

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Chr# 3413

Date of Notification (1)							Owner / Operato				1 - (
7/27	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND						nship Board	of E	ducation		name and				
Agencies Notified Type I	Notification		Stree	t A	ddre	ess A	dua in in 4 4 i	בוח	0	DR.	@400			_	
☐ DEP 🛛	Initial		City	Sta	te &	Zip C	dministration	Blu	g, County	Route	516	11 W	E	Principal Princi	T
⊠ DOL □	Amended		100 miles			NJ 07			117	31	-	- Company of the Comp		111	
□ DOH	Emergency		Name							11	u 2 J	elepho	ne N	lumb	per
□ DCA □	Cancellation		Mr. F	ra	nk l	Frazz	itta		141	J (32036			1
				CII	LIT	Y INF	ORMATION			ACCO	(and the second second second		Tama Aliza	CONTRACTOR OF	1
Name of Facility Where Ab		lace (3)				Type of Facili			VORES	TOS CO JOENSIN	NTROL	. &	THE PERSON NAMED IN	1
Jonas Salk Middle Sch Street Address	001				-		School (I			The state of the state of	management to be a	G	Distriction of the last of the		in the second
155 West Greystone Re	aad								3 (Other the			ren i l e keroo e			5
100 West Greystolle K	Jau						Square Feet		ivate & cor					etc.)	
City (5)	County (6)	Co	ounty	Cor	de (7)	50000		# 01 110	OIS .	BI	dg. Ag			
Old Bridge	Middlesex		Janty	000	40 (' /	Current Use (r if heina d	lemolish	ed)		40+		
							School	(1 110	n n being d	icinolisti	eu)				
Name of Monitoring Firm H	lired by Building Ow	ner (8))	P	ASC	M No.									
Environmental Connector Street Address	tion						Bristol Env		imental, l	nc.		mun v			
120 North Warren Stree	et						Street Addres		root						
City, State & Zip Code							City, State &			-					
Trenton, NJ 08010							Bristol, PA								
Project Manager for Monito	ring Firm	10000000	phone			er	Telephone Nu		er		cense Nu	ımber			
Jordan Reed	10.1.1.1.0		392-		10.15.77		(215)788-60			00	0509				
Scheduled Start Date (10) 8/10/18	Scheduled Co	mpletii 8/13		ite ((11)		Name of OSH Bristol Envi			10					
Occupancy Status During A	Abatement (Check o						Street Address		illicital il	10.					
Facility Closed/Vac	ated During Entire F	eriod	of Ab				1123 Beave	-	reet						
	ned Outside of Norm	al Ho	urs –	7ar	n to	3pm	City, State & 2								
Describe: Facility Occupied D	Juring Abotomont						Bristol, PA	190	07						
Scope of Work (Check all t				_				14-44							
[7]		Name									nt with Ne	gative	Pres	sure	9
≥3 sf or ≥3 lf		\boxtimes			atior			\boxtimes	Mini-End						
≥160 sf ≥260 lf			Der	noli	ition				Glove B	-				20.000 Hall	
Location	of	lo	Locat	ion			Danadation				and Non-				
Asbestos-Con		201807	nally		1000		Description Asbestos-Cont				nount pecify	Aba	tem	ent i	ype
Material (A		S	olely l	by			Material (AC	CM)			or LF)	_		Ē	l m
TO BE ABA in Facilit		70.372	tenan		100000000000000000000000000000000000000		(i.e., thermal sy					Rem	Repair	cap	ncle
(13)	у	Cust	(12)	Stai	11 5		nsulation, surfac or other miscella					Remova	oair	Encapsulate	Enclsoure
		Yes	No	N	/A				/			_		ite	е
Weight Room			\boxtimes			Pi	pe Insulation	Fitt	ings	18	l LF				
Faculty Dining			\boxtimes				pe Insulation			19) LF	\boxtimes			
Hallway			\boxtimes			Pi	pe Insulation	Fitt	ings	19) LF	\boxtimes			
		<u> </u>	Н	1	4										
		+	H	Ļ	4							141	닏		
Name of Registered Waste	Hauler		N.I	DF	P W	aste	Cubic Yards	Nar	me of Regi	stered I	andfill			Ш	Ш
380 69 1975			На	ule	r ID	No.	of Waste				ariami				
Service Transport Inc. City, State			20	990	0		3 Cu Yd		nerva Lar	ndfill					
New Castle, DE							Disposal Date 8/13/18		/, State l ynesbur g	a, OH					
Completed By (Print or Type	e)		Tit	le			Signature	1		•		Date		-	
Gino Pizzigoni			170.00	oje			0		2 7000	10	me	7/27	118		
0.00			Ma	ana	ger		Dino 1	vy	Magn	17	/'				

C-T1816,2

B & G proj. #: 2018-154

Notification of Asbestos Abatement (Pursuant to NJAC 8 60-7 and 12:120-7) NON Sub 8

Check # 9101

					11011	. Oub	O	- Chock	0 10 1				_
Date of Notification	1 (1)	[]	Name of Bu	ilding Owr	ner/Operator (2	2)	1		D D.C			_	
10 17 1/12 16	1/118		Bound E	Brook Bo	ard of Educ	atior	1)EGE		E	M		
Agencies Notified	Type Notificat	tion	Street Addre	ess			1.1		attendance of the		111		
☐ EPA	✗ Initial		111 We	st Union	Avenue		11	JUL 31	2018				
∐ DEP			City, State, 2	Zip Code					CUID	14	3		
X DOL	Amend	ment	Bound I	Brook, N	IJ 08805		-	ASBESTOS O	-				
 DOH		2000	lame of Cor	ntact			· A	Telephor		r ^{id}		-	
☐ DCA	Cancell	ation	Joe Gir	andola				(908)3	309-958	3	u.,		
-				FAC	ILITY INFORM	//ATIO	N			i e selitor	3.5%		
Name of facility wh	nere abatement i	is taking pl	ace (3)					Type of Facility	(4)			-	11-2500
Bound Brook	High School	(NON S	ub 8)						ol (K - 12)				
Street Address									apter 8 (0 (Private/0			-12)	
111 West Uni	ion Avenue							Bldgs.	/Homes, e	etc.			
City (5)		I Cou	nty (6)			Lo			# of Floo	rs	1	dg. A	\ge
		000	iity (O)			1 1 2 2 3	unty Code (7) ate use only)	50,000 2 Current Use (P	rior if boin	a don	50+		
Bound Brook	, NJ 08805	So	merset				,,	Elementary					
Name of Monitorin					ASCM No.	1	Name of Abatement	Contractor (9)					
RK Occupati	onal & Enviro	onmental	Analysis	, Inc.	0090		B & G Restora	tion, Inc.					
Street Address							Street Address						
401 St. Jame							105 Ryerson I						
City, State, Zip Cod Phillipsburg,							City, State, Zip Code Lincoln Park,						
Project Manager for		1		one Numb			Telephone Number	20	License		ber		
Pat McGuinr	40 cm (41)			8-454-6			(973)696-686		00	378			_
Scheduled Start Da	te (10)	Sched	I. Completio	n Date (1	1)		Name of OSHA Mor B & G Restora	365560					
08/07/2018		08/0	08/2018				Street Address			-	_		-
Occupancy Status I							105 Ryerson F	Road					
Facility closed	d/vacated during erformed outside						City, State, Zip Code						
Describe:		Ornoma	racility flour			_	LincolnPark, N	11.07035					
Other-Describ		4					Lincolni ark, iv	07033					
Demolition	eck all that apply	() Renovatio				П.		5					
>3 sf or >3 lf						1000000	Full Containment w/ne Mini-enclosure	gative pressure	✗ Glovel				
		≥160 sf or	n normally u	sed soloh	,1	<u></u>	Willi-ericlosure	L	Non-fr	I R		_	_
Location of asbestos-con	taining	by mainte	enance/cust			on of	asbestos-containing	Amount		е	R	E n	E
material to be		staff(12)	Γ	т—	material ((Specify S	F or	m	p a	c	n
abated in faci	lity (13)	Yes	No	N/A				LF)		v e	i	p	L
Pipe tunnel under	Music room			×	fittings			9 fittings		X			
Doctored Marie V						A.T.							
Registered Waste H			P Hauler II 19563		ubic Yards of \	/Vaste	Grand Ce	l Landfill ntral Landfill					
City, State Lincoln Park, N	IJ			Disposal D 08/	oate 09/2018		City, State Pen Argyl	e, PA	action to the action				
Completed by (Print	or Type)	Title			Signature		(0, (0		Date				
Gordana Luna	2000	Secreta	ry/Treasu	rer			Gordana Luna		07/26	5/201	8		

B & G proj. #: 2018-152

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

Check # 9102

					-Oub CM	apro	and the second		# 0 TOZ				_
Date of Notification	(1)	111	Name of Bu	ilding Own	er/Operator (2)								
10 17 1/12 16	<u> </u>		Wildwoo	d Board	of Educatio	n		MEG	FI	\\/	F	Promote Name	7
Agencies Notified	Type Notificat	tion	treet Addre	SS				 		W		m	+
≭ EPA	X Initial		4300 Pa	acific Ave	enue								***
L DEP		110	City, State, 2	Zip Code				THE JUL	31	2018		111	1
X DOL	Amend			od, NJ 0	8260					_010	T Page	and the same	PARTITION OF THE PARTIT
 ■ DOH	_	IN	ame of Cor	ntact				Asiephon	e Number	ITO	1 0		
☐ DCA	Cancell	ation	Pat Qui	nlan					2-0786		La		
					UTV INFORM	A TIO			2-0100	y	90° (200° 20°2)	Magae, School	
				FAC	ILITY INFORM	AHOI	· · · · · · · · · · · · · · · · · · ·						
Name of facility wh	iere abatement	is taking pla	ace (3)					Type of Facility (Schoo	4) I (K - 12)				
Wildwood Hig	h School (Su	ib chapte	er 8)				1		apter 8 (O	ther ti	han K	-12)	
Street Address							*	함 (<u>121년</u>) - (121년) ¹² 시간 (121년)	Private/C			,	
4300 Pacific A	Avenue								Homes, e		DI	da Aa	
City (5)		Cour	nty (6)			Col	inty Code (7)	Square Feet 50,000 2	# of Floor	S	50+	dg. Ag	je
			-25-25				ate use only)	Current Use (Pr	ior if bein	a dem		ed)	
Wildwood, N.			pe May					High School					
Name of Monitoring	T.)	Bldg. Own	er (8)		ASCM No.		Name of Abatement (ontractor (9)					
AHERA Cons	suitants				0057		B & G Restorati	on, Inc.					
Street Address	_						Street Address 105 Ryerson R	and					
P.O. Box 385						_		Jau			DOMESTIC OF THE PARTY OF THE PA	-	
Oceanville, N							City, State, Zip Code Lincoln Park, N	LI 07035					
Project Manager for	Monitoring Firm	1	l Ph	one Numb	er	-	Telephone Number		License	Numb	er		
John Smoye	6.24			9-652-18			(973)696-6869)		378			
Scheduled Start Dat		Sched	. Completic	n Date (1	()	=	Name of OSHA Monit						
08/09/2018	,	1	22/2018	,	· 60		B & G Restorati	on, Inc.					-
Occupancy Status D	Juring Ahatemer					_	Street Address 105 Ryerson Ro	and					
	/vacated during	50		ment.			City, State, Zip Code	au			-		
Abatement pe	rformed outside						City, State, Zip Code						
Describe: Other-Describ	e: occupied					-1	LincolnPark, NJ	07035				-	
Scope of Work (che	eck all that apply	y)	ee-wate-tale									-53	-
Demolition	X	Renovatio	n			X F	full Containment w/neg	ative pressure	Gloveb	ag pr	ocedu	ire	
\times >3 sf or >3 if		≥160 sf or	≥260 If				Mini-enclosure		Non-fr	iable p	огосе	dure	
Location of			n normally u		1			T		R	R	Е	E
asbestos-con		by mainte staff(12)	nance/cust	odial			sbestos-containing	Amount	_	e m	e p	n c	E n
material to be abated in facil		Yes	No	N/A	material (/	ACM)		(Specify S LF)	r or	0	a	а	C
				18/75						е	r	р	
boiler room		×			boiler rib p			250 sf		X		Ц.	4
boiler room		X			boiler rear	exh	aust insulation	75 sf		X		님	부
										#	H		H
										片	屵	님	+
Registered Waste H			EP Hauler II	D# C	Lubic Yards of V	Vaste	Name of Registered I	andfill				Ш,	
B & G Restorati	ion, Inc.		9563		10		Grand Cen						
City, State Lincoln Park, N	IJ			Disposal D 08/09/1	ate 8 - 08/22/18	}	City, State Pen Argyle	, PA				4.5	
Completed by (Print	or Type)	Title			Signature				Date		-		
Gordana Luna		Secreta	y/Treasu	rer			Gordana Luna		07/26	3/201	8		



D. 611 (15 1) (1)								111-				711	115	
Date of Notification (1) 07/27/2018			Mame of Montol	of Building air Board	Owner/0	Operator (2) cation)	M	111	2 1 20	Cho	eck#	1185	
Agencies Notified Type Notification				Address ley Road					- 301	3 1 20	H 0 —	L-man	1	
□ EPA □ Initial □ DEP □ Amended □ DOL Amendment:	# <u> </u>			ate, Zip Co air, New		07042	The section of the se		ASBEST L	OS CONT	ROL	<u>l</u>	On where terrandrivine	
□ Emergency (in justification) □ DOH justification in Cancellation	ncluding			f Contact schmann	1					lephone Nur 3-509-4044	nber	Approx de la constantina della		
			FAC	ILITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Takir Northeast School	g Place (3)					Type of I								
Street Address 603 Grove Street						☐ Sub	chapt	er 8 (O		K-12) ercial buildi	ngs, ho	omes,	etc.)	
City (5) Montclair						Square F 30,000	Feet		# c	f Floors		Bldg. A	ge	
County (6) Essex			County (STATE	Code (7) USE ONLY)		Current l	Use (F		peing den	nolished)				
Name of Monitoring Firm Hired by Building Detail Associates, Inc	Owner (8)		ASC	M No.		Name of A	Abate	ement C ation	Contractor	(9)			***	
Street Address 300 Grand Ave			.1			Street Ad 606 McE							Samer	
City, State, Zip Code Englewood, NJ 07631						City, State Woodlar			w Jerse	y				
Project Manager for Monitoring Firm Anthony Valentine			Telepho 201-56	ne No 9-6078		Telephone 973-225				License N 01104	0.			
Start Date (10) 07/31/2018	Scheduled 08/07/20		pletion	Date (11)		Name of O				ries, LLC				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire		en Orașe	ont			Street Add 2333 Ro			st					
Abatement Performed Outside of Nor Other – Describe:						City, State Union,								
Scope of Work (Check All That Apply)														
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	57777 F I N 500 F	novati	7.5				Mini- Glove	Enclos ebag P	ure rocedure	Negative F	ntainr	nent&		
				Ι			Non-	Exemp	ted (*) an	d Non-Friab	le Pro	Abate		
	100.5	ocation or mall			125	54 (15) 82							pe	.00
Location of Asbestos-Containing Material (ACM)	Used	Solel	y by	Asbes		scription of taining Mate		ACM)	Δ.	mount			_	
TO BE ABATED	Main	tenan			thermal	systems in	sulati		(S	pecify	Re	Z.	ince	Enc
In Facility (13)		(12)				cing, VAT, oniscellaneo			SI	F or LF)	Remova	Repair	Encapsulate	Enclosure
2 8	Yes	No	N/A							+	a a		late	ire
Tunnel	X			Pipe Ins	ulation	1			200 L	F	X			
									1					
Name of Registered Waste Hauler		0.5555	JDEP W		Cubic	18 18 18 18 18 18 18 18 18 18 18 18 18 1		Name	of Registe	ered Landfill	1			
Lilich Corporation			auler ID 8724	No.	of Was				s Landfil					
City, State Woodland Park, New Jersey					08/07/	\sim 1		City, Si Morris	ate ville, PA	N				
Completed by Adriana Olejarova	Title Pres	ident			\$	ignafure :	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7	2	Da		2018		



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

			(P	ursuant	to NJAC 8	:60 and	112:120)			F	ع اد	3	W	F	F
Date of Notification (1) 07/18/2018)			Name of Montcla	Building Cair Board	Owner/C of Educ	perator (2) cation		3	<u> </u>	<i>9</i> − E	Chec	ck# 1	176	Andrews of the second
Agencies Notified	Type Notification			Street Ad 22 Valle	ddress ey Road				1	J	UL :	3 1	2018		14
□ EPA 図 DEP 図 DOL	☑ Initial☐ AmendedAmendment #_☐ Emergency (incomplete)	luding		City, Sta Montcla	ite, Zip Coo air, New J	de ersey (07042		Tel	ASBES	STOS	CO NOI	NTR(DL &	date of the same o
☑ DOH 図 DCA	justification) ☐ Cancellation				schmann				973	-509-40)44				
				FACI	LITY INFO	RMATI									
Name of Facility When Northeast School	re Abatement is Taking	Place (3))				Type of Fac	(K-12)	1029						
Street Address 603 Grove Street		V.					☐ Subcha	i.e. private 8	comm	ercial bu	ilding				
City (5) Montclair							Square Fee 30,000		2	Floors		50	dg. Aq +	је 	
County (6) Essex				Manage delicate is	USE ONLY)		Current Use	Scho	ol	7)				
Name of Monitoring F Detail Associates, I	irm Hired by Building (nc	Owner (8)		ASCN	/I No.		Name of Ab Lilich Corp		ntractor	(9)					
Street Address 300 Grand Ave							Street Addre								
City, State, Zip Code Englewood, NJ 076	331						City, State, 2 Woodland	Zip Code Park, New	Jersey	1					
Project Manager for M Anthony Valentine	Monitoring Firm			Telepho 201-56			Telephone N 973-225-84			Licens 0110					
Start Date (10) 07/30/2018		Schedule 08/06/2		mpletion	Date (11)		Name of OS Iris Enviror	SHA Monitor nmental La	borato	ries, LL	.C				
	ring Abatement (Chec						Street Addre								
☐ Facility Closed Abatement Perfi☐ Other – Describ	/acated During Entire ormed Outside of Norroe:	Period of A	Abater y Hour	nent s			City, State, Union, N	Zip Code J 07083							
Scope of Work (Chec	k All That Apply)								-5/11						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f		Renova Demolit				П	ull Containm lini-Enclosur llovebag Pro on-Exempte	re ocedure	/ Limite	d Cor	ntainm	nent&	Tent	
		Is	Locat	tion									Abate Ty	ment	
Asbestos-Contain TO BE	tion of iing Material (ACM) <u>ABATED</u> acility 13)	Use Ma	Norma ed Sole intena todial (12)	ely by ince/ Staff?		tos Con therma surfa	scription of taining Materi I systems insu- icing, VAT, or miscellaneous	ılation,	(5	Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
,	,	Yes	No	N/A								=		ate	e)
Tunnel		X			Pipe Ins	ulatio	n		200			Χ			
Name of Registered \ Lilich Corporation	Waste Hauler		91 5	NJDEP V Hauler ID 18724		of Wa	: Yards este	Name o			ndfill				
City, State Woodland Park, Ne	ew Jersey						sal Date	City, Sta Morrisv		4					
Completed by Adriana Olejarova		Title Pro	eside	nt			signal une	46			Dat 0		2018		

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



PAID

Date of Notification (1) 07/26/18					Building (5.005	5		EC			\mathbb{V}		
Agencies Notified	Type Notification			Street Ad	ddress Broadwa	ay Ave			E TOTAL TOTA	Control of the contro	JU	L 9	1 2	2018	The section of the section of the	IJ
DEP DOL	Amended Amendment	Annual of the Contract of the			te, Zip Co New Yo		07093									
DOH DCA	justification) Cancellation				Contact					Te	ASBES elephone 01-407	Am	en/	TROI 3	- &	~~~
				FACIL	LITY INFO	DRMATI	ON		*****							
Name of Facility Where I Memorial High Sch		g Place (3)						Typ	se of Facility (School (K-1							
Street Address 5501 Park Ave.									Subchapter Other (i.e. p etc.)					lings,	home	es,
City (5) West New York								Squ	uare Feet	# (of Floors		В	ldg. A	ge	
County (6) Hudson		The statement of the st		County C	Code (7) ISE ONLY)			Cui	rrent Use (Pri	or if be	eing dem	nolishe	ed)			
Name of Monitoring Firm AHERA Consultant		Owner (8)		ASCM 0057		***************************************			batement Con							
Street Address P.O. Box 385	The state of the s			1			Street	Add								
City, State, Zip Code Oceanville, NJ 082	Q1						City, S	State,	Zip Code NJ 07512	<i>»</i> 17						
Project Manager for Mon		? !!!		Telephor			Teleph	hone	No.		Licen		•			\neg
Start Date (10)		Scheduled			52-1833 Date (11)		Name	of O	SHA Monitor		0118					-
08/06/18		08/20/1							s above							
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of Al	baten	nent			Street City, S		Zip Code	-			-		-	
Scope of Work (Check A	II That Apply								-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	iii (nacapyiy)	Annual Control of the	enova emolit			d.			Full Containmonth of the Containmonth of the Containment of the Contai	e cedure	9				2	
		le l	ocati	on					TON Exemples	70	110 14017	ricion		Abate		
Location	ı of	No	ormal	ly		De	scription	n of						Ту	pe	
Asbestos-Containing TO BE AB In Facil (13)	ATED ity	Mair	I Sole ntenar odial 5 (12) No			tos Con thermal surfa		Mater is ins	r	3	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Gymnas	slum						Mastic	:		7	720 SF		х		х	
		1														
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Regis	tered La	ndfill				
Academy Construct	ion Inc		70 (50)	lauler ID 034422		of Wa	ste	-majes inv	Fairles	s Lar						
City, State Totowa NJ	7/					Dispo: TBD	sal Date)	City, Stat		PA					
Completed by John Geleski		Title PM				S	Signature	e /	Jel.			Dat 07	e /26/	18		

PAID

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

Date of Notification (1)					Name of Building Own	er/Operator	2) [GEIWE	Pa 1
July 27, 2018					Allamuchy Board	d of Educ	ation		
Agencies Notified		Notification		240	Street Address		7)		9 1
□ EPA		図Initial I		NEW COLUMN CO.	P.O. Box B		4000	JUL 3 1 2018	IIII
□ DCA		Amend			City, State, Zip Code	4	Li]	007 2 1 5010	
X DOL				(including	Allamuchy, NJ	07820	1		
☐ DEP		justific)	Name of Contact		Tele	ephone Number HOL &	
X DOH		☐ Cance	lled		Mr. Joe Flynn		(9	08) 319-0183	
Nome of Facility Mr. At 1				FACILITY II	NFORMATION			The second section of the section of the second section of the section of	Angeley
Name of Facility Where Abates Allamuchy Elementar	ment is Ta	iking Place (3)			Type of Facility (4)				
	y Scho	101			School (K-12)				
Street Address	3				Subchapter 8 (other th	an K-12)			
20 Johnsonburg Road	d				Other (i.e. private & co	mmercial bu	ldings, h	omes, etc.)	
<u>City (5)</u>	County (6	3)	Coun	ty Code (7)	<u>5q. reet.</u> ~40,0003	# OT F	ioors: 2	2 Bldg. Age: ~60+ yea	irs
Allamuchy	Warrer	า		Use Only)	Current Use (prior if bei	na demolish	ed): Ac	ademic	
							00). 710	addinio	
Name of Monitoring Firm Hired	by Bldg. (Owner (8)	ASCN	/ No.	Name of Contractor (9)				
RK Occupational &					GREENIMOOD AR	TERRELIT	CONO		
Environmental Ana	lysis, I	nc.			GREENWOOD ABA	AIEWENI	CONS	ULIANIS, INC.	
Street Address 401 St. James Avenue					Street Address				
401 Ot. James Avenue	=				511 MAIN STREET				
City, State, Zip Code					City State, ZipCode				
Phillipsburg, NJ 0886	5				Butler, NJ 07405				
Project Manager for Monitoring Mr. Patrick McGuinne	Firm	Telephone N			Telephone Number		Licer	nse Number	
WII. Fatifick WicGuinne	SS	908.454.6	316		072 402 0477				
Scheduled Start Date (10)		Scheduled C	ompletic	on Date (11)	973-492-0477 Name of OSHA Monitor		008	40	
August 6, 2018		August 9			Name of Ool IA Mollitor				
Occupancy Status During Al-	-1				EMSL inc.	A THE WAY THE			
Occupancy Status During Aba Status During Aba Status During A	atement (Check only on	ie) d of Ab		Street Address				
Abatement Performed	Outside of	f Normal Facil	itv Hou	rs -	1056 Stelton Road				
Describe			,	.0	City, State, Zip Code				
Other - Describe: 7am	-7pm				D: /				
					Piscataway, NJ 08	3854			
Source of Work (Check all that	anniv)								
	SPPIII					T Full C	. ntolous -	-4 - 2 N - C - D	
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				X Renovati	on	Mini-E	ontainme	ent with Negative Pressure	19
\ge 160 sf or \ge 26	0			□ Demolitio		Glove		edure	
						X Non-Ex	empted	(*) & Non-Friable Procedure	.
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normally	Used	Description of As	bestos Containing Material	Amo		Abatement Type	
(15)	Staff?	y by Maint./Cus ? (12)	stodiai	VAT, or other mis	nal systems insulation, surfac		cify SF	Remove Repair Encap Encl	loso
	YES	NO	NA		,	or LF	,	Nomero Nepali Encap Enci	030
Room # 123		X		VAT & Masti	ic	700	sf	X	
Name of Reg. Waste Hauler		NIDEDIN							
See Hauler Below # 1 & 2		NJDEP Waste See Below	Hauler	1D#	Cubic Yards of Waste:			of Registered Landfill	
7 4 2		Oce Delow			10 cy	ds		dowfill Landfill	
							G.R.	O.W.S	
Hauler #1) Greenwood A	batemer	nt Consultar	nts In	c - Butler N.L	7/05	Disposal D		00.00.	
NJ DEP # 1256	61 NY DI	EP#			77-403	August		City, State Route 2, Box 68	
Hauler #2) Newark Carting			4509, 1	NJ DEP# 19551		ragast	J,2010	Bridgeport, WVA	
				77 W 78 W 78				304-842-2784	
Completed by (Print or Type)		tle	0.17	_	Signature		Date		\dashv
Raymond C. Pedalino		ENIOR PR	OJEC	31	Raymond C. Peda	lina	Jul	y 27,2018	
FAC # 2019 651	IV	IANAGER			The state of the state of			150	

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 (
July 27, 2018					Name of Building Owner/C RUTGERS, THE ST	ATE IIAI) IVED	CITY	DE NII		
Agencies Notified		Notification	Туре		Street Address	AIL ON	IVEN	3111	JF NJ		
ED.		☐ Initial		ation	ENVIRONMENTAL I	HEALTH	2 5 4	CETY	חבסז	-	
EPA DCA				tification # 1 –	27 ROAD 1, BLDG 4	006 11/	INICO	TON	DEP		
X DOL				mpletion dates	City, State, Zip Code	000, LIV	INGS	NOT	CAIVIP	05	
DEP		T Fmer	Tenev	(including	PISCATAWAY, NJ 0	0051	arī				
⊠ DOH			cation)		Name of Contact	0004	- Tal		NI L		
5011		□ Cance		1	Michael Smith ENV HEAL	TH &			Number		-
		- Carice	elled		SAFETY	α	04	0.445	.2550	W	FI
Name of Facility Miles At A				FACILITY IN	IFORMATION			the sample of	11		± 10
Name of Facility Where Abates	ment is Ta	king Place (3)			Type of Facility (4)	111	117				111
Medical Science Bldg	# /25/				☐ School (K-12)	14		JIII	31	0010	1111
Street Address					Subchapter 8 (other than I	K-12)	1			4010	III)
RBAS Newark Campu	IS				Other (i.e. private & co	ommercial l	ullding	s, home	s, etc.)		1
City (5)	0				Sq. Feet: Unknown	# of Floor	s: 8 B	ldg. Ac	e: -60-	years	-
Newark	County (6	5)		ty Code (7)	III.	1		110	NSING	TROL 8	į.
IVEWAIK	Essex		(State	Use Only)	Current Use (prior if being	demolished	i): Aca	demic	MONAG	2	
Nome of Marris 1								4 2		- Constitution	Annual State of the Control of the C
Name of Monitoring Firm Hired	by Bldg. (Owner (8)	ASCM		Name of Contractor (9)			-			
ATC ASSOCIATES	9		0098	3	000000000000000000000000000000000000000						
Street Address					GREENWOOD ABATE	MENT C	ONS	ULTAI	NTS, IN	IC.	
3 TERRI LANE					Street Address						
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode		10,000				
BURLINGTON, NJ 08	016				Butler, NJ 07405						
Project Manager for Monitoring	Firm	Telephone N	lumber		Telephone Number		Licor	nse Num	hor		
BRIAN KEARNY		609-386-	3800		Tallio Tallio		Licei	ise ivuii	ibei		
Cata del 101 de 101					973-492-0477		008	40			
Scheduled Start Date (10)	-	Scheduled C			Name of OSHA Monitor						
August 3, 2018	92	August 5	, 2018	3							
Occupancy Status During Aba	atement (Chock only or	201		Envirovision, Inc.						
Facility Closed/Vacated	During F	ntire Period	(f Aboto	mant	Street Address						
Abatement Performed	Outside of	f Normal Faci	lity Hou	re -	20-21, Bldg E Wagara	w Pood					
Describe		· · · · · · · · · · · · · · · · · · ·	nty 110u	13 -	City, State, Zip Code	Wittoau					
☑Other – Describe: 5	pm – 5a	am -24 hrs	& We	ekends as							
Needed	•				Fairlawn, NJ						
)						
Source of Work (Check all that	apply)										
						Full Con	tainme	nt with	Menative	Proces	IFO
$x \ge 3 \text{ sf or } \ge 3 \text{ lf}$				X Renovat	tion	Mini-Er			vegauve	116330	ne.
≥ 160 sf or ≥ 260				Demolition		Gloveba					
				100-200-00-00-00-00-00-00-00-00-00-00-00-	,	Non-Exen			lon-Frial	nle Proc	edure
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normall	y Used	Description of Asl	bestos Containing Material	Amour			ment Typ		cuuro
Waterial (ACM) III Facility (13)	Staff	y by Maint./Cu	stodial	(ACM) (i.e. therm	nal systems insulation, surfacing,	(Specif	y SF	\$1000000000000000000000000000000000000		1000 ,15	
	YES		NA	VAT, or other mis	ceil.)	or LF)		Remov	е керан	Encap	Enclose
I609C2		X		VAT		100	-			_	
				VAI		100 s	T	X			
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	ID#	Cubic Vordo of Wester						
See Hauler Below # 1 & 2		See Below	o i iddici	10 11	Cubic Yards of Waste:				stered La		
Hauler #1) Greenwood Al	natemon		ato Inc	Dutter NIO	7405	annual D		MAS M			
NJ DEP # 1256	34 34	it Consultai	ns, me	. – Butter, NJ 0		isposal Da			City, Sta	<u>ate</u> v Ford M	ene
(1977) 1977 1979 1979 1979 1979 1979 1979		NI I NIV	0.4700	***	A	ugust 5	, 2018	В		v Fora iv Iorrisville	
Hauler #2) Newark Cartin	g, 1nc. – 1	newark, NJ	04509,	NJ DEP # 19551					19067		9.6.6
									215-736	-1700	
Completed by (Print or Type)	Т:	itle			0: .						
Raymond C. Pedalin		ENIOD DE	0 150	`T	<u>Signature</u>		<u>Date</u>				
. aymond 6. redalin		ENIOR PR	OJEC	/ 1	Raymond C. Pedalins	457	July	27, 2	018		
3AC # 2019 060	I IV	IANAGER			22 (石) 岩	- T					

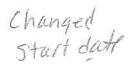


State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1)					Name of Building Owne	er/Operator (2)		
July 16, 2018		49.20			RUTGERS, THE			OF NJ
Agencies Notified		Notification		LUA PUZZINI	Street Address			
EPA		15395AC 14 1		ication	ENVIRONMENTA			
DCA		Amende			27 ROAD 1, BLDG	4086, LIV	NGSTON	CAMPUS
× DOL		□ Emerg		ncluding	City, State, Zip Code			
DEP DOH			ation)		PISCATAWAY, N.	08854	J. T. 1. 1.	N. C. C.
		☐ Cance	ilea		Name of Contact Michael Smith ENV HE	ALTH &	848.44	e Number
					SAFETY		040.44	9.2530 WE 1
Name of Facility Where Abate	mont is To	king Place (2)		FACILITY IN	FORMATION	2 1	4	77.40
Medical Science Bldg					Type of Facility (4) School (K-12)	111		The state of the s
PLOSE TROUT A PROCESS OF A STATE OF THE STAT	,				Subchapter 8 (other th	an K 12)	III Ul	JL 3 1 2018 L
Street Address RBAS Newark Campi	10				XI Other (i.e. private	2 commercial b	uildings hon	nes etc.)
	45				Sq. Feet: Unknown	# of Floors	s: 8 Blda- A	de: 60 vears
<u>City (5)</u>	County (6			Code (7)	1		f	ICENSING
Newark	Essex		(State C	Jse Only)	Current Use (prior if bei	ng demolished): Academi	C
Name of Monitoring Firm Hired	d by Dida	0	10014				1	
ATC ASSOCIATES		Owner (8)	ASCM 1	NO.	Name of Contractor (9)			
	3		0000		GREENWOOD ABA	TEMENT C	ONSULTA	ANTS, INC.
Street Address					Street Address			
3 TERRI LANE					E44 MAIN CEDEET			
City, State, Zip Code					511 MAIN STREET City State, ZipCode			
BURLINGTON, NJ 08	016				Butler, NJ 07405			
Project Manager for Monitoring	Firm	Telephone N			Telephone Number		License Nu	ımber
BRIAN KEARNY		609-386-8	3800		070 400 0477			
Scheduled Start Date (10)		Scheduled C	omnletion	Date (11)	973-492-0477 Name of OSHA Monitor		00840	
July 27, 2018		July 30, 2		I Date (11)	Name of OSHA Monitor			
BEACUET TET		49/64/LL			Envirovision, Inc.			
Occupancy Status During Ab					Street Address			
Facility Closed/Vacate Abatement Performed	a During t	Entire Period o	of Abatem	nent	20-21, Bldg E Wag	araw Road		
Describe	0010100	a reominar i aci	nty i louis	-	City, State, Zip Code	araw Road		
☑ Other – Describe:	5pm – 5	5am -24 hrs	& We	ekends as				
Needed					Fairlawn, NJ			
Source of Work (Check all that	annh.\							
Source of Work (Check all that	apply)					F. II O		
x > 3 sf or > 3 lf				☒ Renova	tion		tainment wit nclosure	h Negative Pressure
≥ 160 sf or ≥ 260				Demolition	don		g Procedure	1 0
								Non-Friable Procedure
Location of Asbestos-Containir Material (ACM) in Facility (13)		cation Normall ly by Maint./Cu		Description of Asl	bestos Containing Material nal systems insulation, surfac	Amoun	t Aba	tement Type
(12.11) 11. 1 20.11.(1.0)		? (12)	Stodiai	VAT, or other mis	cell.)	cing, (Specif or LF)		nove Repair Encap Enclose
	YES		NA			,		
1609C2		X		VAT		100 s	f X	
Name of Reg. Waste Hauler								
See Hauler Below # 1 & 2		NJDEP Wast See Below		<u>D#</u>	Cubic Yards of Waste:		Name of Re	egistered Landfill
Hauler #1) Greenwood A	V			Dutter NIO	7405	Disposal Da		North Landfill
NJ DEP # 125		nt Consultai	nts, inc.	- Butter, NJ U	7405	July 30, 2		City, State 100 New Ford Mill
Hauler #2) Newark Cartin		Newark NI	04500 N	II DEP # 10551		Guly 60, 2	.010	Road, Morrisville, PA
, itematik carti	-5, 1110	inomain, 145	04307, 1	O DEI # 19331				19067 215-736-1700
Completed by (Print or Type)		<u> </u>	Mania.		<u>Signature</u>		Date	1
Raymond C. Pedalir		SENIOR PF		Γ	Raymond C. Pedo	rlino	July 16,	2018
GAC # 2018 060		MANAGER						





Date of Notification (1)				Nam	e of Buildin	na O	wner/Operator ((2)					
//	18						gh School		riginal ha	. 1	.1 -	34	50
Agencies Notified Type Notified	cation			Stre	et Address				orginal no	a c	ih-	1	4
☑ EPA ☐ Initial				60	1 Lawren	icev	ille Road	-	nyantana san anta-bibantan majanji an agamin majangan j	ARRESTS	-		
□ DOLWD □ Amende □ Amende					State, Zip				GEI	WE	7	1	
☑ DOH Amendr	_			12 4 2 4 5 4 6 6			nship, NJ 086			W E	2.11		
□ DCA □ Emerge		cludin	g	-	e of Contac		1011p, 110 000	1	T+1			Ш	
☐ Cancella				90000	ian Mallo	100		A Company of the Comp	Telephone Nu	010]	
				FA	CILITY IN	NFO	RMATION				1000		
Name of Facility Where Abatement is	Taking	Place	e (3)					Type of Facility	(4)STOS CON	TOOL	<u>.</u>	-	
Notre Dame High School								School (K-1	2) LICENSING	i ioci	131	1	
Street Address							-	Subchapter	8 (Other than K-	12)	whell wa		
601 Lawrenceville Road								☐ Other (i.e., phomes, etc.	orivate and comm	ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	F	Bldg. A	nne.	
Lawrence Township								50,000 sf	2	1	65	igc	
County (6)				Cou	nty Code (7	7)(ST	ATE USE ONLY)	The state of the s	rior if being demo	liched)	0.000		
Mercer					1. T. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A. A. State of		School	nor ir being deme	lisileu)			
Name of Monitoring Firm Hired by Bui	lding O	wner	(8)	ASCN	l No.	Na	me of Abateme	ent Contractor (9)	1				
USA Environmental Managem	ent		1000	001	12			ntracting, Inc.	•				
Street Address						-	reet Address	g, mo.					
344 West State Street							1889 Route 9	. Unit 61					
City, State, Zip Code						_	y, State, Zip Co	00.000				-	_
Trenton, New Jersey, 08618								New Jersey 08	755				
Project Manager for Monitoring Firm			Te	lephone	No.		lephone No.		License No.				
William Weisgarber			6	09-65	5-8101		32-349-9932		00624				
	Schedu	ıled C	ompl	etion Da	ate (11)	Na	me of OSHA M	onitor	00021				
08 /02 /18				3 /	18_		E.M.S.L. Anal						
Occupancy Status During Abatement (Str	eet Address						
☐ Facility Closed/Vacated During Enti	re Peri	od of	Abate	ement		1	056 Stelton						
Abatement Performed Outside of N	ormal F	acility	/ Hou	ırs - De	scribe	City	y, State, Zip Co	de					_
Time of Abatement:AM	PIVI		_PIV	1	_AM	F	Piscataway, N	lew Jersey 08	854				
Scope of Work (Check all that apply)							M Full Conta						
≥3 sf or ≥3 lf		⊠ Re						ainment with Neg osure	gative Pressure				
≥160 sf or ≥260 lf	[_ De	molit	ion			Glovebag	Procedure					
	T	le	Loca	tion			☐ Non-Exen	npted (*) and No	n-Friable Proced	ure			
Location of			lom				Description of			At	atem	ent T	ype
Asbestos-Containing Material (ACN	1)			lely by	Asbes	stos	Description of Containing Mat	erial (ACM)	Amount	Re	Re	E	En
TO BE ABATED IN Facility				ance/ Staff?	(i.e.	., the	rmal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)	L		(12)				surfacing, VAT, her miscellaneo		SF or LF)	/a		Encapsulate	ure
		Yes	No	N/A			nor micochanco	43)				te	
Auditorium			\boxtimes		acoustic	cal	ceiling plaste	r	10,862 sf				
									*	10			
		П											
Name of Registered Waste Hauler				NJDEP I	Vaste	Cub	oic Yards of	Name of Regis	tered Landfill			П	
Guardian Contracting, Inc.			100	Hauler II	O No.	Was	ste	T.R.R.F.	tered Landiiii				
City, State				20223	3	Dier							
Toms River, New Jersey							oosal Date 9/03/18	City, State Tullytown	Pennsylvania				
Completed By (Print or Type)	Title					,-	Signature	A		-1			
Nicholas Fernicola		ject	Man	ager			Oignatule	11 1	D	ate /	_ /		
SB-41		,,,,,,,		-901			V \.	res		1/-	24//	8	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Initial Non-Friable Notification Check #: 7241

Date of Notification	on (1)		T DAY-	of	D 1	25-2	Owner/Opera	_		. 124	1	t Ellece			
0 7 / 2		18 1	11					100	or (2)						
Agencies Notified		8-90-000 mm //Si	- 1	umont			chool District			A E	P		7 1	7 FE	3 p
[X]EPA	Type Noci	120001011							And the second s)	Un	15 1	1 /	/ [[2,
(X) DEP	[X]Init	ial fication		5 Depe						1					
⊠lbor	[]Amen		11						er manadyne		Ш.	31	20	8	
(×1por		fication	2 1	umont,						1					j ha
[]DCA	[]Canc	ellation							13	ephone l	-		MITE	n i	
- I DCA	L		P	aul Cor	dts, [Dire	ctor		201	-387-30	79	ENSI	NG	OE (×
Name of Facility W	noro Monto	Tone in T	-1				VFORMATION								
		near IS I	avind	Place	(3)				Type of Facil						
Dumont Honiss Scho	ool					_		-	[]Subch []Other	ol (K-12) mapter 8 (i.e., building	(Ot)	vate	& 00	mme	2) r-
31 Depew Street									Square Feet	# of F.	loor	s B.	ldg.	Age	
City (5)		County	7 (6)		1	Cour	ty Code (7)		40000 Current Use (2	E ho	122	50		-41
Dumont		Berge	n			/21.	IL UGE ONEI)	11	School	FLIOL I	L DE	Ing t	dello.	.1511	eu)
Name of Monitoring Owner (8)	Firm Hire	d by Build	ling	ASCM	No.		Name of Abat	en	ment Contracto	r (9)					
Westchester Environ	mental, LL0	<u> </u>		00012	27	-	Four Strong E	Bu	ilders, Inc.						
307 North Walnut Str	eet						180 Sargeant	t A	Avenue Zip Code						
West Chester, PA 19	380	a Firm T	'eler	hone N	umhei	_	Clifton, NJ 07	01	13-1935		100	nse	V	_	
Matt Abraham Scheduled Start Dat		i	310-4	31-754	5		973-614-0377	7			080		*dilib*		
0 8 / 0 6 / 2 Occupancy Status Du							Name of OSHA Four Strong B Street Addres	3ui	ilders, Inc.						
X) Facility Close of Abatement [] Abatement Fer! Hours - Descri []Other - Descri	ed/Vacated formed Outs	During Er	tire	Perio	đ		180 Sargeant	t A	venue						
Scope of Work (Chec			_			Ш	Clifton, NJ 07	01	13						
[]Demoliti []>3 sf or [X]∑160 sf	on >3 1f	a sejestettis	 	Renova	tion		[]Min: []Glov	i- ve	Containment w Enclosure bag Procedure Friable Proced		ative	e Pre	essu	e	
			Loc	Is ation	T			-				Abat	emer	t T	7pe
Asbestos-C Material TO BE A in Faci	Containing (ACM) BATED Lity		Nor So by ten Cus Sta	mally sed lely Main- ance/ todial ff(12)		(i	Description Asbestos-Content Material (ince., thermal sulation, surs or other miso	ta AC s	ining M) Systems cing, VAT,	Amour (Speci SF c LF)	ify	REMOVAL	REPAIR	ENCAPSUL	ENCI. OSURE
1st floor one classroo	om			X	VA	& TA	associated m	nas	stic	800 SF		X			
Name of Registered	Waste Haul	er		DEP Was			ubic Yards f Waste	T	Name of Regis	tered La	indf	11			
Newark Carting, Co.			45	09		0	isposal Date	(Grand Central	Sanitary	Lan	dfill			
Newark, NJ								-	Dan Armyl A	18072					
Completed By (Print	or Type)	Title	_				Signature	_	Pen Argyl PA	10072		l na	ite		
Bilyana Kulakovska		Office Ac	lmini	strator			(4)	/	A,	-	7			Ω	
ASB-41 JUN 95	-							_				1//	25/1	0	

NOTIFICATION OF ASBESTOS ABATEMENT Initial Non-Fria (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 7241

Initial Non-Friable Notification Check #: 7241

							0110	UN W. 1271				-
Date of Notification			Na	me of	Buildi	ng Owner/Operat	or (2)	INEC			W	15
0 7 / 2	15 1/11	1 8	\parallel_{D}	umont	Public	School District	*		1.77	1.1 	high missions	,
Agencies Notified	Type Not	ification	St	reet A					17	1 /	2010	
[X]EPA			112	5 Depe	a Stro	~ +			IL 3	1 1	4018	
[X] DEP	[X]Ini	tial ification	Ci	ty. St	ate, Z	ip Code						
X]DOL	[]Amer	nded	- 11	umont,				ASBES	TOS	CON	ITRO	11 &
(×) DOH	Not	ification	1	me of			177		HCE			
[]DCA	[]Can	cellation					1,	етерионе мил	ber			
			IIP:	aul Cor	dts, Dir	rector		620				
Name of Page 11				FAC	ILITY	INFORMATION						
Name of Facility Wh	iere Abati	ement is	raking	Place	(3)		Type of Fac	ility (4)				
Dumont Honiss Scho	ol							ool (K-12) chapter 8 (0	than	+ h o m	W 1	21
Street Address							[]0th	er (i.e., pr	ivate	. & c	omme	r-
31 Depew Street							Square Feet	l buildings.	home	ldg.	Age	
City (5)		Count	y (6)		Co	unty Code (7)	40000	2		50	0	
Dumont					(5	TATE USE ONLY)	Current Use	(Prior if b	eing	demo	lish	ed)
Name of Monitoring	Firm Hire	Berge	ding	TASCM	No	Name of Abate	School	18				
Owner (8)				, noon		Name of Adate	ement Contrac	tor (9)				
Westchester Environ	mental, LL	.C		00012	7	Four Strong Bi						
307 North Walnut Str	eet					100 Cornert	A					
City, State, Zip Co	de					180 Sargeant	Avenue Zip Code					
West Chester, PA 19	380					Clifton, NJ 070	13-1935					
Project Manager for	Mourcori	i				Telephone Num	ber	Lice	ense	Numb	er	
Matt Abraham Scheduled Start Dat	e (10)	Sched.Com	610-4.	31-754	5 (11)	973-614-0377 Name of OSHA	Monitor	0080	07			
0 8 / 0 6 / 1 Month / Day / Decupancy Status Du	Year ring Abat	0 8 / Month / ement (Ch	1 0 Day	/ 1 / Yes	8	Four Strong Bu	uilders. Inc.					
<pre>XJFacility Close of Abatement []Abatement Ferf Kours - Descri []Other - Descri</pre>	d/Vacated ormed Out be:	During E	ntire	Period	i	180 Sargeant A	Avenue					
cope of Work (Chec						Clifton, NJ 070	13					
		c apply)				[]Full	Containment	with Negativ	e Pr	PSEII	T.D.	
[]Demoliti []>3 sf or [X]∑160 sf	>3 1f	f	X]I	Renovat	ion	[]Glove	-Enclosure ebag Procedu Friable Proce	re		-334		
				s tion					Aba	teme	nt Ty	
Locatic Asbestos-Co Material TO BE Ai in Faci	ontaining (ACM) BATED Lity		Sol by M tena Cust Staf	mally sed lely main- ince/ codial f(12)	in	Description Asbestos-Conta Material (AG i.e., thermal s sulation, surfa or other misca	aining CM) systems acing, VAT,	Amount (Specify SF or LF)	R E M O V A L	REPAHR	ENCAPSUL	ENCI. OSUR
st floor one classroo	m			X		& associated ma	estic	800 SF	V	-		E
						a described file		000 01	\wedge			
				+	-			-				
ame of Registered W	aste Hau	ler		EP Was		Cubic Yards of Waste	Name of Regi	stered Landf	111			
lewark Carting, Co.			450				Crand Canter	l Conite- : I	J.C.II			
ity. State			1400	13	-	Disposal Date	Grand Centra City, State	I Sanitary Lan	atıli			_
lewark NJ							,					
lewark, NJ pmpleted By (Print	or Type)	Title					Pen-Argyl PA	18072				
	vibel					Signature			Da	te		
ilyana Kulakovska		Office Ad	lminis	trator		(1)Y	Ups,	M	7/	25/1	8	
SB-41 JN 95									1.,		_	

6583B - NJ

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

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

Check #: 7242

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Date of Notification			Na	me of B	ildir	g Owner/Operat	or (2)			1	17	
0 7 / 2 Agencies Notified			1 7	umont P		School District	-	100	- 1	1 7	710	And Acedystees,
[X]EPA				5 Depew				1.4	- 0		J10	Market Market
[X] DEP	[X]Initi Notif	ication		ty. Sta				ASBEST	OS C	CONT	ROL	2
₩1por	[]Amend	ed ication	D	umont, N	IJ 076	28	-	Li	CENS	SING		-
[X] DOH	[]Cance		Na	me of C	ontact		Te	elephone Numb	er			
[]DCA	[[Cance.	LIBLION	Pa	aul Cord	ts, Dir	ector	į.					
	1					INFORMATION						
Name of Facility W	here Abatem	ent is T	aking	Place	(3)		Type of Fact	ility (4)				
Dumont High Schoo	l		-				[]Subo	ool (K-12) chapter 8 (Ot	vate	€ €0	mmer)
101 Milford Ave.							Square Feet	# of Floor	s B.	Ldg.	Age	_
City (5)		Count	y (6)			unty Code (7)	40000	2		50		31
Dumont, NJ 07628		Berge	n		(S	rate use only)	1	(Prior if be	ing o	1emo1	.isne	α)
Name of Monitoring Owner (8)	by Buil	ding	ASCM N	0.	Name of Abate	School ement Contract	tor (9)					
Westchester Environ			000127		Four Strong B	uilders, Inc.					- Y	
307 North Walnut St					180 Sargeant City. State.	Avenue Zip Code						
West Chester, PA 19	380 r Monitorin	g Firm [Teler	hone Nu	mber	Clifton, NJ 070	013-1935	Lice	nse i	Vumbe	r	
Matt Abraham Scheduled Start Da	te (10) S	ched.Com	610-4	31-7545	(11)	973-614-0377 Name of OSHA		0080	7			
0 8 / 0 6 / Month / Day / Occupancy Status D	1 8	0 8 / Month /	1 0	/ 1 8 / Yea	<u> </u>	Four Strong B						
X) Facility Clos of Abatement [] Abatement Fer Hours - Descr []Other - Descr	ed/Vacated formed Outs ibe:	During E	ntire	Period		180 Sargeant	Zip Code					
Scope of Work (Che	ck all that	apply)				Clifton, NJ 070	J13					
[]Demolit []>3 sf o	ion		[X]	Renovat	ion	[]Mini []Glov	Containment i-Enclosure rebag Procedu -Friable Proc		e Pr	essui	e	
	ABATED ility		Nor Sc by ter Cus Sta	Is cation cmally Jsed blely Main- cance/ stodial aff(12)	i	Descriptic Asbestos-Cont Material (F (i.e., thermal nsulation, surf or other misc	aining ACM) systems facing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C I. O S U R E
1st floor closet				X	-	& associated m	astic	280 SF	X			
	•											
Name of Registered	Waste Haul	er	IN.	DEP Was	te	Cubic Yards	Name of Reg	istered Landf	111			
				uler ID	No.	of Waste						
Newark Carting, Co			45	509		Disposal Date		al Sanitary Lar	Idtill			
Newark, NJ Completed By (Prin	t or Tunel	Title				Signature	Pen Argyl, P.	A 18072	- IN	ate		
	- or vibe)					P	A		10.			
Bilyana Kulakovska		Office A	dmin	istrator		1/2	11	1	7	/25/1	8	
JUN 95												

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State of New Jersey

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

Initial Non-Friable Notification

6583B - I Check #: 7242 Date of Notification (1) Name of Building Owner/Operator (2) 0 7 7 2 5 7 1 8 **Dumont Public School District** Agencies Notified | Type Notification Street Address JUL 3 1 [X] EPA 25 Depew Street [X]Initial City, State, Zip Code Notification [X] DEP] Amended X1DOL Dumont, NJ 07628 ASBESTOS CONTROL & Notification Telephone Number-ICENSING Name of Contact 1X1DOH []Cancellation []DCA 201-387-3079 Paul Cordts, Director FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) X]School (K-12) **Dumont High School** |Subchapter 8 (Other than K-12) |Other (i.e., private & commer-Street Address cial buildings, homes, etc.) Bldg. Age # of Floors Square Feet 101 Milford Ave. County Code (7) (STATE USE ONLY) City (5) County (6) Current Use (Prior if being demolished) Dumont, NJ 07628 | School Name of Abatement Contractor (9) Bergen Name of Monitoring Firm Hired by Building ASCM No. Owner (8) Four Strong Builders, Inc. Westchester Environmental, LLC 000127 Street Address Street Address 307 North Walnut Street 180 Sargeant Avenue City, State, Zip Code City, State, Zip Code West Chester, PA 19380
Project Manager for Monitoring Firm Clifton, NJ 07013-1935 Telephone Number Telephone Number License Number 610-431-7545 973-614-0377 00807 Matt Abraham Sched.Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) | 0 | 8 | / 0 | 6 | / 1 | 8 | | 0 | 8 | / 1 | 0 | / 1 | 8 | | | Month / Day / Year | Occupancy Status During Abatement (Check only one) 0 | 8 | / | 1 | 0 | / | 1 | 8 | Four Strong Builders, Inc. Street Address X Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement |Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: []Other - Describe: Clifton, NJ 07013 Scope of Work (Check all that apply) |Full Containment with Negative Pressure |Mini-Enclosure] Demolition |X|Renovation []Glovebag Procedure [X]Non-Friable Procedure []>3 sf or ≥3 lf ⊠1∑160 sf or ≥260 lf Type Is Abatement Location Description of Asbestos-Containing N C Location of Asbestos-Containing Normally Used Amount CAPS REPAIR MOV Solely Material (ACM) (Specify Material (ACM) 0 5 0 TO BE ABATED (i.e., thermal systems
insulation, surfacing, VAT,
or other miscellaneous) by Main-SF or Facility tenance/ A Custodial (13) Staff(12) R Yes No N/A E VAT & associated mastic 280 SF 1st floor closet NJDEP Waste Hauler ID No. Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler of Waste Grand Central Sanitary Landfill Newark Carting, Co. 4509 City. State Disposal Date City. State Pen_Argyl, PA 18072 Newark, NJ Completed By (Print or Type) Title Date Signature Office Administrator Bilyana Kulakovska 7/25/18 ASB-41



B & G proj. #:

2018-155

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

Check # 9103

	=======================================		_	*	** EMER	GEN	1 C Y ***	Cneck	# 9103				_
Date of Notification ((1)	111	lame of Bui	lding Own	er/Operator (2)					-	and the same of the same of	
10 17 1/12 16	1/1181						of Education	In E G				7	
Agencies Notified	Type Notificat	ion S	treet Addre	SS						- Andrews	11	1	
☐ EPA	X Initial		125 Jack	47.5000000000000000000000000000000000000	enue				3 1 201	18	And the same of th		- 14 - 14
X DOL	☐ Amend		ity, State, Z South P		NJ 07080						Section Section	-	
₩ DOH	_	N	ame of Con	tact				Télephon	e Number ENSING	IUL	Ċ.	1	
☐ DCA	Cancella	ation	Tom Wi	ggins					54-4620		Table Transport Aurig		
				FAC	ILITY INFORM	MOITA	ı		***************************************				
Name of facility whe	ere abatement i	s taking pla	ace (3)			M E		Type of Facility (
South Plainfield	d Middle Sci	nool (Sub	chapter	8)					l (K - 12) apter 8 (Otl	her ti	han K	121	
Street Address									Private/Co			12)	
2201 Plainfield	Avenue							Bldgs./	Homes, etc). 			
City (5)		nty Code (7)	Square Feet 50,000 2	# of Floors		50+	dg. A	ge					
			nty (6)		P. 1033500 "	te use only)	Current Use (Pi		dem	-	ed)	_	
South Plainfie		Un	WESTERN .		High School								
Name of Monitoring					ASCM No.	- Total	Name of Abatemen	t Contractor (9)					
Omega Enviro	onmental Se	rvices in	C.		0120		B & G Restora	ation, Inc.					
Street Address	troot						Street Address 105 Ryerson	Road					
280 Huyler St City, State, Zip Code						_	City, State, Zip Code			-	- Mex - ww	-	
S Hackensaci							Lincoln Park						
Project Manager for I	Monitoring Firm	l	Ph	one Numb	er		Telephone Number		License N	lumb	er		
Geiser Fajard	lo		20	1-489-8	700		(973)696-68		003	378			
Scheduled Start Date	e (10)	Sched	. Completio	n Date (1	1)		Name of OSHA Mo B & G Restora						
07/28/2018		08/	13/2018				Street Address	ation, mc.					
Occupancy Status D	uring Abatemer	nt (Check o	nly one)		¥2====================================		105 Ryerson I	Road					
Facility closed/	vacated during formed outside						City, State, Zip Code	е					
Describe:						-	LincolnPark, N	NJ 07035					
Scope of Work (che	HILLS CO.	()					-						-
☐ Demolition	X	Renovatio	n			Пв	ull Containment w/ne	egative pressure [Gloveba	an nr	ocedi	ire	
	=	>160 sf or				-	/lini-enclosure	-gamie piesame [Non-fria				
Location of			n normally u	sed solely	/		or reserved to the second seco			R	R	E	T_
asbestos-conta	aining	by mainte staff(12)	nance/cust	odial	Descripti	on of a	sbestos-containing	Amount		e m	e p	n	n
material to be abated in facili	ity (13)	Yes	Ne	T	material	(ACM)	-	(Specify S LF)	For	0	a	c a	C
		res	No	N/A						v e	r	р	
29 Classrooms				×			slab insulation	20 LF TO	TAL	X	Ц		1111
					to be remo	oved 1	from ground floo			닉	H	님	믬
-										片	H	님	1-
]			_		믐	片	片	旹
Registered Waste Ha		NJD	EP Hauler II)# C	ubic Yards of	Waste	Name of Registere	d Landfill	!				1-
B & G Restoration	on, Inc.		19563		10		Grand Co	entral Landfill					
City, State Lincoln Park, N.	J			Oisposal Disposal Dis	ate 18 - 08/13/1	88	City, State Pen Argy	rle, PA				¥	
Completed by (Print Gordana Luna	or Type)	Title	n/Trans	ror	Signature		Gordana Luna		Date	122			
Cordana Luna		Secreta	ry/Treasu	iei	1		Jumin Lance		07/26/	201	Ø		

Genden Si na

07/26/2018

APPROVED BY:

Tom Voorhees, pol NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Data of Neticestics (4)	FAREN							- Choir			SI COLUMN	
Date of Notification (1) 7/26/18			Nam	e of E	Building	Owner / Operato ownship School	or (2)	GEI	WEI			
Agencies Notified Type Not			Stree	t Add	ress	ownship school	U DISTRICT S	<u> </u>	U L	111		
□ EPA					ville R	load			T Gradeller	The Age		
	tial				& Zip			JUL 37 21	018			
	nended				NJ 08	5551		222 36 2 26-4	15	· Lucia		
	nergency ancellation				Contact				Telepho			er
	incellation		Edw	ard	Stolos	KI	ASB	ESTOS CONT LICENSING	908,78	2-64	64	
			FΑ	CILI	TY INF	ORMATION	A CONTRACTOR OF THE PARTY OF TH					
Name of Facility Where Abate		Place (3)			Type of Facil	ity (4)					
Street Address	5011001		-			School (- 14 40)				
43 Wertsville Road						Other (i.e.	oter 8 (Other th	nan K-12) mmercial buildi	inge hom	100	atc)	
						Square Feet			Bldg. Ag		10.7	-
City (5)	County (6)	Co	unty	Code	(7)			.0.0	Diag. 719	•		
Ringoes	Hunterdon		•			Current Use ((Prior if being o	demolished)				
						School	,	,				
Name of Monitoring Firm Hire	d by Building Ow	ner (8))	AS	CM No	. Name of Aba	tement Contra	ctor (9)				
RJB Environmental Inc.							ironmental,	Inc.				
Street Address 56 East Bridge Street						Street Addres	3070					
City, State & Zip Code						City, State & 2				-711		
Morrisville, PA 19067						Bristol, PA						
Project Manager for Monitoring	g Firm	Telep	ohone	Nun	nber	Telephone Nu		License	Number			_
Jim Frisbee	>: 		991-			(215)788-60	40	00509				
Scheduled Start Date (10)	Scheduled Co			te (1	1)	Name of OSF						
7/27/18	to an and (Oh a alice	7/27					ironmental l	nc.				
Occupancy Status During Aba Facility Closed/Vacate	d Durina Entire F	nıy on Period	e) of Ab	atem	ent	Street Addres	NETS					
Abatement Performed				atom	One	City, State & 2	NO. 28 (\$2.000) (CHO) (\$2.000)					
Describe: 7am to 3p	om					Bristol, PA						
Scope of Work (Check all that	apply)							10 20 10 100 1000 1	2000 00	1000		
\ \ \ ≥3 sf or ≥3 lf		\boxtimes	Pol	novat	ion		☐ Full Cor	ntainment with	Negative	Pres	ssure	<u> </u>
≥160 sf ≥260 lf				noliti				ciosure Bag Procedures				
			Do	Home	011			empted and No		Pro	cedu	ire
Location of		Is	Locat	ion		Description	Account .	Amount		ateme		
Asbestos-Contain			nally			Asbestos-Cont		(Specify			7117.11	İ
Material (ACM TO BE ABATE			olely tenar			Material (AC (i.e., thermal sy		SF or LF)	Z,	- 71	Enc	E
in Facility	=		odial			insulation, surfac			Remova	Repair	aps	Enclsoure
(13)			(12)	T		or other miscella			val	air .	Encapsulate	ure
		Yes	No	N/A							Ф	
Crawlspace			Ц.	Щ	Pip	e Insulation (w	rap & cut)	8 LF				
Crawlspace			H	H	-	Debris		12 SF		Ш		Щ
		H	H	H						H	井	H
		H	H	H	-					H	H	++
		H	H	H					᠆┼	H	ዙ	H
Name of Registered Waste Ha	uler		NJ	DEP	Waste	Cubic Yards	Name of Reg	ı istered Landfill				
0			Ha	uler	ID No.	of Waste						
Service Transport Inc.			20	990		1 Cu Yd	Minerva La	ndfill				
City, State New Castle, DE						Disposal Date	City, State	- 011				
Completed By (Print or Type)			Tit	lo.		7/27/18	Waynesbur	g, UH	15 :			
Gino Pizzigoni			200000	_{ie} ojec	t	Signature) ·	10-	Date 7/26	140		
			57,555	anag		Dino P.	Mysyll	4/91	1120	110		
			1			000	1 /1	1 11	11			- 1

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Data of Natification (4)									111				
Date of Notification (1) 6 /	1 / 1	3				ng Owner/Operator (e of New Jersey	2)		JUL 3 1	2018			
						e of New Jersey		ĺ					M. C. State .
Agencies Notified EPA	Type Notification Initial				t Address 00 Penni	ngton Rd.	-	1	ASSESTOS CON LICENSIN	VTRC)L 8.		Paragraph .
⊠ DOLWD				hospitals	State, Zip			The State of the S	The state of the s	*		- 4+1-2+4	-1
☑ DHSS ☑ DCA	Amendment # 7/27/18	REV#	4-	1	ring, NJ (
(NJAC 5:23-8)	☐ Emergency (i	ncludina	1		e of Contac				Telephone Num	her			
	justification)	··oidaiiiş	,	Am	nanda Ra	dosti			609-771-288				
				FA	CILITY IN	NFORMATION							
Name of Facility Where A	batement is Takir	g Place	(3)				Type of F	acility	(4)				
TCNJ-Green Hall							Schoo	ol (K-12	2)				
Street Address							Subch	napter 8	Other than K-12)	71-17-		
2000 Pennington Re	d.							(i.e., p	rivate and commer	cial b	ullain	gs,	
City (5)	-						Square F		# of Floors	В	ldg. A	ge	
Ewing							66,000)	2	100	88		
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current U	Jse (Pri	ior if being demolis	hed)			
MERCER													
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contrac	ctor (9)					
AET, Inc				000	21	BRISTOL EN	VIRONME	ENTAI	L, INC.				
Street Address						Street Address						-	
28 Pennell Rd						1123 BEAVER	RSTREE	Т					
City, State, Zip Code						City, State, Zip Co	ode				-37177		
Media, PA 19063						BRISTOL, PA	19007						
Project Manager for Monit	toring Firm		Tele	ephone	No.	Telephone No.			License No.				
Roy Mosicant			6	10-891	-0114	215-788-6040			00509				
Start Date (10)		duled C	omple	etion Da	ite (11)	Name of OSHA M	lonitor			-			
7 / 5 /	18	7 /	_ 3	1_ /	18	BRISTOL EN	VIRONME	ENTAL	_, INC.				
Occupancy Status During						Street Address							
☐ Facility Closed/Vacate						1123 BEAVER	RSTREE	Т					
Abatement Performed Time of Abatement:	Outside of Norma	Facility	Hou	rs - Des	scribe	City, State, Zip Co	de						
See Below	AMP	VI/ <u>/ .00</u>	PIVI-1	.00Aivi		BRISTOL, PA	19007						
Scope of Work (Check all	that apply)				100								
≥3 sf or ≥3 If		⊠ Re	novat	ion		☐ Full Conta	ainment wi	ith Neg	ative Pressure				
≥160 sf or ≥260 lf			molitic				Procedure	е					
			1			☐ Non-Exer	npted (*) a	and Nor	n-Friable Procedur	e			
Location of	of	100	Local Iorma			Description of	•			Ab	atem	ent T	уре
Asbestos-Containing N	Naterial (ACM)	Use	d Sole	ely by	Asbe	stos Containing Mat		1)	Amount	Re	Re	En	E
TO BE ABAT			intena odial	nce/ Staff?		., thermal systems in	nsulation,		(Specify	Removal	Repair	cap	Enclosure
(13)	1		(12)	-		surfacing, VAT, other miscellaned			SF or LF)	a		Encapsulate	ure
		Yes	No	N/A								te	
Attic			\boxtimes		Pipe Ins	sulation			1,500 LF				
					20								
							2.20 00			П	П	П	П
Name of Registered Waste	e Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of	Regist	tered Landfill				_
BRISTOL ENVIRONM	MENTAL, INC.		Н	auler II	S	Waste	1		LANDFILL				
City, State				18706)	Disposal Date	City, Stat						
BRISTOL, PA 19007									LE, PA 19067				
Completed By (Print or Typ	oe) Title)				Signature				0			_
BRIAN SCAFIRO		STIMA	TOR			Brian	TORA	line	100 Dat		?7-	-18	۲ ا
ASB-41 Q C 1 Q A 1 1 1 . C				-		MUNINA	000	NV	190	0	. /	1 0	

ASB-41 BS 180 4(-58 Do not use this form for asbestos licensure exempted activities.

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	Notification	1		Stree	et Address		1-4		1 2018
☐ EPA ☐ Init	27722			20	00 Penni	ington Rd.	Í	And the party of	
	nended nendment #	#R#3.		City,	State, Zip	Code	1	ASSESTOS	CONTROL
⊠ DCA 7/13/		T T T T T T T T T T T T T T T T T T T		Ew	ring, NJ	08628		LICE	MSING
(NJAC 5:23-8)	ergency (i	ncludir	ng	Name	e of Conta	ct		Telephone Num	ber
jus	tification)			An	nanda Ra	adosti		609-771-288	31
				FA	CILITY	NFORMATION			
Name of Facility Where Abateme	ent is Takir	ig Plac	e (3)				Type of Facility	(4)	
TCNJ-Green Hall							School (K-12		
Street Address							Subchapter	8 (Other than K-12 private and comme)
2000 Pennington Rd.							homes, etc.)		iciai bullulrigs
City (5)							Square Feet	# of Floors	Bldg. Ag
Ewing							66,000	2	88
County (6)				Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)
MERCER									3.004300.00 0
Name of Monitoring Firm Hired by	y Building	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	1	
AET, Inc				000	21	BRISTOL EN	VIRONMENTA	L, INC.	
Street Address						Street Address			
28 Pennell Rd						1123 BEAVE	R STREET		
City, State, Zip Code						City, State, Zip C	ode		
Media, PA 19063						BRISTOL, PA	19007		
Project Manager for Monitoring F	irm		Tele	phone	No.	Telephone No.		License No.	
Roy Mosicant			6	10-891	-0114	215-788-6040)	00509	
Start Date (10)	Sched	duled (Comple	tion Da	ite (11)	Name of OSHA N	Monitor		
7/_5_/_18_		7	/31	_ / .	18	BRISTOL EN	VIRONMENTA	L, INC.	
Occupancy Status During Abatem	nent (Chec	k only	one)			Street Address			
☐ Facility Closed/Vacated During						1123 BEAVE	R STREET		
Abatement Performed Outside					scribe	City, State, Zip Co	ode		
Time of Abatement:AN	/PI	M/ <u>7:0(</u>	0PM-7	MA <u>00</u> :		BRISTOL, PA			
Scope of Work (Check all that app	oly)					-			
≥3 sf or ≥3 If		M D	enovati	0.0		☐ Full Con	tainment with Neg	gative Pressure	
⊠ ≥160 sf or ≥260 lf		-	emolitic				g Procedure		
						☐ Non-Exe	mpted (*) and No	n-Friable Procedur	e
Location of			s Locat Norma			_			Abatemer
Location of Asbestos-Containing Material	(ACM)		ed Sole		Ashe	Description of estos Containing Ma	of terial (ACM)	Amount	2 Z
TO BE ABATED	(,,,,,,		aintena stodial			e., thermal systems		(Specify	Removal
IN Facility (13)		Cus	(12)	Stall?		surfacing, VAT other miscellane	, or	SF or LF)	Repair
(.5)		Yes	No	N/A		other miscellane	ous)		
Attic					Pipe In	sulation		1,500 LF	
					<u> </u>			.,	
		1	1						
					le- 11				
Name of Registered Waste Haule	r			JDEP V		Cubic Yards of	Name of Regis	tered Landfill	1-1-1.
BRISTOL ENVIRONMENTA	L, INC.		Н	auler IE		Waste	FAIRLESS		
City, State		-		18706)	Disposal Date	City, State		
BRISTOL, PA 19007							1 1574 km mm m m m m m m m m m m m m m m m m	LLE, PA 19067	
Completed By (Print or Type)	Title	9				Signature	2		to
BRIAN SCAFIRO			ATOR			Gran S	1. 1 - f	.O Da	Just 1X
	-					WINSAM V	FM 050 1 1	ar 1 1/	1/3/10 aren - 0

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Date of Notification (1)		4.0				ing Owner/Operator		1231			
	/	18		T	he Collec	ge of New Jersey	100	1111	e, :	00	110
Agencies Notified	Type Notificati	on		Stre	et Address	3		111 111	Ü		110
⊠ EPA				2	000 Penn	ington Rd.	ĺ	a P			
☑ DOLWD ☑ DHSS		. "D	410		, State, Zip		1	ASDEDI	000	GNT	201
⊠ DCA	Amendmen 7/5/18	t# <u>Rev</u>	#2-	11	wing, NJ		7		DENS		
(NJAC 5:23-8)	☐ Emergency	(includ	ina		ne of Conta			1=:			
35 3.5A	justification		ing		manda Ra	17.11		Telephone Nu			
								609-771-28	381		
Name of Facility Where A	hatement is Tal	ing Die	(2)		ACILITY	NFORMATION					
TCNJ-Green Hall	ibatement is Tar	ang Pia	ce (3)				Type of Facility				
Street Address							School (K-1	2)			
							Other (i.e.	8 (Other than K-1	2)		
2000 Pennington Ro	1.						homes, etc.	private and comm	ercial	buildi	ngs,
City (5)							Square Feet	# of Floors	- 11	Bldg.	Λαο
Ewing							66,000	2	- 1	88	nye
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lichod		
MERCER								Zomig demo	iisiieu,	'	
Name of Monitoring Firm I	Hired by Building	Owne	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9	1			
AET, Inc				000	21		VIRONMENTA				
Street Address						Street Address	THOMALIA	L, INC.			
28 Pennell Rd							OTDEET				
City, State, Zip Code				-		1123 BEAVE					
Media, PA 19063						City, State, Zip Co					
Project Manager for Monito	oring Firm		T-L		.,	BRISTOL, PA	19007				
Roy Mosicant	ang riiii		1	phone		Telephone No.		License No.		-	
Start Date (10)					-0114	215-788-6040		00509			
7 /5 /	Sone				ate (11)	Name of OSHA M					
	_			_ / .	18	BRISTOL EN	/IRONMENTA	L, INC.			
Occupancy Status During A	Abatement (Che-	ck only	one)			Street Address					
Facility Closed/Vacated	During Entire P	eriod of	Abate	ment		1123 BEAVER	STREET				
Abatement Performed C	outside of Norma	al Facilit	y Hou	s - Des	cribe	City, State, Zip Co					
Time of Abatement:		/W/ <u>/:UC</u>	PM-7	MA <u>OU</u>		BRISTOL, PA					
Scope of Work (Check all the	nat apply)										
≥3 sf or ≥3 lf						☐ Full Conta					
7 -0 31 01 -0 11		N7 D		on			inment with Neg	ative Pressure			
≥160 sf or ≥260 lf		⊠ Re				☑ Wini-Encid	osure	ative Pressure			
☑ ≥160 sf or ≥260 lf			molitio			⊠ IVIINI-Encid	sure Procedure				
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≤ ≥160 sf or ≥260 lf Location of Loca		☐ De	Locat	n on ly		☑ Mini-Encir ☑ Glovebag ☐ Non-Exen	Procedure npted (*) and Nor		-	patem	ent 1
≥160 sf or ≥260 lf Location of Asbestos-Containing Ma	aterial (ACM)	☐ De	Locati Normal	on ly ly by	Asbes	Glovebag Non-Exen Description of tos Containing Mate	osure Procedure inpted (*) and Nor		Ab		1
≥160 sf or ≥260 lf Location of	aterial (ACM)	Is Use Ma	Locat	on ly ly by	Asbes (i.e.,	Glovebag Non-Exen Description of tos Containing Mate, thermal systems in	Procedure npted (*) and Nor erial (ACM) sulation,	Amount (Specify	Ab		1
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Date of Notification (1) 6 / 1	1	10			lame of Buil	ding Owner/Operato	r (2)	1 22 1				
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	Amended					nington Rd.		1				
☑ DHSS	Amendme	nt #Re	v #1-		ity, State, Zi			+ ASDE				1
	5/18				Ewing, NJ				LICE	15.M	g_	*****
(NJAC 5:23-8)	Emergenc ustification	y (inclu	iding		ame of Cont			Telephone N	lumher	-		- 133
	ustilicatio	n)			Amanda R	Radosti		609-771-2				
None of Facility 1811					FACILITY	INFORMATION			1001			_
Name of Facility Where Abater TCNJ-Green Hall	ment is Ta	king P	lace (3)			Type of Facilit	tv (4)				_
Street Address						ăi -	School (K-	12)				
							→ Subchapte	r 8 (Other than V	-12)			
2000 Pennington Rd. City (5)							homes, etc	Drivate and come	mercial	l buildi	ings,	
Ewing							Square Feet	# of Floors		DL		
							66,000	2		Bldg.	Age	
County (6) MERCER				C	ounty Code	(7)(STATE USE ONLY)		Prior if being demo	olich -	88		
				- 1		•	, .	being demi	onsneo	1)		
Name of Monitoring Firm Hired AET, Inc	by Buildin	g Own	er (8)	ASC	M No.	Name of Abateme	ent Contractor (9	9)				
Street Address				00	021	BRISTOL EN						
28 Pennell Rd						Street Address						_
City, State, Zip Code						1123 BEAVER	RSTREET					
Media, PA 19063						City, State, Zip Co	ode					
	-					BRISTOL, PA	19007					
Project Manager for Monitoring F Roy Mosicant	irm			elephon		Telephone No.		License No.				
Start Date (10)					1-0114	215-788-6040		00509				٠
- / // / /	Sch	eduled	Comr	letion [Date (11)	Name of OSHA Me						
MALL HASIN						INATITE OF USHA IM	onitor					-
ON I HOLD	- -		/	/				L. INC.				
Occupancy Status During Abaten	nent (Che	ck only	/	/		BRISTOL ENV		L, INC.				
Occupancy Status During Abaten Facility Closed/Vacated During	nent (Che	ck only	one)	/		Street Address	/IRONMENTA	L, INC.				
Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	nent (Che	ck only	one) of Abat	tement		Street Address 1123 BEAVER	/IRONMENTA STREET	L, INC.				
Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AN	ment (Che g Entire P e of Norma MF	ck only	one) of Abat	tement		Street Address 1123 BEAVER City, State, Zip Coo	STREET	L, INC.				
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CK3156

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

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Street Address	3							Comment of the state of the sta	ter 8 (Othe	r than K-1	12)			
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City (5)		unty (6	5)		County Code	(7)	Square F		# Of Floo	-	Building	g Age		
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Street Address							Street Ad		RACTING	GROUP, I	NC.			
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Bridgewater, NJ Project Mngr. F			Fi		T= 1 1 11		City, Stat	e, Zip Cod	е					
Eric Houseknec		toring	FIFM		Telephone Nu 908-218-1108	ımber	East Han	over, NJ 07	036					
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Steve Stiles		-			Project Manage	er			V	7		0	7/27/1	8

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3116 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 28 Daniel Uno Agencies Notified Type Notification Street Address □ EPA ✓ Initial **⋈** DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # ASBESTOS CONTROL & □ DCA Madison, NJ 07940 Emergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Daniel Uno FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Madison, NJ 07940 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City. State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 08 / 18 08 / 09 / 18 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If = 160 sf or >260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Remova Asbestos Containing Material (ACM) Encapsulate Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A Basement \boxtimes Duct-wrap&cut 110 LF \boxtimes Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ewic wenad N.Jevtic Owner 07/28/18 ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) July 27, 2018 Wilson Melendez Agencies Notified Type Notification Street Address EPA Initial DEP Amended City, State, Zip Code × DOL Amendment # ASBESTOS CONTROL & Jersey City, NJ Emergency (including Name of Contact DOH Telephone Number justification) DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Jersey City 2500 2 50 +County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) n/a n/a Harmony Contracting Street Address Street Address n/a 360 Palisade Ave. City, State, Zip Code City, State, Zip Code n/a Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. n/a n/a 973-460-6026 01255 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/5/2018 8/7/2018 Harmony Contracting Occupancy Status During Abatement (Check Only One) Street Address 360 Palisade Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Garfield, NJ 07026 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Asbestos Pipe Insulation 100 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Harmony Contracting **GROWS Landfill** TBD City, State Disposal Date City, State Garfield, NJ TBD Morrisville PA 19067 Completed by Title Signature Date E. Cirovic Secretary 7/27/2018

State of New Jersey

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Date of Notification (1)			Name o	f Building O			(2) Ma	C 1/				0 1		A BUT	
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DOH justification) Cancellation			_		N L	1				elepho	ne Nu	mber			
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City (5)							etc. Square F			of Floo			1-1- 4	$\overline{}$	
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	4 No		Namo	of Abatom	ont Co	ntrasi	to= (0)					
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Project Manager for Monitoring Firm		- 1	Telepho	no No		Talanh	r Fie	ia	, /	07	ense N	1-10	10	7	
- reject manager for Monitoring Firm			releptio	HE NO.		Park Control of Control		2	211						
Start Date (10)	Schodule	od Com	nlotion	Date (11)	_	862-	- 702 of OSHA	- 5	>/ 1		01.	550			
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(13)		(/			other m	iscellane	eous)					oval	air	Encapsulate	Enclosure
	Yes	No	N/A											е	
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Name of Registered Waste Hauler		LNI	JDEP W	lasta	Cubic Y	Vordo	LN		D :		101				
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Date of Notification (1) 7/27/18					of Building mir Tocir		Operator	(2)) E (CE	1		5	M	0.00	
Agencies Notified	Type Notification			Street A	Address			11-4	31	. 100			and the second	1 1 1	-	
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DEP × DOL	Amended Amendment	#		City, St.	ate, Zip Co	ode		1	14) () 1- 0	123	7.1.0	-	A TORKET P	ALL DESCRIPTION OF THE PERSON	
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☑ DOH ☐ DCA	justification) Cancellation				nir Tocir	nov		-	ASB	EST: Net	ebijorie	Nun	lDet.		1	
N				FAC	ILITY INF	ORMAT	ION	-1			a - processor in the constitution of		25774		52 731	
Name of Facility Where home	Abatement is Takin	g Place (3)					Туре	of Facility	(4)						
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City (5)									etc.) re Feet	# 0	f Floors	700	В	ldg. A	\ge	
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County (6) Passaic					Code (7) USE ONLY)		Curre	nt Use (Pr ie	ior if bei	ng demo	olish	ed)			
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Start Date (10)				npletion	Date (11)		Name	of OSH	HA Monitor							
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Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Abatem y Hours	ient			City, S	tate, Zi	p Code			Hard Head				
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City, State Freehold NJ						Dispo:	sal Date	1000	City, Sta Birdsb							
Completed by		Title	= 725			S	Signature		19			Date	9			
A. Scott Higgins		Pres	ident					1	12-	-		7/2	7/18	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) VERIZON Date of Notification (1) Street Address /18 1 VERIZON WAY Type Notification Agencies Notified City, State, Zip Code Initial Notification **EPA** BASKING RIDGE, NEW JERSEY 07920 Amended Notification #4 DEP Cancellation DOL Telephone Number ICENSING Name of Contact On Hold DOH 732-336-1205 CONNOR BURD EMERGENCY NOTIFICATION DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) VERIZON Bldg. Age Square Feet # of Floors Street Address 93,730 1196 EAST GRAND STREET Current Use (Prior if being demolished) County Code (7) County (6) City (5) COMMUNICATIONS (STATE USE ONLY) UNION ELIZABETH Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 17 **ESIS** Street Address Street Address 313 SPOOK ROCK ROAD 10 EXCHANGE PLACE City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 JERSEY CITY, NEW JERSEY 07302 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 845-369-7500 1101 201-388-0620 **BRIAN KINGSBURY** Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) QUEST ENVIRONMENTAL /18 30 12 / /18 6 / Year Day Month Year Day Month Street Address Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY - FRIDAY 7AM-3:30 PM WAPPINGERS FALLS, NEW YORK 12590 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo, Renovation Demolition Glovebag Procedure >3SF OR LF (EXTERIOR) Non-Friable Procedure 260 LF >160 SF OR Abatement Type Description of Asbestos-Is Location Location of ENCAPSUL ENCLOSUR Amount REMOVAL REPAIR Containing Material (ACM) normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 30 SF X CAULK NORTH ELEVATION X 9 SF COMPLETE X CAULK EAST ELEVATION X 25 SF COMPLETE CAULK X SOUTH ELEVATION 10 SF COMPLETE CAULK WEST ELEVATION X COMPLETE 150 SF **ACM PAINT** POWER BLDG. RISING WALL

Cubic Yards of Waste

Disposal Date

5/24/18-12/30/18

Signature

NJDEP Waste

Hauler ID No.

913

DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler

NEWARK CARTING

City, State

369 RAYMOND BLVD

NEWARK, NEW JERSEY

BENJAMIN SANCHEZ

Completed by (Print or Type)

Name of Registered Landfill

City, State

GRAND CENTRAL SANITARY

PLAINFIELD TOWNSHIP, PA

Date

MOCK

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

CK#32178

· V						ig Ov	wner/Operator (2)		pad mining		
Date of Notification (1)			V	/ERIZON			TO E	(P)	3	M	F
5 /	14 /18			S	Street Address				_ (i) 1:	- 11	- h.t	
Agencies Notified	Type Notification	1		1	VERIZON WAY	Υ		11-1				i sedici
EPA DEP X DOL	X Initial Notification Amended Cancellation	Notificat	tion	В	City, State, Zip C BASKING RIDG	Code E, Ni	EW JERSEY 0792	1 .	Control of Control of	31	2018	
X DOH	On Hold				Name of Contac			Telephone Nur 732-336-1205		-,	- +7-17/	01.0
DCA	EMERGEN	1CA NC			CONNOR BURE			732-330-1293	and the second second	S UU ENSI	MTB(Ji., a.
		in a Die		ACILIT	Y INFORMATION	JN	Type of Facility	(4)	F170	1-1-4-02-		-
Name of Facility Wh	ere Abatement is Tak	ing Pia	ace (3)				School (K-					
VERIZON							Subchapte	r 8 (Other than	K-12)			
VERIZON								# of Floors	icl. bldgs	., hor	nes, et	(C.)
Street Address							Square Feet 93.730	# 01 F1001S			7	
1196 EAST GRAND		1	in dan 14	T 0	County Code (7)	Current Use (Pri	or if being dem	olished)			
City (5) ELIZABETH	County (6 UNION)			TATE USE ONL		COMMUNICATI	ONS				
Name of Monitoring	Firm Hired by Buildi	ng Ow	ner (8)	1	ASCM N		Name of Abate	ment Contract	or (9)	201		
ESIS		SENTED ON	100000		17		PAR ENVIRONI Street Address	MENTAL COR	PURATIO	JIV	Y 0 - 1	_
Street Address	05						313 SPOOK RC	CK ROAD				
10 EXCHANGE PLA							City, State, Zip	Code				
	JERSEY CITY, N	EW JEF	RSEY 07	302			SUFFERN, NEV	V YORK 10901	cense N	umba	r	-
Project Manager for I	Monitoring Firm	100	Telephor		per		Telephone Num		101	unibe		
BRIAN KINGSBURY			201-388-		Data (11)	_	845-369-7500 Name of OSHA		101			\neg
Expected State Date	e (10) 24 /18	Sched	1. Comp 12 /	letion L	Date (11) 30 /18		QUEST ENVIR	NMENTAL				
5 / Month	av Year	Mor	nth	Da		ear						
Occupancy Status D	uring Abatement (Che	ck only	one)	Abatam	ont		Street Address 1376 ROUTE 9					
Facility C	losed/Vacated During	Entire F	al Facilit	v Hours	- Describe:		15/0100120					
X Other - D	escribe: MONDAY	- FRID	AY 7AN	-3:30 P	M		City, State, Zip	Code GERS FALLS,	NEW VO	DK 1	2590	
						Cont	ainment with Neg			JKK I	2550	
Scope of Work (Che		Renov	vation			-Enc		411001110004.0				
Demolitio		Tireno	valion		Glo	veba	g Procedure	(EVEEDIOD)				
x >160 SF							ble Procedure	(EXTERIOR)	1 ^	hatam	nent T	vne.
	ation of		ocation	.	Description Containing			Amount	-			
	s-containing	The state of the state of	nally use plely by	a	(ie. Them			(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	ial (ACM) : ABATED		t/Custod	al	insulation, s			SF or LF)	8	E E	PS	00
	cility (13)	St	aff (12)		or other m	iscell	aneous)		12		E E	SH
		Yes						00.05	- V		1	
NORTH ELEVATIO	N		X	CAU	LK		10 20	30 SF	X	+	-	+
EAST ELEVATION			X	CAU	ILK		11/2-1-1	9 SF	X	+	-	+-
SOUTH ELEVATIO	N		X	CAU	ILK			25 SF	X	-	+-	+
WEST ELEVATION			X	CAU	ILK			10 SF	X		1	1
POWER BLDG. RIS			X		1 PAINT			150 SF	X			
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			-	-								
		+-	-	-						1		
										1	+	+
		1115	ED VA	0.15	ic Yards of Was	te	Name of Regis	tered Landfill				+
Name of Registered NEWARK CARTIN	d Waste Hauler		EP Was er ID No	1	30	16	GRAND CENT	RAL SANITAF	RY			
369 RAYMOND BL	.VD.	1100	913				100					
City, State					oosal Date	1	City, State	COWNSHIP P	Α	1	1	
NEWARK, NEW JE		tle		15/24	1/18-12/30/18 Signatur	e//	FLAINFIELD		Date	1/10	4/1	0
Completed by (Prin			R OF O	PERATI		1	\nearrow \times \nearrow		_	11	1/1	٥

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Date of Notification (1)			Name VERI		wner/Operator (2	2)		E (G [
5 / 23 /18			Stree	t Address		1,000	ES.				
Agencies Notified Type Notifica	ition		1 VE	RIZON WAY				1	111	n 1 oni	Ö
La. 1 . 1 . 1	otification ed Notification ation		City, BASI	State, Zip Code KING RIDGE, Ni	EW JERSEY 079		and 3			3 + 201	
X DOH X On Hol	d #1 GENCY NOTIF		CON	e of Contact NOR BURD		Telephone Num 732-336-1205	ber /	485E		S CONTR ENSING	OL 8
			ILITY IN	NFORMATION	Type of Facility	. (4)				-	
Name of Facility Where Abatement is	Taking Place	(3)			School (K-						
VERIZON				111	X Other (ie.	er 8 (Other than k private & commo	(-12) I. bldgs	s., hom	nes, e	tc.)	
Street Address 1196 EAST GRAND STREET					Square Feet 93,730	# of Floors 5		9	Age 7		
City (5) County ELIZABETH UNION				ty Code (7) E USE ONLY)	COMMUNICAT)			
Name of Monitoring Firm Hired by Bu ESIS	ilding Owner	(8)		ASCM No.	Name of Abate PAR ENVIRON	ment Contracto MENTAL CORPO	r (9) ORATI	ON			
Street Address					Street Address 313 SPOOK RO						
10 EXCHANGE PLACE City, State, Zip Code					City, State, Zip	Code					
JERSEY CITY					SUFFERN, NE		N	l			
Project Manager for Monitoring Firm	1000000	phone Nu			Telephone Num	iber Lice	ense N	umbe			
BRIAN KINGSBURY	Sched. C	388-0620		(11)	845-369-7500 Name of OSHA	F-2.33435	J 1				
Expected State Date (10) 5 / 24 /18 Month Day Year	12 Month		30 Day		QUEST ENVIR						
Occupancy Status During Abatement (C	heck only one)			Street Address						
Facility Closed/Vacated Duri	ng Entire Perio de of Normal F	od of Aba acility Ho	urs - De	escribe:	1376 ROUTE 9						
X Other - Describe: MONE	AY - FRIDAY	7AM-3:30) PM		City, State, Zip WAPPIN	Code GERS FALLS, N	EW Y	ORK 1	2590		
Scope of Work (Check all that apply)					ainment with Neg	ative Pressure					
Demolition 2	Renovation	on			g Procedure	(EVTERIOR)					
x >160 SF OR 260 LF					ole Procedure	(EXTERIOR)	Ι ^	batem	ont T	vne	
Location of	Is Loca normally			Description of As Containing Mater		Amount					
Asbestos-containing Material (ACM)	solely			(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
TO BE ABATED	Maint/Cu		i	nsulation, surfac		SF or LF)	18	Ħ	PS	0.0	
in Facility (13)	Staff (or other miscella	aneous)		12		E	S	
	Yes No		ALULIC	-		30 SF	X		1		
NORTH ELEVATION		+	AULK AULK			9 SF	X				
EAST ELEVATION			AULK			25 SF	×				
SOUTH ELEVATION	-					10 SF	X				
WEST ELEVATION		_	AULK	INIT		150 SF	×	1	T	\vdash	
POWER BLDG. RISING WALL		X A	CM PA	INI		130 31	1^		\vdash		
		++									
		++							1		
											
Name of Registered Waste Hauler	NJDEP V		ubic Ya	ards of Waste	Name of Regis	stered Landfill	,				
NEWARK CARTING 369 RAYMOND BLVD.	91	920 Maria 1900 Maria 1		00	1 11	2					
City, State			isposal		City, State	TOMAIGUE DA		,	A		
NEWARK, NEW JERSEY	Title	5	/24/18-	12/30/18 Signature /	IPKAMFIELD.	TOWNSHIP, PA	ate C	17	2/	10	
Completed by (Print or Type) BENJAMIN SANCHEZ	DIRECTOR O	F OPER	ATIONS		778		-7	10	11	0	

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Date of Notification (1)					e of Building Ov IZON	wner/Operator (2				W L			
5 / 30 /18					et Address						See a see		
Agencies Notified Type Notifi	cation				RIZON WAY			11 3	10	110	- 11		
DEP X Amer	Notification nded Notification		n #2		State, Zip Code KING RIDGE, NE	EW JERSEY 079	7920						
X DOH : On H		NOTI	IFICATIO		e of Contact INOR BURD		Telephone Number RECENTROL & 732-336-1205						
DCA EME	KGLINOT	11011			NFORMATION		L IV			Angel Annual Control			
Name of Facility Where Abatement i	Place		OILI I II	W. O. Mill H. Co.	Type of Facility School (K-								
VERIZON						Subchapte X Other (ie.	er 8 (Other than K private & commcl	(-12) . bldgs	., hon	nes, e	tc.)		
Street Address			Square Feet	# of Floors		Bldg.	Age						
1196 EAST GRAND STREET				93,730	5 ior if being demol	lichod)	9	<u>' </u>	_				
City (5) Cour			nty Code (7) E USE ONLY)	COMMUNICAT	IONS	isrieu)							
Name of Monitoring Firm Hired by E	r (8)	(SIAI	ASCM No.	Name of Abate	ment Contractor	r (9) DRATIO	ON						
ESIS Street Address					1 17	Street Address							
10 EXCHANGE PLACE						313 SPOOK RO				-			
City, State, Zip Code JERSEY CIT	V NEW	IERS	EY 0730	2		SUFFERN, NE	W YORK 10901						
Project Manager for Monitoring Firm	I, INEVV		ephone I			Telephone Num		ense N	umbe	r			
BRIAN KINGSBURY			1-388-06			845-369-7500	110)1					
Expected State Date (10)	Sc			ion Date		Name of OSHA	Monitor						
6 / 4 /18	١,	1 Month	12 /	30 Day) /18 Year	QUEST ENVIR	ONMENTAL						
Month Day Year Occupancy Status During Abatement				Day	Todi	Street Address							
Facility Closed/Vacated Du	urina Entii	re Per	iod of Ab	atement	2007	1376 ROUTE 9							
Abatement Performed Out	side of No NDAY - F	ormal	Facility F	lours - D	escribe:	City, State, Zip	Code GERS FALLS, N	FW YO	DRK 1	2590			
Constant (Check all that apply)					Full Conta	ainment with Neg							
Scope of Work (Check all that apply) Demolition	X Re	enovat	tion		Mini-Encl	lo,							
>3SF OR LF	Adding the					g Procedure ble Procedure	(EXTERIOR)						
× >160 SF OR 260 LF		la lac	cation		Description of A		LXTERIORY	T A	batem	ent T	уре		
Location of Asbestos-containing			ly used	(Containing Mater		Amount		교				
Material (ACM)	1.		ly by		(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR		
TO BE ABATED	M		ustodial	į	insulation, surfac		SF or LF)	I S	Z	PSI	SC		
in Facility (13)	l _v		f (12) D N/A		or other miscell	aneous)		-		-	고		
NORTHELEVATION	110	25 1140	X	CAULK			30 SF	X					
NORTH ELEVATION		1	X	CAULK			9 SF	X					
SOUTH ELEVATION			X	CAULK			25 SF	X					
WEST ELEVATION			X	CAULK			10 SF	X					
POWER BLDG. RISING WALL			X	ACM PA	INT		150 SF	X					
POWER BLDG. RISING WALL													
								-	-	-	-		
		UDES) Masts	Cubic V	ards of Waste	Name of Regi	stered Landfill				+		
Name of Registered Waste Hauler NEWARK CARTING		lauler	Waste ID No. 913	Cubic Y	30		TRAL SANITARY						
369 RAYMOND BLVD. City, State		9	713	Disposa	I Date	City, State	TOWNSHIP, PA				Sheek		
NEWARK, NEW JERSEY					-12/30/18	PLAINFIELD	TOWNSHIP, PA	oto	1	2	1,		
Completed by (Print or Type)	Title	TOP	OF ODE	DATION	Signature	$\rightarrow XX$	D	ate C	/	50/	/		
BENJAMIN SANCHEZ	DIREC	TUR	UF UPE	RATION	0 /				1	/			

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Date of Notification (1)		e of B	uilding O	wner/	Operator (2)) [3	₩.	<u>L</u>				
7 / 16 /18 Agencies Notified Type Notific	ation				et Addr	ess NWAY				A merate recent	11	2	2019	9	
EPA Initial I	Notification ded Notification		1			Zip Code RIDGE, N		ERSEY 079						The state of the s	
X DOH X On Ho	ld #3	NOTI		ON CON		BURD			Telephone Number 108 CURTAGE & 732-336-1205 EIGENLANG						
	T-1.5	Diago		ACILITY IN	VFORM	MATION	Type	of Facility	, (A)	_				-	
Name of Facility Where Abatement is	laking	Piace	(3)				Туре	School (K							
VERIZON							X		er 8 (Other the private & con			, hon	nes, e	tc.)	
Street Address 1196 EAST GRAND STREET		Square Feet # of Floors 93,730 5								Age 7					
City (5) Count		ity Co	de (7) ONLY)	CON	MUNICAT										
	Name of Monitoring Firm Hired by Building Owner (8)							e of Abate	ment Contr	actor (9	9) ATIC	N			
Street Address							Stre	et Address	OCK ROAD						
10 EXCHANGE PLACE City, State, Zip Code								State, Zip						\neg	
JERSEY CITY	, NEW J	IERSE	Y 073	02					W YORK 10						
Project Manager for Monitoring Firm		1,000		Number			40.00	phone Nun	nber	Licens	se Nu	ımbei			
BRIAN KINGSBURY	10.1		-388-0		(44)		1	369-7500 ne of OSHA	Monitor	1101					
Expected State Date (10) 6 / 4 /18 Month Day Year			ompie 2 /	tion Date 30 Day		/18 Year	100000000000000000000000000000000000000		ONMENTAL	-					
Occupancy Status During Abatement (Check or	nly one)				12.000	et Address							
Facility Closed/Vacated Dur Abatement Performed Outsi	ide of No	rmal F	acility	Hours - De	escribe):		ROUTE 9	~						
X Other - Describe: MONI	DAY - FF	RIDAY	7AM-3	3:30 PM					GERS FALL		V YO	RK 1:	2590		
Scope of Work (Check all that apply)						Full Conta	ainme	nt with Neg	ative Pressu	ıre					
Demolition L >3SF OR LF	X Re	novati	on		_	Mini-Encl Gloveba	o, aPro	cedure							
x >160 SF OR 260 LF					X	Non-Friat			(EXTERIO	R)					
Location of	T i	s Loca	ation		Descri	ption of As	sbesto	os-			Ab	atem	ent T		
Asbestos-containing	no		used			ning Mater			Amou	nt	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
Material (ACM)	1	solely	by stodial			hermal sy on, surfac			(Speci	F)	S	IAc	AF.	50	
TO BE ABATED in Facility (13)	16 1	Staff		"		er miscella			0, 0, 0	- /	ξ	ן ע	USG	USU	
iii i dointy (10)	-	s No			(2) (1) (1) (1) (1) (1) (1) (1)	MIN THE SECOND		10 de					-	R	
NORTH ELEVATION			X	CAULK					30 SF		X				
EAST ELEVATION			X	CAULK			COI	MPLETE	9 SF		X				
SOUTH ELEVATION			X	CAULK			COI	MPLETE	25 SF		X				
WEST ELEVATION			X	CAULK			CO	MPLETE	10 SF		X		-		
POWER BLDG. RISING WALL		-	X	ACM PAI	NT		COI	MPLETE	150 SF		X				
	-	+	+												
											-				
Name of Posistered Wasta Haules	NI I	DEBY	Naste	Cubic Ya	rds of	Waste	Nar	ne of Regis	stered Landfi	11					
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		uler II 91	No.	Ouble 1 a	30	110315			RAL SANIT						
City, State		91	J	Disposal	Date		City	, State	1						
NEWARK, NEW JERSEY	T=:::			5/24/18-1	12/30/1		TPLA	AIMFIELD J	ÓWNSHIP,		_	11	-1	1	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	OR C	F OPE	RATIONS		ature/	\angle	$\langle \setminus \wedge \rangle$		Date	1 -	10	1	+	

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Date of Notification (1)		Name	of Building	g Owner/Operator (linii				and the same					
7 / 11 /	18			Ver	izon Con	nmunications		3 1	20	18	A CONTRACTOR			
Agencies Notified Type Noti	fication			Street	Address			5				1		
☐ EPA ☐ Initial				71 1	Madison	Ave		ASSECT	20.00	\ \ 1 m-1-	· · · · · · · · · · · · · · · · · · ·	أ		
☑ DOLWD ☑ Amend		22.7		City, S	State, Zip C	Code		ASBESTO LIC	DS UL DENSI	NG	(OL	8		
formation and the second secon	lment #			3770	sey City,	The belonger of the second second second			- Annual Control of the Control of t	-				
DCA Emerg (NJAC 5:23-8) i justific		cluding	9		of Contac		Telephone Number							
☐ Cance					an Kings									
						FORMATION	201 356 5166							
Name of Facility Where Abatement i	s Takino	Place	(3)	FA	JILIT IIV	PORMATION	Type of Facility	(4)						
Verizon Bergen Central Office		,	(0)				School (K-12							
Street Address				-			☐ Subchapter 8	8 (Other than K-12)					
71 Madison Ave							rivate and comme	rcial bu	ilding	S,				
City (5)							homes, etc.) Square Feet	# of Floors	DI	da A		_		
Jersey City							113,347	7		dg. Aq +- 50	je			
County (6)				Cour	ty Code /7)(STATE USE ONLY)				-50				
Hudson				Cour	ity Code (7)(STATE USE UNLY)		ior if being demolis	snea)					
	ا د دالدان،	· · · · · · · · ·	(0)	ACCM	Ma	N		mmunications						
Name of Monitoring Firm Hired by Bi ESIS	unaing C	Jwner	(8)	ASCM	NO.	Name of Abateme								
							VIRONMENTA	L, INC.						
Street Address						Street Address								
10 Exchange Place, 13th Floo	r		0-11-			1123 BEAVE								
City, State, Zip Code						City, State, Zip Co								
Jersey City						BRISTOL, PA	19007							
Project Manager for Monitoring Firm				ephone		Telephone No.		License No.						
Brian Kingsbury				01 356		215-788-6040		00509						
Start Date (10)7 / 23 / 18				etion Da		Name of OSHA N BRISTOL EN	nitor IRONMENTAL, INC							
Occupancy Status During Abatemen	t (Checl	c only	one)			Street Address		,						
☐ Facility Closed/Vacated During E				ment		1123 BEAVE	RSTREET							
					cribe	City, State, Zip Co								
Time of Abatement:AM-3	:00PM/	11:30	PM	AN	Л	BRISTOL, PA								
Scope of Work (Check all that apply)						BIGIOL, 17	13007				-			
							ainment with Neg	gative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emolitic			⊠ Mini-End								
□ ≥100 st of ≥200 ft			HIOHU	JII			g Procedure mpted (*) and No	n-Friable Procedu	re					
		Is	Loca	tion	T				1	ateme	ent T	vne		
Location of		Maria and a service of the	Norma	COLUMN TO SERVICE AND ADDRESS OF THE PARTY O		Description of	f							
Asbestos-Containing Material (A	CM)		ed Sole			stos Containing Ma		Amount	Remova	Repair	nca	Enclosure		
TO BE ABATED IN Facility		5000		Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	¥	psu	nso		
(13)			(12)			other miscellane		01 01 21)	=		Encapsulate	Te		
		Yes	No	N/A										
Elevator Cab Floor				\boxtimes	VAT & I	Vlastic		40 SF	\boxtimes					
Elevator Shaft				\boxtimes	Pipe Ins	sulation (Wrap &	Cut)	140 LF						
Elevator Machine Room					Pipe Ins	sulation		40 LF						
Basement Hallway				\boxtimes	Pipe Ins	sulation		38 LF						
Name of Registered Waste Hauler			122.0	IJDEP V		Cubic Yards of	Name of Regis	gistered Landfill						
SERVICE TRANSPORT GROU	JP, IN	Э.	1	lauler II 20990		Waste 3	MINERVA	LANDFILL						
City, State				20000		Disposal Date	City, State							
NEW CASTLE, DE						TBD	WAYNESB	BURG, OH						
Completed By (Print or Type)	Title)				Signature			ate					
Dillan DeCaro		stima	tor	0.4 0 /- 1						1 -	10			
ASP 41 -		Jama				NUUGN	0/4/1	1-0	6	10				
IAN 13 PD 18063	*	Do not	use th	nis form	for asbest	os licensure exemp	ted activities.							

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

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					11441		ng Owner/Operator	(2)						- 1		
7 /	11 /	1	88				mmunications				O 13					
Agencies Notified	Type Noti	ification	1	-	Stre	et Address				1 111						
□ EPA					10000000000	Madisor		4.4	u u	JUL	3.1	201	3	1		
			200000		_	State, Zip						1-31		1		
☑ DOH ☐ DCA	Amend	dment #	# <u>1-7/2</u>	3/18	17		, NJ 07034	1	ASBESTOS CONTROL &							
(NJAC 5:23-8)	☐ Emerg	ency (i	ncludi	ng		ne of Conta	5).	į								
350	☐ Cance				100000	rian Kings			Telephone Number							
				-			NFORMATION		201 356 5166							
Name of Facility Where Ab	patement i	s Takin	ng Plac	ce (3)		TOILIT I	TORMATION.	Type of Facilit	v (A)							
Verizon Bergen Cent	tral Offic	e						School (K-								
Street Address								☐ Subchapte	r 8 (Ot	ther than K-	(2)					
71 Madison Ave								Other (i.e.,	private	e and comm	ercial	buildin	gs,			
City (5)								homes, etc		(F)						
Jersey City									#	of Floors	I	3ldg. A	-			
County (6)					Col	inty Code (7)(STATE USE ONLY)	113,347		7		+-50				
Hudson					1000	inty Code (()(STATE USE ONLY)	Current Use (F								
Name of Monitoring Firm H	lired by Ri	ilding (Owner	(8)	ASCN	/ No	Mome (CA)	Verizon Co		unications						
ESIS	ou by bt	anding (OWITE	(0)	MOUN	I NO.	Name of Abateme		(*)							
Street Address							BRISTOL EN	VIRONMENTA	AL, IN	IC.						
10 Exchange Place, 1	13th Elaa	-					Street Address									
City, State, Zip Code	13 F100						1123 BEAVE									
Jersey City							City, State, Zip Co									
Project Manager for Monito	·						BRISTOL, PA	19007								
Brian Kingsbury	ring Firm			Tel	ephone		Telephone No.		Li	License No.						
		0.1		300		5 5166	215-788-6040			00509						
Start Date (10)	18			Comple	etion D	ate (11)	Name of OSHA M	onitor								
Start Date (10)7 /23 /		71	88	Comple	etion D			onitor	AL, IN							
Start Date (10) 7 /23 / Dccupancy Status During A	batement	(Check	8 k only	Comple / 1	etion Da	ate (11)	Name of OSHA M BRISTOL ENV Street Address	onitor /IRONMENTA	AL, IN							
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trock

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Ch# 3401

													Charles .		
Date of Notification (1) 7 /	11 /	1.9					g Owner/Operator mmunications	(2)			W	5	1		
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Agencies Notified EPA	Type Notif	ication			Stree	t Address		1 1	1 1 1 1 1 1	0 1 00	170				
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□ DCA	☐ Emerge		luding	1	Je	rsey City	NJ 07034	į.	ASSESTO	S CONT	ROI	0.			
(NJAC 5:23-8)	justifica			•	Name	e of Contac	t	ASSESTOS CONTROL & Telephone Number G							
	☐ Cancel	lation			Bri	an Kings	bury		201 356	and the same of th	ter anti-meneral com	*****	W-17-18-2		
					FA	CILITY IN	FORMATION						_		
Name of Facility Where A	Abatement is	Taking	Place	(3)	35 737			Type of Facility	(A)				_		
Verizon Bergen Cer								School (K-1	3 (0.0050)						
Street Address			-					☐ Subchapter	8 (Other than k	(-12)					
71 Madison Ave								Other (i.e.,)	private and com	mercial b	uildin	gs,			
City (5)								homes, etc. Square Feet	<u> </u>	15					
Jersey City								113,347	# of Floors	1 -	ldg. A	70			
County (6)					Com	nty Code (7)(STATE USE ONLY)				+-50) 			
Hudson					Cour	ity Code (/	NOTATE USE UNLY)	Current Use (P		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
Name of Monitoring Firm	Hired by Ru	ildina Ou	unor /	0)	ACCEA	Mari	IN .		mmunication	IS					
ESIS	Tilled by bu	liding Ov	wner (°)	ASCM	No.	Name of Abateme	22.11	6)						
Street Address								VIRONMENTA	L, INC.						
	42th =1						Street Address								
10 Exchange Place,	, 13" FIOOI	f.					1123 BEAVE								
City, State, Zip Code							City, State, Zip Co								
Jersey City							BRISTOL, PA	19007							
Project Manager for Moni	toring Firm			1	ephone		Telephone No.		License No.						
Brian Kingsbury				2	01 356	5466	245 700 0040		00509						
01 1 5 1 11 11							215-788-6040		00509						
Start Date (10)	40	Schedul		omple	tion Da	te (11)	Name of OSHA M		00509						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N. I.A.C. 8:60 and 12:120)

Date of Notification		Name	of Bu	ilding	Owner /	Operato	or (2)	IE (ī W	EIN	1				
A N. CC. I	7/17/					go Ba	nk			FP /6	<i>y</i> 15 1	J 1.J		1		
Agencies Notified EPA	Type N	lotification		Street					part.					The state of the s		
⊠ EPA □ DEP		lattial					ad Stre	eet		11 11	HH - 2 1	2019		4		
□ DEP		Initial	- 1	70.00		& Zip (_		al U	UL J !	ZUIĞ	سدا إ			
		Amended-#1-7/27					A 1910	7	-	1				-		
□ DOH □ DCA	H	Emergency Cancellation		Name Anma			ASBESTOS CONTRO 202 204									er
		Cancellation	1						1	T (C) Lot be)	LICENS	ING	212-70	3-36	41	
Name of English M/I	h = ==	stament is Tabias	DI /		CILII	Y INF	ORMA									
Name of Facility WI Wells Fargo NBC		atement is Taking	Place (3)				e of Facil School (
Street Address	,,,							The state of the s		(O4b 4b	K 40\					
100 Fidelity Plaza	•									Other tha		. منامان، رط			+- \	
100 Fluenty Flaza	d							are Feet		ate & cor			ldg. Ag		etc.)	
City (5)	Co	unty (Code i	(7)	- Oqua	75,000		# 01 1 10	2		iug. Ag	45+				
North Brunswick		anty .	0000	(,)	Curr	-	-	I if being d	lamolish	ad)		431		V 10-11-1		
North Branowick						king Of		ii ociiig a	icinolis: it	Juj						
Name of Monitoring	Firm H	ired by Building Ov	vner (8)		TASC	CM No				t Contrac	ctor (Q)					
Environmental C			viici (o)		1,00	JIVI INO				nental, I						
Street Address								et Addres								
120 North Warre	n Stree	et					112	3 Beave	er Str	eet						
City, State & Zip Co	de						City,	State &	Zip Co	ode						
Trenton, NJ 0801							Bristol, PA 19007									
Project Manager for	Monito	ring Firm		ohone		oer	Telephone Number License Number									
Rollie Jones				392-4			(215) 788-6040 00509 Name of OSHA Monitor									
Scheduled Start Da		Scheduled Co			te (11))										
7/27/18			7/27				_			nental Ir	1C.		on Karaka			
Occupancy Status [Juring A	Abatement (Check ated During Entire	only on	e) of Abr	otomo	nt		et Addres	2.000	4						
		ed Outside of Norr					-	State &								
		M to 1:30AM	iiai i io	uis –	/ aiii (i	o opini		tol, PA								
		uring Abatement					Pilis	itoi, i A	1300							
Scope of Work (Che																
		**								Full Cor	ntainmen	t with N	egative	Pres	sure)
≥3 sf or ≥3 l	f		\boxtimes	Ren	ovatio	n	Mini-Enclosure									
≥160 sf ≥26	O If			Den	nolitio	n			\boxtimes	Glove B	ag Proce	edures				
							Non-Exempted and Non-Friab					-Friable				
the state of the s	ocation			Locati			Description of Amount					Aba	ent T	ype		
	tos-Con erial (A			nally to			Asbestos-Containing (Specify Material (ACM) SF or LF)									
	BE ABA			tenan				hermal s		e	5F (or LF)	20	חד	inc	En
	n Facility		100000000000000000000000000000000000000	odial S				n, surfac					Remova	Repair	Encapsula	clsc
220	(13)	•		(12)			or othe	r miscella	aneou	s)			val	air.	ulat	Enclsoure
			Yes	No	N/A										Ö	
1st Floor Women				\boxtimes			Pip	e Insula	ition		180	0 LF				
2 nd Floor Men's F				\boxtimes			Pip	e Insula	tion		210	0 LF				
2 nd Floor Women	's Roo	m		\boxtimes			Pip	e Insula	ition		30	LF				
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Name of Registered	Waste	Hauler				Vaste	Cubic \		Nam	e of Regi	istered L	andfill				
Service Transpor	rt Inc				uler II 990) NO.	of Was		N/lin	omio I or	adfill					
City, State	t IIIC.			20	J J U		100 00000000000000000000000000000000000	al Date		State	iuiiii					
New Castle, DE							7/27/1			nesbur	g, Ohio					
Completed By (Print	or Typ	e)		Titl	е		Signature									
Gino Pizzigon					oject		n. P. 100 7/27/18									
						er	LUN	611	Chin	19811	1/1/	1				

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Chuk# 3403

Date of Notification (1)	Name	of Bui	Idina (Dwner / Oper	tor 121		0,0,0									
7/17/18		Wells	Name of Building Owner / Operator (2)													
Agencies Notified Type Notification		Street	Addre	SS		11	24 100 10	1								
EPA					d Street				A CONTRACTOR OF THE PARTY OF TH							
□ DEP □ Initial □ Amended			State &			i J	UL 3 I	2018	11							
DOH 9984 ☐ Emergency			Philadelphia, PA 19107													
DCA Cancellation			ar Bab		1			10001 0	Teleph			ber				
				VIII II		AUBII	STOS COL LICENSIN		212-7	03-3	647					
Name of Facility Where Abatement is Takir	- DI	FA	CILITY	INFO	PRMATION		and the second s	manths are serviced to	-							
Wells Fargo NBOC	ig Place	(3)			Type of Fac											
Street Address					School			461								
100 Fidelity Plaza				Other (i e private	ther than K	-12) voial buildin	6		(·)						
-					Square Fee	t #	of Floors		Bldg. A		etc.)					
City (5) County (6) C	ounty C	ode (7)	75,00		2	İ	Diug. A							
North Brunswick Middlese	×		100		Current Use		eina demo	lished)		45+						
					Banking C	Offices		nonouj								
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	No.	Name of Ab		contractor (9)		-	-					
Environmental Connection Street Address					Bristol En	vironme	ntal, Inc.	-1								
120 North Warren Street					Street Addre											
City, State & Zip Code					1123 Beav											
Trenton, NJ 08010					City, State &											
Project Manager for Monitoring Firm	Tele	phone I	Numbe	r	Bristol, PA 19007 Telephone Number License Number											
Rollie Jones	609-	392-42	200		Telephone Number License Number 00509											
Scheduled Start Date (10) Scheduled			(11)		Name of OSHA Monitor											
7/27/18	7/27				Bristol Environmental Inc.											
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire	conly on	e) of Abot	omont		Street Address											
Abatement Performed Outside of No	rmal Ho	ure _ 7	em to 3	nm	1123 Beaver Street City, State & Zip Code											
Describe: 5:00PM to 1:30AM	mar mo	u15 - 11	ani to c	phii	Bristol, PA 19007											
Facility Occupied During Abatement					Director, 1 A	13001										
Scope of Work (Check all that apply)					•							_				
≥3 sf or ≥3 If	F21	-				☐ Fu	II Containm	nent with N	legative	Pres	sure)				
≥ 160 sf ≥260 lf	\boxtimes		vation				ni-Enclosur									
		Demo	MUON				ove Bag Pr									
Location of	ls l	ocatio	n I		Description	n of	n-Exempte									
Asbestos-Containing	Norm	nally Us	sed	,	Asbestos-Con	taining		Amount (Specify	ADE	ateme	ent i	ype				
Material (ACM) TO BE ABATED		olely by tenance		,	Material (A	CM)		F or LF)	-		ū	ш				
in Facility		dial St		ins	i.e., thermal s ulation, surfac	ystems			Rem	Repair	cap	ncls				
(13)		(12)		or	other miscell	aneous)			Removal	bair	Encapsulate	Enclsoure				
	Yes		N/A			9250 D.A.S.			-		te	Ф				
Storage Room					Pipe Insula	ition		20 LF		П	П	П				
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			4													
	+H+	무내	-													
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Name of Registered Waste Hauler		N.IDE	P Was	eta Ci	ibic Yards	Nome of	Dominton	11 100				Ш				
			er ID N		Waste	Name of	Registered	Landfill								
Service Transport Inc.		2099			Cu Yd	Minerva	Landfill									
City, State					sposal Date	City, Stat	Marie William Spart Francis									
lew Castle, DE				27/18		burg, Ohi	0									
completed By (Print or Type)	Title		Sig	nature	2 .			Date								
Sino Pizzigoni	Proje		9	Dino E	1000-11	WI - /	00/	7/17/	18							
710120		Mana	ager		JUVU P	J. C.	roin /	4/1								

CK 7331

State of NJ

D&S Proj. #: <u>18-154</u>	PA					0 and 12:120)		D)E	CE		W [0.0.0	M
Date of Notification (1) 0 7 / 2 6 / 1 7		Name of Bui	ilding Own	er/Operator (2))			Jan J	UL 3	1 20	18	al merculo acesto angue	
Agencies Notified Type Notificat EPA Initial DEP Amended		Street Addre						ASBE	STOS C		ROL	8.	
DOL Amendment #:	-	ity, State, Z bloomfie	-	003				Secretaria managementa de la competición del competición de la competición de la competición de la competición de la competición de la competición de la competición de la competición de la competición de la competición de la competición de la competición de la competición de la competición de la com			-	~~~	!
DOH (including justification) DCA Cancellation		min du	ntact					Telephone	e Number				
			FAC	ILITY INFORM	IOITA	٠.							
Name of facility where abatement is	s taking pla	ace (3)						Type of Facility (4	1) (K - 12)				
min du Street Address							-	Maria a Sharana	apter 8 (C			-12)	
Street Address								Bldgs./l	Private/C Homes, e # of Floor	tc.		dg. A	ne.
City (5)	Cour	nty (6)				unty Code (7)							.gc
bloomfield	esse	ex			(318	ate use only)		Current Use (Pr	ior if bein	g den	nolishe	ed)	
Name of Monitoring Firm Hired by I	3ldg. Owne	er (8)		ASCM No.	T	Name of Abateme	ent C	Contractor (9)					
_						D & S RESTO	RA	TION, INC.					
Street Address						Street Address	۸	_					
City, State, Zip Code					-	20 California City, State, Zip Coo	-	e.		-			
						Paterson, NJ		503					
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Number 973-345-802	er	1000000	License	Numb	per		
Start Date (10)	10-1		- D-1- //			Name of OSHA M		or		1109			
08/07/1818		. Completio	n Date (1	1)		D & S Restor							
Occupancy Status During Abatemen	08/30			V-100	-	Street Address 20 California	A ***	nuo.					
Facility closed/vacated during Abatement performed outside	entire peri	od of abater				City, State, Zip Co		mue					
Describe: NORMAL H	OURS				-	Paterson, NJ	075	03					
Scope of Work (check all that apply	Renovation						N X G	ull Containment wa fini-enclosure Blovebag procedure Ion-Exempted (*)	е			edure	2
Location of		n normally u		1				T Tompton () o		R	R	Е	E
asbestos-containing material (acm) to be abated in facility (13)	staff(12) Yes	enance/cust	odial N/A	Description material (asbestos-containing		Amount (Specify SI LF)	For	e m o v	e p a i	n c a	n c L
basement				PIPE INSU	LAT	ION		70 l ft		e	r	П	
													10
													旧
Registered Waste Hauler	INJE	D Haules II	# 10	ubic Yards of V	Maeta	Name of Register	rod I	andfill		Ш	Ш	Ш	
D & S RESTORATION, INC.	135	EP Hauler II 06		yd.	1431C			Langtill RESOURCE RE	COVER	Υ			
City, State PATERSON, NJ 07503	10	[Disposal D 08/08/1	ate		City, State TULLYTOW							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature		1			Date 07/26/	2018			

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

4. 2 8.A.B.Z			ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		D	E	C	E		/ [7
Date of Notification (1) 07/26/2018				of Building Cifarelli	Owner/0	Operator	(2)	ШШ	U	IUL	3 1	201	8	discharge town	$/\!\!/$
Agencies Notified Type Notification			Street A	Address				\dashv						1	4
EPA X Initial Amended Amendment Emergency justification)	(including	_	Weeh	ate, Zip Co awken,		086	No constitution of the con	h-		STOS	NSI	IG.	OL 8		and the state of t
DOH justification) DCA Cancellation			Nikki (Cifarelli					-	•					
Name of Facility Where Abatement is Takin	n Place (3)	FAC	ILITY INF	ORMATI	ON	Type of Fa	oilitu //	\						
Private House	g i iacc (5)						ol (K-12	9						
Street Address							Subc	hapter 8	(Othe						
							X Other etc.)	r (i.e. pr	ivate 8	comr	nercia	I build	lings,	hom	es,
City (5) Weehawken							Square Fe 2000	et	# of 2	Floors	S	100000	ldg. A O+ y	ge ears	
County (6) Hudson				Code (7) USE ONLY)		Current Us House	se (Prior	if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building Savic Construction Corp	Owner (8)		ASCN	И No.			of Abateme			(9)					
Street Address 205 Route 46 Suite 15						Street	Address Route 46		•						
City, State, Zip Code Totowa, NJ 07512						City, S	tate, Zip Co wa, NJ 07	de							
Project Manager for Monitoring Firm		T	Telepho	ne No.			one No.	312		Licen	se No				
Savic Milos				39-9735		1000	339-9735			0103					1
Start Date (10) 08/11/2016	Schedule 08/15/2		npletion	Date (11)			of OSHA M	700/00/00/00	Corp						
Occupancy Status During Abatement (Chec	k Only Or	ne)					Address								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Abatem Hours	nent			City, S	Route 46 tate, Zip Co	de	15			0.5-1-1-1-1			
Scope of Work (Check All That Apply)						loto	wa, NJ 07	512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Full Con Mini-End Gloveba Non-Exe	closure g Proce	dure						
	2000	Locati												ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfac		laterial (ACN insulation, T, or		(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		ite	Ф
Landing and staircase			Х		lir	noleum			60) SF		х		X	
Basement			X		pipe	insulat	ion		17	0 LF		X		Х	
Name of Registered Waste Hauler Savic Construction Corp		H	JDEP W auler ID 2253		Cubic of Was			ne of Re		ed Lar	ndfill				
City, State Totowa NJ						al Date		, State orrisevi	lle P	Α					-
Completed by Sava Savic	Title Presi	dent			Si	ignature		Sh	1	-10	Date 07/	26/2	018		



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

Date of Notification (1)					Building ton Univ				rocureme	nt Off	E G	je.	l V		-
Agencies Notified	Type Notification	1		Street Ad							Contraction of the contraction o	3 1	20	10	Carlotte and Carlotte
× EPA × DEP × DOL	Initial Amended Amendmen	t#: 2		City, Sta	te. Zip Co	ode					00	- 3 '	20	10	
□ рон	Emergency justification	(including		Name of					1	Tel	ephone No	ımber	ONT		ened Ex
DCA	Cancellation		1	Ryan D	Dickerso	on			ť	60	9-258-69	911N	ING	eer.treetholistic	
Al				FACIL	ITY INFO	ORMATI	ON								
Name of Facility Where a Bainbridge House	Abatement is Takii	ng Place (3)					Туре	of Facility (4						Ì
Street Address						-		H	School (K-1: Subchapter		er than K-	12)			
158 Nassau Street								×	Other (i.e. p				dings,	home	s,
City (5)								Squa	etc.) are Feet	# 01	Floors	В	ldg. A	ge	
Princeton							ľ	750	0	4		2	50		
County (6) Mercer				County C)		Curr	ent Use (Prio ant	r if bei	ng demolis	shed)			
Name of Monitoring Firm TTI Environmental,	•	Owner (8))	ASCM	No				atement Con es, LLC	tractor	(9)				
Street Address 1253 North Church	Street						Street 303 E		ess tional Roa	d					
City, State, Zip Code Moorestown, NJ 08	057								Zip Code 19341						
Project Manager for Mon Michael Keehn	itoring Firm			Telephon 856-84			Teleph				License 01161	No.			
Start Date (10)		Schedul	ed Co	mpletion D	Date (11)		Name	of OS	HA Monitor	-					\neg
6-28-18				18			EMS	L							
Occupancy Status During	Abatement (Che	ck Only Or	ne) '				Street		ss 130 North						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of	Abater	ment		-			Zip Code						
Other - Describe:			, ,,,,,,,						son, NJ 0	8077					1
Scope of Work (Check A	li That Apply)	70				1									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Charles	Renov: Demoli				×	Mi	ill Containme ini-Enclosure ovebag Proc	edure				2:	
			7.7					J No	on-Exempted	(*) and	d Non-Fria	ble Pro		ement	
1	- 6	100	s Loca: Norma	0.000		D		.,					Ту		
Location Asbestos-Containing			ed Sole		Asbes	tos Cont	scription aining M		al (ACM)		mount			ш	_
TO BE AB			todial	Staff?	(i.e.	thermal surface	systems cing, VA		lation,		Specify or LF)	Remova	Repair	сар	Enclosure
(13)	.e.		(12)				niscellan					oval	air	Encapsulate	sure
1st, 2nd, 3rd	d Floors	Yes	No X	N/A		10/0	II Plast	or		67	00 SF	x		Ф	
Planting visiting the		+	300	+	1/2-			220	locatio		30 SF	X			
1st Flo			X		vap	or Barr	1,000	5500 300				_			\vdash
Exterior W	ndows		X			Caulk	& Gla	zing		р	10 LF	X			
Name of Registered Was	to Haular			NJDEP W	note.	Cubic	Vosdo		Name of S	Pogiete	red Landf	11			
Waste Management		,		Hauler ID		of Was			Grows	registe	area Earrar				
City. State Trenton, NJ						Dispos 8-3-18	al Date		City, State Morrisvi		A				
Completed by Joe White		Title	ect M	anager		S	ignațure	21	V 1.	1. 1.		ate	1/19	8	
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CK42911

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM
(Pursuant to N.J.A.C. 5:23-8.11(c)3.viii)

Date of Notification (1) Name of Building Owner / Operator (2) 07/26/18 The Church of the Devine Mercy Type Notification Street Address X DOL 233 Adeline Street X DCA Initial Notification City, State & Zip Code X EPA LICENSING X Amended Notification Trenton, NJ 08611 X DOH Cancellation #2 Name of Contact Telephone Number Msgr. Thomas Gervasio 609-393-4826 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Foundation Collegiate Academy- basement School (K-12) Street Address X Subchapter 8 (Other than K-12) 22 Grand Street Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 24.000 100 years Trenton Mercer 1102 Current Use (Prior if being demolished) Educational/Religious Center Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Accredited Environmental Technologies, Inc. 0021 Associated Specialty Contractors Street Address Street Address 28 North Pennell Road 98 LaCrue Ave. City, State & Zip Code City, State & Zip Code Media, PA 19063 Glen Mills, PA 19342 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Eric Sutherland 610-891-0114 610-364-9622 01103 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/23/2018 08/17/2018 Associated Specialty Contractors Occupancy Status During Abatement (Check all that apply) Street Address Facility Closed/Vacated During Entire Period of Abatement 98 LaCrue Ave. Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Glen Mills, PA 19342 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment Glove Bag Procedure (w/Mini-Enclosure) Location of Is Location Description of Enter only Enter only Asbestos-Containing Normally Used Asbestos-Containing Square Footage Lineal Footage Material (ACM) Solely by Material (ACM) TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Basement- Northwest Classroom No Pipe Insulation - TSI sf 30 lf. Closet and Toilet Room Basement- Northeast Men's and No Pipe Fittings - TSI 25 Ladies' Room and Chemical Storage Closet sf lf sf lf sf If TOTALS SF 55 LF Completed By (Print or Type) Signature Date Eric Sutherland Vice President 07/26/18

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

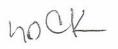
Check No. 5182

Date of Notification (1)				Nan	ne of Bui	Iding Owner/Operat	or (2)						
July 27, 2018				Sa	lem Co	ounty Vocation	al Toobales	ELQIE I	7. 10.7 -	_			
Agency Notified	Type Notification			Stre	et Addre	ss vocation	ai reciincai	school mst	rict/	51	1	1	
□ EPA	N laisial			2300000	Route	7.7	1153	The second secon	Section 11 To 12 Section 1				
Not equired per State Reg. 10/2004	☐ Amended				State, Z			100 0 3		- 11	Ш	1	
⊠ DOL	_ Amendment #			120,000		wn, NJ 08098	14 4	JUL 31	2018		1)	Page 1	
⊠ DOH	☐ Emergency (in justification)	cluding			ne of Con			Tolonhana	Marabas	-	NACTOR.	-	
□ DCA	☐ Cancellation					bonetta	A	Telephone I	Number	9	Maria apar	-	
						NFORMATION		003-7-00-	0349-	A		-	100
Name of Facility Where	Abatement is Taking	Place (3)	IA	CILITI	NFORMATION	T	44	minus (manusi ribay) (tradical)	- Action with	CORP.	1	
Mannington Regi			0)				Type of Facilit	y (4)					
Street Address	onal Day Conoc						School (K-1	2)					
38 Cheney Road							☐ Subchapter	8 (Other than K private & comme	(-12) rcial build	linae			
City (5)							homes, etc.)	roiai bullu	iliga			
Woodstown, NJ (10000						Square Feet	# of Floors	Bld	g. Ag	je		
County (6)	10090						30,000	1	45				
Salem				Coun		(7) (STATE USE	Current Use (P	rlor if being den	nolished)				
	- 15 41 5				'/		Education						
Name of Monitoring Fire			ASCI			1	ment Contractor (0.Tc					
USA Environmen	tal Management	, Inc.	112			B&N&K Res	storation Co.	Inc.					
Street Address						Street Address							
344 West State St	reet					223 Randol	ph Avenue						
City, State, Zip Code	. ∉					City, State, Zip (Code						-
Trenton, NJ 08618						Clifton, NJ (07011						
Project Manager for Mor	nitoring Firm			ne No.		Telephone No.		License No.					
John Duggan				83-63		973-478-468	1	00120					
Start Date (10)	Scheduled					Name of OSHA	Monitor						
August 09, 2018	Septem	ber 30	, 201	8		McCabe En	vironmental S	Services, L.L	C.				
Occupancy Status Durin	g Abatement (Check	only one)			Street Address							
☑ Facility Closed/Vacate	ed During Entire Perio	d of Aba	temen	t		464 Valley B	rook Avenue	•					
☐ Abatement Performed ☐ Other - Describe:	Outside of Normal Fa	acility Ho	ours			City, State, Zip C							
	141 1 1 1					Lyndhurst, I	NJ 07071						
Scope of Work (Check al	I that apply)					П г	2-4-1						
$\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ If}$					ovation	☐ Mini-	Containment with Enclosure	Negative Pressu	ure				
△ 2 100 St Or 2 260 If				☐ Den	nolition	Glove	ebag Procedure						
		Τ.	0.01	20 Y 10 10 10 10 10 10 10 10 10 10 10 10 10	T	⊠ Non-	Exempted (*) and	Non-Friable Pro	ocedure	T .	L	nisa a	
W 130			s Locati Normal							A	bate Ty		nt
Locatio Asbestos-Containin	n of g Material (ACM)	Use	ed Sole	ly by		Description of							
TO BE AE	BATED		intena Custodi		Asbe	stos Containing Ma ., thermal systems i	iterial (ACM)	Amount		_		Ē	ш
IN Faci	lity	,	Staff?		(1.6	surfacing, VAT		(Specify SF or LF		Ren	Re	ıcap	ncl
(13)			(12)			other miscellane		OF OF EF	,	Remova	Repair	Encapsulate	Enclosure
					1					<u>a</u>	7	ate	е.
High Roof Exterior	Wal	Yes	No	N/A	Mell	Panels							
0		1			vvali	Paneis		220	00 sq ft	X			
		-			-								
		-									T		
Name of Registered Wast	to Haules	1	DE-										
			DEP W No.	aste H	auler	Cubic Yards of Waste	Name of Registe	ered Landfill					
C&H Disposal Serv	ice, Inc.	1000	7903			waste 2	Salem Cour	ntv I andfill					
City, State						VI		ry Lanuilli					
Elmer. NJ						Disposal Date 08/09/2018 -	City, State						
Completed by	Title					09/30/2018 Signature	Alloway, NJ						
G. Roger Woodmar	1 12000000	/lanad	24			Signature			Date	20000000000			
SR-41	. Toject ii	nanayt	-1			-7/10			7/27/2	2018	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Mh# 3410

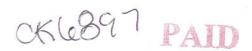
Date of Notification							Owner / Operato		me	C	EIW		perma	7
Agencies Notified	7/26/18	- 4:					Board of Educ	ation		9 1	5 1 W	E	ID	11
EPA	Type Notifica	ation	233		Addre	50345	D:lea		III					
DEP		1				eton & Zip C	The second secon			1111	3 1 004	0	HI	11
Ø DOL	Amer			(반)시시 라이션 (100)			NJ 08648			JUL	3 1 2011	5	1	/
☑ DOH		rgency			of Co		NJ 00040				Telepho	no Ni	ımha	-
DCA		cellation	1000		Conn				AS	BESTOS	609-67	1+550	00	
				FAC	CILIT	Y INF	ORMATION			h-112/-	- CONTRACTOR	Separate Services	**************************************	
Name of Facility Wh		ent is Taking P	lace (3)			Type of Facili			= 11, 85				
Lawrence Middle	School						School (I							
Street Address	•••								ner than K-1				0.000	
2455 Princeton P	ike								& commerc	ial build			(C.)	
City (E)		10 1 (0)	10			-	Square Feet	2000	of Floors		Bldg. Age			
City (5)		County (6)	Cor	inty C	Code (7)	50000		1			30+		
Lawrenceville		Mercer					Current Use ((Prior if be	eing demolis	shed)				
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	M No.)				
TTI Street Address						- 40	Bristol Env		ital, Inc.					
1253 N Church S	traat						Street Addres							
City, State & Zip Co							City, State &							
Moorestown, NJ							Bristol, PA							
Project Manager for		irm	Telep	hone	Numb	er	Telephone No			License	Number			
Mike Keehn			856-8				(215) 788-60			00509				
Scheduled Start Dat	e (10)	Scheduled Cor			e (11)		Name of OSH							
8/7/18 Occupancy Status D	Juring Abator	mont (Chock o	8/7/		-		Street Addres		ital inc.				-	
		During Entire P			atemer	nt	1123 Beave							
		utside of Norm					City, State & 2							_
Describe:							Bristol, PA							
	pied During	Abatement 7:0	00am to	0 3:30	0pm									
Scope of Work (Che					200,000		•							
<u> </u>			-	1000	777.20				III Containm		Negative	Press	sure	
≥3 sf or ≥3 lf			\boxtimes		ovatio				ni-Enclosur					
☐ ≥160 sf ≥260) If			Dem	olition	1			ove Bag Pro					
10	cation of		lo I	o o o o ti			Description		n-Exempte					
155.600	os-Containing	a	Norm	ocation			Description Asbestos-Conf			Specify	Aba	teme	nt 1	уре
	erial (ACM)	9		lely b			Material (A)			F or LF)			ш	_
	E ABATED		Maint				(i.e., thermal sy				Rer	R	nca	ncl
in	Facility		Custo		Staff?		nsulation, surfac				Remova	Repair	Encapsulate	Enclsoure
	(13)		Yes	(12) No	N/A		or other miscella	aneous)			<u>n</u>		ate	Ге
Art Room		-			П		VAT & MAS	STIC		120 SF		\Box	П	П
												Ħ	Ħ	
Name of Registered	Waste Haule	er					Cubic Yards	Name of	f Registered	Landfil				
Bristol Environme	ental Inc.			100	uler ID 706		of Waste 1 cu yd	Fairles	s Landfill					
City, State							Disposal Date	City, Sta						
Bristol, PA 19007							8/7/18		s Hills, PA	19047				
Completed By (Print				Title			Signature	_	· ·		Date			
Gino Pizzigoni				110000000	oject		Dino Pi	Misso	ma: 11	M	7/26	/18		
				Ma	nage	r	WWW IN	NALLAN	17	7.				



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification	(1) 7/26/18	/////////////////////////////////////					Owner / Opera			Ha E L	W U	Martin Ma	Contraction of the Contraction o	
Agencies Notified	Type Notific	ation		Street			mionip con	0011	District	1111 o 1	0010		11	
☐ EPA						ville R	No. Company of the Co		14 11	JUL 0 1	.AU10	1	4	
DEP			. 10			& Zip (
⊠ DOL		nded-#1-7/27/18	- L			NJ 08	551		7.10		1201.8			
□ DOH □ DCA		rgency cellation	- 10			ontact Stolosi	zi.			process in the	Telepho 908-78			er
					1,000	A-415-015-15-0-0-7005					900-10	2-04	04	
NI 6 F 1114 VAII	A1 /		- 10		CILI.	TY INF	ORMATION							
Name of Facility Wheels East Amwell Eler			ce (3	5)			Type of Fa							
Street Address	ilelitary 30	,11001				-1-11-120-2		100	r 8 (Other tha	an K-12)				
43 Wertsville Roa	ad									nmercial buildi	ngs, hom	nes, e	etc.)	
							Square Fee	et	# of Floo	ors	Bldg. Ag	е		
City (5)		County (6)	Co	unty (Code	(7)								
Ringoes		Hunterdon					Current Us	e (Pr	ior if being d	emolished)				
							School							
Name of Monitoring		by Building Owne	er (8)		AS	CM No			ment Contrac					
RJB Environmen Street Address	ital inc.						Street Add		onmental, I	nc.				
56 East Bridge S	treet						1123 Bear		Street					
City, State & Zip Co							City, State							
Morrisville, PA 19							Bristol, P.							
Project Manager for	Monitoring I	Firm	100	phon			Telephone			License	Number			
Jim Frisbee				-991			(215)788-		Contract Con	00509				
Scheduled Start Da 7/27/18	\$2.50 PM N. C. ST	Scheduled Com	pletic 7/27		te (1	1)	Name of O		Monitor nmental Ir	nc.				
Occupancy Status I			-		-		Street Add	-	/illicital il	10.				
Facility Clos	ed/Vacated	During Entire Pe	riod	of Aba	atem	ent	1123 Bea		Street					
Abatement	Performed C	utside of Normal	Ηοι	ırs –			City, State	& Zip	Code					
	7am to 3pn						Bristol, P.	A 19	007					
		Abatement												
Scope of Work (Che	eck all that a	pply)							7 Full Con	ntainment with	Negative	Pres	SUITE	
≥3 sf or ≥3 l	f		\boxtimes	Ren	ovat	on		F	Mini-End		rroganre	, , , , ,	,00,0	
≥160 sf ≥26	0 If			Den	noliti	on			Glove B	ag Procedures	6			
								\boxtimes	-	empted and No				
N	ocation of	ina	35000	Loca	4,000	1	Descript			Amount	Ab	atem	ent T	ype
	tos-Containi terial (ACM)	ing		mally Solely		1	Asbestos-C Material			(Specify SF or LF)			m	
TO	BE ABATED	<u>)</u>	18 V2.1118	inten			(i.e., therma	Ì syst	tems		10000000	D	nca	Enc
	in Facility (13)		900	Custo taff? (insulation, sur				Remova	Repair	Encapsulate	Enclsoure
	(13)		Ye	No	N/A	1	or other misc	Cilaire	eousj		<u>a</u>	=	late	ле
			s											
Crawlspace unde			\boxtimes			Pip	e Insulation	(wra	ap & cut)	8 LF				
Girls Bathroom a														
Classrooms 2 an		Contraction of the Contract of				-	Debr	dio.		12 SF				
Crawispace unue	el Classico)III 3	H	H	H	-	Deni	15		12 31		H	H	ዙ
			H	Ħ	Н						ᅥᅥ	Ħ	H	H
			Ħ	Ħ	П	-					一百	Ħ	Ħ	П
Name of Registered	Waste Hau	ler		22600		Waste	10 18000000 50	N	lame of Regi	istered Landfill				
Cantina Transpa	rt In a			10000000		ID No.	of Waste	B.	// / / / / / / / / / / / / / / / / / /	- 45II				
Service Transpor	it inc.			20	990		1 Cu Yd		Minerva Lar	nutili				
City, State New Castle, DE							Disposal Date 7/27/18	- 1	city, State Vaynesbur	g, OH				
Completed By (Prin	t or Type)			Tit	е		Signature		- 27.1000 ul	J, T.	Date			
Gino Pizzigoni	7 F 37			100000000000000000000000000000000000000	ojec	t	. A -	0		- 10m		7/18		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				Nome	of Duildin		. 10	(0)			1-3	U	_15	_ []	\mathbb{W}	15
7/27/18				Dave	Bennet	t Priv	er/Operato	r (2) ne			1				Alderen Sanger	7
Agencies Notified	Type Notification	1			Address			-			1	JUL	- 9	1)	018	- 11
☐ EPA	☑ Initial									1	1				VIÕ	
DEP DOL	Amended	4134			tate, Zip C					1	ASP	IOT.	10		-	1
	Amendmer Emergency	(including	-		Bottom		8008			l	ASBI	LIO	AS C EMS	ONT	ROL	&
DOH DCA	justification Cancellatio			Name of Dave	of Contact					Те	lephon	e Nur	nber	t that distance	-	
					ILITY INF	ODM	ATION									
Name of Facility Where	Abatement is Taki	ng Place (3)	FAC	ILII T INF	URIVIA	ATION	Typ	e of Facility	(4)						
Dave Bennett Priva	ite Home								School (K-							
Street Address									Subchapte	er 8 (Oth	er than	K-12	2)			
07-75								X	Other (i.e. etc.)	private	& comr	nercia	al bui	ldings	, hom	ies,
City (5) Ship Bottom NJ 080	nne								are Feet	# 0	f Floors	S	E	3ldg.	Age	
County (6)				0 1	0 1 (=)				00+	1+				35+		
Ocean				(STATE	Code (7) USE ONLY	2		Curr	rent Use (Pr	ior if be	ing den	nolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Nama		use & gar atement Co		(0)					
N/A	,	(0)		/1001	W 140.			naco		ntractor	(9)					
Street Address							Street					_				
							PO	Box 3	329							
City, State, Zip Code									Zip Code							
Project Manager 5 - 14 - 1							Wes	t Ber	lin NJ 08	091						
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph				Licen).	- 0.0		
Start Date (10)		Schedule	1 Cor	nnlotion	Doto (11)				9800		0072	27				
8/6/18		8/11/18		ipietion	Date (11)		Sam		HA Monitor							
Occupancy Status During	Abatement (Ched	k Only One	e)				Street	V0	ess							
Facility Closed/Vaca	ted During Entire	Period of Al	oaten	nent						(3)						
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	Hours	;			City, S	tate, Z	Zip Code							-
						_										
Scope of Work (Check All	I hat Apply)							,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	8	promotering	nova				-	Fu	Il Containm	ent with	Negati	ive Pr	essu	re		
	24	<u>N</u>		1011				Gl	ni-Enclosure ovebag Prod	cedure						
					<u> </u>		<u> </u>	No	n-Exempted	d (*) and	Non-F	riable		WALK THE		
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Asbestos-Containing N		Used	Sole	ly by	Asbes	tos Co	escription ntaining M	of lateria	LIACM	Δ.	nount			,,		\Box
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(13)	,		(12)				acing, VA miscellan			SF	or LF)		Remova	Repair	apsu	Enclosure
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Exterior Siding	garage			X		Eve	orior Cid	lin a		00	0.05	_				
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Tiouse		-		X		I ra	ansite pi	pe		1:	5 LF		Х			
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Name of Registered Waste	e Hauler			JDEP W auler ID		Cubi of Wa	c Yards		Name of I	Register	ed Lan	dfill				
United Roll Off				2459	SANCES	3			G.R.O.	W.S.						
City, State			-	11000			osal Date	-	City, State	9						-
Elm NJ						8/13	/18		Morrisv	ille PA	1906	7				
Completed by Anthony T Perna		Title					Signature					Date				
, without Fellia		Presid	ent				(2				7/2	7/18			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) july 20 ,2018 che liberty desing-buil corporation Agencies Notified Type Notification Street Address 1203 palisade ave **EPA** Initial DEP Amended City, State, Zip Code × DOL ASBESTOS CONTROL Amendment # union city ni 07087 Emergency (including Name of Contact DOH iustification) Telephone Number DCA Cancellation Jesus M.Alvarez 201-9660651 **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) 132 thorne st Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age jersey city nj 07307 100x100 2 fl 50 +County (6) Current Use (Prior if being demolished) County Code (7) hudson (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) all solutions contracting inc Street Address Street Address 24 church st City, State, Zip Code City, State, Zip Code Elmwood park nj 07407 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-9739418 01301 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08-04-2018 08-05-2018 all solutions contracting inc Occupancy Status During Abatement (Check Only One) Street Address 24 church st Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: house is epmty Elmwood park nj 07407 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Enclosure Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A outsite the house Х transite pipe 25 lf х Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Atlantic carting grand central TDB City, State Disposal Date City, State

TDB

Signature

Title

president

pen argyl PA

Completed by

luis arcila

Date

07-20-18

pen argyl PA 18072

NO

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State of New Jersey	(21)
TIFICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 12:120)	1

Date of Notification (1)					f Building C	Owner/O	perator	(2)		71_	56	5	lj \	A L	-	
07/25/18					kill BOE					7/						
Agencies Notified	Type Notification			Street A	ddress oln Dr.						JU	1 3	1 21)18		Ш
EPA DEP	Initial		-								JU	L	, (1	110	-	-,,-,,
DEP X DOL	Amended Amendmen	t # 1			ate, Zip Coo kill, NJ 07				I	į					1	
	Emergency	(including	-		f Contact	7020	-		-	1/	SOLS	TOG	OON	ROL	<u>R</u>	- 1
DOH DCA	justification) Cancellation				nette Kell	V					Telepho 201-5			Sovemborski	**F	[
N DOA	Caricellation			0.000 0.000 0.000	LITY INFO	*	ON				201-0	07-08	121			
Name of Facility Where	Abatement is Takir	ng Place (3)	IAG	LITT IN O	IXIVIATIO	OIN	Type of	Facilit	y (4)						_
Bryan Elementary	School							-	hool (F							
Street Address								Sul	bchap	ter 8 (Other th					
51 Brookside Ave.								Oth etc		. priva	ite & co	mmerc	ial buil	dings,	home	es,
City (5)				-51				Square		T	# of Flo	ors	E	Bldg. A	ge	
Cresskill										- 1	2		5	50+		
County (6)					Code (7)			Current	Use (F	Prior if	being d	emolis	hed)			
Bergen				(STATE	USE ONLY)	-		Schoo	ol							
Name of Monitoring Firm		Owner (8)		ASCN	Л No.		Name	of Abater	nent C	Contrac	ctor (9)					
Westchester Enviro	onmental LLC			0012	27		Lesc	o Servi	ces li	nc.	10 00 00					
Street Address				7			Street	Address								
1248 Wrights Lane							156	Maple A	Ave.							
City, State, Zip Code								tate, Zip (
West Chester, PA								ington, I	NJ 07	7057						
Project Manager for Mor	nitoring Firm			Telepho				one No.				ense N	lo.			
Philip Conteh					31-7545			221-909			01	107				
Start Date (10) 07/23/18				npletion	Date (11)			of OSHA		or						
	- Abatamant (Cha	08/28/1	167 <u> </u>				VIII. 1805.	w Nalo	ака							
Occupancy Status Durin	g Abatement (Che	ck Only On	e)					Address Maple A	1110							
Facility Closed/Vac												-0.00				
Other – Describe:		nai r acility	riours	>		_		tate, Zip (ington,N		057						
Scope of Work (Check A	II That Apply)						vvali	ington,i	10 07	007						
23 sf or ≥3 lf	аг гластрргу)	V D		.ti.a.u			×	1		95	: ۱۸ ما ۱۸ ما		S			
≥3 \$1 or ≥3 11 × ≥160 sf or ≥260 lf		(Management)	enova emolit					I ull C	ontain Enclosi		with Neg	jative i	ressu	ге		
							×	Glove								
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(10)						other m	iisceiiai						<u>a</u>	=	Encapsulate	ure
		Yes	No	N/A											w	
Basement Child	Care Room		*			Pipe	Insula	tion			404 L	.f.	*			
Exteri	or			*		Wind	ow Ca	aulk			3100	lf.	*			
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Newark Carting Inc.			0	5409		6			GCSI	-						
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Newark, NJ						08/29/	/18	F	Pen A	Argyl,	PA					
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Leslaw Nalodka		Presid	dent				1	. /	1			0	7/25/	18		

	COMPANIA.											L		
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Date of Notification (1) 07/28/2018				of Building		Operato	r (2)	g		. /1/			~	
Agencies Notified Type Notification				nen Mul	ligan				IE	GE		7 13	1	
			Street A	Address					1				711	
EPA Initial Amended			City, St	ate, Zip C	ode			1117	1-	JUL 3	1 004	6		
X DOL Amendmen Emergency				ningdal		7403			4	JUL 0	1 201	ŭ		/
DOH justification)			of Contact					-L. T.e	lephone N	lumber	Principal Princip	J.	
DCA Cancellation	1		Mike						ACT	1 11 12 14	21/11/2	. 8		(t) (sages v.c.
Name of Facility Where Abatement is Takin	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)	transperse	e ni kemilanseke	in the second states	Mark Company	
Private Home								School (K-						
Street Address								Subchapte	8 (Oth	er than K	-12)			
							×	Other (i.e. etc.)	orivate	& comme	rcial bui	ldings	, hom	es,
City (5) Bloomingdale								re Feet	# 0	f Floors		3ldg.	Age	
County (6)			C	0 1 (7)										
Passaic			(STATE	Code (7) USE ONL	0		Curre	ent Use (Pri	or if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	M No.		Name	of Aba	itement Co	atractor	- (0)				
								Safety LI		(3)				
Street Address						Street	Addre	ss						
City, State, Zip Code							osby							
ony, state, 21p code								ip Code	0					
Project Manager for Monitoring Firm			Telepho	ne No			none N	NJ 0750	2	Licence	NI-			
						3.0	400-8			License 01332				
Start Date (10)				Date (11)		Name	of OSI	HA Monitor		0,002				-
08-06-2018	08-09-		3				e as	25 50						
Occupancy Status During Abatement (Chec						Street	Addres	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe: 7:00am-5:00pm	Period of Anal Facility	Abaten Hour	nent s			City, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 If	× F	Renova	ation			×	1 5	l Contain			_			
≥160 sf or ≥260 lf	-	emoli					Mir	l Containme ni-Enclosure		Negative	Pressu	re		
							Glo	vebag Prod n-Exempted	edure I (*) and	d Non-Fria	ble Pro	cedur	0	
	200	Locat											ement	
Location of Asbestos-Containing Material (ACM)	38 4 4 5 5 7 5	lormal d Sole	,		Des	scription	of					Ty	rpe	
TO BE ABATED	Mai	intena odial S	nce/	Asbes (i.e.	tos Conta thermal	aining M svstems	laterial insula	(ACM)		mount Specify	70		Ē	ш
In Facility (13)	Cust	(12)	otan?		surfac	cing, VA	T, or	,		or LF)	Remova	Repair	caps	Enclosure
\$ 0\$*	Yes	No	N/A		outer it	nscenan	eous)				val	ai-	Encapsulate	sure
First floor LR	100	110											w	
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	-													
Name of Registered Waste Hauler			IDEE											
Removal Safety LLC		17 (23.3)	JDEP Wa	parine.	Cubic `of Was			Name of F			11			
		0	037007	'	2	er.5		GROW	S Nor	th				
City, State Paterson, NJ					Dispos	al Date		City, State					-	
Completed by	Title				TBD			Morrisv	ille, P	200				
Lasko Veskov	Presi	dent			Si	gnature	10	16.	1.	200	ate 17/28/	2010		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

ded ded ded ded ded ded ded ded ded ded	r 1 ncludir	e (3)	City, Ha Name Ro	nty Code (7	Code J 08690	Type of Facility (School (K-12 Subchapter 8 Other (i.e., pr homes, etc.) Square Feet 1500 Current Use (Pri Residential	# of Floors or if being dem	1 20	18 ROLI bu	8	JS,	The second secon
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cation) ellation is Takin	g Plac	e (3)	Name Ro	e of Contac obert CILITY IN	NFORMATION T)(STATE USE ONLY)	Type of Facility (School (K-12 Subchapter 8 Other (i.e., prhomes, etc.) Square Feet 1500 Current Use (Pri	(4)) (Other than K ivate and com # of Floors 1 or if being dem	(-12) mercia	I bu	ilding		State of Contract Con
is Takin	9)		FA	nty Code (7	NFORMATION 7)(STATE USE ONLY)	Type of Facility (School (K-12 Subchapter 8 Other (i.e., pr homes, etc.) Square Feet 1500 Current Use (Pri Residential	(4)) (Other than K ivate and com # of Floors 1 or if being dem	(-12) mercia	I bu	ilding		Office and a second sec
is Takin	9)		Cou	nty Code (7	7)(STATE USE ONLY)	School (K-12 Subchapter 8 Other (i.e., pr homes, etc.) Square Feet 1500 Current Use (Pri Residential	# of Floors or if being dem	mercia	Blo	lg. A		and the second s
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Building (9)					School (K-12 Subchapter 8 Other (i.e., pr homes, etc.) Square Feet 1500 Current Use (Pri Residential	# of Floors or if being dem	mercia	Blo	lg. A		
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	Owner	(8)				1500 Current Use (Price Residential	1 or if being dem	nolished	7		ge 	
	Owner	(8)				Current Use (Price Residential	or if being dem	nolished		0		
	Owner	(8)				Residential		101151160	u)			
	Owner	(8)	ASCM	No.	Name of Abateme	100000000000000000000000000000000000000	Carl					
						in Contractor (5)						
						d Mold Service:	s Corn					
					Street Address	- 111014 001 1100	о, оогр.					
					3859 Sylon B	oulevard						
					City, State, Zip Co							
					Hainesport, N							
E.		Tele	phone	No.	Telephone No.		License No.		_			
		(8	888) 71	15-2211	609-702-0400		I I representation and factor					
Sched	duled C	Comple	etion Da	ate (11)	Name of OSHA M	onitor	1					
	8 /	8	/	18	EMSL Analyti	cal, Inc.						
					Street Address							100
ntire Pe	riod of	Abate	ment		200 U.S. Rout	te 130 North						
Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	de						
	VI/	PIVI-		Aivi	Cinnaminson	, NJ 08077						
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					☐ Glovebag	osure Procedure			163	un	1,	
	Is	Locat	tion					-	Aba	teme	ent T	vpe
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CIVI)							Amount		emo	ера	nca	Enclosure
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	Yes	T .	N/A	1	other miscellaned	ous)					ate	O
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	Ш	Ш	Ш					[
		933	auler II	O No.	Cubic Yards of Waste							
			17273	3	5 Disposal Date				-0.6			
					8/7/2018		e, PA					
Title)				Signature		.c. • rc. 1 / tao 3 / 1	Date				
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					- NOV	1		1	ماك	1	U	
f	CM)	B Int (Check only Entire Period of f Normal Facilit PM/ B CM) Is CM) Ves Cus Title Office (Scheduled Completer 8	Scheduled Completion Da 8 / 8 / nt (Check only one) Entire Period of Abatement f Normal Facility Hours - Des PM/ PM- CM) Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Yes No N/A NJDEP Hauler II 17273	Entire Period of Abatement f Normal Facility Hours - DescribePM/AM PMAM Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Scheduled Completion Date (11) 8	Scheduled Completion Date (11) 8	Scheduled Completion Date (11)	Scheduled Completion Date (11)	Scheduled Completion Date (11)	Scheduled Completion Date (11)	Scheduled Completion Date (11)

Page 1 of 2 Nock

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Na	me of Buildin	ng Owner/Operator	(2)	HILL G	出	$-\mathbb{W}$	10	7 7		
6/29/	18		- 14	ATL		1710-2243	Chk. #NA	Patrick Service Co. of Communication					
Agencies Notified	ation		1000000	eet Address	Di	100000000000000000000000000000000000000	H H JUL	31	2018	3			
☑ DOLWD ☑ Amende	d			Turnpike			<u> </u>				1		
☑ DHSS Amendm	nent #3			y, State, Zip		T DESCRIPTION OF THE PARTY OF T	ASBESTO	IS CON	17.52	1! 0	ned unqu		
□ DCA □ Emerger		ding	-		e, NJ 07095	Ĺ	Consumption LIC			*5- C	Ē.		
(NJAC 5:23-8) justificat	15 - 20 5 0		1 8	me of Conta	7.77		Telephone Num			* (**) (·) (·	#9 x (
☐ Cancella	tion			Robert Wor	The second positions with the second		732-442-860)0					
Name of Facility 10th and 1			F	ACILITY II	NFORMATION								
Name of Facility Where Abatement is	Taking Pl	ace (3)				Type of Facility	1						
NJTA MUB - E - Hightstown						School (K-1)		2)					
Street Address						Other (i.e., p	8 (Other than K-12 private and comme	1) ercial bu	ildina	S.			
Milepost 67 S - NJ Turnpike						homes, etc.)		3	7.5			
City (5)						Square Feet	# of Floors	Blo	ig. Ag	je			
East Windsor/Hightstown						20,000	1	ı	ınko	wn			
County (6)			C	ounty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)					
Mercer						Office & Sh	iops						
Name of Monitoring Firm Hired by Build	ding Own	er (8)	ASC	M No.	Name of Abateme	ent Contractor (9))						
Horizon Environmental					Asbestos an	d Mold Service	es, Corp.						
Street Address					Street Address						777		
PO Box 316					3859 Sylon B	oulevard							
City, State, Zip Code			H-Back		City, State, Zip Co	ode							
Thorofare, NJ 08086					Hainesport, N	NJ 08036							
Project Manager for Monitoring Firm		Te	lephor	ne No.	Telephone No.		License No.						
Dave or Steve Flanigan			856-8	48-0800	609-702-0400		00862						
Start Date (10)	Scheduled	d Comp	letion	Date (11)	Name of OSHA M	lonitor			Allerta				
6 / 27 / 18	8	/ _	10	/18	EMSL Analyt	ical, Inc.							
Occupancy Status During Abatement (Check on	lv one)			Street Address								
☐ Facility Closed/Vacated During Enti			ement		200 U.S. Rou	te 130 North							
☐ Abatement Performed Outside of No	ormal Fac	ility Ho	urs - D	escribe	City, State, Zip Co			-					
Time of Abatement:AM	PM/_	PN	Λ- <u> </u>	AM	Cinnaminson								
Scope of Work (Check all that apply)						,			2.16.2.1				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renova Demoli			☐ Mini-Enc ☐ Glovebag	Procedure	gative Pressure on-Friable Procedu	re					
		Is Loc							teme	nt T	vpe		
Location of	. 1	Norm Jsed So			Description o	f					T		
Asbestos-Containing Material (ACM TO BE ABATED		Mainter		_ ASDC	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure		
IN Facility	С	ustodia		?	surfacing, VAT,	or	(Specify SF or LF)	ova	₹	psu	Sur		
(13)	-	(12			other miscellane		,	-		late	e.		
	Ye	s No) N/	A			2			2150			
SEE ATTACHED SCOPE SHEET													
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									Ш	Ш			
Name of Registered Waste Hauler Waste Management		1.5	Hauler	P Waste ID No.	Cubic Yards of Waste	Name of Regis							
City, State			172	13	5 Disposal Date	City, State							
Lafayette, NJ					8/10/18	Penn Argy	le. PA						
Completed By (Print or Type)	Title				Signature	n							
Kimberly Trumbetti		e Coor	rdina	or	Signature		Da		M	1/2			
SB-41	Office		unidl	.01	LAX	1	7-27-18						
IAY 11	* Do n	ot use	this for	m for asbest	os licensure exemp	r ted activities.							

.hotti

NJTA Highlitown, MJ -Scope of work-

T500.363

			Table 4			
			Jersey Turnpike Hightsto			
*	DESI	& PMK Summan	of Positive ACM Results	and Estimated Quanti	ties	
Bulk Sample ID#	Homogenous ID #	Sampled By	Material	Sample Location	Positive PLM/TEM	Approximate SF/LI
8	H-04	PMK Group	Green 9x9 FL Tiles	Multi-Use Building/Garage Inventory Room	3.5 % Chrysotile	96 11
11	H-07	PMK Group	White With Black Streaks 12x12 FL Tiles	Hallway Locker Room Garage	1.7 % Chrysotile	1286 < 1
12	н-08	PMK Group	Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles	Hallway Locker Room Garage	1.2 % Chrysotile	1286 sf
13	H-07	PMK Group	White With Black Streaks 12x12 FL Tiles	Locker Room Garage	1.2 % Chrysatile	1286 sf
14	H-03	PMK Group	Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles	Locker Room Garage	1.4 % Chrysotile	1296 ਵਾਂ
15	H-07	PMK Group	White With Black Streaks 12x12 FL Tiles	Adjacent To Locker Room	1.1 % Chrysotile	1286 sf
16	H-08	PMK Group	Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles	Garage Adjacent To Locker Room	2.1 % Chrysotile	1286 sf
36		PMK Group	Grey cementitious Window Caulking Compound	Exterior Garage	12 % Chrysotile	2.300 sf
37	H-12	PMK Group	Grey cementitious Window Caulking Compound	Exterior Garage	12 % Chrysotile	2,300 ∉
38		PMK Group	Grey cementitious Window Caulking Compound	Extenor Garage	12 % Chrysatile	2,300 st

ALSO:

Lynchroom - 200 LF of cove buk mushi

Office ruxt to lunch room - 130 SF of floor tile

tarage - 200 LF of expansion joint material

7 St of glue dus on garage doors

Auto Stup - 40 SF of exterior Lour caulh

Multi-Un building - 200 SF of window gluzing

Floor Tile Total - 2415 SF

Check # # 100 - \$1,200.00

State of New Jersey IOT FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 7/27/18 Michael Viola Agencies Notified Type Notification Street Address **EPA** Initial DEP Amended City, State, Zip Code ASBESTOS CONTROL & × DOL Amendment # Rochelle Park, NJ 07662 × Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation Michael Viola **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Home School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Rochelle Park 1650 2 60 +/--County (6) County Code (7) Current Use (Prior if being demolished) Bergen (STATE USE ONLY) Residential Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Project Manager All Stages Abatement Street Address Street Address 280 N. Midland Ave. City, State, Zip Code City, State, Zip Code Saddle Brook, NJ 07663 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-600-3184 01305 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/30/18 8/2/18 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥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 Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, Encapsulate (Specify Custodial Staff? Remova In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st FI X VAT 597 SF X Name of Registered Waste Hauler

NJDEP Waste

Hauler ID No.

0036592

Title

President

Cubic Yards

Disposal Date

Signature

of Waste

3

TBD

Completed by

City, State

All Stages Abatement

Saddle Brook, NJ

Richard Cristofol

Name of Registered Landfill

City, State

Pen Argyl, PA

Grand Central Sanitary Landfill

Date

7/27/18

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

7 / Agencies Notified				I INGII	e of Building	ng Owner/Operator	(2)	1 1 11 15	7 11 11	II F	7 70	
Agencies Notified	26 /	18		7700		Cerenzo	1111	#1806-2311	Chk.	#508	9,	1
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□ DOLWD □	☐ Amended			City	Ctoto 7in	Code	led for	005	' 201	d	11	1
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☐ DCA	☐ Emergency	(includi	ng			NJ 08028		ASBESTOS	CONTO	01 0	J	-
(NJAC 5:23-8)	justification)	11 XI = VII	Nam	e of Contac	ct	Lu	Telephone N	ûmber	71 St		-
	Cancellation	1		GI	inario			and the second section of the second	Total	Talapan ang pa	All Articles	!
Name of Facility Where Al	hatament is Tel	ina Dia	(2)	FA	CILITY	NFORMATION						
Residential	Jatement is Tar	ang Pia	ce (3)				Type of Facility	***				
Street Address							School (K-1	²⁾ 8 (Other than K	12)			
ou oct / tauress	l						Other (i.e., p	rivate and com	mercial b	uildin	gs,	
City (5)			-				homes, etc.					
Hamilton							Square Feet	# of Floors	В	Bldg. A	\ge	
							1500	1		78		
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	rior if being dem	olished)			-
Mercer						200	Residential		10.1000 11545 ()			
Name of Monitoring Firm F	lired by Building	Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	1				_
Finog Environmenta	d.						d Mold Service					
Street Address							a molu del vice	ъ, согр.				
617 Stokes Rd., Suit	o 1-318					Street Address	roller • start reaming					
	C 4-3 10					3859 Sylon B						
City, State, Zip Code						City, State, Zip Co	ode					_
Medford, NJ 08055						Hainesport, N	IJ 08036					
Project Manager for Monito	oring Firm		Tel	ephone	No.	Telephone No.		License No.				
Rebecca Rubinitz			(388) 71	15-2211	609-702-0400		00862				
Start Date (10)	Sch	eduled	Comple	etion Da	ate (11)	Name of OSHA M	onitor	00002				
8 / _6_ / _				3/		EMSL Analyti						
Occupancy Status During A	Abatement (Che	ck only	one)	-		Street Address						
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Time of Abatement:	AM-	PM/	PM	-	AM	City, State, Zip Co				2-17-E11-		
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cope of work (Check all ti	nat apply)					N =-4.0						
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≥160 sf or >260 lf		≥3 sf or ≥3 lf ⊠ Renova							tive Pressure ENClauk			
70-00-00-00-00-00-00-00-00-00-00-00-00-0	emoliti	ווכ			osure							
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UC 5096

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Spell	Nan	ne of Buildi	ng Owner/Operator	(2)					
7/26	/1	8		- 1		ousing Authority		50b#1867	-2323	Eh	k. #5	096
	otification)		Stre	et Address	 	1117		-		11	11-
☑ EPA ☑ Initia				19	1 West C	hestnut Avenue	1111	JUL 3	1 00	li	111	1
☑ DOLWD ☐ Ame				-	State, Zip		3-9 1-2	OUL U	2018	- 11	Щ	1
I —	ndment a		-	1 - 500	neland, N		1-1			1		l
	ergency (i fication)	ncludir	ng		e of Conta		A	SPECTOS	French Company	<u> </u>	- 1	
	cellation				on Miller	J.	1	Telephone 1 856-691-	1.15%	8.		
				F/	CILITY	NFORMATION						
Name of Facility Where Abatemer	t is Takir	g Plac	e (3)				Type of Facility	, (A)				
Parkview Apartment - Unit							School (K-1					
Street Address								8 (Other than I	<-12)			
420 North 6 th Street							Other (i.e., homes, etc	private and com	nmercial b	uildin	gs,	
City (5)							Square Feet	# of Floors	T E	ildg. A	ae	
Vineland								2		51	3-	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being den	nolished)			
Cumberton					- F		Vacant	nor il bollig del	nonsnea)			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCN	l No	Name of Abateme		1				
Finog Environmental	3		(-)	7.0011	. 110.	A CONTRACTOR OF THE CONTRACTOR		·				
Street Address							d Mold Servic	es, Corp.				
617 Stokes Rd., Suite 4-318						Street Address						
City, State, Zip Code	9					3859 Sylon B						
Medford, NJ 08055						City, State, Zip Co	ode					
						Hainesport, N	NJ 08036					
Project Manager for Monitoring Fire	n			ephone		Telephone No.		License No	,			
	Rebecca Rubnitz							00862				
Start Date (10)					ate (11)	Name of OSHA M	lonitor					
8/6/18				5_/	18	EMSL Analyti	ical, Inc.					
Occupancy Status During Abateme						Street Address						
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abate	ement		200 U.S. Rout	te 130 North					
Abatement Performed Outside	of Normal	Facilit	у Ног	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:AM-	PI	VI/	PIV	l	_AM	Cinnaminson						
Scope of Work (Check all that apply	()						•			19		
$\square \ge 3$ sf or ≥ 3 If		⊠ Re	nova	tion		☐ Mini-Encl	inment with Negative Pressure [Victoria					
≥160 sf or ≥260 lf		☐ De	moliti	on		☐ Glovebag	Procedure		877			
				000000		☐ Non-Exer	mpted (*) and No	n-Friable Proce	edure			
Landing			Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	CM)			ely by	Acho	Description of			Z.	R	П	ш
TO BE ABATED	(Olvi)	Ma	intena	ance/	(i.e	stos Containing Mat , thermal systems i	erial (ACM)	Amount (Specify	Removal	Repair	nca	Enclosure
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(13)		Yes	(12) No	N/A		other miscellaned	ous)		-		Encapsulate	6
Unit 15					Multi La	yer Flooring		1050 SF				
Unit 9				\boxtimes	Multi La	yer Flooring		1050 SF				
							П	П	П			
	П	П					- -					
Name of Registered Waste Hauler		JDEP V	Vaste	Cubic Yards of	Name of Regis	torod Landell		Ш	Ц	Ш		
Waste Management			1922	lauler IE	No.	Waste						
City, State				17273		5	Grand Cen	ıuaı				
Lafayette, NJ						Disposal Date	City, State	N 20025-1				
						8/16/18	Penn Argy	le, PA				
Completed By (Print or Type)	Title					Signature			Date		1	
Kimberly A. Trumbetti	Of	fice C	oord	dinator		(MXI)			7-2	12-1	t.	
SB-41			_			HIL			1 4	er i	Mr.	

CK 1000002 2 105 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuan) to NSAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 7/27/2018 RC Cape May Holdings Agencies Notified Type Notification Street Address JIII 2018 900 North Shore Road X **EPA** Initial X DEP City, State, Zip Code Amended X DOL Amendment # Beesley's Point, NJ 08223 ASBESTOS CONTROL & Emergency (including X DOH Name of Contact justification) Telephone Number X DCA Cancellation Dave Hagel 609 390 5134 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **BL England Generating Station** School (K-12) Street Address Subchapter 8 (Other than K-12) 900 North Shore Road Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age Beesley's Point 40000 10 60 County (6) County Code (7) Current Use (Prior if being demolished) Atlantic (STATE USE ONLY) Power Plant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Advanced Specialty Contractors Street Address Street Address 2400 Main Street Extension Suite 10 City, State, Zip Code City, State, Zip Code Sayreville, NJ 08872 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-525-0100 00750 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/13/2018 8/22/2018 Tiger Environmental Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 234 20th Ave Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Normal Hours - Close Off Brick, NJ 08724 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 Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, Enclosure Custodial Staff? (Specify Removal In Facility Repair surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Unit 3 Ductwork Floors 3 and 4 X Mastic 550 Sf Х

Name of Registered Waste Hauler					
Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Atlantic County	Landfill Utilities Authority
City, State Freehold, NJ			Disposal Date	City, State Egg Harbor Tov	wnshin NI
Completed by Mike Andrew	unt Manager	Signature	All ale	Date 7/27/2018	

CK-# 006035

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Date of Notification (1) 07/26/2018	7. C4 — 	H	Name	of Building k-Cali Pla	Own	ner/Operato	r (2)				TO COMPANIES OF THE	-	,	1	H
Agencies Notified Type Notification	1			Address	aza	1 LLC		- 111.		Щ	31	201	A -	111	Ш
X EPA X Initial			210	Hudson :	St						(4	-01	U	I law	4
DEP Amended Amendmen	ıt#			State, Zip C		70		A	SBE	STOS	CON	TD.) o	<u></u>	
Emergency	(includir	ng		ey City, N		0/311		the state of the s			- DIVIS	1	M. Ec		- American
DOH justification Cancellation				n McClea						lephone 1-91				A	
Name of Facility Where Abatement is Takin	na Place	(2)	FA	CILITY INF	ORM	IATION									
Harborside 1	ig riace	(3)					Тур	e of Facility (4							
Street Address							H	School (K-12 Subchapter 8	(Oth	er than	K-12)				
150 Hudson Street							×	Other (i.e. pri etc.)	vate	& comn	nercial	buil	dings	, hom	ies,
Jersey City								are Feet 000+	# 0	f Floors	5	100	3ldg. ,	Age	
County (6) Hudson			County (STATE	Code (7)) _			ent Use (Prior	0.50	ng dem	nolishe	100			
Name of Monitoring Firm Hired by Building	Owner (8)		M No.		Name		atement Contr	actor	/9\					
Environmental Design,Inc.	***							Diagnostic L		(3)					
Street Address 5434 King Ave Suite101						Street							-		
City, State, Zip Code								vild Ave Zip Code	-			-210			
Pennsauken, NJ 08109								dale, NJ 07	403						
Project Manager for Monitoring Firm Tom Pruno				one No. 316-9516		Teleph					se No.	***			
Start Date (10)	te (10) Scheduled (3-3995 HA Monitor		0118	31				
08/06/2018	018 08/25/201							Diagnostic L	LC						
Occupancy Status During Abatement (Chec			Street Ac					ss							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of al Facili	Abaten						Ild Ave Lip Code							
Other - Describe: Occupied		•			_			dale, NJ 07	1 07403						
Scope of Work (Check All That Apply)					-					×					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				×	Full Containment wit Mini-Enclosure Glovebag Procedure								
		s Locati	on				NO	n-Exempted (*) and	Non-F	riable i		Abate		
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	ly			Description (of				_	_	Ту	ре	
TO BE ABATED	Ma	aintenar stodial S	nce/	Asbesto (i.e. t	os Co therm	ontaining Ma nal systems	ateria insula	I (ACM) ation,		nount		D D	_	Enc	Ф
In Facility (13)		(12)	itan:			facing, VAT r miscellane				or LÉ)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				>3.₹±5 . €				1	2	₹.	ılate	ure
Second Floor		Х		F	loor	Tile & M	astic	:	100	0 SF	>	(
Second Floor		X			(Glue Dots	3		500) SF	>	(
											-				
Name of Registered Waste Hauler	N.	JDEP W	/aste	Cubi	ic Yards		Name of Reg	nister	ad Land	dfill					
Hazmat Diagnostic LLC		Ha	auler ID 35440	No.		/aste		G.R.O.W.				225	lan	dfill	
City, State		100	/ /// /			osal Date		City, State			. and		Luii	J.1111	
Bloomingdale, NJ Completed by					TBE			Morrisville	, PA						
Completed by Fatiana Rotaru	Title Adm	Signature Date				6/2010			T I						
	istrative Assistant 07/26/2					0/2	2018								

CK7328 D&S Proj. #: 18-153 Date of Notification (1) Name of Building Owner/Operator (2) 10 17 1/12 13 1/11 18 1 maria levin Agencies Notified Type Notification Street Address LICENSING ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency CARLSTADT, NJ 07072 (including DOH. Name of Contact Telephone Number justification) ☐ DCA Cancellation maria levin **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) maria levin Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) CARLSTADT bergen Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/01/1818 08/30/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure > 3 sf or >3 lf Renovation Mini-enclosure Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial E е asbestos-containing n Description of asbestos-containing Amount staff(12) n material (acm) to be m n C (Specify SF or material (ACM) abated in facility (13) 0 C a LF) а Yes No N/A p PIPE INSULATION 100 l ft M NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill

basement Registered Waste Hauler D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 08/02/18 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 07/20/18 ASR-41 Do not use this form for ashestos licensure exempted activitios

CK# 7327

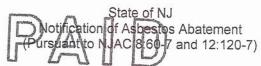
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justification		Name of	Contact					Telepho	ne Numbe	er			
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Name of facility where abateme	nt is taking p	lace (3)				1	T	Type of Facility	(4)			_	
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Street Address						Street Address	ICAI	IOIV, IIVC.		_		_	
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Project Manager for Monitoring Fi	irm		Phone Nun	nber		Telephone Numbe			License	Numl	per		_
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Start Date (10)	Sche	d. Comple	etion Date (11)		Name of OSHA Me	onitor						
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abated in facility (13)	Yes	No	N/A			,		ĹF)		V V	i a	a p	L
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D & S RESTORATION, INC	135			10 yds		TULLYTOWN			COVER	Υ			
ity, State PATERSON, NJ 07503			Disposal			City, State							
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BOGDAN JOLDZIC	Title PRESID	ENT		Signatur	J				Date 07/20/	2018			

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Street Address					***************************************	<u>F</u>	School (K-1	2) 8 (Other than I	K. 191				
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Project Manager for Monitoring Firm		·1	Telepho	ne No		elephon		743Z Licens	a No				-
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City, State Newark, NJ 07105			~JU5		isposal I		City, State		5 355	y Landfill			
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Joseph Vocaturo	Vice	Pres	ident		Oign	Little	1		Date	12	116		

B & G proj. #:

2018-153



Check # 9100

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Date of Notification (1)	11	Name of Bu	ilding Ow	ner/Operator (2	2)							e and
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			FAC	ILITY INFORM	IATIO	N I	the Park Company of the Company of t	Indiana a contra action	and the second			
Name of facility where abatemen	t is taking pl	ace (3)				T	Type of Facility	(4)				
Kenneth Smith								ol (K - 12)				
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Street Address						Street Address				_		_
· ·						105 Ryerson F	Road		*			
City, State, Zip Code						City, State, Zip Code						
D						Lincoln Park,	NJ 07035					
Project Manager for Monitoring Fire	m	Pho	one Numb	er		Telephone Number (973)696-686	0	License		oer		
						Name of OSHA Mon		00	378			
Scheduled Start Date (10)	Sched	I. Completio	n Date (1	1)		B & G Restora						
08/06/2018	08/0	07/2018				Street Address						-
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Facility closed/vacated during	g entire peri	od of abater	nent.		1	City, State, Zip Code						
Abatement performed outside Describe:	e of normal	facility hours	S-									
Other-Describe:					-	Lincoln Park, N	IJ 07035					
Scope of Work (check all that app	ly)											
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CK 34570

JAN 13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Agencies Notified □ FPA □ DCH □ DCA □ DCA □ Cancellation □ FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence □ City (5) Monroe Twp. County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ County Code (7)(STATE USE ONLY) N/A Street Address □ St
EPA
DOH
Name of Contact John Dykeman STACH keman Stach Dyke
Cancellation John Dykeman ICENSING
Name of Facility Where Abatement is Taking Place (3) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter
Residence Street Address City (5) Monroe Twp. County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone
Street Address City (5) Monroe Twp. County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Monitoring Firm Telephone No. Telepho
City (5) Monroe Twp. County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Start Date (10) 08 / 06 / 18 08 / 08 / 08 / 08 / 08 / 08 Street Address Scheduled Completion Date (11) 08 / 26 / 18 08 / 08 / 08 / 08 / 18 08 Street Address Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Tolephone No.
Monroe Twp. County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Start Date (10) 08 / 06 / 18 08 / 08 / 18 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AMPM/PMAM County Code (7)(STATE USE ONLY) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residence Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755 Telephone No. 732-349-9932 00624 Name of OSHA Monitor E.M.S.L. Analytical Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854
County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Start Date (10) 08 / 06 / 18 08 / 08 / 18 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AMPM/PMAM PMAM PMAM Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755 Telephone No. 732-349-9932 00624 Name of OSHA Monitor E.M.S.L. Analytical City, State, Zip Code Piscataway, New Jersey 08854
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Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No
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1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10)
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Start Date (10)
Occupancy Status During Abatement (Check only one) Street Address
 ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM City, State, Zip Code Piscataway, New Jersey 08854
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM City, State, Zip Code Piscataway, New Jersey 08854
Time of Abatement:AMPM/PMAM Piscataway, New Jersey 08854
Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 lf □ Renovation □ Mini-Enclosure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure
Is Location Abatement Type
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)
Yes No N/A
exterior
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill
Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F.
City, State Disposal Date City, State
Toms River, New Jersey 08/08/18 Tullytown, Pennsylvania

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



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 5:40)

Date of Notification (1)				Name	of Ruildin	g Owner/Operator (2)	IN E (2 E 1	1\//	BI
07 / 27 /	18	_				I Estate & Dev		Check#	7 5 1 1186 \$2	00	<u> </u>
Agencies Notified				100000000000000000000000000000000000000	t Address Connell	Drive, Suite 410	00		JL 3 1	2018	
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☐ DCA ☐ Emerger		luding	,	Ве	rkeley He	ights, New Jers	ey 07922	ASBES	TOS CO	NTROL	
(NJAC 5:23-8) justificati	ion)	idding	,	Name	of Contac	t		Telephone No			. 4
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				FA	CILITY IN	IFORMATION					
Name of Facility Where Abatement is	Taking I	Place	(3)				Type of Facility	(4)			
Private Residence							School (K-1)				
Street Address								8 (Other than K-			
							homes, etc.	rivate and comr	nercial bui	idings,	
City (5)							Square Feet	# of Floors	Bld	g. Age	
Berkeley Heights, New Jersey	07922	2					5000	2	5	9. Age 60 +	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr		olished)		
Union							Private Res				
Name of Monitoring Firm Hired by Buil	ding Ov	vner ((8)	ASCM	No.	Name of Abateme)			
EWMA				N/A		Lilich Corpor	ation				
Street Address						Street Address					
100 Misty Lane						606 McBride					
City, State. Zip Code						City, State, Zip Co	ode				
Parsippany, New Jersey 07054			72.			Woodland Pa	ırk, New Jerse	y 07424			
Project Manager for Monitoring Firm								License No.			
	Brad Chupick							01104			
	Schedul					Name of OSHA M					
				/ -	18_	IRIS Environr	mental Labs L	LC			
Occupancy Status During Abatement (Street Address	NAME OF THE PARTY				
☐ Abstance Defended Outside of N						2333 Route 2					
Abatement Performed Outside of N Time of Abatement: <u>7</u> AM- <u>3:30</u> PM/	ormai F F	PM	/ Hou	s - Des AM	scribe	City, State, Zip Co Union, NJ 070					
Scope of Work (Check all that apply)						_					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			novat			☐ Mini-Encl		gative Pressure			
		Z Dei	molitic	on ———		☐ Glovebag	procedure mpted (*) and No	n-Friable Proce	dure		
			Locat Iorma			E 12/100			Aba	tement 7	Туре
Location of Asbestos-Containing Material (ACM	1)		d Sole	-	Ashe	Description of stos Containing Mar		Amount	Re	Re En	四四
TO BE ABATED	"		intena	nce/ Staff?		, thermal systems i		(Specify	Removal	Encapsulate	Enclosure
IN Facility (13)		Cust	(12)	Stair?		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>	sula	ure
(10)	į,	Yes	No	N/A		Other miscenane	ous)			te	
Basement/1st Floor Closet]				Pipe Ins	sulation/Air Cell	(Wrap&Cut)	250 LF			
	[
	[
	1		П	П				1100 (200 200 200 200 200 200 200 200 200			П
Name of Registered Waste Hauler		ATTEN A	N	JDEP \		Cubic Yards of	Name of Regis	stered Landfill			1-
Lilich Corporation				auler II	O No.	Waste 10	Fairless La				
City, State				1012		Disposal Date	City, State				
Woodland Park, New Jersey						08/10/2018	Morrisville	, Pennsylvani	ia		
Completed By (Print or Type)	Title					Signature	400		Date		
Adriana Olejarova	Pre	side	nt			Juh	- les				

ASB-41 **MAY 11**

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

CK 1677

PAID

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

								1:7	111	1111			- 11	1 111
Date of Notification (1) 07-27-18				f Building ek Interr			r (2)		Lal	JUL	312	018	Total Control	뵈
Agencies Notified Type Notification			Street A 41 Fur	ddress	t.				ASI	BESTOS	CONT	ROL	2	Barrier Services
EPA Initial DEP Amended Amendment	#	-		ate, Zip Co				2 mg mg mg mg ga	T. OF THE OWNERS OF	LIUE	MSING		Museuman	
DOH Emergency justification)	(including	-	Name of	f Contact	01014					ephone I				
DCA Cancellation			Don Ja		001115				(9	73) 426	-2166			
Name of Facility Where Abatement is Takin Commercial Building	g Place (3)		FAGI	LITY INF	ORMATI	ION	Тур	e of Facility (500 1000					
Street Address 35 Flanders Rd.			***************************************				¥	Subchapter Other (i.e. p	8 (Oth			ilding	s, hom	es,
City (5) Netcong						es es aprison	Squ	etc.) are Feet	#0	f Floors		Bldg.	Age	
County (6) Morris			County (Code (7) JSE ONLY)		Curi	rent Use (Prid	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	No.				atement Con		(9)		walle-		
Street Address						Street 522								
City, State, Zip Code			0.000.000.000.000.000.000.000.000				444	Zip Code ty NJ 0708	7			<u> </u>		
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 201		No. 9603		License 01206				
Start Date (10) 08-06-18	Schedule 08-14-1							SHA Monitor ntracting L	LC					
Occupancy Status During Abatement (Chec						Street 522		277.5						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00 Am - 5:00 Pm	Period of Ab	atem lours	ent	-		City, S	tate,	Zip Code	 7					
Scope of Work (Check All That Apply)						Onio	Union City NJ 07087							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th		novation molition				I M		ative Pressure					
	IsL	ocati	on I						() 2	3 14011 1 1	labio / .	Aba	temen	t
Location of		rmall	у			scription					-	7	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	tenar	ice/		thermal surface		s insu T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Ground Floor	163	X	INIA		Corou	l	.latia			20.05	-	and and and and and and and and and and	-	\vdash
Ground Floor	Ground Floor					on Insu	JIBUC	on	20	00 SF	X			
											+			
Name of Registered Waste Hauler	Houses ID No					Yards		Name of F				='\b.		
Delfa Contracting LLC			35240		of Was			Tullytow		source	Recov	/ery	Facili	ty
City, State Union City, NJ	Title				Dispos 08-16	al Date -18		City, State Tullytow		Λ.				
Completed by Jaime Delgado	lana	ger.		S	Signature Date 07-27-18						-18			



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

Date of Notification (1)				Name	of Buildin	a Owner	/Onerato	r (2)		KUL			1	0)		
7/26/18					homas	ITE	7 [G	F	П	11/1	P	P					
Agencies Notified	Type Notification	1		-	Address) "	- (b)	_15		W	E	(n)		
EPA	× Initial			53 K	ennedy	Avenu	е			N.								
DEP X DOL	Amended				tate, Zip C						JUL	3	1 .	2018	- 1			
	Amendmer Emergency	(including	1		ensburg				feed	l	OUL		' (.V10		1		
DOH DCA	justification Cancellatio)			of Contac				Telephone Number									
	Caricellatio	n			er John				- I	Ag	73-82	7-31	90	TROL	. &			
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	CILITY INF	ORMAT	TION	Type	e of Facility	(1)	den e	3611	1181) or settings	- week	10.11.3		
St. Thomas of Aqui	n							Тур		1000								
Street Address					School (K-1	School (K-12) Subchapter 8 (Other than K-12)												
53 Kennedy Avenu	е							×	Other (i.e. p	private	& com	merci	al bu	ldings	, hon	nes,		
City (5)							Squa	etc.) Square Feet # of Floors					Bldg. Age					
Ogdensburg								13/20/20	200 2				67					
County (6) Susses				County	Code (7)			Current Use (Prior if being demolished)										
	11511				USE ONLY	0		chu					50550E					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name	of Aba	atement Cor	tractor	(9)							
Street Address							-	S Environmental Services, LLC										
									t Address									
City, State, Zip Code				-				, 4 E Gate Drive										
					State, Zip Code nwood, NJ 07418													
Project Manager for Monitoring Firm					ne No.		Teleph			License No.								
								764-2			703	se ivo).					
Start Date (10) Scheduled Cor 8/9/18 8/17/19					Date (11)		Name	e of OSHA Monitor										
8/9/18 8/17/18 Occupancy Status During Abatement (Check Only One)																		
The state of the s							Street	Addre:	SS			11.1.2						
Facility Closed/Vacated During Entire Period of Abatel Abatement Performed Outside of Normal Facility Hour				nent														
Other – Describe: basement				5			City, S	tate, Z	ip Code									
Scope of Work (Check All	That Apply)																	
23 sf or >3 lf							_	П										
≥ 160 sf or ≥ 260 lf							Full Containment with Negative Pressure Mini-Enclosure											
							×	Glo	vebag Proce	edure								
	<u></u>	la	Locali	riztativ ir				l Noi	n-Exempted	(*) and	i Non-F	riable	Pro	Walle - SW -				
Location of Is Locat Norma						1		tat						Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used SoluMaintena Custodial					Asbest	tos Conta	scription aining M	Material (ACM) s insulation,		Amount (Specify		İ		ĺ				
			odial S		(i.e.	thermal	systems						Re	_Z	Enca	四		
(13)			(12)				surfacing, VAT, other miscellane				F or LF)		Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A									/al	=	ilate	ure		
basemer	nt			X p			inquiati					-	_		(27V)			
						hihe	e insulation		3		35 LF		X					
Name of Pogistered M.	11-1				i. J													
102				JDEP Waste Cubic Yards auler ID No. of Waste														
i rocifola Cartage				auler ID No. of Waste 5939 TBD			le.	Western Berks Landfill										
City, State					Disposal Date				City, State					-				
Freehold NJ					TBD				Birdsbore	o, PA								
Completed by A. Scott Higgins		Title				Sig	gnature		7)	161		Date						
A. Scott Higgins President								7/26/18										

APPROVED BY: Tom Voorhees, DOL

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

10m Voorhees, DOL				BESTOS AE <u>C.</u> 8:60 and	40-4001	ELW	在戶	34	11					
Date of Notification (1)	Name of Building Owner / Operator (2)													
7/26/18 Agencies Notified Type Notification		Street Address 43 Wertsville Road												
□ EPA			rtsville F	01 0		Contraction of the last								
DEP Initial		tate & Zip				01.8	and and and							
□ DOL □ Amended			es, NJ 08	3551	ASB	STOS CONTR)L a						
□ DOH□ DCA□ Cancellation			of Contact rd Stolos	₽i	E and a second s	hard to deep the second second second	Telephone Number 908-782-6464							
			ORMATION			900-707	2-04	04	_					
Name of Facility Where Abatement is Ta		ILII I IIVI	Type of Facil	lity (4)										
East Amwell Elementary School			School (School (K-12)										
Street Address 43 Wertsville Road				Subchap	oter 8 (Other tha	an K-12)								
45 Wertsville Road				Square Feet	e. private & cor				tc.)					
City (5) County	(6) Co	ounty C	ode (7)	- Square reet	# 01 F10	ors	Bldg. Ag	3						
Ringoes Hunte			(-)	Current Use	(Prior if being d	emolished)								
				School										
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCM No		Name of Abatement Contractor (9)									
RJB Environmental Inc. Street Address					ironmental, I	nc.								
56 East Bridge Street				Street Addres										
City, State & Zip Code				City, State &										
Morrisville, PA 19067			Bristol, PA											
Project Manager for Monitoring Firm		Number		Telephone Number License Number										
Jim Frisbee Scheduled Start Date (10) Schedul	991-92			(215)788-6040 00509 Name of OSHA Monitor										
7/27/18	ed Completic 7/27		(11)		Bristol Environmental Inc.									
Occupancy Status During Abatement (Cl		Street Addres				01								
Facility Closed/Vacated During E			ement		1123 Beaver Street									
Abatement Performed Outside of Normal F				City, State &										
Describe: 7am to 3pm Facility Occupied During Abatem			Bristol, PA	19007										
Scope of Work (Check all that apply)	CIII													
_							with Negative Pressure							
≥3 sf or ≥3 lf ≥160 sf ≥260 lf			vation		Mini-End									
≥160 sf ≥260 lf		Demo	olition			Bag Procedures Exempted and Non-Friable Proced								
Location of	Is	Locatio	n	Description	Toronto P	Amount	Abatement Type							
Asbestos-Containing	Norr	nally Us	sed	Asbestos-Con	taining	(Specify	7100	T	ment Type					
Material (ACM) TO BE ABATED Ma			0.05	Material (A		SF or LF)	, D	_	E	Щ				
in Facility	20000000	tenance odial St		(i.e., thermal si insulation, surface			Remova	Repair	aps	Enclsoure				
(13)	ļ.,	(12)		or other miscell	aneous)		val	₩.	Encapsulate	ure				
0	Yes	No	N/A	- -					(0)					
Crawlspace Crawlspace		H	Pip	e Insulation (v Debris		8 LF		H	밁	H				
Crawispace		H	H	Debris		12 SF		H	H	님				
		H	H				᠆ᡰᡰᡰ	뉘	H	片				
		ПI	H				一日	H	Ħ	H				
									Ħ	一				
Name of Registered Waste Hauler		EP Waste												
Service Transport Inc.	209	ler ID No. 90	of Waste 1 Cu Yd	(V 50° TC 787)										
City, State				Disposal Date	City, State									
New Castle, DE				7/27/18										
Completed By (Print or Type)		Title		Signature	ignature				Date					
Gino Pizzigoni	Proj	ect lager	Minnaf	Sino Pmagoni /gr 7/26/1										
2712122		Ivial	ayer	10000	11/10/01	1/4/								



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

					t to NJAC	200		12.51	T	m	E			W	E		
Date of Notification (1) 07/27/2018					of Building ards Tov				П	13	1						
Agencies Notified	Type Notification			Street Address							Jt	IL 3	1 ;	2018	- In the second		
EPA DEP	Initial Amended			101 Peachtree Road City, State, Zip Code													
× DOL	Amendment				ng Ridg		07920			ASBESTOS CONTROL &							
X DOH	Emergency justification)		3	Name of Contact					LICEN Telephone Number					VSING			
X DCA	Cancellation	1			ric McLa				908-204-2600								
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMA	TION	Tvr	e of Facility (4	4)							
Oak Street Element	tary School							×	School (K-1:	(66)							
Street Address 70 West Oak Street	t								Subchapter Other (i.e. p etc.)	8 (Other			ldings	, hom	es,		
City (5) Basking Ridge NJ 0	7920								are Feet 000	# of FI	loors		30+ y	Age /ears			
County (6) Somerset				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Public School									
Name of Monitoring Firm AHERA Consultants		Owner (8)	ASC 005	M No. 7				patement Con onstruction	CONTRACTOR NAMED IN COLUMN)						
Street Address PO Box 385							Street	Street Address 205 Route 46 Suite 15									
City, State, Zip Code Oceanville, NJ, 082	31-0385								Zip Code NJ 07512	87.15A 98.14							
Oceanville, NJ, 08231-0385 Project Manager for Monitoring Firm John Smoyer				Telepho 609-6	() ()	Teleph 973-		No. 9735	1 1120	License No. 01034							
Start Date (10) 08/06/2018		Schedul 08/10/		mpletion		Name of OSHA Monitor Savic Construction Corp											
Occupancy Status During	Abatement (Chec						Street			Corp							
X Facility Closed/Vaca	sted During Entire F	Period of	Abater	ment					te 46 Suite	15							
Abatement Performe Other – Describe: _	ed Outside of Norm	nal Facility	y Hour	s					Zip Code NJ 07512								
Scope of Work (Check Al	I That Apply)		501111111111111111111111111111111111111														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		personal line	Renova Demoli				×	M G	ull Containme lini-Enclosure lovebag Proco on-Exempted	edure				·e			
		Is	Locat	ion								T	Abat	ement			
Location Asbestos-Containing TO BE ABA	Material (ACM)	Use Ma	Norma ed Sole iintena	ely by nce/		tos Cor	escription	1ateri:		Amo		Remova		/pe	_		
In Facilit (13)		Cus	Custodial Staff? (12)			aff? (i.e. thermal systems surfacing, VA other miscellar					(Specify SF or LF)		Repair	Encapsulate	Enclosure		
		Yes	No	N/A								_		ite	Ф		
Classroon	n 41		X			VA	T & Mas	stic		1080	SF	х		x			
N SUNTERS / SUNTERS / SUNTERS / SUNTERS / SUNTERS / SUNTERS / SUNTERS / SUNTERS / SUNTERS / SUNTERS / SUNTERS /												-					
Name of Registered Wast	e Hauler			I DED 14	Insta	Cost	Ve-d-		I No		1						
Savic Construction Corp				JDEP Waste Cubic Yard of Waste 2253 10 yr			aste	The state of the ground and the state of the									
City, State Totowa NJ				Disposal Date 08/10/2018													
Completed by Sava Savic	dent				Signature			Date 07/27/2018									