2	202-206									in the second
DEP X DOL	Amended Amendmen				tate, Zip Co jewater, I		807			AS	BEST L	ICEN	CO ISIn	NTR VG	<del>0L-8</del>	
DOH X DCA	Emergency justification Cancellation	)	9		of Contact e Katona						ephone 8 254					
Name of Facility Where	Abatement is Takir	no Place (	(3)	FAC	CILITY INFO	ORMA	TION	Tune	of Facility (	4)						
N/A		19 1 1000 (	,5)					Туре	School (K-1							
Street Address 311 Route 17 Sout	h								Subchapter Other (i.e. p	8 (Othe	er than k comm	K-12) nercial	buil	dings	, hom	es,
City (5) Paramus, NJ 0765	2							Squa	are Feet	# of	Floors		E	Bldg. /	Age	
County (6) Bergen					Code (7) USE ONLY			Curre	ent Use (Pric	or if beir	ng dem	olishe	d)			
Name of Monitoring Firm AESL	Hired by Building	Owner (8	)	ASC	M No		Name Supe		atement Con	tractor	(9)				<del>VI - (+V-+-I</del>	
Street Address 2200 Paterson Plan	nk Road						Street 203 E		ss ont Ave							
City, State, Zip Code North Bergen, NJ 0	7047					540000000000000000000000000000000000000		ip Code NJ 07508							DOM:	
Project Manager for Mon Carmelo Altomonte			Telepho 201 8	one No. 64-6583		Telephi 201 3				Licens 0119						
Start Date (10) 7/11/18		Schedul 9/15/1		mpletion	Date (11)		Name o		HA Monitor							
Occupancy Status During	g Abatement (Chec	k Only O	ne)				Street A		7.17/				200, 1800			
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	Period of a nal Facility	Abaten Hours	nent s			City, St	ate, Z	ip Code							
Scope of Work (Check A	Il That Apply)						naiec	1011,	NJ 07508					-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Special Control of the Control of th	Renova Demolit				×	Mir	I Containme ni-Enclosure ovebag Proce n-Exempted	edure					٥	
		0.00	Locati					.,,,	Linompied	1 7 01.0	110111	Trable		Abate	ement	
Location Asbestos-Containing		Use	Normal d Sole	ly by	Ashest		escription on taining Ma		(ACM)	۸۵	nount	F		1 9		
TO BE ABA In Facili (13)	TED		intenar todial S (12)			therma surfa	ll systems acing, VAT miscellane	insula , or		(Sp	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											le	
Under Concre			X				nder cor			5,	000		Х			
Corrugate Trans	X		1,600 S	F Cor	rugate 1	Frans	site Pag	1,	600	-	Х					
Name of Registered Wast	ame of Registered Waste Hauler					Cubic	Yards		Name of R	enister	ed I an	dfill				
Super, LLC	JDEP Wauler ID H1632	No.	of Wa			Waste M										
City, State Haledon, NJ 07508	City, State						sal Date		City, State Tullytown						100 m	
Completed by Failor B. Dominguez		Title Proje	ct Ma	nager		TBD	Signature	-			سنن	Date 7/20	/18			
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Date of Notification (1)  7-2 4-12			- 3	Building Owner/	-		14 11	JUL	3	0 20	110
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□ DEP □ Amende			City, Sta	ite, Zip Code					19 C(	NG	
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☐ DOH justificat			* 1 0	Contact			Telephone l	Number		. 8	_
□ DCA □ Cancella	tion			yson.			t .				
Name of Facility When Alexandria	DI (2)		FACI	LITY INFORMA	TION						
Name of Facility Where Abatement is Taki	ng Place (3)					Type of Facility	(4)				
RESIDENTIAL						☐ School (K-					
Street Address	10					Subchapter	8 (Other than K- private & commen	12)	1		
						ear Other (i.e. p	orivate & comme	rciai buildi	ngs, no	imes, e	tc.)
City (5)						Square Feet	# of Floors	I	Bldg. A	ge	
MIDDETON W	j					1400	2		1	17	
County (6)			County (			Current Use (Price	or if being demoli	shed)		,	
			STATE	USE ONLY)		KES/260	TIAL				
Name of Monitoring Firm Hired by Buildin			ASCN	1 No.		of Abatement Cont	ractor (9)				
ATTAS ENV. 12	SPECT	100			FR	YMAR	CONSTA	UCT	100	1	
Street Address			W		Stroot A	ddraec		-0/1			
10 BOX 11645					600	BOX 11	587				
City, State, Zjp Code	. /				City St	ate, Zip Code	0		7		
PHUA PA (911	6				12/4	4/1	VA 1	9116	,		
Project Manager for Monitoring Firm			Telephon	ie No.	Telepho	one No.	Licens	e No.	100		
JASCA		3	267-7	84-4693	126	7-784-46	941 0	1270	(		
Start Date (10)	Schedule	d Comp	letion Da	ite (11)		f OSHA Monitor		.01			
7-28-18	7.	28.	18		EFE	PA117 /	DUA				
Occupancy Status During Abatement (Chec	k Only One)	716	-		Street A	ddress	/-	11			
Facility Closed/Vacated During Entire	Period of Aba	tement			27	9 14-00	ORIX 1				
□ Abatement Performed Outside of Normal	nal Facility Ho	urs			City St	até, Zjíp Code	14/1	/1			
Other – Describe:	55 . rec				10/	LILA PO	19/16				
Scope of Work (Check All That Apply)					1911	1 17	11100	A-1176			
□ _ ≥3 sf or ≥3 lf	E F	Renovati	ion		-	- F. II C					
□ ≥160 sf or ≥260 lf		Demoliti				Full Containme Mini-Enclosure		Pressure			
						Glovebag Proc	edure				
						Non-Exempted	(*) and Non-Fria	able Proced			
		Locati								ement pe	
Location of		Normall ed Solel			escription (			-	T .,	l l	
Asbestos-Containing Material (ACM)  TO BE ABATED		aintenar				aterial (ACM) ation, surfacing,	Amount			田田	-
In Facility	Cus	todial S	taff?	(i.e. tilefillal sy:	VAT, or	ation, surracing,	(Specify SF or LF)	Rem	Repair	ncap	incl
(13)		(12)		othe	miscellane	eous)		Remova	pair	Encapsulate	Enclosure
	Yes	No	N/A					-		ite	e
BEDROOM				11. 0	7.1	_	7855 YSSS	1			
12011000			-	Floor	11/1	>	200	1			
									1		
Name of Registered Waste Hauler		I N	JDEP Wa	aste Cubi	Yards	Nama of	Registered Landf	711			
$\sim$		Н	auler ID			Name of	registered Landi	i			
FRYMAR CONSTRU	citou	()	036	759	1		TERY B	CRK	<		
City State					sal Date	City, Stat	e	- 5 6/	7		
1/1/1/4 8/1					26-18	BIRL	SAGOR U	,6	11		
Completed by	Title	0	2		Signature	7	1/	Date			
CHAMIT DUA	U	1/	EL		8/12		Cir 1	フース	4-	18	
					//				-		
ASB-41 (R-06-08)				/	/ *	D C	P 1 1		200 P01400CN	postogoposo.	V9075035



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Date of Notification (1) 7/24/2018					of Buildin aic Prop			r (2)	And the second	U)						A CONTRACTOR OF THE PERSON OF
Agencies Notified  EPA	Type Notification	n			Address est 33rd	d Street	, Suite	800			4	JUL	3.0	2018	Š	
EPA DEP DOL	Initial Amended Amendmer	nt#			ate, Zip ( York, N		k 1000	1			V691	ESTOS	. 00	NETEN	21.0	or or other parts
X DOH	Emergency		1		of Contac			,	+	-1		orie Nu		200	ノしみ	
DCA				Mr. Jo	oseph S	mouha						947-9				marriani filipi,
	Abatement is Taki	ng Place (	3)	FAC	ILITY IN	FORMAT	ION	Type of Fa	cility	(4)			-			
Old Boiler Building								School	ol (K-	12)						
Street Address 90 Dayton Avenue								× Other				nan K-1 mmerc		ldings	, hom	es,
City (5)						373		etc.) Square Fee	et	1	# of Flo	nrs	-	Bldg. /	Age	
Passaic								9,000		1	1			120	igo	
County (6) Passaic					Code (7) USE ONL	n		Current Use Boiler Bu			being o	demolis	hed)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASCI	M No.			of Abatemer Contractin			tor (9)					
Street Address							Address Valley Ro	oad.	Suit	te K						
City, State, Zip Code						City, S	tate, Zip Coo	de					-		-	
Project Manager for Mor	for Monitoring Firm				ne No.		Teleph	one No.		y 07	Lic	ense N	0.			
Start Date (10)	Scheduled				Date (11)			928-5040 of OSHA Mo			00	874				
8/6/2018		9/25/20	018					Contracting		_C						
		70 (-)						Address Valley Ro	had	Suit	o K					
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of Amal Facility	Abater Hour	nent s			City, S	tate, Zip Cod	ie							
Scope of Work (Check A	II That Apply)						Wayı	ne, New Je	erse	y 07	470					
≥3 sf or ≥3 lf	н ттас Арргу)	X	Renova	ation			×	Full Conta	ninm	ont u	ith No.	antiva F				
× ≥160 sf or ≥260 lf		Proposession .	)emoli				×	Mini-Encl	losure	9		gauve r	ressu	ire		
							Ê	Glovebag Non-Exer				n-Friab	le Pro	cedur	e	
		11	Locat												ement rpe	
Location Asbestos-Containing		Use	d Sole	ly by	Asbes		scription	of aterial (ACM	n		Amou	nt		T		
TO BE ABA In Facili	ATED				(i.e	. thermal	systems	insulation.	'		(Speci	ify	Re	R	Ence	Enc
(13)	ity .		(12)			other n	cing, VA	eous)		ij.	SF or L	_F)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			and the same						<u>a</u>	'	ate	Ге
See Attac	ched															
									-							
									-			7414-00-1-				
Name of Registered Was		-	36	JDEP W		Cubic		Nam	ne of F	Regis	stered I	Landfill	-			
Service Transport Gr	roup, Inc.		10000	lauler ID 0990	140.	of Was	ste	Min	erva	En	terpri	ses, L	LC			
City, State New Castle, Delawar	re					Dispos TBD	al Date		State		g, Oh	io				
Completed by		Title				S	ignature		707		570%	Da	te			
Predrag Sarcev	Justification  Cancellation  Abatement is Taking Place (3)  Hired by Building Owner (8)  toring Firm  Scheduled 9/25/201  Abatement (Check Only One ted During Entire Period of Abated Outside of Normal Facility Hone That Apply)  That Apply)  Re De  Of Material (ACM) TED  V  Yes  hed  Hauler  Dup, Inc.		Presi	dent			redra	//	cu	س		7/:	24/20	018		

	PA		NOTIF (F	ursuan	N OF ASE t to NJAC	8:60 ar	nd 12:120	0)	Cho	M	Total Control	78	78	1	
Date of Notification (1) 7/25/18				Name of	of Building Davis	Owner/	Operator	(2)	CE	I NA				70.	
Agencies Notified	Type Notification				Address	<del></del>	Part of the same o		W L	11 //		1	White Street		
EPA DEP DOL	X Initial Amended Amendment				ate, Zip C field, NJ		0		JUL 3	0 2018	)		Control of the contro		
DOH DCA	Emergency (i justification) Cancellation	ncludino	9		of Contact		With dispression and the con-	ASE	BESTOS I	Telephor	ne Nu	mber	These PERSONAL PROPERTY AND ADDRESS OF THE PERSO		
Name of Facility Where Ab	atement is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of	LICEN Facility (4)	SING	-		[		
Street Address City (5)								Sch Sub Oth etc.	nool (K-12) ochapter 8 ( eer (i.e. prival)	ate & com	merci	al buil			es,
Westfield								Square F	-eet	# of Floor	rs	133	Bldg. A	Age	
County (6) Union					Code (7) USE ONLY	)		Current	Jse (Prior i	f being de	molish	ned)			
Name of Monitoring Firm H	lired by Building O	)	ASCI	M No.				nent Contra Imental S		LLC	;				
Street Address							Address	4 E Gate	a Drive						
City, State, Zip Code	* **						City, S	tate, Zip C							
Project Manager for Monito	ring Firm			Telepho	ne No.		Teleph	one No. 764-227		-	nse N	0.			
Start Date (10) 8/6/18		8/13/1	8	npletion	Date (11)		Name o	of OSHA	Monitor						
Occupancy Status During A							Street	Address							
Facility Closed/Vacate Abatement Performed  Other – Describe: gar	Outside of Norma	eriod of al Facility	Abaten y Hours	nent			City, St	ate, Zip C	ode						
Scope of Work (Check All T	hat Apply)										-22-1196				
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	100 - 500-500	Commission of the last of the	Renova Demolit				×	Mini-E Glovet	ontainment nclosure pag Procedu xempted (*)	ure				e	
		1	Locati										Abate	ment pe	t
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	aterial (ACM)	Use Ma	Normal ed Sole iintenar todial S (12)	ly by nce/		tos Cont thermal surfa		aterial (A0 insulation , or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										е	
garage				X		duct	insulat	ion		100 SF		Х			
						20 20 10								-	
Name of Registered Waste Freehold Cartage	Hauler		H	JDEP W auler ID 5939		Cubic of Was TBD			ame of Reg Vestern B						
City, State Freehold NJ		-5.0			<u> </u>		al Date		ty, State irdsboro,	PA					
Completed by A. Scott Higgins		Title Presi	ident			S	ignature	A		5.12 de	Dat 7/2	e 25/18	}	v25311E5	

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Date of Notification (1)				Nama	of Building (	0		12		-	00	11	10		
7/25/18					ernandez		Operato	r.(2)	The special contraction of the special contracti			Print property of			
Agencies Notified	Type Notification	1		Street /	Address			. ] [	IL I O	2010					
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DEP × DOL	Amended Amendmer				ate, Zip Co erford, NJ	12	L		TOS CON	EFFICI	0	Water Philadelle			
X DOH	Emergency justification	)	Ì	12.19.55-17.15-10.5	of Contact	1		10221	ICENSIN	G Tele	<u>ہ</u> phone Nu	mber			
DCA	Cancellatio	n		Ari					000						
Name of Facility Where	Abatement is Taki	ng Place (3	3)	FAC	ILITY INFO	RMAT	ION	Туре	of Facility (	4)					
home									School (K-1	7.4%					
Street Address									Subchapter Other (i.e. p	8 (Other	r than K-1	2)	ildinas	hom	201
City (5)									etc.)						103,
Rutherford								2200	re Feet )	2	Floors	100	Bldg. 67	Age	
County (6)	Vice-				Code (7)	vi		Curre	nt Use (Prid	or if being	g demolis				
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Traine or Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				tement Con onmenta			2			
Street Address							Street	Addres	SS					-	
City, State, Zip Code									83, 4 E G	ate Dri	ve				
ony, orano, zip oodo						25552301		ip Code , NJ 074	18						
Project Manager for Mon	oject Manager for Monitoring Firm							hone No	-		License N	lo.			
Start Date (10)		0-1-11	10					764-2			703				
8/8/18		8/16/18		npietion	Date (11)		Name	of OSF	IA Monitor						
Occupancy Status During	Abatement (Che	ck Only On	e)				Street	Addres	s			-			
Facility Closed/Vaca Abatement Performe	ated During Entire	Period of A	baten	nent											
× Other – Describe: b	asement	nai Facility	nours	·		_	City, S	state, Zi	p Code						
Scope of Work (Check Al	l That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processes.	enova					Full	Containme	nt with N	Vegative F	Pressu	ire		
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(13)			(12)				niscellan			0, 0	/	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	(D
baseme		Х		pipe	insula	tion		175	LF	x					
Name of Registered Wast	e Hauler		N	JDEP W	aste	Cubic	Yarde		Name of R	Pagistor-	d   anden				
Freehold Cartage Hauler 1593:					No.	of Was			Western						
City, State							al Date		City, State						
Freehold NJ						TBD	en au editelija.		Birdsbor						
Completed by A. Scott Higgins		Title Presid	dent			S	ignature	D	^		Da		•		
		11691	JUIL					111-			1 7/	25/1	8		1

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Agencies Notified   Type Notification	5,2018	11.13	of Building Owner		pon	se DK	E		7
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Amendme	v i Inciudina		ال منصح	ningto		NATO A	38	92	5,
D DCA D Cancellati	on .	E		offm	2	908-	50	3 - 4	, '51
Name of Feelity Where Abatement is Tai	ing Place (3)	re II.	'AC		of Facility			Wi	
Street Address	,	in all the my like i	7	是	But chapt	er 8 (Other than K-1 private & commerc	2) . Ial bulk	ilnga, ho	emes.
Chy (5) Montclain	NS NS	<u></u>	07042	Squ	NO FOOT	# of Floors	18	dg. Aga	1
County (8)		County (STATE	Code (7) USE QAILY)	Curi	m Usia (P	rior tribeling demotis	hed)IN	BO THOL	<u>*</u>
Name of Manifedna Firm Hinad by Building	Owner (8)	ASC	M No.	Nama of Ab	berriant C	ontrector (8)	ies	ì	'n
Ro. Box 3	37			Street Addre	Box	337	7.00		446
Olity, State, Zip Code	N2	96	533	City State,	D Code	CA ta	0	85.	33
Fraied Manager for Mount of primm Start Date (10)	•	GO9	758-336		1-33	License N		94	1
Tuly 31, 2018 Occupancy Status During Abatement (Che	Scheduled Co	_31	2018	Name of OR	Tec	hnologics	I	ic	
Facility Closed/Vacased During Entire  Abstement Performed Outside of Nor  Other - Describe:	Dorlad of Abeta	n≋n1 &		P.O City, State,	P Code	337			
Scope of Work (Check All That Apply)					Fayet				f ', ''.
X 29 af or ≥38 if □ ≥160 af or ≥280 if	DE Renova D Demok	ution tion		D G	Netrae Pro				
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Asbestos-Containing Majorial (ACM) TO BE ARATED In Facility (13)	Used Sole Mainzene Custodial 8 (12)	nce/	Asbestos Con (Lo. thermal surfa	laining Materia systems insul cing. VAT. or miscellane cuel	(ACM) Mori,	Amount (Specify SF or LF)	Remeve	Encapsudate	Enclosure
Kitchen 3ellaren	Yes 'No	ŅĀ	٠. اسم		,	155.55		1 1	3
hitchen 3 Major			Floor	- 114		150 SF	X		+
	++-							.  -	-
Name of Registered Waste Haylor EPC Technologie	H	UDEP Wauler ID	No. of Was		Wast	Registered Landilli EManagen	nest	- è	PA
City. State New Equat	NJ .		Dispos	1-18	City, Stat	2	A		
Steve Schenker	Preside	ent	5	Stand	Sch	Dat Dat	A	5-1	8

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	TAN)		MULIFICATIO	State of New Jo ON OF ASBEST at to NJAC 8:60	TOSARA	TEMENT 20)		EC	E	
	# 10 - 11	7	Name of	Building Own	er/Onemio	r (2)	120	1		
	310011	p	1 /	1 ~	- 5			1. 111	L 30	20
	Type Notific	ation	Street Ad		011 6	interprise	7-5 16	C 00	- 30	20
EPA EZ DEP EZ DOL	EP OL Amend OL Amend OL Emergy justific. CA Cancell  Facility Where Abatement is Tak Ref. Last  idress  All That Hired by Building  ress  Zip Code  mager for Monitoring Firm  O) S/4/8  itatus During Abatement (Check (Closed/Vacated During Entire Perent Performed Outside of Normal Describe:  k (Check All That Apply)  3 If or ≥260 If  Lecation of Containing Material (ACM)			Po B	Box	7171	Total State of the			
DEP	Amende		City, Stat	e, Zip Code	NO IC	6161		ASREST	TOS CC	NTE
Z DOL	Amenda	nent#	_	- 1	0,10	00	, ,	a L	ICENS!	NG
DOH DOA	instifica	ncy (including	Name of C	13/42	12611	1/1	1992	1		-
C DCA				Benner 2			Teleph	one Numbe		
							12	67-	922-	22
Name of Facility Where A	batement is Taki	ng Place (3)	PACILI	ITY INFORM	ATION	17				
L_ Ke	5 bent					Type of Faci	hty (4)			
Street Address	-01					☐ School	(K-12)			
					28	Subchar Other (i	pter 8 (Other than le. private & com	K-12)	77.07	
City (5)									nang, na	mes,
15sic	Bentin					Square Feet	# of Floo	)IS	Bidg A	ge
County (6)	1 1.		County Code	e (7)	!	C				
/+ Man	. T.C		(STATE USE			Current Use (F	rior if being dem	olished)		
Name of Monitoring Firm H	fired by Building	Owner (8)	ASCM No	0.	I No-	FALLE			<u> </u>	0415THE
			1		Name o	Abatement Co	1 1 1	1	71	- 13
Street Address					Street A	JOE A	hateillen	1.0111	7 1 itiz7	1
					Ottock M	2 DUZI	1225	N		
City, State, Zip Code					Cin: Sta	te, Zip Code	1 LU KIN	THE		
					-j-	Le, Zip Code	47.	s:	~ /-	
roject Manager for Monitori	ing Firm		Telephone No		Telephon	101100	/\_ <u>'-j</u>	CUC.	15	
			1			1346-C	Car Licen	15e No.		
tart Date (10)	1.00	Scheduled Con	npletion Date (11	1)		OSHA Monitor		76-16	~~ ~~~	
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ccupancy Status During Abar			10		Street Add	irace				
Facility Closed/Vacated I	During Entire Per	riod of Abatemen			outel Add	11 (2)				
Abatement Performed Ou Other – Describe:	utside of Normal )	Facility Hours		F	City, State.	7 in Code				
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	t Apply)	3000 to 1000 to								
		☐ Renovat	ion							
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		El Demoliti	ion	-		Mini-Enclosure	nt with Negative l	Pressure		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ion	(4)		Glovebag Proces	dure			
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Demoliti				Glovebag Proces			ге	
≥160 sfor ≥260 If	*	Is Location Normally	on	•	<u> </u>	Glovebag Proces	dure	ole Procedu	Abatemen	ī
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≥160 sf or ≥260 If  Lecation of Asbestos-Containing Materi	iai (ACM)	Is Location Normally Used Solety Maintenance Custodial Str	on y by Asi	bestos Containii hermal systems	pulon of ing Material insulation,	Slovebag Proced	dure (*) and Non-Friab Amount	ole Procedu	Abatemen Type	<u> </u>
≥160 sf or ≥260 lf  Lecation of Asbestos-Containing Materi  TO BE ABATED in Facility	iai (ACM) !	Is Location Normally Used Solety Maintenant	on y by Asi	bestos Containii hermal systems VA	ipsion of ng Material insulation,	i (ACM)	dure (*) and Non-Friab	ole Procedu	Abatemen Type	<u> </u>
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Lecation of Asbestos-Containing Materia TO BE ABATED In Facility (13)  Ottobar Containing Materia TO BE ABATED In Facility (13)  Off Registered Waste Hauler ate		Is Location Normally Used Solety Maintenant Custodial State (12)  Yes No No NiDO Haul	N/A  EP Waste er ID No.	Cubic Yards of Waste	iption of ng Material insulation, I, or ellaneous)	Name of Regi	Amount (Specify SF or LF)	Removal	Abatemen Type	Ī
Asbestos-Containing Materi TO BE ABATED in Facility (13)		Is Location Normally Used Solety Maintenanc Custodial Sta (12)  Yes No	N/A  EP Waste er ID No.	Cubic Yards of Waste	iption of ng Material insulation, I, or ellaneous)	Name of Regil	Amount (Specify SF or LF)	Removal	Abatemen Type	Ī



Date of Notification (1)

7-24-2018



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

Name of Building Owner/Operator (2)

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			L	ICE	ASIN	G	
		elephone 32-991-		,			
acilit	y (4)						
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et	1	of Floors		Bldg. 75+	Age		
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	ontracto ntal Se	ervices,	LLC				-
/en	ue						
de J 07	304						
		License 01174	No.				1
nito		rvices, l	LC				
eni							-
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osui Pro	re ocedure	Negative			P		
				Abate	emen pe	t	
)	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
	60	00 SF	Х				
e of	Registe	red Landfi					
		Landfill,					
Stat	e						

7-24-2018			202 1	Mersel	es Stree	t. Urba	n Renewal, LL	C	Jl	IL 3	0 1	2018	
Agencies Notified	Type Notification	n		Street	Address	,			11111				
EPA	✓ Initial				ill Roa				and the same of th			001	17717
DEP × DOL	Amended Amendme	nt #			tate, Zip					ISBES	LICE		
	Emergence		a	-		NJ 073	02						
☑ DOH □ DCA	justification Cancellation	1)		1 7 CONTROL OF CO.	of Conta	250			Telephone	Numbe	er		-
	Cancellatio	on			ael Fer				732-991				
Name of Facility Where	Abatement is Tak	ing Place	(3)	FAC	CILITY IN	NFORMAT	TION						
Commercial			(5)					Type of Facility	(4)				
Street Address								School (K-					
202 Merceles Stree	et							Subchapte Other (i.e.	r 8 (Other than private & comm	K-12)			
City (5)								etc.)	private & comm	ercial b	ullaing	s, nor	nes,
Jersey City, NJ 073	802							Square Feet	# of Floors		Bldg.	Age	-
County (6)				Country	0-1-6			8126	1		75+		
Hudson				(STATE	Code (7	) LY)		Current Use (Pr	ior if being dem	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8	3		M No.								
	- Journal of	Owner (o	2	ASC	W NO.		Name	of Abatement Co	ntractor (9)				DUL. 550
Street Address								n Environmen	ital Services,	LLC			
								Address					
City, State, Zip Code								Virginia Avenu	e				
								tate, Zip Code	204				
Project Manager for Mon	t Manager for Monitoring Firm							y City, NJ 073					
	(1 <del>7</del> )							one No. 333-8855	Licens			31	
Start Date (10)						`			01174				
8-3-2018		8-7-20	18	piction	Date (1)	,		of OSHA Monitor n Environment	tal Camina				
Occupancy Status During	Abatement (Chec	ck Only Or	ne)					Address	lai Services,	LLC			
X Facility Closed/Vaca	ted During Entire	Period of	Abata	mont				riginia Avenue	9				
LI Abatement Performe	ed Outside of Norr	nal Facility	/ Hour	nent s		1		ate, Zip Code			2		
Other - Describe: _								y City, NJ 073	204				
Scope of Work (Check All	That Apply)												
≥3 sf or ≥3 If		П	Renova	ation									
≥160 sf or ≥260 If			)emoli				H	Full Containme Mini-Enclosure	ent with Negative	Press	ure		
								Glovebag Proc	edure				
							×	Non-Exempted	(*) and Non-Fri	able Pr	ocedu	re	
Location	of	17	Locat Vorma									emen	t
Asbestos-Containing N	Material (ACM)	Use	d Sole	ly by	Acho	Des	cription	of		-	1	уре Т	Т
TO BE ABA	TED		intena odial S		(i.e	thermal:	aining Ma systems	aterial (ACM) insulation,	Amount (Specify	7		四	m
In Facility (13)	Y	Cust	(12)	stan?	38%	surfac	ing, VAT	or	SF or LF)	\cen	Re	cap	ncle
(10)						other m	iscellane	eous)	= 5	Remova	Repair	Encapsulate	Enclosure
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City, State						Disposa	al Date	City, State		1255			
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ersey City, NJ		Title				8-7-20		Morrisvil	le, PA				
	»;	Title Office	Man	ager	100 - 100 170	1	gnature	Morrisvil UU Jeld	70	ate '-24-2		-	

	1		FICATION	tate of Ne N OF ASE t to NJAC	ESTOS	ABATEM			IC E		W		$\overline{\mathbb{n}}$
Date of Notification (1)	100000000000000000000000000000000000000		Name o	of Building G	Owner/C	Operator (	2)		Same and the same	1 / /	0010	The state of the s	
Agencies Notified Type Notification	n		Street A	Address HADLE	Y ROAI	D			000	2 W E	: <del>U16</del>	200	· sugar
□ EPA □ Initial □ DEP □ Amended □ Amended			City, Sta	ate, Zip C	ode		7000	AS	SBESTOS			_&	
■ DOL Amendme     ■ Emergence     ■ justification	y (including			H PLAI		J, NJ 07	7080		LICE:	mber	100 0000000	73 BANK (1984)	
DCA Cancellati			MA	ILITY INF		DUR	AND	1	132 -	439	%	70%	22
Name of Facility Where Abatement is Tal	king Place (	3)	FAC	ILLI INF	URIVIAII		Type of Facility	(4)					
PSE&G Street Address	, 1	.15	2					er 8 (Oth	her than K-		dings	, hom	es,
301 Victor	X M	リこ	3				etc.) Square Feet	# (	of Floors	E	Bldg. /	Age	**************************************
City (5) NORTH BRI County (6)	1105 a	وزو	Country	Cada (7)			5856		2	A	1993	66	jyr.
MIDALESEX	<		County	Code (7) USE ONLY	"		Current Use (P		ang demolis AT: 0		NO.		8
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	g Owner (8)	)	ASCI 004	M No. ' 5			of Abatement Co UE SYSTEM	ontracto	r (9)		;		
Street Address 64 BROAD STREET						Street A	Address VHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747				Ċ.			ate, Zip Code TH RIVER, N	1J 088	82				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217		Telepho 732-4	one No. 32-8350		License 01111	No.			
Start Date (10) 6/37/18	Schedul	ed Co	mpletion	Date (11)		A. 1997 - 1997 A. 1997	f OSHA Monito		AMERIC	A INC	).		
Occupancy Status During Abatement (Ch						Street A	ddress VHITEHEAD	۸\/E					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	rmal Facility	v Hour	S	nly		City, Sta	ate, Zip Code TH RIVER, N		82				
Scope of Work (Check All That Apply)	/ /			/		0001	TTTTVLTX, T	13 000	02				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	Renovi Demoli					Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				re	
		Loca									Abat	ement /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole aintena todial (12)	ely by ance/ Staff?		tos Cont thermal surfa		iterial (ACM) insulation, , or	(	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		J. 1.					/al	=	ılate	ure
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63 09		X		TRA	US;T	5 Flor	of throng	1	5061	×			
Name of Registered Waste Hauler WASTE MANAGEMENT		H	NJDEP W Hauler ID 1125		Cubic of Was	ste , , =	Name o		ered Landfi	I I			
City, State ELIZABETH, NJ					The second	al Date の ム	City, Sta MORF		LE, PA		3.5		
Completed by CAROL RAIMO	Title OFFI	CEN	IGR.		S	ignature	2,00	1.	D	ate 7	24	11.	8

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CK# 700					tate of Ne									
CK# 903	2				N OF ASE to NJAC					EGE	W	F	IN	1
Date of Notification (1)	10			Name o	of Building	Owner/	Operator	(2)			17		-	A COLUMN TO A COLU
	ype Notification				Address HADLE	/ DOA	n			JUL 3 0	2018	of the second	1	
EPA E	Amended		-	City, St	ate, Zip C	ode				Control of the Contro		- Inches		on personal variations
⊠ DOL	Amendment # Emergency (in		-		H PLAI		D, NJ (	07080		VSBESTOS CO	353			1
DOH □ DCA □	justification) Cancellation			MA	TT	DAR	).Dui	EAN	D	132 ·	439	7.	700	72
Name of Facility Where Aba	atement is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)				
PSE & G	-								School (K-		10)			
	2 TORX	A	VE	,				×		r 8 (Other than K- private & commer		ldings	, hom	ies,
City (5) NORTH	BRUN		2.0	_				Squa	re Feet	# of Floors	E	Bldg. A	Age	ASO 4.2
County (6)		1 2 4		County	Code (7)			-	- France	or if being demoli:	shed)	WX.	1012	2 48
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ENVIRONMENTAL TA				004			UNIC	QUE S	SYSTEM	S OF AMERIC	A INC			
Street Address 64 BROAD STREET							100000000000000000000000000000000000000	Addres WHIT	ss EHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747	7								ip Code IVER, N	J 08882				
Project Manager for Monitor TOM GEIGER	ing Firm			Telepho	ne No. 90-2217		Teleph	none N 432-8	0.	License 01111	No.			
Start Date (10) 6/99	110	Schedul	ed Con	pletion	Date (11)		Name	of OSH	HA Monitor					
Occupancy Status During Al	batement (Check	Only Or		0/	18			Addres		S OF AMERIC	AINC	<i>.</i> .		_
Facility Closed/Vacated Abatement Performed	d During Entire Pe	eriod of	Abatem	ent					EHEAD A	AVE.				
Other - Describe:	cessary				nly		100100000000000000		IVER, N.	J 08882				
Scope of Work (Check All Ti	hat Apply)		Renova	tion			Г	7 5	Containm	ent with Negative	Deservi			
≥160 sf or ≥260 lf		_	Demoliti				N N	Min Glo	i-Enclosur	9			•	
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TO BE ABATE In Facility	<u>D</u>	100000000000000000000000000000000000000	todial S (12)		(i.e.	surfa	systems cing, VA	T, or	ition,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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OANOL NAIMO		OFFI	CE M	GK.			6.	19 10	4 16	30000	7	67	180	0

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		ron	TIFIC	ATION	OF ASBE	STOS ABATEMENT		-	CALECI	. 11 4		
Date of Notification	n /1)	(Purs	suant	to NJ	AC 8:60	-7 and 12:120-	7)	FRE	3 1 5	O IF	F	15
7/25/2018	11 (1)					g Owner/Operato etruzzini	or (2)	) 5 5		J L		-
Agencies Notified	Type Notific	ation	Str	eet Ad	ldress				- 0	010	10001	
[ ]EPA	[X]Initial						American de la companya de la compan	JUL JUL	302	UIO	1	- march
[ ]DEP	Notific	ation	City	v. Sta	te, Zip	Code	l sol					
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[X] DOH	[ ] PMPDCPNC	v	1 1		ontact		Teleph	none Number	J_1401.4	-	Selved Availed	
[ ]DCA	[ ]EMERGENC		Jı	ılia	na Pe	etruzzini			1			
(A)				FA	CILITY	INFORMATION						_
Name of Facility Whe	ere Abatement	is Tak:	ing P	lace (	(3)		Type of Fac	ility (4)				
Juliana Petru	zzini		0.0				[ ]School	l (K-12)				
Street Addres							[ ]Subcha	apter 8 (Oth (i.e., pri	ner tha	n K-1	2)	
							cial	buildings,	homes,	etc.	)	×
City (5		County	(6)		Cor	inty Code (7)	Square Feet	# of Flo	oors E	Bldg.	Age	à
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	1	Essex					Current Use	(Prior ir r	eing de	emol1:	shed	1)
Name of Monitoring F. Owner (8)	irm hired by 1	Buildin	g As	SCM No		Name of Abate						
N/A Street Address							ianagemen'	r, inc.				
						Street Address	s stopher S	-				
City, State, Zip Code	9					City, State,		···				
							r, NJ 070	042				
Project Manager for M	Monitoring Fir	m Te	lepho	ne Num	ber	Telephone Numb			License	Numh	per	
		N	A			(973)744	-8800		003			
Scheduled Start Date 8 15 1	(10) Sched	. Compi				Name of OSHA N	Monitor					
Month Day Ye	ar Mon	th I	16 Day	18 Yea		N/A						
Occupancy Status Duri	ng Abatement ed/Vacated Du	(Check	only	one)		Street Address	3					
of Abatement []Abatement Per	formed Outside	e of No	rmal	Facili	itv	City, State, 2	in Code					
Hours - Descri	ibe: «OffHours	Descri	pt»		•	City, State, 2	ip code					
Scope of Work (Check			Desc	TIPE»								
		T.I.				[ ]Full (	Containment w	ith Negative	e Press	ure		
[X]≥3 sf or ≥ [ ]≥160 sf or		181		ovatio olitio		[X]Mini-E	Enclosure Dag Procedure					
			Is				ciable Procedu	ure			, 45.5	
Location	100	Lo	ocati	on		Description	n of		Aba	teme	nt I	E E
Asbestos-Cont Material (A			Used	_		Asbestos-Cont		Amount	R	R	NC	NC
TO BE ABAT	ED	By	y Mai	n-		Material (A (i.e., thermal	systems	(Specify	MO	E P	A P	LO
In Facili (13)	ty	Cu	stodi	al	ins	ulation, surfa-	cing, VAT,	LF)	VA	A	S	S
		Yes	No	N/A	°	r other miscel	Laneous)		L	R	L	RE
Garage				X	Duct	insulatio	n	45 LF	X			
Name of Registered Was	sto Hamler	N. T.	DEP W									
AZTECH MANAGEN		Hat	uler	ID No.		ic Yards Waste 1.0	Name of Regi		fill			
Lity, State	1.00	L	7040		Dis	posal Date	City, State					
Montclair, NJ (	07042				2000000	8/17/18		NY, 1047	74			
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### State of New Jersey

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Date of Notification (1) 7/24/2018					Circus	) Owner/C	Operator	(2)		<u> </u>			1	THE PERSON NAMED IN
Agencies Notified	Type Notification	1		Street A 853 H	ddress ighway	35			The second second	JUL 3	0 20	)18	The second secon	볤
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RUUU State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 7-25-18 David Miles Agencies Notified Type Notification Street Address **EPA** Initial DEP Amended City, State, Zip Code ASBESTOS CONTROL & × DOL Amendment # Elmont NY 11003 LICENSING Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation Mark Minniti **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Res. House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age South Harrison Township, NJ 1200 1 55 County (6) County Code (7) Current Use (Prior if being demolished) Gloucester (STATE USE ONLY) abandon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Assured Environmental Services Street Address Street Address 570 Clems Run City, State, Zip Code City, State, Zip Code Mullica Hill, NJ 08062 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 610-304-4676 01145 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8-8-18 8-15-18 **EMSL** Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 200 Rt 130 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code X Other - Describe: abandon house Cinnaminsin, NJ 08077 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure

Location of		Locati Normall	у		Description of				Abate Ty	emen /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	ed Sole intenar todial S (12)	ice/	Asbe (i.	estos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repai	Encapsulate	Enclosure
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ssured Environmental Services		100000000000000000000000000000000000000	auler ID 34895		of Waste 20		ster County La				
City, State					Disposal Date	City Stat	,*.				

Title

President

Disposal Date

Signatur

Completed by

John Zumbo

Mullica Hill, NJ 08062

Date

7-25-18

City, State



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Street Address								red Enviro	nment	al Servi	ces	nc.		- 30	
1012 Industrial Dr.								Clems Run							
City, State, Zip Code West Berlin, NJ 080	101							tate, Zip Code							
Project Manager for Mon				Telepho	no No			ca, NJ 080	62						
Matt Depalma					09-1202			one No. 304-4676		011	nse N 45	0.		4	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 07/19/2018 Residence Agencies Notified Type Notification Street Address **EPA** Initial × DEP Amended City, State, Zip Code ASBESTOS CONTROL & × DOL Amendment # Elizabeth, NJ 07202 LICENSING Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation Marianna Periera FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Elizabeth 2.396 3 County (6) County Code (7) Current Use (Prior if being demolished) Union (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Seine Lighthouse Solutions Brinks Tank Services Street Address Street Address PO Box 354 1256 Liberty Avenue City, State, Zip Code City, State, Zip Code South Orange, NJ 07079 Hillside, NJ 07205 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Sarah Calandra 201-349-2666 844-462-7465 01316 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/30/2018 08/13/2018 A. Seine Lighthouse Solutions Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement PO Box 354 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: South Orange, NJ 07079 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Location of Туре Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Enclosure Custodial Staff? Removal In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No Yes N/A Basement X Pipe wrap 150 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Newark Carting of Waste 04509 Waste Management Landfill City, State Disposal Date City, State East Orange, NJ Penn Argyle, PA Completed by Title Signature

Office Manager

Alison Lamers

Date

07/19/2018



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Date of Notification (1) 07/23/2018			Name o	f Building ence	Owner/0	Operator	r (2)			JUL	3	0 2	018	0.0000-0.000	IJ
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Name of Monitoring Firm Hired by Bu A. Seine Lighthouse Solution			ASCN	/I No.			of Abateme s Tank S			(9)					
Street Address PO Box 354							Address Liberty A	venue							
City, State, Zip Code South Orange, NJ 07079							State, Zip Co de, NJ 07								
Project Manager for Monitoring Firm Sarah Calandra			Telephor 201-34	ne No. 19-2666		100000000000000000000000000000000000000	none No. 462-7465			Licens 0131		).			
Start Date (10) 08/02/2018	Schedule 08/16/2		mpletion I	Date (11)			of OSHA Mo eine Lightl		Solut	tions					
Occupancy Status During Abatement  Facility Closed/Vacated During 8	10	200	nent				Address Box 354								
Abatement Performed Outside of Other – Describe:	of Normal Facility	Hours	S				tate, Zip Co h Orange		7079						
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City, State East Orange, NJ		- 24			Dispos	sal Date		, State nn Arg	ıyle, l	PA					
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Date of Notification (1)		7	Name o	of Building (	Owner/O	perator (2	2)	Aprenance						
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Name of Facility Where Abatement is Taking		3)	FAC	ILII T INFO	RMATIC		Type of Fac	ility (4)	بهذا	LICE	NSII	VG		District Assess
Warehouse / offi	'ces						☐ School	(K-12)						
Street Address 220 Lin	co	1	BI	vd.		þ			(Other that vate & com			dings	, home	es,
City (5) Middlesex	Ì	1	5	085	346	9	Square Feel		# of Floor			600	Age	-
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Facility Closed/Vacated During Entire Pe	riod of	Abaten	nent						337					
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)			T	Name o	f Building	Owner/Op	erator (2)		17		0		D D	7 -
7-26	-18			1	JANCI	4 P:	CHA	OZOS,	2	n) [	6	E	11 /	
Agencies Notified	Type Notification			Street A	ddress	1				37	***************************************	•		
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A DOL	Amendment			(	BER	GEN	ナーで	G. Qu	21	97	621			
DOH DOH	☐ Emergency (in justification)	ncluding	İ	- Cutter and Company	f Contact				Te	lephone Nu	mber			
□ DCA	☐ Cancellation			MS.	اکر دیا	ARD	5002			4.73	31-71-7	10.64	CALITI	3OL 8
				FACI	LITY INF	ORMAT	ION				STATE OF THE STATE OF			
Name of Facility Where A							T	ype of Facility (	(4)				-1-21	
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Street Address	1					9		J Subchapter	8 (Other					
							E	Other (i.e. p	rivate &	commercia	al buildi	ngs, ho	mes, e	etc.)
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Name of Monitoring Firm		vner (8)		ASCI	M No		Name of A	Abatement Cont						
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rioject Marager for Month	oring rum			Telephoi	ne No.	1	Telephone	No.		License N	No.			
Start Date (10)		61.11					201 - 3	29-7444 OSHA Monitor		003	88		3	
8-8-18		Scheduled		-18	ate (11)		Name of C	OSHA Monitor						
Occupancy Status During A	hotement (Check On	0	1	10			Omega	Enviro	nme	ntal				
		50 1850					Street Add							
☐ Facility Closed/Vacat ☐ Abatement Performed	ed During Entire Peri	od of Abat	ement			1	280 H	uyler S	tre	et				
Abatement Performed Other – Describe:	2.00 8 M	P S:	00 ms	PM				, Zip Code						
							South	Hacken	sac	k. NJ	076	06		
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			enovat					Full Containme	nt with	Negative Pr	essure			1
△ ≥100 St 0t ≥200 H			emoliti	ion				Mini-Enclosure Glovebag Proce						
								Non-Exempted		Non-Friable	e Proces	lure		
		Is	Locati	on								Abate	ement	
Location	of	N	ormall	y		Dec	cription of					Ty	pe	
Asbestos-Containing l	Material (ACM)	100000	I Solel		Asbes		ining Mater	ial (ACM)	Α	mount			_	
TO BE ABA In Facili			odial S		(i.e. the			on, surfacing,	10.70	pecify	Re	R	ince	Enc
(13)	ıy		(12)				AT, or iscellaneou	(2)	SI	or LF)	Remova	Repair	Encapsulate	Enclosure
		V	N7-	27/4		04.00		-,			20	-	late	Tre
N 0 1		Yes	No	N/A										
BASEMENT	て				THERMA	15751	en i usu l	ATION	7	SUF	×			
		1		<u> </u>							+-			$\dashv$
		1		-							+-			
							No.				1			
Name of Registered Waste	Hauler		1	IDEP W		Cubic Y		Name of F	Registere	d Landfill				
Dogt D	<b>+</b>		1	auler ID		of Wast	20/20	9		0.0				
Best Removal City, State	Inc			1710	19			/   111116	rva	Enter	pri	ses	, I	LC
						Disposa	-18	City, State						
Hackensack, Completed by	N.I. 07601	Title				1		Wayne	esbu	rg, 0	H 4	468	8	
J. Maiorano						Sil	gnature	مدوندوك	ما	٦ ا	H 4 ate 7-2	10-	,0	
o. Haiorano		Est	ıma	tor			X (	120,00			1-2	0	10	

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Date of Notification (1) 7/26/2018					f Building Equities		Operator	(2)			JUL (	3 0 8	2018	3	1	圳
Agencies Notified	Type Notification		-	Street A		,									-	-
Agencies Notified	Type Notification								200				-		- Commercial Commercia	Banko-v
X EPA	× Initial			_ ATECTO CO.	loute 17			= -		ASB	ESTOS	CON	TRO	DL8	4	-
X EPA X DEP X DOL	Amended	o.W.o.			te, Zip Co					- drinkerner	LIUE	NSIN	j	neri regera s	green an annual	-
X DOL	Amendment Emergency				rford, N	J 0707	0									
× DOH	justification)			Name of	f Contact					Tele	ephone N	Number				
DOH DCA	Cancellation			Antho	ny Ferra	iloia				20	1-438-	0971				
				FACI	LITY INFO	ORMATI	ON			40						
Name of Facility Where	Abatement is Takin	g Place (3	)					Type of	Facility (4)							
61 Paramus Road								□ Sc	hool (K-12	)						
Street Address									bchapter 8		er than K	-12)				
61 Paramus Road								× Oth	ner (i.e. pri	vate 8	k comme	rcial bu	uildir	ngs, l	nome	s,
City (5)								Square		# of	Floors		Bld	g. Ag	ge	
Paramus								270,0	00	5			33			
County (6)				County (	Code (7)			Current	Use (Prior	if bei	na demo	lished)				
Bergen					USE ONLY	)			nercial O		,	i.				
Name of Monitoring Firm	Hired by Building	Owner (8)	_	ASCN	4 No		Name		ment Contr		/Q)					
Bio Terra Solutions		Owner (o)		AGON	110.		A CONTRACTOR OF THE PARTY OF TH		racting,		(3)					
Street Address	,							Address	lacting,	1140						
1130 Chestnut Stre	s a t								Λ	Llmi	L OCE					
									Avenue	Uni	1 300					
City, State, Zip Code							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tate, Zip								
Union, NJ 07083							100000000000000000000000000000000000000	on, NJ (	)7012							
Project Manager for Mor	nitoring Firm			Telepho				none No.			License					
Rick Eustaquio				973-4	94-3762		973-	450-95	00		01036	6				
Start Date (10)		d Cor	mpletion	Date (11)		Name	of OSHA	Monitor								
8/6/2018		8/6/20	18				Incir	nia Cont	racting,	Inc						
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Address								
X Facility Closed/Vac	ated During Entire	Period of A	hater	nent			1360	Clifton	Avenue	Unit	365					
Facility Closed/Vac Abatement Perform							City, S	tate, Zip	Code							
Other - Describe:	11 - 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						6555	on, NJ (								
Scope of Work (Check A	II That Apply)						Oiiit	011, 140 (	77012						-	
		[V] =						T		7 50	100 SI	12				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Name and Address of the Owner, when the Owner, which the Owner, when the Owner, which the Owner, w	enova emoli				×		ontainmen Enclosure	it with	Negativ	e Press	sure			
= 100 St 01 = 200 II			emon	don					bag Proce	dure						
							×	Non-E	exempted (	(*) and	d Non-Fr	iable P	roce	dure		
		ls	Locat	ion									Α	bate		
Location	n of	l N	lorma	lly		De	scription	of					-	Тур	е	
Asbestos-Containing	Material (ACM)		d Sole ntena			tos Cont	aining N	Aaterial (A		A	mount		Î	i	ш	_
TO BE AB		125,000		Staff?	(i.e.			s insulatio	on,		pecify	70	7	고	nca	inc
In Facil (13)		1.00.00	(12)				cing, VA niscellar			SF	or LF)	Kemova		Repair	psu	Enclosure
(10)				1		Out of 1	illocollai	icous)				a		٦	Encapsulate	Гe
		Yes	No	N/A				<u> </u>			<u> </u>				· ·	
3rd Floor St	uite 355		X			Vinyl	Floor	Tiles		13	80 SF	X				
	210												1	7		
											-	+	-			
Name of Registered Was	ste Hauler		1	NJDEP W	/aste	Cubic	Yards	1	Name of Re	egiste	red Land	fill				
Atlantic Carting			F	Hauler ID	No.	of Wa			Grand C				and	4611		
es about through the 2000 temperature of the Country to the Countr			1	NJ641/J	IA454	5				CHILI	ااالهی ند	lary L	aii	11111		
City, State						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	sal Date		City, State							
Wayne, NJ						TBD		5	Pen Arg	yl, P	A					
Completed by		Title			to the Care	S	ignature	2	7			Date				
Milena Zoric		Direc	ctor				111		hon	N	-	7/26/	20	18		0 8
		S. Carlotte (	A. P. C. C.				, , !		1100	1		e-constitution				

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

CK 7

									ME	GE	N VE	[6]
Date o	f Notification Ty	(1) 7/20/1 pe Notific			Name <b>Yiba</b>		ling Owner	/ Operator (2)			u U L	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agenci	es Notified EPA	A CONTRACT C		cy Notifica	Street	Addres				UL 3 (	2018	
l x	DEP DOL	V0.01	itial Noti	fication Notification			Zip Code		ACDE	OTOP O	ONTO AL A	ALL ALL AND ADDRESS OF THE ADDRESS O
ı ^	DOL	23.2	mended ancellati		onon	of Cont	NJ 07078	5	ASSE	LICENS	ONTROL 8	ne Number
_ ^	DCA	0	aricellati	OII	Yiba		acı			A STATE OF THE STA	Trefebrior	ie Number
						CILITY	INFORM	IATION				
Name	of Facility Wh	ere Abate	ement is Resid		lace (3)		Тур	oe of Facility (4) School (K-12)				
Street	Address		ittolia	CITOC			-	Subchapter 8 (	Other than K-	12)		
	The solution of the solution o						l x	Other (i.e., priv			dinas, home	es. etc.
			A		ST-0110			uare Feet	# of Floors		Bidg. Age	
City (5)			Cou	nty (6)	County C	Code (7)		2,800	2			50
	Short Hi	lls	Ess	ex			Cu	rrent Use (Prior i	f being demoli	shed)	1	
								sidential		70) 		
Name of Enviro	of Monitoring onmental Ta	Firm Hire actics, Ir	d by Bui 1 <b>c</b>	Iding Owi	ner (8)	ASCM		me of Abatemen				
	Address							eet Address	,			
	ad Street							3 Schoolhouse				
	ate & Zip Co an, NJ 077							y, State & Zip Co				
	Manager for		a Firm		Telephone	Numbor		onroe Townshi ephone Number			NI	
Tom G	Seiger				732-290-2	217 .		2-605-9062		License	Number 0071	4
Schedu	iled Start Dat 7/23/18	e (10)	Sche	duled Cor	mpletion Date 7/24/18	e (11)		me of OSHA Mor obal Abatemer		LLC		
Occupa X	ancy Status D Facility Clos					tement		eet Address 3 Schoolhouse	e Road			
	Abatement F							, State & Zip Co				
	Describe: Other - Desc		lated [	ouring A	batement			nroe Townshi				
Scope	of Work (Che		(vlqqa	-7-97-11					_/			
	Demolition			Renovat	ion			Full Con	tainment with	Negative	Pressure	
	Large Projec							Mini-End				
X	Quantity is $\geq$							X Gloveba	g Procedure			
	Quantity is		or ≥ 260	LF ACM				Other:	Non-friable			
		cation of			Is Location			Description of	- ALCOYS	nount		ment Type
		os-Contai erial (ACN			Normally U Solely b			estos-Containing		pecify		: Removal,
		E ABATE			Maintenand			laterial (ACM) thermal systems		are Feet or		incapsulation nclosure)
		Facility			Custodial S			ion, surfacing, V		ar Feet)	OI LI	iciosure)
		(13)			(12)		or oth	er miscellaneous				
		Garaç	ge		N/A			TSI Pipe	1:	5 LF	Re	moval
	of Registered		auler		NJDEP Was	ste Haul	er ID#	Cu. Yds. of Wa	aste Name	e of Reai	stered Lan	dfill
	ehold Cart	ing			CONTRACTOR OF A STREET	18693		2	TRR			
City, Sta								Disposal Date		State		
	nton, NJ	or Turnel		T:41 -				7/25/18	3  Tully	rtown, F	<sup>2</sup> a	T= .
	ted By (Print ninick Tring			Title Pres.				Signature  Dominick 1	ringali			Date 7/20/18

	Date of Notif	ication 7/24/	18	Name of	Building Ov	wner	/ Operator (2)	1) [	G E I V	BIT	711
Agei	nciesNotified	Type of Noti	fication	Street Ac		sup	ply Co., Inc.	4		Company of the Compan	1 1 2
)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	rgency Notifica	00/10	tlandt Str	eet			1111 0 0 00	10	]
	DEP	(	l Notification		te & Zip Cod			177	JUL 3 0 20	lö IL	4-
)	( DOL	Ame	nded Notification		le, NJ 071		1	100		D-MILLION CO.	
) x	ODH	Cano	ellation	Name of				AGR	ESTOS CONT	- Talabho	no Number
	DCA			Ed Clay				FICE	LICENSING	732-44	
					LITY INFO	RM	ATION			4	
Nam	e of Facility V		ment is Taking			Тур	e of Facility (4)			+	
Stree	et Address	Domes	tic Linen Sup	рргу			School (K-12)				
	51 / ldu1033	265 C	ortlandt Stre	-4			Subchapter 8 (			20	
		203 0	ordandi Stre	et			Other (i.e., priva	# of Flo		ngs, hom Bldg. Age	
City	(5)		County (6)	County Cod	e (7)	1040	1010100	# 01 1 10	1015	Diug. Age	3
	Bellevi	lle	Essex		75 E	Cur	rent Use (Prior if	being d	lemolished)		
Nam	e of Monitorin	g Firm Hired	by Building Ov	vner (8) A	SCM No.	Nar	ne of Abatement	Contrac	ctor (9)		
N/A					/A		bal Abatemen				
Stree	et Address						et Address				
0:1	01 1 0 71 0						Schoolhouse				
City,	State & Zip C	ode					, State & Zip Coon		0024		
Proje	ct Manager fo	or Monitoring	Firm	Telephone Nu	mber		phone Number	ρ, Νυ υ	License	Number	
0.1							-605-9062			00714	
Sche	duled Start D 8/6/18		Scheduled Com	pletion Date (1 8/24/18	1)		ne of OSHA Mon				
Occu			ement (Check of				bal Abatemen et Address	t Servi	ces, LLC		
	Facility Close	ed/Vacated D	ouring Entire Pe	eriod of Abatem			Schoolhouse	Road			
Х		erformed Ou	tside of Norma	I Facility Hours			, State & Zip Coo			***************************************	
	Describe: Other - Desc	ribo:				Moi	nroe Township	o, NJ 0	8831		
Scon	e of Work (Ch		innly)								
СССР	Demolition	icon all triat c	X Renovation	าก			Full Cont	ainmant	with Negative	D	
	Large Projec	t	A Honovali	J11			X Mini-Encl		with Negative	ressure	
	Quantity is ≥		LEACM				X Glovebag	0.0000000000000000000000000000000000000			
			260 LF ACM				Other:		able		
		ocation of	T	Is Location	T	D	escription of	1	Amount	Abate	ment Type
		os-Containin	g	Normally Used	A L	Asbe	stos-Containing	1	(Specify		y: Removal,
		erial (ACM) BE ABATED		Solely by			aterial (ACM)		Square Feet o	r R	epair,
		r Facility	1	Maintenance o Custodial Staff	, , , , , , , , , , , , , , , , , , ,		hermal systems	_	Linear Feet)		sulation or
		(13)		(12)			on, surfacing, VA er miscellaneous)			End	closure)
				(/		Otric	i miscellaneous,	'			
		ler Room		N/A			TSI Pipe		200 LF	Re	moval
		ler Room		N/A		В	oiler brick		50 SF	Re	moval
		om Breeze		N/A			TSI Pipe		100 LF	Re	moval
	of Registered nold Cartag		ler	NJDEP Waste I 186	Hauler ID#		Cu. Yds. of Was	0.6276	Name of Regis Cumberland		dfill
City, S							Disposal Date	(	City, State		
	reehold, No leted By (Prin		Title				8/24/18		Newburg, PA		
	minick Trin		Title Presider	nt			Signature				Date
		J~	resider				Dominick Tri	ngali			7/24/18
ACD	AA ILINIOE O	4007				_					

24	( ) ( ) ( ) ( ) ( )
0	1 Kallock
4	Common and
	Comment - C

Date of Notification (1)

7-24-2018

EPA

DEP

DOL

DOH

DCA

Commercial Street Address 1 Bell Drive City (5)

County (6)

Bergen

Street Address

Start Date (10)

7-25-2018

City, State, Zip Code

Other - Describe:

≥3 sf or ≥3 lf

≥160 sf or ≥260 lf

×

Scope of Work (Check All That Apply)

Location of

Project Manager for Monitoring Firm

Ridgefield, NJ 07657

×

Agencies Notified

170		*	155	
1	13	1		1
318	A.A.		惠	207

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Amended

justification)

Cancellation

Amendment #

Emergency (including

### State of New Jersey NOTIFICATION OF ASBESTOS ABATE (Pursuant to NJAC 8:60 and 12:12

County Code (7)

Telephone No.

Scheduled Completion Date (11)

Renovation

Demolition

Is Location Normally

7-28-2018

(STATE USE ONLY)

ursuant to I	NJAC 8:60	OS ABAT and 12:1	20)		E (	E		'E	Orbital and a second	Prin
Name of Bu J.C Office	e Interiors	er/Operato s, Inc.	or (2)	To the state of	JU	11. 30	2018	3		H
Street Address 387 Cress	cent Drive	e		ı	ASBES	TOS GO	)NTR(	DL&	CLASS AND ADDRESS	and the same
City, State, 2 Franklin L	akes, NJ	07414			= "# Nosi Histor" a salam	-IOENOI	NO		*	
Name of Col						elephone 01-394-		er		
	W OKINA	TION	Square	ther (i.e c.) Feet	K-12) ter 8 (Otte: private	ner than h & comme	(-12) ercial b		ıs, hor	mes,
County Code	(7) DNLY)		44715 Current		rior if be	ing demo	lisned)	<del>80+</del>		
ASCM No.		Street	Address	ronme	ntal Se	(9) ervices,	LLC			
ONES IN APPEAR OF THE		City, S	Virginia tate, Zip ey City,	Code						
elephone No		Teleph	one No.		304	License 01174	No.		- 1175	
letion Date (	(11)		of OSHA n Envir			rvices, l	_LC			
nt		235 \ City, St	Address /irginia ate, Zip ( ey City,	Code						
n 1		×	Glove	:nclosur bag Pro	re ocedure	Negative			re	
by A.	De	scription (	of					Abat	emen /pe	t
/ ASI	aterial (Ar insulation , or eous)	CM) n,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
		pray on			72	0 SF	х			
	Joint	insulati	on		40	) LF	х			
EP Waste er ID No.	Cubic of Was		1			ed Landfil				

Asbestos-Containing Material (ACM)	Use	ed Sole	ly by		Description of				Туре		
IO BE ABATED In Facility (13)		todial (12)		Asbe (i.	estos Containing Mate e. thermal systems ins surfacing, VAT, o other miscellaneou	ulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			35		/a	=	ılate	ure
Boiler room		×			Spray on		720 SF	x		-	_
Boiler room		~					720 01	_ X			
	-	Х			Joint insulation	1	40 LF	x			
Name of Registered Waste Hauler											
Green Environmental Services,		H	JDEP Wa auler ID N 34889	No.	Cubic Yards of Waste 5	1	Registered Landfil W.S North Lan				
City, State Jersey City, NJ 07304				-	Disposal Date 7-28-2018	City, State					
Completed by Liliana Serrano	Title Office	e Man	ager		Signature	GP1	→ Da	ite 24-20	118		
					- WWW	Myork	much				

		(2.4	11 Junius		,			1) [		_  _	W		A
Date of Notification (1)		Name of Building Owner/Operator (2)  NS. VERHEL NELSON											
Agencies Notified Type Notification			reet Ado			-		A COLUMN	.JUL 3	0 2	018	The State of	IJ
☐ EPA ☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (in	cluding	- L	ity, State  HAG	e, Zip Code	cic. N	, T	0766	) AS	BESTOS	CON	TRO	.8.	
DOH justification DCA Cancellation			MS	. NELS				1					7
	(2)		FACIL	ITY INFORM	IATION	Type of	Facility (4	)				-	$\dashv$
Name of Facility Where Abatement is Taking Pla  HS N € C S D A  Street Address	) 			<del>-</del>		□ Sc	thool (K-12	(Other t	than K-12)	ildin/	m har	nac at	۵)
1									Floors		dg. A		
City (5) HACILENSACIC							800		2		19	36	
County (6)  BENGEN			ounty C	ode (7) SE ONLY)		Current <	Use (Prior	SSIC	demolished) こんし	Z			
Name of Monitoring Firm Hired by Building Ow	mer (8)	$\dashv$	ASCM	No.	. Name o	of Abater	nent Contra	ctor (9)					
St A Shoop					Best Street	Address	moval	Inc	2				
Street Address					1		th Ri	ver	Stree	t			
City, State, Zip Code						tate, Zip		NT T (	27601				
Project Manager for Monitoring Firm		T	elephon	e No.		one No.	ack,	NJ (	License No				
Project Manager for Montesting 1 min			otopaion.		-		- 7444 Monitor		0038	8			
Start Date (10)	Scheduled (				A A A A A A A A A A A A A A A A A A A								
Occupancy Status During Abatement (Check On		110	1/2	<u> </u>	Ome Street	Address	nviro	nmer	ntal				
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal In Other - Describe:	od of Abater												
Scope of Work (Check All That Apply)					10000								
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		novatio molitic				Min Glov	i-Enclosure rebag Proce	dure	Negative Pres		ure	-85-14	
	Is I	ocatio	nn								Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Mai	Solely ntenano odial St (12)	by ce/	(i.e. thermal	Description Containing M systems insu VAT, or ther miscellar	laterial (A	rfacing,	(5	amount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-			
BASEMENT			×	THERMAL	SYSTEMS	rusor	ATION	63	5 LF	7	-		
	-									+			
										1			
Name of Registered Waste Hauler	1	0.0	IDEP Wauler ID		ubic Yards f Waste		Name of	Register	ed Landfill		3400		
Best Removal Inc City, State			1710	)9	Disposal Date	.o.	City, Stat	е	Enter		ses	1,	LLC
Hackensack, N.J. 07601 Completed by	Title				Signature	16	Wayn	esbı	irg, 0	H 4	468	18	
J. Maiorano	Est	ima	tor			40	2000	عمر	3	7/2	6	18	
ASB-41 (R-06-08)					$\Diamond$	Do not *	use this for	rm for æ	sbestos licens	sure exe	mpte	l activ	ities.

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M			The same name of the same of t		Total consistent
	JUL	30	2018	Water days made	$\mathbb{I}$

								1 1			1	(0-zetas)	-	
Date of Notification 7/25/18	(1)	Name of Building Owner/Operator (2)												
Agencies Notified	Type Notification			Address	alley Regional Scho	ol Distr	rict	AS	BESTOS CON	IRO	2		6173	
⊠ EPA	☐ Initial				ville Road				LICENSING	ì			200	
DEP	✓ Amended			tate, Zip C							eranjau my	wide group,		
⊠ DOL			0.000	100	IJ 08060									
M   DOL	Amendment #_3  Emergency (including			of Contac										
⊠ DOH	justification)			or Contac t Klein	t		l)	Telephone Numb						
⊠ DCA	Cancellation		3000	I KIEIII				609-864-084	8					
				F	ACILITY INFORMAT	TION								
Name of Facility Who	ere Abatement is Taking Place (3)				TOTAL TOTAL OTTAL		f Facility (4)							
Rancocas Valle	y Regional High School					×	School (K-12	١.						
Street Address	and a state of the					15		***	421					
520 Jacksonville	e Road							8 (Other than K rivate & Comm	-12) ercial buildings, h	omes	etc.)			
City (5)				-		Square		# of Floors	Bldg. Age				-	
Mt. Holly						100,0	000	2+	80+					
County (6)				100000000000000000000000000000000000000	Code (7)		Use (Prior if bei	ng demolished)						
Burlington				(STATE	USE ONLY)	Schoo	ol							
	Firm Hired by Building Owner (8)				ASCM No.	Name o	of Abatement Cor	ntractor (9)						
Health & Safety	Services, Inc.		0090	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	rn Contracti									
Street Address						Street A		0				-	-	
PO Box 365						32 W	illow Way							
City, State, Zip Code			City, State, Zip Code											
Berlin, NJ 08009	9	Woodland Park, NJ 07424												
Project Manager from	n Monitoring Firm	Telephone No. Telephone No. License No.												
Jim Proctor		856-452-311 973-333-9176 01331												
Start Date (10)		Scheduled Completion Date (11) Name of OSHA Monitor												
6/27/18			8/3/1		Section Visites Columbia		vision Cons	ultants Inc						
Occupancy Status Dur	ring Abatement (Check Only One)		1		210	Street A		artarres, me.						
☐ Facility Clo	sed/Vacated During Entire Peri	od of Ab	atemer	Commonweal and Common										
	t Performed Outside of Normal					-2007 On 20	AV STANKEN STANKE	., blug. 55-c					-	
	scribe:Sub-8 Occupied Abate		Hours City, State, Zip Code Fair Lawn, NJ 07410											
Scope of Work (Check						I an Ec	24411, 143 074	10					-	
□ ≥3 sf or ≥3	If		X	Renov	ation	X	Full Containm	ent with Negat	iva Proceura					
≥ 160 sf or	≥260 If			Demol		-	Mini-Enclosur		ive Fressure					
			_				Glovebag Pro	3.0						
									Friable Procedure					
		T	Is Locatio	n			Non-Exemple	u ( ) anu won-i	Trable Procedure	1	Abat	emen	t	
	Location of		Normally			Descri	ption of					pe		
Asbestos-	Containing Material (ACM)		sed Solely		Asbesto		ing Material (ACN	M)	Amount					
	TO BE ABATED In Facility	W 1997	laintenan stodial St		(i.e. th		stems insulation,		(Specity			4		
	(13)		(12)		,		g, VAT, or cellaneous)		SF or LF)	Re	_	cap	End	
		Yes	No	N/A	,	other mise	citaricodaj			Removal	Repair	encapsulate	Enclosure	
Thro	oughout Building		X			VAT &	Mastic		6,094 SF	X	1=	re	e	
	oughout Building		X				ng Tile		8,500 SF	X	-		$\vdash$	
	oughout Building		x		Chalk hoar		sociated glu	e dots	2,120 SF	_			$\vdash$	
	0	1			Chair boar	43 OX 03	sociated giu	e dots	2,120 35	X			H	
Name of Registered W	er ID No	Cubi- V	ds of Waste		N	X								
						Service of	ds of waste		Name of Regustered					
Unicorn Contracting Corp. 0035844						20	0.1		Fairless Hills La	natill				
Woodland Park, New Jersey						Disposal	Date		City, State					
						TBD Morrisville, PA				_				
					l date									
Zhivko Nikolov President							//			7/2	5/18	3		

2018-07-25 13:57 4971

**JAN 19** 

Shade Environmental 1 >> 609 63: 0664

P 2/4

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 5:16) DOL - 10 DAY Date of Notification (1) Name of Building Owner/Operator (2) 25 18 Paul and Joan Hagy 1111 Agencies Notified Type Notification Street Address S EPA A Initial M DOLWD ☐ Amended City, State, Zip Code MOD IN Amendment # WAIVER RE Cape May Point, NJ 08212 D DCA Emergency (including (NJAC 5:23-8) Name of Contact Justification) Telephone Number Cancellation Joan Hegy FACILITY INFORMATION Name of Facility Where Abatement is Taking Piace (3) Type of activ (4) Hagy Rosidance Schold (X.-12) JUL 3 0 2018 Street Address Other (i.e., private and commandial buildings, hom: s. e.o.) City (5) Square | ast ABIO AGEOS CO 80 LICENSI # of Floors VTROL & Capo May Point 2,400 County (6) County Code (7)(STATE USE ONLY) Current (se (Prior if being demolished) Cape May Residence Nome of Monitoring Firm Hared by Building Owner (B) ASCM NO. Name of Abatement Contri ;tor (9) Management & Enviro. Consulting Services Shade Environmenta, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 080 (2 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weingarber 609-298-4070 858-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 30 / 18 \_\_08 / 01 / 18 EMSL Analytical, Inc. Occupancy Status During Absternant (Check only one) Street Address S Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_ \_AM-\_ PM/ PM-Cinnaminson, NJ 08( 77 Scope of Work (Check all that apply) Full Containment vith Hegative Pressure

Mini-Enciosure

Olovebag Procedure

Nan-Exampted (\*) and Non-Frieble Procedure ≥3 sf or ≥3 if
 ≥160 sf or ≥280 if Renovation
Demolition Is Location Abstement Type Location of Asbestos-Containing Material (ACM) Normally Description of Asbestos Containing Material (AC: 5) Used Solely by Reguir Enclosure Amount TO BE ABATED Maintonanco/ (Lo., thermal systems insulation (Specify Custodial Staff? IN Facility surfacing, VAT, or other miscellaneous) (12) Yes No N/A Kitchen Plaster Celling 160 SF Ø П Name of Registered Waste Hayler NJDEP Waste Name : | Registered Landfill Cubic Yards of Freehold Cartage Hauler ID No. Waste Cap May County Landfill 15839 City. State Disposal Date City, Si ita Freehold, NJ 08/01/2018 Wot shine, NJ Completed By (Print or Type) Title Signature Christina Lynch Vice President of Operations 7/25/18 ASBAT

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

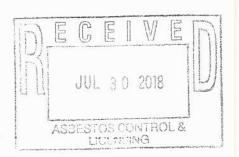
## CLO 15000 STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	PAI		******************		Name of Building Owner/Operator (2)								
07/25/2018					The Galaxy Towers Cond	dominium Asso	ciatio	n					
Agencies Notified  ( ) EPA	( X)		lotification		Street Address 7000 Blvd. East Tower 1	-14TH Floor C	Office		W E				
(X) NJDEP (X) NJ DOL	, ,		ment #		City, State, Zip Code					And the second s			
(X)DOH ()DCA		justifica		ng	Guttenberg, N.J. 07093			3 0 2	018	11			
	( )(	Cancell	ation		Name of Contact Bianca Ferrara  Tel Number 201-453-2436 EICENSING								
					ILITY INFORMATION								
Name of Facility Where Abatem The Galaxy Towers	ent is Takin	ig Place (	3)	(	<u>Type of Facility (4)</u> (   ) School (K-12) (   ) Subchapter 8 (other than K-´	12)							
Street Address 7000 Boulevard East	, Unit 10	0E		(	(X ) Other (i.e. private & commer Entire Building: Sq. Feet: $\sim 860,0$	cial bldgs., homes		lda Aao	41				
City (5)	County (6	5)	County Code	(7)	Condo unit (project location): Sq. Fe				30				
Guttenberg	HUDS	ON	(State Use On	IIÀ)	Current Use (if being demolished								
Name of Monitoring Firm Hired (8) N/A	by Bldg. Ov	vner	ASCM No. N/A	1.0	Name of Contractor (9) Industrial Safety & Environ	ons, Inc.							
Street Address N/A				7	Street Address 3300 Hudson Avenue								
City, State, Zip Code N/A				- 1	City State, Zip Code Union City, NJ 07087								
Project Manager for Monitoring N/A	Firm Tele	phone Nu	umber		Telephone Number (201)325-0055		License Number 01124			-			
Scheduled Start Date (10) 08/07/18	Scho (11)	08/16	ompletion Date	-	Name of OSHA Monitor (SES, Inc.								
Occupancy Status During Abate  ( ) Facility Closed/Vacated During Abatement Performed Out	uring Entire	Period o	fAbatement	1 -	Street Address 3300 Hudson Avenue								
(X ) Other - Describe: Work in unoccupied apartme		inai i aciii	ty riouis -	2	City, State, Zip Code								
				J	Jnion City, NJ 07087								
Source of Work (Check all that a	do tradición	(	) Demolition		( X ) Renovation								
( ) Minor Project (< 25 S ( X ) Small Project (>25 <1 ( ) Large Project (>160 S	60 SF or >	>10 <260	LF ACM)		(X) Full Containment w () Mini-Enclosure () Glove-bag Procedu () Non-Exempted (*) a	re		re					
Location of Asbestos- Containing Material (ACM)			nally Used		Description of ACM (i.e. thermal systems insulation, SF or LF)  Amount (Specify Abatement Type SF or LF)			•					
To be Abated in Facility (13)		todial Sta		surfac	cing, VAT, or other miscellaneous.)	SF or LF)	Rem oval	Rep air	Enca psula te	En clo sur e			
hallway unit 10E		X			Mastic (black) and ciated wood floor	~ 100 SQ FT	X						

## 2K 013000 STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	PAID			Name of Building Owner/Operator (2)								
07/25/2018				The Galaxy Towers Cond	lominium Asso	ciatio	n					
Agencies Notified  ( ) EPA	Type of Notifi	cation  Notification		Street Address 7000 Blvd. East Tower 1	-14TH Floor C	ffice		VE	<u></u>			
(X) NJDEP (X) NJ DOL	( ) Amen			City, State, Zip Code				N OF THE STREET	Farmer of the same			
(X) DOH	( ) Emerg	ency (includi	ing	Guttenberg, N.J. 07093		JUL	3 0 20	018	IL			
( ) DCA	( ) Cance	cation) Illation		Name of Contact Bianca Ferrara  Tel Number 201-453-2436 ONTROL &								
			FACIL	ILITY INFORMATION LICENSING								
Name of Facility Where Abatem The Galaxy Towers	ent is Taking Place	e (3)		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-1	(2)							
Street Address 7000 Boulevard East	Unit 10E			(X) Other (i.e. private & commercial bldgs., homes, etc.  Entire Building: Sq. Feet: ~ 860,000 # of Floors 44 Bldg. Age 41								
City (5)	County (6)	County Code	(7)	Condo unit (project location): Sq. Fe	5000 100			20 00000000	E)			
Guttenberg	HUDSON	(State Use O		Current Use (if being demolished		00.0	÷ (*)		_,			
Name of Monitoring Firm Hired (8) N/A	by Bldg. Owner	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.								
Street Address N/A				Street Address 3300 Hudson Avenue								
City, State, Zip Code N/A				City State, Zip Code Union City, NJ 07087		es 22 se 1, 10 se						
Project Manager for Monitoring N/A	Firm Telephone	Number	1	Telephone Number   License Number   (201)325-0055   01124								
Scheduled Start Date (10) 08/07/18	(11)	Completion Date		Name of OSHA Monitor ISES, Inc.								
Occupancy Status During Abate  ( ) Facility Closed/Vacated Di  ( ) Abatement Performed Out	uring Entire Period	of Abatement	- 1	Street Address 3300 Hudson Avenue								
(X) Other - Describe: Work in unoccupied apartme	ent	657		City, State, Zip Code Union City, NJ 07087				La Digitalistic Ammoni				
Source of Work (Check all that a	apply) (	) Demolition	1	( X ) Renovation								
( ) Minor Project (< 25 S ( X ) Small Project (>25 <1 ( ) Large Project (>160 S	60 SF or >10 <2	60 LF ACM)		( X ) Full Containment w ( ) Mini-Enclosure ( ) Glove-bag Procedu ( ) Non-Exempted (*) a	ire		ure					
Location of Asbestos- Containing Material (ACM)	Is Location No Solely by Mai			Description of ACM (i.e. thermal systems insulation,	Amount (Specify SF or LF)		Abateme	ent Type				
To be Abated in Facility (13)	Custodial S	taff? (12)		acing, VAT, or other miscellaneous.)	51 51 21 /	Rem	100	Enca psula te	En clo sur e			
hallway unit 10E	Х			or Mastic (black) and ociated wood floor	~ 100 SQ FT	X						

Name of Reg. Waste Hauler Newark Carting	NJDEP Waste Hau 04509	er ID #	Cubic Yards of Waste 10	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road					
<u>City, State</u> 369 Raymond Blvd, Newa	rk, NJ 07105	Disp. Date 08/10/201	8	City. State Pen Argyl, PA 18072					
Completed by (Print or Type)	<u>Title</u>	Signature	2 O	Date					
David Camacho	Project Supervisor			07/25/2018					



TOM Voorhees, pol Notification of ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) East Amwell Township School District 7/25/18 Agencies Notified Type Notification Street Address ☐ EPA 43 Wertsville Road DEP Initial City, State & Zip Code ASBESTOS CONTROL & X DOL Amended Ringoes, NJ 08551 LICENSING elephone Number DOH Emergency Name of Contact DCA Cancellation Edward Stoloski 908-782-6464 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) East Amwell Elementary School School (K-12) Street Address Subchapter 8 (Other than K-12) 43 Wertsville Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Blda. Age City (5) County (6) County Code (7) Ringoes Current Use (Prior if being demolished) Hunterdon School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) RJB Environmental Inc. Bristol Environmental, Inc. Street Address Street Address 56 East Bridge Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Morrisville, PA 19067 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Frisbee 267-991-9212 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/25/18 7/25/18 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours -City, State & Zip Code Describe: 2pm to 4pm Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure M ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) No N/A Yes Classrooms and Bathrooms X Dust (Wet Mopped) 1600 SF  $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Service Transport Inc. 20990 1 Cu Yd Minerva Landfill City, State Disposal Date City, State New Castle, DE 7/25/18 Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 7/25/18 Manager

State of New Jersey

APPROVED BY:



PAID

Date of Notification (1) 7/20/2018			Name of Building Owner/Operator (2) DOVER BOARD OF EDUCATION								W	E					
Agencies Notified  EPA	Type Notification  Initial	d St		100 G	Address BRACE		T		1			. 3	0	2018	1		
DEP X DOL	Amended Amendment Emergency		_		ate, Zip C ER, NJ (					L	Gist. Si	na j	37.15.1	712.73	1 0		
X DOH X DCA	justification) Cancellation	•	'		of Contact ERT GO					Te	Telephone Number (; 973-989-2012						
Name of Facility Where All DOVER HIGH SCHO		ig Place (	3)	FACILITY INFORMATION  Type of Facility (4)  School (K-12)													
Street Address 100 GRACE STREE	Т			Subcha						ool (K-12) hapter 8 (Other than K-12) r (i.e. private & commercial buildings, homes						es,	
City (5) DOVER									are Feet	# 0	of Floors	1	E	Bldg. /	Age		
County (6) MORRIS					Code (7) USE ONLY	)		Curre	ent Use (Pri	or if be	eing dem	olish	ed)				
WHITMAN CO.	TWO BROTTLERS CONTRACTION									TING	3, IN	IC.					
Street Address 7 PLEASANT HILL F			Street 11 V		ss _AND AV	ENUI	E										
City, State, Zip Code CRANBURY, NJ 085		City, State, Zip Code TOTOWA, NJ 07															
KEVIN LOVELY	The state of the s						Teleph 973-	one N 956-8			Licens 0049		•				
Start Date (10) 8/6/2018		8/24/2	018	npletion	etion Date (11) Name of OSHA Monitor SAME AS (9) ABOVE												
Occupancy Status During A  Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire F	Period of	Abaten	nent			Street City, S		ip Code								
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mir Glo	ll Containme ni-Enclosure ovebag Prod n-Exempted	e edure							
Location o	ıf		Locati			Dos	scription		II Exemple	, <u> </u>	id IVOII-I	Habit	7110	Abate	emen pe	t	
Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Ma	id Sole intenar todial S (12)	nce/		tos Conta thermal surfac	aining M	laterial insula T, or		(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
SEE ATTAC	HED	Yes	No	N/A									v		ē		
ole // inc	. 125												X				
												+					
Name of Registered Waste TWO BROTHERS CO	JDEP W auler ID 8743		Cubic of Was			Name of I	-			T G	.R.C	).W.S	S.				
City, State TOTOWA, NJ						Dispos 8/24/2	al Date 2018		City, State		LE, PA	١					
Completed by Title Signature Date VIVECA RAMOS PROJECT COORDINATOR 14 data in 10 20/20/20							18										

Check#13205

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

GAC Project # 060-18 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ July 24, 2018 Street Address Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☑Initial Notification 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐ EPA ☐ Amended Notification # ☐ DCA City, State, Zip Code ■ Emergency (including PISCATAWAY, NJ 08854 X DOL justification) Telephone Number DEP- No Longer REQUIRED Name of Contact □Cancelled 848-445-2550 MICHAEL F. SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 10 SMITH HALL, BLDG# 7223 ☐ School (K-12) ☐Subchapter 8 (other than K-12) X Other (i.e. private & commercial buildings, homes, etc.) Street Address # of Floors: 5 Bldg. Age: 60+ years **NEWARK CAMPUS** Sq. Feet: N/A County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) NEWARK ESSEX Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) ENVIROVISION, INC. 08/03/18 8/06/18 Occupancy Status During Abatement (Check only one) Street Address 20-21 WARGARAW ROAD, BLDG# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) Full Containment with Negative Pressure ☐ Mini-Enclosure **X** Renovation □ > 3 sf or >3 lf ☐ Glove bag Procedure / Wrap & Cut **⊠** ≥ 160 sf or ≥ 260 lf Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Used Description of Asbestos Containing Material Amount Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) YES NO NA 900 SF X VAT Room 4-124 Suite X Name of Registered Landfill NJDEP Waste Hauler ID # 25 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 08/06/2018 19067 NJ DEP # 4509 215-736-1700 Date Signature Completed by (Print or Type) Raymond C. Pedalino July 24, 2018 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER



### State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1)					Name of Building Owner/Operator (2)						
July 24, 2018					RUTGERS, THE S	TATE UNI	VERSITY	OF NJ			
Agencies Notified		Notification			Street Address						
□EPA		□ Initial			ENVIRONMENTAL						
DDCA		□Amend			27 ROAD 1, BLDG	4086, LIVI	NGSTON	CAMPUS			
⊠DOL		☐ Emerg			City, State, Zip Code						
□ DEP			cation)		PISCATAWAY, NJ	08854					
⊠ DOH		IXI Cance	elled		Name of Contact		Telephone				
E DON					Michael Smith ENV HE	ALIH &	848.44				
	7			FACILITY IN	FORMATION	1117	FG	EIVEN			
Name of Facility Where Abate					Type of Facility (4)						
Medical Science Bld	g # 725	7			School (K-12)	115	ΥĨ	And the second s			
Street Address					Subchapter 8 (other than K-12)						
RBAS Newark Camp	IIS				Other (i.e. private &		uildings, home	es, etc.)			
					Sq. Feet: Unknown	# of Floors	s: 8 Bldg. A	ge: 60 years			
<u>City (5)</u>	County (			y Code (7)		7	ACCECT	OS CONTROL &			
Newark	Essex		(State	Use Only)	Current Use (prior if bein	g demolished	): Academic	ENSING			
						1		021101110			
Name of Monitoring Firm Hire		Owner (8)	ASCM		Name of Contractor (9)						
ATC ASSOCIATE	S		0098		ODEENIMOOD ADA	TELLENTO					
Street Address					GREENWOOD ABA	TEMENTO	ONSULIA	INTS, INC.			
3 TERRI LANE					Street Address						
3 TERRI LANE					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
BURLINGTON, NJ 08	3016				Butler, NJ 07405						
Project Manager for Monitorin		Telephone N	lumber		Telephone Number		License Nu	mber			
BRIAN KEARNY		609-386-	8800								
					973-492-0477		00840				
Scheduled Start Date (10)		Scheduled C		on Date (11)	Name of OSHA Monitor						
July 27, 2018		July 30, 2	2018		Envirovision, Inc.						
Occupancy Status During A	batement	(Check only or	ne)		Street Address						
Facility Closed/Vacate				ment	<u>Guest / Idal 655</u>						
Abatement Performed	Outside	of Normal Faci	lity Hour	'S -	20-21, Bldg E Waga	araw Road					
Describe					City, State, Zip Code						
☑Other – Describe:	5pm – 5	iam -24 hrs	& We	ekends as							
Needed					Fairlawn, NJ						
Source of Work (Check all that	t apply)										
101 20 <b>2</b> 100 200 200 200 200 200 200 200 200 200				E21 -	•			n Negative Pressure			
x ≥ 3 sf or ≥ 3 l				X Renova	tion		closure				
≥ 160 sf or ≥ 260	5			Demolition			g Procedure	(1964) 1984) Janes Sant (1964)			
Location of Asbestos-Containi	na Isl	ocation Normal	ly I leed	Description of Asi	bestos Containing Material	xNon-Exem		Non-Friable Procedure tement Type			
Material (ACM) in Facility (13)		ely by Maint./Cu			nal systems insulation, surfac			terrient Type			
		ff? (12)	000000	VAT, or other mis		or LF)	Rem	ove Repair Encap Enclose			
0.550	YE		NA								
G572		X		VAT		130st	f X				
Name of Dec. West 11		Luca									
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	2	NJDEP Wast		· ID #	Cubic Yards of Waste:			gistered Landfill			
	7		X		5			North Landfill			
Hauler #1) Greenwood	Abateme	nt Consulta	nts, Ind	c. – Butler, NJ 0	7405	Disposal Da		City, State 100 New Ford Mill			
NJ DEP # 12						July 30, 2	2018	Road, Morrisville, PA			
Hauler #2) Newark Cart	ng, Inc	- Newark, NJ	04509,	NJ DEP # 19551				19067			
								215-736-1700			
Completed by (Brist or Trees)	-	Title			T 0:		5.	1			
Daymand C Dadeline SENIOD DDO JECT				Signature		Date	2040				
Raymond C. Pedalino SENIOR PROJECT				Raymond C. Pedalino July 24, 2018							
G + G # 2010 060		MANAGER									



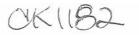
### State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1)					T	10							
July 16, 2018					Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ								
Agencies Notified		Notification	Type		Street Address								
			fication	ENVIRONMENTAL HEALTH & SAFETY DEPT.									
EPA													
DCA	□Ameno				27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS								
	x DOL				City, State, Zip Code								
			cation)		PISCATAWAY, NJ 08854								
DOH		☐ Cance	lled		Name of Contact Telephone Number								
					Michael Smith ENV HEALTH & 848.445.2550								
		1			SAFETY	1100	1 15 1						
				FACILITY IN	FORMATION	11.	1 5 6						
Name of Facility Where Abate	ment is Ta	king Place (3)			Type of Facility (4)	1 5ew	<b>KI</b>	111111111111111111111111111111111111111					
Medical Science Bldg	g # 7257				School (K-12)	1		and the same					
Street Address					Subchapter 8 (other that	in K-12)	111 - J0	IL 3 0 2018 IIU					
RBAS Newark Camp	110				Other (i.e. private & commercial buildings, homes, etc.)								
RDAO Newark Camp	us				Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 60 years								
City (5)	County (6	5)	County	/ Code (7)	99.7001.	11 01 1 1001	Department of the special special state	TANK DESCRIPTION OF THE PARTY NAMED AND ADDRESS OF THE PARTY N					
Newark	Essex	*		Use Only)	Current Use (prior if bein	a demolished	ASBES	TOS CONTROL &					
	LOCOX		1		Carrette Cac (prior it bell)	ig demonstred	). Academ	iii Cendina					
Name of Monitoring Firm Hire	d by Dide	O	40014										
		Owner (8)	ASCM		Name of Contractor (9)								
ATC ASSOCIATES	5		0098		CDEENIMOOD ADATEMENT CONSULTANTO INC								
Street Address	2.51				GREENWOOD ABATEMENT CONSULTANTS, INC.								
3 TERRI LANE					Street Address								
3 TERRI LAIVE					511 MAIN STREET								
City, State, Zip Code													
BURLINGTON, NJ 08	2016				City State, ZipCode								
		T = 1			Butler, NJ 07405								
Project Manager for Monitoring Firm         Telephone           BRIAN KEARNY         609-386           Scheduled Start Date (10)         Scheduled					Telephone Number		License N	umber					
			3800		973-492-0477 00840								
			ompletie	on Date (11)									
				n Date (11)	Name of OSHA Monitor								
July 27, 2018 July 30, 2018					Envirovision, Inc.								
Occupancy Status During At	20)		Street Address										
Facility Closed/Vacate				mont	Street Address								
Abatement Performed	Outside o	f Normal Faci	lity Hour	111E111	20-21, Bldg E Waga	araw Road							
Describe	iity i ioui	3-	City, State, Zip Code	araw reduc									
☑Other – Describe:	5nm _ 5	am -2/ hre	8. Wo	okonde ac	Sity, State, Zip Code								
Needed	pin - 5	am -24 m3	Ct 44C	enerius as	Fairlawn, NJ								
Needed													
Source of Work (Cheek all the					l								
Source of Work (Check all that	apply							NO. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (					
0.5	_							th Negative Pressure					
$x \ge 3 \text{ sf or } \ge 3 \text{ ls}$				■ Renovat	ion		nclosure						
≥ 160 sf or ≥ 260				Demolition	Glovebag Procedure								
1					xNon-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containin		cation Normall			sbestos Containing Material Amount Abatement Type								
Material (ACM) in Facility (13)		ly by Maint./Cu ? (12)	stodial		al systems insulation, surfac		fy SF	move Repair Encap Enclose					
	YES		NA	VAT, or other mis	ceii.)	or LF)	1101	Hove Tropail Elloab Ellolose					
G572	-			VAT		400							
0012		X		VAT		130s	f 🗵						
Name of Bas Waste Lie		NUBER	- 11 .	ID #									
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	)	NJDEP Wast See Below		IU#	Cubic Yards of Waste:			egistered Landfill					
	3				5		And the second s	North Landfill					
Hauler #1) Greenwood A	Abateme	nt Consulta	nts, Ind	c Butler, NJ 0	7405	Disposal Da		City, State					
NJ DEP # 125	61					July 30, 2	2018	100 New Ford Mill					
Hauler #2) Newark Carti	ng, Inc. –	Newark, N.I	04509.	N.I DEP # 19551				Road, Morrisville, PA					
,	8,		,					19067 215-736-1700					
						5		210-730-1700					
Completed by (Print or Type)	17	Title			Signature		Doto						
Raymond C. Pedali			00 150	`T	Signature		Date	2040					
Naymond C. Fedali	SENIOR PE		×1	Raymond C. Pedalins		July 16, 2018							
01000000		MANAGER	8										
GAC # 2018-060													

PAID

	MAR		(P		to NJAC				IM IF	P	-18-11	WI	FI	Lord J		
Date of Notification (1) 07/09/18				Name of Building Owner/Operator (2)  Cresskill BOE												
Agencies Notified	Type Notification			Street Address						7 1 1	20	2010	1			
□ EPA	× Initial			1 Linkoln Dr. JUL 3 0 2018							1010	11	2			
DEP	Amended				ate, Zip C								-	and the same		
X DOL	Amendment : Emergency (i		_		kill, NJ			ASBESTOS CONTROL &								
DOH DCA	justification) Cancellation		´		of Contact					the second second	ephone N		***			
X DCA		Antoinette Kelly 201-567-5921 FACILITY INFORMATION														
Name of Facility Where	Abatement is Taking	Place (	3)	FAC	ILITYINE	ORMAII	ON	Type	e of Facility (4	1)			_			
Merritt Elementary						School (K-12)										
Street Address						Subchapter 8 (Other than K-12)										
1 Dogwood Ln.									Other (i.e. p etc.)	rivate	& commer	cial buil	dings	, hom	es,	
City (5) Cresskill				94					are Feet	# o	f Floors		Bldg. Age 50 +			
County (6)				County Code (7)					Current Use (Prior if being demolished)							
Bergen				(STATE	USE ONLY	)	-	— School								
Name of Monitoring Firm	. 이번 100 HO 100	wner (8	)	ASC		Name of Abatement Contractor (9)										
Westchester Enviro	onmental LLC			0012	27		Lesco Services Inc.									
Street Address 1248 Wrights Lane									et Address							
City, State, Zip Code								Maple Ave. State, Zip Code								
West Chester, PA 19380						Ilington, NJ 07057										
Project Manager for Mon		Telephone No.				Telephone No. License No.										
Philip Conteh		610-431-7545			862-221-9092 01107											
Start Date (10) 07/30/18	ed Con	101-1 • 1-1-1-1 1 1 1 1 1 1 1 1 1 1 1 1 1				ne of OSHA Monitor Slaw Nalodka										
Occupancy Status During			Street Address													
	100	nent .				56 Maple Ave.										
Facility Closed/Vacated During Entire Period of Abal Abatement Performed Outside of Normal Facility Ho						İ	City, S	tate, Zip Code								
Other - Describe:		Wallington, NJ 07057														
Scope of Work (Check A	II That Apply)	-					_	,								
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure										
_ 100 3i 0i =200 ii	Jerrone	Glovebag Procedure														
		- East					Non-Exempted (*) and Non-Friable Procedure									
	s Locati Normal				¥0		×.			Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Location of Used S Mainte Custodi (1				ly by	Ashes		Description of os Containing Material (ACM) hermal systems insulation,			(Specify						
						thermal:						Re	Z	Encapsulate	En	
				, tuii.		cing, VAT, or niscellaneous)			SF or LF)		Removal	Repair	nsde	Enclosure		
3:52		Yes	No	N/A								2	=	late	ıre	
rooms 106	rooms 106-110			1,071		sheetrock s			soffit		70sf.					
1970 addition				*				aulk 250lf.			*					
					William oc			1000000 TO TO TO TO								
												+-				
Name of Registered Waste Hauler				NJDEP Waste Cubic Yards				s Name of Registered Landfill								
NSC() 45 958 69A 7055			Н	Hauler ID No. of Waste			The state of the s									
Newark Carting Inc.			0	5409		10										
City, State Newark, NJ				Disposal Date 08/11/18												
Completed by		Title		08/11/18   Signatur				Pen Argyl, PA								
Leslaw Nalodka	ident				2	. /	1115		1000	7/09/	18					





Date of Notification (1) 07/24/2018				Name of Building Owner/Operator (2) Delaware Valley Regional High School Check# 1182												
Agencies Notified		Street Address 19 Senator Stout Road									-					
□ EPA 図 DEP 図 DOL	☐ Initial ☐ Amended Amendment #	_		ate, Zip Cod town, New		ey 08825				A Standards	and the second					
⊠ DOH □ DCA	☐ Emergency (in justification) ☐ Cancellation	cluding			of Contact O'Brian				Telephone Num 908-246-9183	ber	- 5%	· · · · · · ·				
				FAC	ILITY INFOR	RMATI	ON									
Name of Facility When Delaware Valley Re																
Street Address 19 Senator Stout Road							☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Frenchtown, New Jersey 08825								t	# of Floors Bldg. Age 50+							
County (6) Hunterdon		Code (7) USE ONLY)		Current Use (Prior if being demolished) High School												
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis,Inc.  ASCM No. 0090							Name of Abatement Contractor (9) Lilich Corporation									
Street Address 401 St. James Avenue								Street Address 606 McBride Ave								
City, State, Zip Code Phillipsburg, New Jersey 08865								City, State, Zip Code Woodland Park, New Jersey								
Project Manager for M Pat McGuiness		Telepho 908 31	ne No 0-2663		Telephone No.   License No.   973-225-8400   01104											
Start Date (10) 08/03/2018	npletion	Date (11)		Name of OSHA Monitor Iris Environmental Laboratories, LLC												
Occupancy Status During Abatement (Check Only One)					Street Address								-			
□ Facility Closed/Vacated During Entire Period of Abatement     □ Abatement Performed Outside of Normal Facility Hours     □ Other – Describe:							2333 Route 22 West  City, State, Zip Code Union, NJ 07083									
Scope of Work (Check All That Apply)							□ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure / Limited Containment&Tent □ Non-Exempted (*) and Non-Friable Procedure									
					⊠ Nor	n-Exempted	Part County - County - County									
	r ver		Locati							Abatement Type						
Location of Used Son Asbestos-Containing Material (ACM)				ly by	Achaeta		scription of	I (ACBA)	Amount				П			
TO BE ABATED			intenar			nermal	aining Material (ACM) systems insulation, cing, VAT, or		(Specify	R	71	Enc	Ē			
In Facility (13)			(12)	itali:					SF or LF)	Remova	Repair	Encapsulate	Enclosure			
3			No	N/A	· ·	other miscellaneous)						ulate	ure			
1st Floor Science Room (2 ) Locations			Χ		Glue (No	n Fria	ble Method	4)	96 SF	Χ						
1st Floor Science Room			Χ		Elbows (T	Γent/	Glovebag M	2 (ea)	Х							
Name of Registered Waste Hauler			1/18/0	JDEP Wauler ID						ndfill						
Lilich Corporation City, State				18724	3 Fairless Landfill											
Woodland Park, New				08/08/	Morrisville, PA											
Completed by Adriana Olejarova Title Presid				t			ignature :	70	Dat 07		2018					