NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Kearfott Corp. 6/16/2017 Agencies Notified Type Notification Street Address 1150 McBride Avenue 2017 []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended Woodland Park, NJ, 07424 [X] DOL ASBESTOS CONTROL & Notification [X]DOH Name of Contact Telephone Number []EMERGENCY David Cardy []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kearfott Corp. []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial 1150 McBride Avenue buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) 54,550 2 63 (STATE USE ONLY) Woodland Park Essex Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6-25-17 6-26-17 N/A Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glove-bag Procedure []Non-Friable Procedure Is Abatement Type Location Location of Description of Normally Used NC RE NC Asbestos-Containing Asbestos-Containing Amount Material (ACM) Material (ACM) Solely (Specify E MOV APS HOS By Maintenance/ TO BE ABATED SF or (i.e., thermal systems Custodial In Facility insulation, surfacing, VAT, LF) Staff (12) A U (13)or other miscellaneous) Yes No N/A R E Basement X Furnace Room 80 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 1.5 AZTECH MANAGEMENT, INC. Minerva Enterprise INC 17040 City, State Disposal Date City, State Montclair, NJ 07042 6-27-17 Waynesburg, Ohio 44688 Completed By (Print or Type) Title Signature Date Constantine Vivian President 6/16/2017

Ch# 1263

Date of Notification (1) 6/14/2017					f Building Owne	r/Operator	r (2)		[Pro) [F	- A	- Tr=	э п	7.77	
Agencies Notified	Type Notification			Street A	e property				111	7) [- (G	<u>l</u> E	<u>; </u>	W/	Ľ.
	_			Street	Address					3					
DEP X DOL	Initial Amended Amendment	t#			ate, Zip Code n NJ 08817			6.		1	JUL		2.2	2017	7
DOH DCA	Emergency justification)	(including	_	Name o	f Contact Toriello		-	k.	Tel	ephone	e Numb	er		- D	OL &
DCA .	Cancellation	1			LITY INFORMA	TION								- 1	012 01
Name of Facility Where	Abatement is Takir	ng Place (3	3)	1 70	LITT IN ORMA	HON	Ty	pe of Facility (4)						
Private property								School (K-12)						
Street Address							×	Subchapter 8 Other (i.e. pri etc.)				build	lings,	home	es,
City (5) Edison NJ	Wester (1)						2000	quare Feet 500SF	# of 2	f Floors	,		ldg. A	ge	
County (6) Clerk					Code (7) USE ONLY)		Cı	urrent Use (Prior	if bei	ng dem	nolishe	1)	=0-0-		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN N/A	/ No.			Abatement Control				-			
Street Address N/A				1		Street	t Add								
City, State, Zip Code N/A						City, S	State	e, Zip Code							
Project Manager for Mon	itoring Firm			Telepho	ne No.	Teleph	hone		J4 <i>1</i>		se No.			-	
N/A Start Date (10)		0-1-1-1		N/A	D-1- (44)			2-9685		0132	20			1/4/2001	
6/15/2017		6/20/20	017	npletion	Date (11)			OSHA Monitor ironmental La	abora	atories	5				
Occupancy Status During			62			Street		ress oute 22 West							
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norn	Period of Anal Facility	Abaten Hours	nent S		City, S	State	, Zip Code							-
Scope of Work (Check A	II That Apply)					Unio	יו חו	IJ 07803							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	. таслеру)		Renova Demolit			×		Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure					ρ	
		Is	Locati	ion					7					ement	
Location		1	Normal d Sole	ly		escription					F	_	Ту	ре	-
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	intenai todial S (12)	nce/		ntaining M al systems acing, VA miscellar	s ins	sulation, r	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Baseme	ant .	165	140	7.55.5	04	:1 d :		-4:-	- 00	2005					
Daseme	erit.			×	lloor i	ile and i	mas	SUC	30	00SF	Σ				
Name of Davistandari			1 6												
Name of Registered Was Newark Carting Inc	te mauter		Н	JDEP W lauler ID 4509		c Yards aste		Name of Re				dfill			
City, State Po Box 5670						osal Date		City, State 2335 App	olebu	ıtter R	d Bet	hle	hem	PA	
Completed by Marcos Regato		Title Presi	dent			Signature	W.	aver 1	100	at c	Date 6/14			FIEL	

CLA			(Pu	rsuan	t to NJA	C 8:60 and 5:16	o)	look				
Date of Notification (1) 6 /	15 /	17				Owner/Operator (1.1	III JUN	22 :	2017	entitle and the Addition	U
Agencies Notified	Type Notifica	ation	-	Street	Address			1				
⊠ EPA				462	0 Nottino	iham Way		ASBESTO	SCON	VTRO)L &	4
□ DOLWD □	☐ Amended	i			tate, Zip C			LIC	ENSIN	G		
□ DOH	Amendme					uare, NJ 08690						- 1
☐ DCA	☐ Emergen		-		of Contact			Telephone Num	ber		-	
(NJAC 5:23-8)	justification		i			l McClane		i coopiiono man	117.70			
	Cancellat									S(= 17.0		
			101	FAC	ILITY IN	FORMATION	T	/A)				
Name of Facility Where A		Taking Place	(3)				Type of Facility					
Saint Gregory the 0	Great						School (K-12	2) 3 (Other than K-12	2)			
Street Address							Other (i.e., p	rivate and comme	ercial bu	ildings	,	
4620 Nottingham V	/ay						homes, etc.)					
City (5)							Square Feet	# of Floors		ig. Ag	е	
Hamilton Square							50,000	2		70		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	ished)			
Mercer							Church/Sch	nool				
Name of Monitoring Firm	Hired by Build	ding Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
PARS Environment						Shade Enviro	onmental, LLC					
Street Address						Street Address						
500 Horizon Drive,	Suite 540					623 Cutler Av	venue					
City, State, Zip Code	ourte o re					City, State, Zip C						
Robbinsville, NJ 08	2601					Maple Shade						
			Tolo	nhono	No	Telephone No.	., 110 00002	License No.	-			-
Project Manager for Mon				phone I		856-755-0099	1	00842				
Julian Fernandez-C		0 1 1 1 1 0	1	9-890				00042	-26			
Start Date (10)		Scheduled C				Name of OSHA N						
07/03/		07 /	05	_ / -		EMSL Analyt	icai, inc.					
Occupancy Status During	g Abatement (Check only of	ne)			Street Address						
□ Facility Closed/Vacate	-					200 Route 13	30 North					
Abatement Performed						City, State, Zip C	ode					
Time of Abatement: _	AM	PM/	PIVI-		AIVI	Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	Il that apply)					The state of the s	Co. 178 - 300 - 6000 - 6000					
F		⊠ n-				☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re	molitic	on on			g Procedure					
						⊠ Non-Exe	empted (*) and No	on-Friable Proced	ure			
			Local						Ab	ateme	nt Ty	уре
Location	n of		Norma		10	Description of			2	R	Щ	m
Asbestos-Containing			d Sole intena			stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABA				Staff?	(1.6	e., thermal systems surfacing, VAT		SF or LF)	oval	=	usc	Sure
(13)	iity		(12)	_		other miscellane					ate	(D
		Yes	No	N/A								
Main Office			\boxtimes		Ebonite	e Window Sill		20 SF				
Computer Lab					Ebonite	e Window Sill		26 SF				
Name of Registered Was	ste Hauler		IN	IJDEP \		Cubic Yards of	Name of Regi	stered Landfill				
Freehold Cartage			F	lauler II 15939		Waste 1		lorth Landfill				
City, State						Disposal Date	City, State					
Freehold, NJ						07/05/2017	Morrisville	e, PA				
Completed By (Print or 1	Гуре)	Title				Signature			Date			
Christina Lynch	0 4 0 40 0 40	Vice Pr	reside	ent of	Operatio		CR Cox	1	0/=	5/1=	-	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT



Date of Notification (1)			Name	f Building Owne	r/Onerator	(2)	10-018*00	E	R	E	- FI	7///
06/13/16				liocese of Ne		(4)), 5	<u>U</u>	E,	<u>l</u>	M
Agencies Notified Type Notifi	ication		Street A	Address			HIN	\				
N 504			171 C	lifton Ave.					IM	2	2 2	017
EPA Initial Amer		-	City, Sta	ate, Zip Code	W		The last		114			111/
	idment#	_	Newa	rk, NJ 07104			1					
	gency (including cation)	1	Name o	f Contact			Telephor	ne Numb	erl O			
	ellation		Mark	Valvano						.10	SIM	3
			FAC	LITY INFORMA	TION							
Name of Facility Where Abatement is		3)				Type of Facility (4	4)					
Notre Dame Interparochial S	chool					School (K-12	2)					
Street Address						Subchapter Other (i.e. pr			wildi	nae	home	20
321 First St.						etc.)	iivale a com	imerciai i	Juliui	nys,	HOHR	55,
City (5)						Square Feet	# of Floor	rs	2000	dg. A	ge	
Palisade Park			, E			38,385	2		50)+		
County (6)				Code (7)		Current Use (Prio	or if being de	molished	1)			
Bergen			X-2000	USE ONLY)		School			4			
Name of Monitoring Firm Hired by Bu)	ASCN		1	of Abatement Con						
EnviroVision Consultants Inc	•		0007	79	Lesc	o Services Inc.						
Street Address						Address						
20-21 Wagaraw Rd. Bldg. 35	5E					Maple Ave.						
City, State, Zip Code						tate, Zip Code						
Fair Lawn, NJ 07410						ngton, NJ 0705	57			11111111		<u></u>
Project Manager for Monitoring Firm			Telepho			one No.		nse No.				
Frederick Larson				36-9145	862-	221-9092	011	107				
Start Date (10)			mpletion	Date (11)		of OSHA Monitor						
06/26/17	07/03/			19	Lesla	w Nalodka						
Occupancy Status During Abatement	(Check Only O	ne)				Address			-200			- 11000
Facility Closed/Vacated During I					1	Maple Ave.						
Abatement Performed Outside of	of Normal Facility	y Hour	S			tate, Zip Code	56.50					
Other – Describe:					Walli	ngton, NJ 0705	57				-	
Scope of Work (Check All That Apply	')				11							
≥3 sf or ≥3 lf		Renova			×	Full Containme		ative Pres	ssure	1		
× ≥160 sf or ≥260 lf		Demoli	tion		-	Mini-Enclosure Glovebag Proci						
						Non-Exempted		-Friable I	Proce	edure	9	
	le	Locat	ion							bate	ment	
Location of		Norma	lly	P	escription	of			-	Ту	ре	
Asbestos-Containing Material (AC		ed Sole		Asbestos Co	ntaining M	aterial (ACM)	Amoun				ш	-
TO BE ABATED In Facility		todial		Michael Committee	al systems acing, VA	insulation,	(Specify SF or LF	<u>y</u>	Removal	Re	Encapsulate	Enclosure
(13)		(12)			miscellan		SI UILI	,	nova	Repair	Insc	nso
	Yes	No	N/A						=	18	ate	Э
Rooms B-11 & B-11A	103	*	1.073	nin	e insulat	ion	220lf.	*	1			
Rooms B-11 & B-11A		*			r tile/ma		550sf.					
Room B-11		*			g tile adh		420sf.					
KOOIII D-11				centri	g tile atti	lesive	42051.		+	-		
Name of Registered Waste Hauler		N N	JDEP W	aste Cubi	c Yards	Name of B	Registered La	andfill				
		1 1 2 2	lauler ID	33667	aste		rogistereu La	arrailli				
Newark Carting Inc.		0	5409	10		GCSL						
City, State				Disp	osal Date	City, State						
Newark, NJ				07/0)4/17	Pen Arg	yl, PA					
Completed by	Title				Signature	11/1		Date				
Leslaw Nalodka	Pres	ident			1	Work		06/1	3/17	7		

(VITO	111	NOTIFI	CATION OF	ASBEST	TOS ABA	TEMENT 2:120-7)		Town-	E P E I	1 1///	E		Judge Colonia
Date of Notification	the same of the sa	N	ame of Bui	lding	Owner/	Operator	(2)			M	5		
6/12/2017		il	Joe Kr	iske	wic								
Agencies Notified	Type Notificati	on S	treet Addr	ess					JUN 22	2017		1	
[]EPA	[X]Initial								2000-2000				
[]DEP	Notificat	ion c	ity, State					L As	SBESTOS CO	INTRO	1 8		
[X] DOL	[]Amended Notificat	ion	Hawtho:	rne,	NJ,			1	LICENS				
[K] DOH	NOCILIGAC	100	ame of Con	tact				Telenhone	Number				
[IDCA	[]EMERGENCY		Joe Kr	iske	wic		_	_	_				1
	[]Cancellati	on									-	-	-
				LITY :	INFORMA	TION	Time	of Facili	tv (4)				
Name of Facility Wh Joe Kriskewic Street Address		raking		2-2-11			[[[x]	School (Subchapt Other (i		& co	K-12) cial	
								e Feet	# of Floors		ig. P	lge	
City (5)	Co	unty (5)		inty Co								
Hawthorne	E	ssex		(52	CATE US	E ONLY)	Curre	nt Use (F	rior if beir	rg dem	olis	hed)	
Name of Monitoring Owner (8) N/A	Firm hired by Bu	ilding	ASCM No.					ontractor					
Street Address						t Addres Chris		er St.	•				
City, State, Zip Co	ode					state, ntclai		de IJ 0704	12				
Project Manager for	Monitoring Fire	n Tel		ber		hone Num 73)744		00	1	cense 0037		er	
Occupancy Status Du [X]Facility Cl of Abateme []Abatement P Hours - Des	Year Monuring Abatement osed/Vacated Durint erformed Outside cribe: «Offhours	th D (Check ring Ent	tire Period rmal Facil: pt»	r i ity	N/A Stres	of OSHA t Addres State,	ss						
	cribe: «Other Occ		Descript»		1								
Scope of Work (Chec [X]>3 sf or []>160 sf		[X	[]Renovation]Demolition			[]Mini- [X]Glove	-Enclos e-bag I		th Negative :				
		T.	Is ocation		_	escripti	on of			Aba	teme	nt '	LAD E
Location Asbestos-Company Material TO BE A In Fact (13	ontaining (ACM) (BATED ility	By Ma	ormally Used Solely intenance/ stodial aff (12) No N/A	i	Asbe M (i.e. nsulat:	estripti estos-Cor aterial , therma lon, surf mer misce	ntainir (ACM) 1 syst facing,	ems . VAT,	Amount (Specify SF or LF)	REMOVAL	MEDMHM	NOAPODH.	NOTOSURE
Basement			X	Pip	e in	sulati	Lon		120LF	X.			-
AND THE PARTY OF T												-	-
Name of Registered		ч на	DEP Waste uler ID No. 7040	1	ubic Yasta				stered Landf Enterpr		IN	С	
City, State				P	isposa	Date		y, State	7.5 <u>2</u> 1.			^	
Montclair, N	J 07042				6-	23-1		aynesb	urg, Ohi	,		8	
Completed By (Prin		_{Le} eside	ent			Signatur	e /	/	and the second second second	Date 6/12	/201	.7	



Date of Notifica	ation 6/16	/17		Name o	of Buildin	g Ow	ner / Operator (2	2)) EC		VEF
AgenciesNotified EPA	Type of No	tification ency Notifica		Street /	Address			1	7		0.047
DEP		Notification	_		st Cliff : ate & Zip			7	<u>II JU</u>	N 22	2017
X DOL		ded Notification			rville, N				and the same of th		
X DOH	Cance				of Contac		0/0		ASBES	TOS COL	ITROL&
DCA	041100	auorr	1		Boyce				i	Telebiló	ne Number
		-			ITY INF	ORI	MATION	2000			
Name of Facility Wh	nere Abate	ment is Takir	ng Place (3	5)		Тур	e of Facility (4)				
Var	Derveer	Elementar	y School	ĺ			School (K-12)				
Street Address						1	Subchapter 8 (0	Other than K-	-12)		
	51 U	nion Avenu	ie				Other (i.e., priva	ate & comme	rcial buildi	ngs, hom	es, etc.
		The second secon				Squ	uare Feet	# of Floors		Bidg. Age)
City (5)	(County (6)	County	Code	(7)	1	110,000	1			70+
Somerville	9 5	Somerset				Cur	rent Use (Prior if	being demo	lished)		
							mentary Scho				
Name of Monitoring					CM No.	Nar	ne of Abatement	Contractor (9)		
Langan Engineer	ing and	Environme	ntal Svcs	000	99		bal Abatemen				
Street Address						Stre	eet Address				
300 Kimball Drive					443	Schoolhouse	Road				
City, State & Zip Coo						, State & Zip Coo					
Elmwood Park, N			I · ·				nroe Townshi	p, NJ 08831			
Project Manager for Vijay Patel	Monitoring	J Firm	Telephone 973-560-		ber		ephone Number 2-605-9062		License		
Scheduled Start Dat	e (10) Sc	npletion Da		·	_	ne of OSHA Mon	itor		00714	<u> </u>	
6/30/17	0 (10) 00	7/10/17	ale (11)			bal Abatemen		HC			
Occupancy Status D Facility Closed/V	uring Abat	k only one) latemer	nt	Stre	et Address Schoolhouse					
Abatement Perfo							, State & Zip Coo	CAMPADA COMBA			
Describe:	inica out	nac or reornic	ar r acinty r	iours -		3.0	nroe Township				
X Facility Occupied	1					INIO	moe rownsmi	J, NJ 0003 I			
Scope of Work (Che		annly)									
Demolition		X Renovati	on				Full Cont	ainment with	Mogativo	Drocouro	
Large Project		A Monovau	OII				Mini-Encl		ivegative	Pressure	
Quantity is ≥ 3 S	For > 31	F ACM					X Glovebag				
X Quantity is ≥ 160								Cut and Wr	an		
	tion of	1	Is Loca	tion	<u> </u>	De	scription of		mount	Aboto	mont Tuno
	-Containing	g	Normally		A:		tos-Containing	324 32	pecify		ment Type y: Removal,
	al (ACM)		Solely	by		Mat	terial (ACM)		re Feet or	V. 6-3265	lepair,
	ABATED	1	Maintenar				ermal systems	Line	ar Feet)		sulation or
	acility 13)		Custodial (12)				n, surfacing, VAT miscellaneous)			En	closure)
`	,		(12)		01 0	Julei	miscellaneous)				
) 1 G (20) ALL (20) C (4) C	s Closet		Yes				SI fittings	4	l LF	Re	moval
Boys/Girls R			No			Т	SI pipe	4	LF	Re	moval
Boys/Girls R			No				SI Pipe	1	5 LF	Wr	ap/Cut
Boys/Girls			No			THE RESIDENCE	w/insulation		0SF		/dispose
Name of Registered		ller	NJDEP Wa				Cu. Yds. of Was	Property of the second states	of Register		II .
Freehold Cartage City, State				1869	3		5		erland Co	ounty	
Freehold, NJ							Disposal Date 7/11/17	City, Sta	ate ɪrg, PA		
Completed By (Print	or Type)	Title						Newbt	ily, PA		TData -
Dominick Tring		Manage	r				Signature	a a 0:			Date 6/16/17
9		90	-				Dominick Tri	пуаш			0/10/1/
ASR 41 ILIN OF CA	667										

Ch[133

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

01111		(Pu	rsuant	to NJAC 8:60 an	d 12:120	0)			IIN 2	2 20	17
Date of Notification (1)	. 17	1	1	Building Owner/0	Operator	/\ 1	~1.7(b) 1				
Agencies Notified	Type Notification		Street A	2M&D . (-17	1-11	OWERLY	ASBES	STOS	CONT	HOLE
EPA DEP DOL	Initial Amended Amendment #		City, Sta	<u> </u>	<u>ond</u> 1	J.J.	b rlook	20	LICEN	ISING	
DOH DCA	Emergency (in justification) Cancellation	cluding	Name of	Contact S (ONTA	oud!	ion.	INC.				10
Name of Facility Where A	hatament is Taking	Place (2)	FACI	LITY INFORMAT	ION	Tymo	of Facility (4)				
honey Ere.	CH AIT	U Well	hs.				School (K-12)				
Street Address	od Broc	^	d.				Subchapter 8 Other (i.e. privetc.)	(Other than K-12 vate & commercia		ngs, hor	nes,
City 5 Rddles	er NJ	•				2,	re Feet 500	# of Floors		g. Age	
County (6) Uidl	erch			Code (7) USE ONLY)		Curre	nt Use (Prior	if being demolish -CDCUL.	ned)		
Name of Monitoring Firm	Hired by Building Ov O MC WTCU.	V A	ASCN	1 No.	-Name	of Abat	tement Contra	actof (9)	<u>ر</u> ,		
Street Address	levand.	5 - 10.23			Street	Addres	ss ,				
City, State, Zip Code	. 1	Jensey	0	7046	City, S		p Code N Pan	xx 11	07	131	
Project Manager for Mon			Telephor	ne No. 578 - 4821	Teleph Q22	none No	7272 200720 20	License N		0,-3	
Start Date (10)		Scheduled Com			Name	of OSF	A Monitor	(10	~ (
Occupancy Status During	g Abatement (Check	Only One)	•		Street	Addres	ss				
	ated During Entire Pe ed Outside of Norma		ent		City, S	itate, Zi	p Code				
Scope of Work (Check A	ll That Apply)		11			_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demolitie				Min Glo	i-Enclosure vebag Proce	t with Negative F dure *) and Non-Friab			
		Is Location	on							bateme Type	nt
Location Asbestos-Containing		Normally Used Solely		De Asbestos Con	scription		(ACM)	Amount	T		
TO BE AB/ In Facil (13)	ATED	Maintenan Custodial S (12)		(i.e. therma surfa		s insula T, or		(Specify SF or LF)	Remova	Repair	Enclosure
~		Yes No	N/A							9	
Horage off o	F Yeldle Othice	X		Mastr	С.			40 sy=	X		
			IDED W	10.1	VI-		N	-:			
Name of Registered Was	DRIES 1	1000	JDEP W auler ID アマム		Yards iste		Name of Re	egistered Landfill	5 SW 100	laude	mait-
City, State	ine the	and Par	_V 1	U.J. Dispo	sal Date	17.	City, State	town, t	PA	190	
Completed by	an pit	Title Uaw	aae	0	Signature	0	ion D	Da	te 8	17	
	1		1								

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	(Pursu			-7 and 12:120-7) g Owner/Operator			<u></u>	E	n n	# E
6/16/2017	-/		Grace		7.18.18.18.18.18.18.18.18.18.18.18.18.18.	(2)		10	E	U V	y is
	ma Natifiant	ion					11				
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[]DEP	[]Amended		City, Stat			.03					
[X]DOL	Notifica	tion	west	wew .	York, NJ, 070	193	ASE		S C Elic		ROL
[X]DOH	[]EMERGENCY		Name of Co			Telephone	e Number	From C. T. C.		aren, 500	
[]DCA			Grace	Malı	ıpa	1					
	[]Cancellat	Lon	The state of the s	377 TM11	TITTODI O RETOIT				_		
Name of Facility Where	Abatement i	s Taki			INFORMATION	Type of Facili	tv (4)				
Grace Malupa			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
						[]School (er 8 (Other	than	K-12	2)	
Street Address	1						.e., privat		ommeı	rcia	.1
	J						homes, etc.		4	7	
City (5)	c	ounty	(6)	Co	unty Code (7)	Square Feet	# of Floor	S BI	.dg.	Age	
West New York	H	udso	n	(S	TATE USE ONLY)	Current Use (P	rior if bei	ng der	nolis	shed	.)
								-			8
Name of Monitoring Fir	m hired by B	uildin	g ASCM No		Name of Abater	ment Contractor	(9)				
N/A					AZTECH M	ANAGEMENT,	Inc.				
Street Address				2007	Street Address	3		111111111111111111111111111111111111111			
					86 Chris	topher St.					
City, State, Zip Code	MIII				City, State, 2	ip Code					-27 1
					Montclai	r, NJ 0704	12				
Project Manager for Mon	nitoring Fir		Lephone Num	nber	Telephone Numb	er	Li	cense	Numb	oer	
		N/	A		(973) 744	-8800		0037	1		
Scheduled Start Date (10) Sched	. Compl	Letion Date	(11)	Name of OSHA M	fonitor			110000111		11-20-20
6-28-17		6-30			N/A						
Month Day Year Occupancy Status During			only one)	ar	Street Address						
[X]Facility Closed				d		53					
of Abatement []Abatement Perfo	rmed Outside	of No	rmal Facil	ity	City, State, 2	in Code					
Hours - Describ	e: «OffHours	Descri	pt»			ap code					
[]other - Describ			Descript»				for the first of the second of				
Scope of Work (Check a	II that apply	7)			[]Full (Containment wit	h Negative	Pressi	ire		
[X]≥3 sf or ≥3			X]Renovatio		[%]Mini-F	Inclosure					
[]≥160 sf or	≥260 lf	[]Demolitio	on		-bag Procedure riable Procedur					
	_	т.	Is ocation					Aba	teme		Type
Location of Asbestos-Conta			ormally		Description Asbestos-Cont		Amount	R	R	E	E
Material (AC	M)		Used Solely	,	Material ((Specify	E	E	CA	C
TO BE ABATE In Facility		Cu	intenance/ stodial		i.e., thermal) nsulation, surfa		SF or LF)	0	PA	PS	0
(13)	•	Yes	aff (12) No N/A	-1	or other miscel	- C	2227	A	I R	U	U R
Document							007.7				E
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Basement			X	В	oiler Insul	Lation	18 SF	X			
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AZTECH MANAGEM			DEP Waste uler ID No		ubic Yards f Waste 0.5	Name of Regis Minerva			TNC	,	
		1	7040				TIL CET DT.	_56			
City, State Montclair, NJ 0	7042			1	isposal Date	City, State	ra Ohi	_ // /	600	,	
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Completed By (Print or	Type) Title	9			Signature			Date		11-0-31	
Constantine Viv	ian Pre	side	nt		1:			6/16/	2017	7	
					1 11/10	14//-					

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

Thomas Materna Thomas Materna Thoma	Date of Notificatio	n (1)	12 01.5	-			Owner/Operator		The same	R P	15	T	\\// <u> </u>
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Same of Monitoring Firm hired by Building Sam No. Name of Monitoring Firm hired by Building Sam No. Street Address	[]DEP	Notifi	ication	City	, State	e, Zip	Code		ted but				
Rame of Contact Relection Number Horizona	[X]DOL									CDECT	201	000	ITROL
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Street Address Stre	[]DCA	[]EMERGEN	1CY				erna	Iterephon	e Number		dans promets		A ST COMMAND AND A STREET
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Street Address City (5)			t is Tak	ing Pl	ace (3)		Type of Facili	ty (4)				
City (5) Montclair County (6) Essex County (6) County Code (7) Essex Name of Monitoring Firm hired by Suilding AsCM No. Name of Monitoring Firm hired by Suilding AsCM No. Street Address City, State, Sip Code Montclair, NJ 07042 Telephone Number (973)744-8800 O0371 Name of OSRA Monitor N/A Name of OSRA Monitor N/A Name of OSRA Monitor N/A Street Address Street Address Street Address Street Address City, State, Sip Code Montclair, NJ 07042 Telephone Number (973)744-8800 O0371 Name of OSRA Monitor N/A Street Address Street										than	K-1	2)	
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Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. N/A Street Address 86 Christopher St.	City (5)		County	(6)		Con	unty Code (7)	Square Feet	# of Floor	s Bl	dg.	Age	
Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANNACEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Relephone Number N/A Scheduled Start Date (10) Sched. Completion Date (11) 6-27-17 Month Day Year Month D	Montclair		3			155		Current Use (F	Prior if bei	ng de	noli	shed	
AZTECH MANAGEMENT, Inc.										9		omada,	NO.
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Scheduled Start Date (10) Sched. Completion Date (11) Scheduled Start Date (10)							AZTECH M	ANAGEMENT,	Inc.				
City, State, Zip Code Project Manager for Monitoring Firm Telephone Number N/A Scheduled Start Date (10)	Street Address						1	_				0.000	
Montclair, NJ 07042							86 Chris	topher St.	i i				
Project Manager for Monitoring Firm Telephone Number N/A Scheduled Start Date (10)	City, State, Zip Coo	le									37777		
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Scheduled Start Date (10) 6-27-17 6-29-17 Month Day Year Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: **OffHours Descript*** [] Jabatement Performed Outside of Normal Facility Hours - Describe: **OffHours Descript** [] Jeffer - Describe: *	Project Manager for	Monitoring E			ne Numb	er						ber	
Scope of Work (Check all that apply)							(973)744	-8800		0037	1		
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Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [X] Sope of Work (Check all the North All the			During E	ntire	Period								
Scope of Work (Check all that apply)					Facili	ty	City, State, 2	Zip Code					
Scope of Work (Check all that apply) [X] > 3 sf or > 3 lf	[]other - Desc	ribe: «Offhour	occupance	pt» Desc	ript»								
[X] S or \$\geq 3\$ If [X] Renovation [I] Demolition [I] Demolition [I] John-Enclosure [I] Mini-Enclosure [I]	24 - 24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -												-
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement X Pipe Insulation Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. Completed By (Print or Type) Congetablic in Science (I) Non-Friable Procedure [] Namount	2002			n					h Negative	Pressi	ire		
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Montclair, NJ 07042 Completed By (Print or Type) Title Constanting Vision Date	AZTECH MANAG	EMENT, II	NC.			OI	waste 1.7	Minerva	Enterpr	ise	INC	2	
Completed By (Print or Type) Title Signature Date						Dis	sposal Date	City, State					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	n (1)	(-			Owner/Operator		T _D	1 [(C E	3 1	WIF
6/16/2017			Na	t Tes	sta			$\parallel \downarrow \parallel$		9 1	5 U	<u> 17 L</u>
Agencies Notified	Type Notifica	ation	Stree	et Addr	ess							
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[]DEP	Notific	ation	City	State	, Zip	Code					-	
[X]DOL	[]Amended				:	,NJ,07028			ACDEC	TOS	001	NTROL
[X]DOH	Notific	ation	Name	of Con	tact		Telephon	e Number		HOE		
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[]Dax	[]Cancella	tion					1					
					LITY	INFORMATION						
Name of Facility Whe	ere Abatement	is Taki	ng Pl	ace (3)			Type of Facil	ity (4)				
Nat Testa							[]School		112	702 32		
Street Address							[]Subchap [X]Other (1
							buildings,					-
							Square Feet	# of Flo	ors E	ldg.	Age	
City (5) Glen Ridge		County			10.83474	nty Code (7)						
Gren Krage		Essex			1,	,	Current Use (Prior if b	eing de	emoli	shed)
Name of Monitoring E	Firm hired by	Buildin	g As	CM No.		Name of Abate	ment Contractor	r (9)				-
Owner (8)			9				ANAGEMENT					
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City, State, Zip Cod	le					City, State,						
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Project Manager for	Monitoring Fi	rm Te	lephor	ne Numb	er	Telephone Num			Licens	nıın e	her	
		20-20-20 P. P. S.	/A_			(973) 744			003		Der	
Scheduled Start Date	(10) Sche	ď. Comp		Date	(11)	Name of OSHA						
6- 29 -17		anan Talibanan n a i	30 -		7	N/A	10111 001					
		nth :	Day	Year						9		
Occupancy Status Dur [X]Facility Clos	ring Abatement sed/Vacated Du	(Check uring Er	only	one) Period		Street Address	s					
of Abatemen	t											
[]Abatement Per Hours - Descr	riormed Outsid ribe:«OffHours			Facilit	Ϋ́	City, State,	Zip Code					
[]other - Desc	ribe: «Other Od	ccupancy	Desc	ript»								
Scope of Work (Check	all that app	ly)				The same reserv	20 KW W 80 MS					
[X]>3 sf or	>3 lf	г	X1 Ren	ovation			Containment wit Enclosure	th Negativ	e Press	sure		
[]≥160 sf o				olition		[X]Glove	-bag Procedure					
			Is			[]Non-F	riable Procedu	re	l Ah	ateme	ant T	rme.
Location			Locati			Descriptio	n of				E	E
Asbestos-Con Material			Used Solel	-		Asbestos-Cont Material (Amount	E	R	C	C
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(13)		Yes	No	N/A		or other misce	IIaneous)		L		L	R E
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	e e											
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AZTECH MANAG	EMENT, IN		704(ID No.	of	Waste 0.5	Minerva	Enterp	rise	IN	C	
City, State				750	Dis	sposal Date	City, State	70				
Montclair, NJ	07042					7-3-17	Waynesbu	irg, Oh	io 4	468	8	
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Date of Notification (1) 6/16/17					of Building C Gulmy	Owner/Op	perator	(2)	Cocc		追	5	22.2	T	V	
Agencies Notified	Type Notification			Street /	Address					Im				-		
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DEP X DOL	Amended Amendment	#			ate, Zip Coo Rock, NJ		2				į					i
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DOH DCA	justification) Cancellation			Phil	or Cornact									12	3	
				FAC	ILITY INFO	RMATIO	N									
Name of Facility Where house	Abatement is Takin	g Place (3)					Туре	of Facility (4	1)						
Street Address									School (K-12 Subchapter Other (i.e. pr etc.)	8 (Othe			ouilo	lings	, home	es,
City (5)									e Feet	# of	Floors		BI	dg. A	\ge	
Glen Rock								2300	1	2			6	7	8	
County (6) Bergen				County (STATE	Code (7) USE ONLY)	-			nt Use (Prio e family h		ng demo	lished)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASC	M No.				ement Cont onmental			LC				
Street Address							Street A		s 33, 4 E Ga	ate Di	rive					
City, State, Zip Code							City, Sta	ate, Zij	_2		14		-			
Project Manager for Mon	itoring Firm			Telepho	one No.		Telepho 973-7	one No			License	No.				
Start Date (10) 7/6/17		Schedul 8/6/17		npletion	Date (11)		Name o	of OSH	A Monitor						0	
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street A	Address	S			-				
Facility Closed/Vaca Abatement Perform Other – Describe: 1	ed Outside of Norm	Period of a	Abaten y Hours	nent		_	City, Sta	ate, Zip	Code							
Scope of Work (Check A	Il That Apply)															
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Location Asbestos-Containing			Normal ed Sole				ription o					-		ı y	ре	
TO BE AB/ In Facility (13)	ATED	Cus	intenar todial S (12)	Staff?	(i.e. th	os Contai hermal sy surfacir other mis	ystems ng, VAT	insulat , or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											© .	
baseme	ent			X		pipe ir	nsulati	on		70) LF	×	_			
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic Ya	ards		Name of R	enister	ed Land	fill				
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City, State Freehold, NJ	1					Disposal TBD	l Date		City, State Birdsbor							
Completed by		Title				Sig	nature		11			Date		771-741		
A. Scott Higgins		Pres	ident					1	4	_	_	6/16	117			

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Date of Notification (6/16/17	1)				f Building Ovell Banke		perator	(2)		ID)_E		UE UE		₩/	固
Agencies Notified	Type Notification			Street A	ddress					Thi					
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DOH DCA	justification)	9			f Contact				_	Telephone	Nimi	A-1.7	1 -1 -	iG.	-
DCA	Cancellation				e Natko	DALATI	ON								
Name of Facility Who	ere Abatement is Taking	Place (3	3)	FACI	LITY INFOR	KWATI	ON	Туре	of Facility (4)		-		dina la		
house								П	School (K-12)	i					
Street Address								П	Subchapter 8	(Other than					
								Erra I	Other (i.e. pri-	vate & comn	nercial	build	ings,	home	S,
City (5)									re Feet	# of Floors		BI	dg. A	ge	
Scotch Plains								220	0	2		6	3		
County (6) Union					Code (7) USE ONLY)				ent Use (Prior gle family h	The state of the s	olishe	d)			
Name of Monitoring	Firm Hired by Building (Owner (8)		ASCN	No.				atement Contr						
							ABS	Envi	ronmental	Services,	LLC				
Street Address							Street A		ss 83, 4 E Ga	te Drive					
City, State, Zip Code	3			-					ip Code	to Brivo					-
Only, Onato, Esp Godo							The state of the s		d, NJ 0741	8					
Project Manager for	Monitoring Firm			Telepho	ne No.		Teleph 973-7	one N	lo.		se No.				
Start Date (10)		Schedule	ed Con	npletion I	Date (11)				HA Monitor	1.00					
6/29/17		7/30/1		01-2-200						5000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000					
Occupancy Status D	uring Abatement (Chec	k Only Or	ne)				Street	Addre	SS						
Abatement Perf	Vacated During Entire F formed Outside of Norm be: garage & den				100-1100-1100	_	City, St	tate, Z	ip Code						
Scope of Work (Che	ck All That Apply)												=1-2-000		
≥3 sf or ≥3 lf ≥160 sf or ≥260) If	entrance.	Renova Demolit				×	Mi Gl	II Containmen ni-Enclosure ovebag Proce on-Exempted (dure				e	
		Is	Locati	on										ement	
Loca	ation of	1	Vormal	ly		Des	scription	of			-		Ту	ре	
TO BE	ning Material (ACM) <u>ABATED</u> Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/		nermal surfac	aining M systems cing, VA niscellan	insul T, or	ation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										rD .	
ga	rage			X			insulat			30 LF		х			
(den			X		fl	oor tile			500 SF		X			
							5-19-2-10								
Name of Registered	Waste Hauler		110000	JDEP W	176 THE 2	Cubic			Name of R	egistered La	ndfill				
Freehold Cartage	е		1000	auler ID 5939	CONTRACTOR OF THE PERSON OF TH	of Was	ste		Western	Berks Lai	ndfill				
City, State Freehold, NJ					110	Dispos TBD	sal Date		City, State Birdsbor	o, PA					
Completed by		Title				S	ignature		1	and the state of	Date	9			
A. Scott Higgins		Pres	ident				060		KM		6/1	6/17	7		

				CATION	tate of Nev N OF ASBI to NJAC	ESTOS	ABATE		CDO	001	R	16	ż	5	28	1
Date of Notification (1)				of Building (Operator	(2)		7			G	E		I
Agencies Notified	Type Notification		-	Street A							HAT					
□ EPA	× Initial									1		i	M	0 9	0.00	117
DEP	Amended		T	City, Sta	ate, Zip Co	de					Led levi	J	UN		-61	111
X DOL	Amendment Emergency (Red E	Bank NJ	0770	1			1	L					
DOH	justification)	morading	8		of Contact					Tel	ephone?	Nim	QT/		CON	
DCA	Cancellation				Jackson									42	SING	à
Name of Facility Whe	ere Abatement is Taking	Place (3)	FAC	ILITY INFO	DRMAT	ION	Type	of Facility (4	.)				-		
house	v novembre ee 2000 kee 2000 noord oo 2000 2000 2000 - 100 2000 - 1		- /						School (K-12							
Street Address		-							Subchapter l	(Oth			V - 6231		9	
	1000 cm - 1000 cm - 2 to 120 cm - 100 cm							1000	Other (i.e. pr etc.)	ivate 8	& comme	ercial	build	lings,	home	es,
City (5)									re Feet		Floors			dg. A	ge	
Red Bank								220		2			8	0		
County (6) Monmouth					Code (7) USE CNLY)				ent Use (Prio lie family h			olishe	d)			
Name of Monitoring F	irm Hired by Building C	Owner (8)	ASC	M No.				tement Cont				-			
							ABS	Envi	ronmental	Serv	ices, L	LC				
Street Address								Addre:			28.00					
City State 7in Code									83, 4 E Ga	ate D	rive					
City, State, Zip Code									ip Code I, NJ 0741	18						
Project Manager for M	Monitoring Firm		T .	Telepho	ne No.		Teleph	none N	0.		Licens	e No.				
							973-	764-2	2276		703					
Start Date (10) 6/24/17		Schedul 7/30/1		pletion	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status Du	uring Abatement (Check	k Only O	ne)				Street	Addres	SS		7.0			-		
Facility Closed/\ Abatement Performance Other – Describe	Vacated During Entire Formed Outside of Norme: basement	Period of al Facilit	Abatem y Hours	ent			City, S	State, Z	ip Code							
Scope of Work (Chec	ck All That Apply)													N-127		
≥3 sf or ≥3 lf ≥160 sf or ≥260	28.5.35.8		Renova Demoliti				×	Mir	I Containmenti-Enclosure ovebag Procented	edure					9	
		Is	Location	on									(3)		ment	
	tion of	100000	Normall ed Solel	2 0.15			scription		men a sa					Ту	ре	
TO BE	ning Material (ACM) ABATED acility 13)	Ma	aintenar todial S (12)	rce/		therma surfa	taining M I systems icing, VA miscellar	s insula T, or		(8	mount Specify or L.F.)		Removal	Repair	Encapsulate	Enclosure
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base	ement			Х		pipe	insula	tion		8	0 LF	2	<			
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Name of Registered V	Waste Hauler		114 35005	JDEP W	57,079		Yards		Name of R	egiste	red Land	dfill		-		-
Freehold Cartage				auler ID 5939	No.	of Wa	ste		Western	Berl	ks Land	dfill				
City, State Freehold, NJ						Dispo	sal Date		City, State Birdsbor		4					
Completed by		Title					Signature	9	7 10000	J, 1 /	·	Date				
A. Scott Higgins			ident					A		_		6/16		•		

							protect	ch	eck	#17	2749
	S	State of N			cation of Asbestos	Abatem	ent	7 E	C		7 E I
GAC Project # 605-2017			(Pursi	iant to N.J.A.C	. 8:60-7 and 12:120-7)				and the same of th		
Date of Notification (1)	6, 2017				Name of Building Owner/ KEAN UNIVERSIT		2)		JUN 2	2 201	17
Agencies Notified EPA DCA	N.	Notification Initial I I Amend	Notificated Certi	fication	Street Address ENVIRONMENTAL 1000 MORRIS AVE City, State, Zip Code		/ & HE	ALTH ASBE		CONTR VSING	ROL &
☑ DOL ☑ DEP- No Longer REQUI ☑ DOH	RED	justific □Cancel		ttached)	UNION, NJ 07083 Name of Contact MS. SUZANNE KUF DIRECTOR OF ENVIRONMENTAL & SAFETY		5	phone Nu	umber		
Name of Facility Where Abate	ment is Tal	king Place (3)		FACILITY INF	FORMATION Type of Facility (4)						
WILKINS THEATRE	more to Tu	ining Fields (5)			School (K-12) Subchapter 8 (other than	2 K-12\					
Street Address MAIN CAMPUS – 100	0 MORF	RIS AVENU	JE		Other (i.e. private & cor					0.00	
City (5) UNION	County (6	NION		Code (7) Jse Only)	Current Use (prior if being				7.	ais	
Name of Monitoring Firm Hired HILLMAN CONSULT		Owner (8)	ASCM 0002		Name of Contractor (9)						
			0002		GREENWOOD ABAT	rement	CONS	JLTAN	rs, inc		
Street Address 1600 Route 22 East – S	Suite #10	07			Street Address						
City, State, Zip Code					268 MAIN STREET City State, ZipCode						
UNION, NJ 07083					BUTLER, NJ 07405						
Project Manager for Monitoring MR. CRAIG ABRAMS		Telephone N 908-688-			<u>Telephone Number</u> 973-492-0477		Licer 008	nse Numb	<u>er</u>		
Scheduled Start Date (10)		Scheduled (Completio	n Date (11)	Name of OSHA Monitor		000	40			
06/26/2017		07/10/20	17		ENVIROVISION, INC) .					
Occupancy Status During Al Facility Closed/Vacated D Abatement Performed O Describe	During Enti	ire Period of A	batemer	nt	20-21 WARGARAW City, State, Zip Code	ROAD					
☑Other – Describe: 7:00 WEEKENDS AS NEE		00 PM (24	HRS. 8	&	FAIRLAWN, NJ						
Source of Work (Check all tha	t apply)				П	Full Contai	nmont wi	th Negati	vo Proce	uro	
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge$				Renovation Demolition		Mini-Enclo Glovebag Non-Exem	sure Procedur	e			
Location of Asbestos-Containi Material (ACM) in Facility (13)	Sole	ocation Norma ly by Maint./Co f? (12)			pestos Containing Material al systems insulation, surfaci	Am	ount ecify SF	Abaten	nent Type		
ROOMS 141 & 143		X		FLOOR TILE	(including mastic)	25	14 SF	区			
Name of Reg. Waste Hauler See Hauler Below #1 &	2	See Below		ID#	Cubic Yards of Waste:	30 CY		e of Regis			
Hauler #1) Greenwood Abate NJDEP # 12561 Hauler #2) Newark Carting, NJ DEP # 4509			Butler, N	NJ 07405		Disposal 07/10/2				Ford Mill	
Completed by (Print or Type) RAYMOND C. PEDAL	INO	Title SENIOR P		т	Signature Raymond C. Per	dalino	Date	June 1	6, 2017	7	

Date of Notification (1)				Name	of Buildin	g Ow	ner/Operator ((2)	796	28 0	95		
	17			На	milton To	owns	ship School	District	_ 32	100	-(
Agencies Notified Type Not	ification	_		Stree	t Address				[] []	P 15	II	\\//	TC
				90	Park Ave	nue			II), E			W	E,
☑ DOLWD ☐ Amen				City,	State, Zip (Code							- 1
	dment #			Ha	milton, N	J 08	690			IN 2	2	0017	1
DCA Emerg	ation)	iciuaing	3		of Contac				Telephone Num			CUIT	
Cance	110000000000000000000000000000000000000			Bri	an Pirrer	а			The second secon				
			-	FA	CILITY IN	IFOI	RMATION		ASBES				OL &
Name of Facility Where Abatement	is Takin	g Place	(3)					Type of Facility		LICEN	NOIN	0	
Sayen Elementary School								School (K-1)					
Street Address								Subchapter	8 (Other than K-12				
3333 Nottingham Way								homes, etc.	private and commer	rcial bu	iilding	JS,	
City (5)								Square Feet	# of Floors	Ble	dg. A	ae	
Hamilton								40,000 sf	1		60	90	
County (6)		-		Cou	ntv Code (7	7)(STA	TE USE ONLY)		rior if being demolis				
Mercer					, (.	110		School	nor it boning dominate	Jilou)			
Name of Monitoring Firm Hired by E	uildina (Owner ((8)	ASCM	No	Na	me of Ahateme	ent Contractor (9	\				
Karl & Associates, Inc.			(0)	,	110.	1000		ntracting, Inc.	•				
Street Address							eet Address	macang, mo.					
20 Lauck Road							889 Route 9	Unit 61					9
City, State, Zip Code							y, State, Zip Co	W. Tarantonio de cara					
Mohnton, PA 19540								New Jersey 08	755				
Project Manager for Monitoring Firm			To	lephone	No		ephone No.	ivew Jersey uc				50000	
reject Manager for Monitoring 1 in			10	ephone	INO.	950000	32-349-9932	,	License No. 00624				
Start Date (10)	School	hulad C	omn	letion Da	to (11)		me of OSHA N		00624				
06 /16 /17				9 /		10000	E.M.S.L. Ana						
Occupancy Status During Abatemer							eet Address	- Judan					
☐ Facility Closed/Vacated During E		1000 00 00 00 00 00 00 00 00 00 00 00 00		ement			056 Stelton						
☐ Abatement Performed Outside or					scribe			-4-					
Time of Abatement:AM							y, State, Zip Co Piscataway I	New Jersey 08	1854				
Scope of Work (Check all that apply)								82 (22)				
☐ ≥3 sf or ≥3 lf		⊠ Re	nova	ition			☐ Full Cont	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf		☐ De						g Procedure					
10-10					1		Non-Exe	mpted (*) and No	n-Friable Procedu	_			
• SUPERIOR CONTROL		2119/	Loca	ation						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (A	CM)			lely by	Ashe	etne	Description of Containing Ma		Amount	Re	Re	Ē	E
TO BE ABATED	J)	5500 50		ance/			ermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	×	Cusi	(12	I Staff?			surfacing, VAT, her miscellane		SF or LF)	/al		Encapsulate	ure
(15)		Yes	No			Ot	nei miscenane	ous)				te	
Room #5			\boxtimes		glue do	ots			1000 sf		П	П	П
			П							+-			
Name of Desisters (18)			Щ		10/	10		T.,			Ш	Ш	Ш
Name of Registered Waste Hauler				NJDEP Hauler I		0.5.5%	bic Yards of	Name of Regi	stered Landfill				
Guardian Contracting, Inc.				2022		5		T.R.R.F.					
City, State							posal Date	City, State					
Toms River, New Jersey						6	/20/17	Tullytown	, Pennsylvania				
Completed By (Print or Type)	Title	е				-	Signature		// Da	ate /	1		
Nicholas Fernicola	P	roject	Mai	nager					1	0/16	11-	7	

ASB-41 JAN 13

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

ch 2739	1		CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE			100				W/_	E
Date of Notification (1) 6/13/1-	1			f Building	Owner/C		(2) (2)		1.1	11,	JUN 2	2	2017	
Agencies Notified Type Notification			Street-A	ddress				1	ĺ					
☐ EPA ☐ Initial									1	ASUE.	S 1 Q	CON	TAC	18.
DEP Amended Amendment #	4		City, Sta	ate, Zip Co	ode	160	Λ	1	M	7/7	LICE	11/	<u> </u>	
Emergency (i		$ \vdash$	Nama	Contact	gu	NVY	110	7	U Tal	16 L	lumber			
DOH justification) DCA Cancellation			Eric P						100	Sprione N	uttibet			
				LITY INF	ORMATI	ON								
Name of Facility Where Abatement is Taking	Place (3	3)					Type	of Facility	(4)					
								School (K-						
Street Address								Subchapte Other (i.e.				Idinas	home	20
							2	etc.)						55,
City (5) Spring Lake		•					28	35		Floors 2		Bldg. A		
County (6) Monnouth			County (STATE	Code (7) USE ONLY)		Curre	nt Use (Pr		ng demol	ished)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	Л No.				tement Co stries Inc		(9)				
Street Address							Addres							
City, State, Zip Code						100000000000000000000000000000000000000		ip Code						
						Brick	, Nev	v Jersey	08723					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License				
)899-			01196				
611411	61	28	pletion	Date (11)				HA Monitor						
Occupancy Status During Abatement (Check						Street	Addres	SS						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:						City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		z Renoval Demoliti				7] Min	l Containm i-Enclosur	е	Negative	Press	ure		
							No	n-Exempte	d (*) and	d Non-Fri	able Pr			
		Location											ement /pe	-
Location of		Normall d Solèl		Anhaa		scription		(A CAA)	Λ.	mount		T	Π	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenal todial S	ice/		stos Cont . thermal				35335	pecify	Re	1 20	Encapsulate	Enc
In Facility (13)	Cus	(12)	naii!			cing, VA niscellan			SF	or LF)	Remova	Repair	nsde	Enclosure
(13)	Vas	No	N/A		Other I	nio o o ni an	10000)				<u>a</u>	-	late	ire
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				HVAC	duc	two/	Kly	RP.	1	OLF	- 9	,		
				osbes HVAC asbe	51051	(anti)	c for	nels	5	DOSF	- 8			
Name of Registered Waste Hauler			JDEP W		Cubic			Name of	Registe	red Land	fill			
Brick Industries Inc.			auler ID 1602	NO.	of Was) (C)	X	GROW	/S Inc.					
City, State Brick, New Jersey						sal Date		City, Sta	te					
Completed by	Title					ignature	1,	11	,		Date/	1-	1	
Eric Plackis	in interior	ident					4/1	1			0	113	11	

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

Initial Non-Friable	// IE
Notification Check #:	6941

							1	4Othin	cation on	CUN	m. ou	71
Date of Notification	on (1)		Na	me of B	uildi	ng Owner/Opera	tor (2)		JUN	20	2017	,
0 6 1/ 0	19 1/11	17	IIR	ochelle	Park F	ROF	-	-	JUN	E .	∠U17	-
Agencies Notified	Type Noti	fication		reet Ad								
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(X) DEP	[X]Init	ial fication	1 4			ip Code			Li.	C11.1	11/1	
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Name of Facility W	here Abate	ment is I	aking			INFORMATION	IType of	Facil	ity (4)			
			-				11		1 (K-12)			
Midland School							11 1	Subch Other	apter 8 (0)	ivate	& COL	nmer-
300 Rochelle Ave.							Square	Feet	# of Floor	rome	ldg. 8	ige
City (5)		Count	y (6)			unty Code (7)	50,00	00	2		50	
Rochelle Park, NJ 07	7662	Danne	_		(S	TATE USE ONLY)			Prior if be	eing	demoli	.shed)
Name of Monitoring Owner (8)		Berge d by Buil		ASCM N	0.	Name of Abat	School	Buildin	g £ (9)			
Health & Safety Serv	rices, Inc.			00117		Four Strong	Builders, In					
318 12th Street	ode					180 Sargean	t Avenue					
Hammonton, NJ 080	37	a Firm T	Telea	hone Nu	mber	Clifton, NJ 07	7013-1935		Hice	ense	Jumper	
Jim Proctor		i	609-8	39-2432	<u> </u>	973-614-037 Name of OSKA	7		0080		- Camber	
0 6 / 2 0 / 2 Occupancy Status Du	,		7.0			Four Strong I	Builders, In	C				
[] Status Division of Abatement Perf Kours - Descri	ed/Vacated formed Outs lbe:	During E	ntire	Period		Street Addre	t Avenue Zip Code					
Scope of Work (Chec	k all that	apply)		·		Clifton, NJ 07	013					
[]Demoliti []>3 sf or [∑]∑160 sf	.on ->3 1f		⊠11	Renovat	ion	[]Min []Glo	I Contains i-Enclosus vebag Prod i-Friable	re cedure		Je Pr	essur€	•
				Is ation	T					Aba	ement	Type
Locati Asbestos-C Material TO BE A In Faci (13	Containing (ACM) BATED Lity		Norm Use So by I tens Cus Sta	mally sed lely Main- ance/ todial ff(12) No N/A	i	Descripti Asbestos-Con Material (i.e., thermal sulation, sur or other mis	taining ACM) systems facing, V/	AT.	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C I. O S U R E
Room 311, 313, 315,	317 & 319)		X	_	& Mastic			4,500 SF	X		
	•											\pm
Name of Registered	Waste Haul	er		DEP Was		Cubic Yards of Waste	Name of	Regis	tered Landi	111		
Four Strong Builders	, Inc.		12	609		Disposal Date	G.R.O.W		ic.			
Clifton, NJ							Tullytow	n PA				
Completed By (Print	or Type)	Title				Signatur		. 1, 1 /\		Da	ite	
Bilyana Kulakovska		Office A	dminis	strator		35	1	1			0/4-	
ASB-41 JUN 95		Onice At	arriirii3	2001						[6/	9/17	

Check#12733

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

GAC Project # 060-17 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ June 13, 2017 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS **D**EPA ☐ Amended Notification # CONTROL ☐ DCA City, State, Zip Code ■ Emergency (including) LICENSHIG PISCATAWAY, NJ 08854 X DOL justification) Telephone Number Name of Contact DEP- No Longer REQUIRED □ Cancelled MICHAEL SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 ☐Subchapter 8 (other than K-12) ■ Other (i.e. private & commercial buildings, homes, etc.) Street Address # of Floors: 4 Bldg. Age: 60+ years RBHS NEWARK CAMPUS Sq. Feet: N/A County Code (7) County (6) Current Use (prior if being demolished): ACADEMIC City (5) (State Use Only) **ESSEX** NEWARK ASCM No. Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 06/26/17 06/23/17 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -Describe 20-21 WARGARAW ROAD XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) City, State, Zip Code FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure **X**Renovation \times > 3 sf or > 3 If ☐ Glove bag Procedure / Wrap & Cut ■ Demolition $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$ Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) YES NO NA X 80 SF MASTIC X D717 Name of Registered Landfill NJDEP Waste Hauler ID # 5 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa 06/26/2017 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) Title June 13, 2017 Raymond C. Pedalino SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

	(Pursuant	to !	A.J.A	.C. 8:6	0 and 12:120)				017	
1	Name	f Du	ilding	Owne	r / Operator (2)	100	U U JUN	220	2017	-
ate of Notification (1)	Rider U	nive	reity	Owne	., .,	6				-
06-15-201/	Street A	ddr	acc			2000	ASSESTO	2.000	TOO	1 2
gencies Notified Type Notification	2083 La	MAITE	ncev	ille Roa	ad		ASSESTA	-NSIL	CINO	L ()
⊠ EPA	City, Sta	ato .	2. 7in	Code		i	Live	1,4011.4	1.4	
□ DEP	Lawren	ale (u Zip	1.0864	8					_
□ DOL □ Amended	Lawren	cevi	ile, iv	3 0004	0		Telep	hone N	lumb	er I
	Name o	of Co	ontac	Ţ						92
DOH Emergency Cancellation	Mr. Wa	Iter	Eddy						-	
	= 1	211.1	TV IA	IEOPN	IATION					
		ULL	1 1 11	T	ype of Facility (4))				
Name of Facility Where Abatement is Taking Pla	ce (3)			1'r	School (K-12)	ĺ.				1
Rider University – Bart Leudeke Dance Center						(Other than	<-12)			
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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

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MICHAEL PURING	- J J y .					- 1 1 1					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 22 Name of Building Owner/Operator (2) Date of Notification NEWARK PUBLIC SCHOOLS 6/15/2017 ASSESTOS CONTROL à LICENSING Type Notification Street Address Agencies Notified 2 CEDAR STREET × EPA Initial City, State, Zip Code × DEP X Amended NEWARK, NEW JERSEY 07102 Amendment # DOL Emergency (including Telephone Number Name of Contact × DOH justification) BENJAMIN OLAGADEYO × Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ARTS HIGH SCHOOL School (K-12) × Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 550 MARTIN KING JR BLVD etc. # of Floors Bldg. Age Square Feet City (5) 1500 **NEWARK** Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) SCHOOL **ESSEX** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) WHITMAN COMPANIES INC 00110 OPTIMUM ENVIRONMENTAL SOLUTION LLC Street Address Street Address 2717 LINWOOD ROAD 7 PLEASANT HILL ROAD City, State, Zip Code City, State, Zip Code UNION, NEW JERSEY 07083 CRANBURY, NEW JERSEY 08512 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 908-418-2737 01227 732-390-5858 KEVIN LOVELY Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/27/2017 8/27/2017 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: OCCUPIED City, State, Zip Code Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement is Location Туре Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Custodial Staff? SF or LF) In Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A BOILER INSULATION, GASKET 600 **BOILER ROOM** X X BREECH INSULATION 900 x **BOILER ROOM** Х NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste MINERVA ENTERPRISE, 900 MINERV TRI-STATE 2A456 Disposal Date City, State City, State WAYNESBURG, OHIO 44688 1199 RANDALL STREET, BRONX, NY 10474 Date Completed by Title Signature 06/15/2017 CEO/OPERATION MGR. EMMANUEL CHIOBI 1 main

Print Form

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PATRICK T. DeCARO							70							



A Service Disabled Veteran Owned Small Business TTI Environmental Incorporated 1253 N. Church Street Moorestown, New Jersey 08057 Tel: 856-840-8800

Fax: 856-840-8815



June 14, 2017

Mr. Tom Voorhees New Jersey Department Labor Asbestos Control & Licensing 1 John Fitch Plaza, 3rd floor Trenton, NJ 08625-0949

RE:

Request for Waiver of 10-Day Notification

Emergency Asbestos Removal

Cedarbrook Elementary School-First Floor Custodial Hallway

1049 Central Avenue

Plainfield, New Jersey 07060

Dear Mr. Voorhees:

The above referenced project is considered an emergency due to the fact that existing pipe containing asbestos insulation continues to fail within the First Floor Custodial Hallway of the Cedarbrook Elementary School. Each time the pipe fails, it creates a situation that could negatively impact the health and operations within the building. To avoid this potential environmental hazard from reoccurring, Plainfield Public Schools has decided to replace the entire section of failing pipe. The school will be completely unoccupied from Tuesday, June 20 through Sunday June 25, 2017, and therefore, the District would like to address this situation during that timeframe. The below table includes the location, material and approximate quantity included within the proposed emergency scope of work.

Location	Asbestos-Containing Materials	Approximate Quantities
First Floor Custodial Hallway	Pipe Insulation/ Fittings	350 Linear Feet

Accordingly, the existing situation requires that abatement activities be performed immediately within the First Floor Custodial Hallway. Delaying the abatement activities could negatively impact the health of the affected area and adjacent spaces. The emergency abatement activities are urgently required to provide safe working conditions as the plumbers occupy this space for the necessary repairs.

Thank you for your assistance with this matter. Please call me on my cell phone (609-304-3969) if you have any questions or require additional information.

Respectfully Submitted, TTI Epvironmental, Inc.

WH

Michael R. Stocku Project Manager

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Print Form

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

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

Chek#3027

GAC Project # 060-17 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ June 12, 2017 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT S CONTROL & ☑Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS **DEPA** ☐ Amended Notification # ☐ DCA City, State, Zip Code ■ Emergency (including X DOL PISCATAWAY, NJ 08854 justification) Tolonh ☑ DEP- No Longer REQUIRED Name of Contact □Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) AIR FORCE ROTC, BLDG# 3164 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS # of Floors: 4 Bldg. Age: 80+ years Sq. Feet: N/A City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) **NEW BRUNSWICK MIDDLESEX** Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, 08016 NJ License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 609-386-8800 **BRIAN KEARNY** 973-492-0477 00840 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 06/26/17 06/23/17 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours -Describe X Other − Describe: 20-21 WARGARAW ROAD Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) City, State, Zip Code FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure **X**Renovation ☐ Mini-Enclosure □ > 3 sf or > 3 lf ☐ Glove bag Procedure / Wrap & Cut ■ Demolition X > 160 sf or > 260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) YES NO NA 400 SF X 001 X VAT NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 06/26/2017 19067 NJ DEP # 4509 215-736-1700 Signature Date Completed by (Print or Type) June 12, 2017 RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino MANAGER

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

JUN 2 2 2017		E C	E		
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Date of Notification (1)		Na		ding Owner/Operator (2		14	i, JUN	22	20	11	
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Amended			y, State, Zip				100	et/depending	-		=
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	uing		me of Conta			Telephone Nu	mber			_	_
□ Cancelation □		Ba	rbara N	Лurphy							
Name of Facility Where Abatement is Taking Place (3)				FACILITY INFORM	IATION						_
Aaron Decker School					Type of Facility (4)						-
Street Address					School (K-1	2)					
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Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.							
Envirovision Consultants, LLC				00079	Name of Abatement Co						٠
treet Address				1000/3	Unicorn Contra	cting Corp.					
20-21 Wagaraw Rd., Bldg. 35-E					Street Address						•
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air Lawn, NJ 07410					City, State, Zip Code						
roject Manager fo Monitoring Firm			T		Woodland Park,	NJ 07424					
rederick Larson				one No.	Telephone No.		License No.				-
tart Date (10)		Ter.		636-9145	973-333-9176		01331				
5/23/17				letion Date (11)	Name of OSHA Monitor						-
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Date of Notification (1)		Name	of Buildin	g Owner/Operator (2)						1	
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⊠ DOH ⊠ DCA	justification)		Barb	ara Mı	urphy							
□ DCA □	Cancelation		1	F	ACILITY INFORMAT	TION						
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Street Address							30	- 1/ 42)				
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Project Manager fo M				Telepho	ana Na	Telephone No.	ark, NJ 07424	License No.				_
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Now Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES. ASSESTOS CONTROL &

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

	NOTIFI	CATION INFORMAT	ION SERVICE SERVICE	A BOOK C	Allers of the second
Date of Notification:	/ 14 / 2017				
X Iniliai		Emergency (must in	clude justification)		
Type of Wark: Demolitic			: 0.00-9.0 2 0		
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The state of the s	LANGE DE LA CONTRACTOR DE	DINGINEORMATIO	Nested and the springing of the second	212121111111111111111111111111111111111	
Name of Building Owner/Oper	ator: NJ Department	t of Environmental	Protection, Divisio	n of Fish a	& Wildlife
Street Address: 501 East S	tate Street City	Trenton	S(ate: NJ	Zip;	08625
Name of Contact Al Payn	e	T	elephone No.	- 2	
The second of th	III. FAC	IL TY NECKWATIO	N. Is September 20	dana da	GENERAL SERVICE
State of the state			VXXV-2/A (1/44/10-01/17/01-04/11-04/11-04/11-04/11-04/11-04/11-04/11-04/11-04/11-04/11-04/11-04/11-04/11-04/1		Han attributed to Man Artificial Control
Name of Facility Where Work				ipe rarms	
Describe Facility Use:		Clubhou	Tarks Ut who are		00000
Street Address Steelman Rd	+ Strelman landing RdCity:	Ways Landing	State: NJ	Zlp; _	08330
County Name: Atlantic		County Code (S		/ 40	1 2047
	/ 16 / 2017	Scheduled Cor	mpletion Date: 6	/ 19_	/ 2017
Occupancy Status During Ad					
Facility Closed/Vacated Du					
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Scope of Work (check all tha		224 CT	_	7.11 20.14 #20.00.00	9/
☐ Floor Tile	Square Footage:	224 SF	Percentage Asbe		<u>%</u>
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Charlet Co. Company of the Control o	W. IV. CONT	RACTORINFORMAT	AP 18 Comments	SUBSERVED TO SEL	
Company Namo:	Shade Environmenta	I. LLG	Telephone No.:	856-755	1-na99
C22 C141-4	11-11		, relephona 145.,	1 10 20	0000
Street Address: 623 Cutter	Avenue City:		State: NJ	1 11 20	08052
New Jersey Asbestos Licenso	Number (if applicable):	Maple Shade 00842	State: NJ	Zip: _	08052
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New Jersey Asbestos License Monitoring Firm (if applicable):	Number (if applicable):USA Environmental N	Maple Shade 00842 Vanagement, Inc.	State: NJ Telephone No.:	Zip:	08052 5-8101
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06/14/2017 12:04

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Biresi Addresa	namagemer	it, inc.				Shade En	vironmental, LL	C				
344 West State Street						Street Address			-2	_	_	_
City, State, Zip Code						821 Cutler						
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roject Manager for Menitor	no Fion	1 ()	· 1+	12.40			de, NJ 08052					
John Duggan	M. t. arti			elephor		Telaphona No.		Licanse No.		_		_
Clart Date (10)	Cab	adula e	0	P08-6	56-8101 Date (11)	856-755-00		00842				
_00 / 18 /	17	UN DOUBLED	Lomi	Noupn (Date (11)	Name of OSHA		. i. 4 1119		-	_	_
ccupancy Status During Ab				· · · ·		EMSL Anal	ylical, inc.					
Facility Closed Vecated D	urion Baline	ווחם אבש	y one)			Street Address		4*3 (30.5) (ja			_	_
I Analamani Parlatined Ou	tide of Norm	al Faci	IN H-		10	200 Route t						
Time of Abatement:	AM-	PIW	Pa	A-	AM	City, Stala. Zip (_	_	
cope of Wark (Check all the	anoly)					Cinhaminao	n, NJ 08077					
11 E < 10 Ps E <	- Фрр.уу		lenova Icmalit			H Gloveba	an Procedure					
			s Loca	line	_	M Non-Ex	ompled (*) and No	n-Pliable Procedu	119			
Location of			Nami	Illy		Dasaription			Al	etem.	eni T	've
Asboelos-Containing Meio	IDI (ACM)	M	od be	cly by	Aab	stos Containina Ma	atarial /ACAN	Amount		~	-	
IN Facility		Cue	todal	Staff?	(1.0	thormal systems, a surfacing. VAT	חסולבועשהו	(Spealty	Removal	Repair	A A	1
(13)		-	(12)	_	-	other miscellane	(auo	SF or LF)	A	1	Encapsulate	
. 41		BOY	No	N/A		<u></u>					1	1
st Floor Bathroom					Transit	o Celling Panels		40.00				
							- 111 (10)	40 SF	×			
		Time Time	-	-								
		1	Ш							n	n	-
						1811			1	7	-	1
On of Danieton chile			2.4	(BED)	Vagla	Cubic Yarda of	Name of Registe	amd Leadel		4		_
			N.	JUEP V								
ne of Registered Whale Hay hade Environmental, Li			H	JUEP V Jular ID 32426	No.	Waste			احجازاور	Pra		
hade Environmental, LI			H	ular ID	No.		Atlantic Co.	unly Utilities A	uthori	ty	0.00	
hade Environmental, Li Gisis aple Shade			H	ular ID	No.	Waste 1	Atlantic Co.	inly Utilities A	uthori	ty		- 1
hade Environmental, Li Cisio aple Shade apicios By (Prini or Type)	.C		H	ouler ID 32426	No.	Whate 1 Disposal Dato 06/19/2017 Signature	Atlantic Co.	Inly Utilities A		ty		-
hade Environmental, LI	.C	on Pre	H	ouler ID 32426	No.	Whate 1 Disposal Dato 06/19/2017 Signature	Atlantic Co.	inly Utilities A		ty		

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Date of Notification	(1)	1		CONTRACTOR STATE	Owner/Operator (2)			the same a resident sense on the resident sense.				
6/13/2017			Programme In the	ACCOUNT OF THE PARTY	ence Board of Ec	lucation		JOS CONTE	OL	&	-	_
Agencies Notified	Type Notification	1	Street Ac		Will was a second of the secon		L	LICENSING				
					d Avenue							-
☐ DEP	☐ Amended	- 1		e, Zip Coo								
⊠ DOL	Amendment #				ence, NJ 07974		Telephone Number			_		-
	☐ Emergency (including			Contact	to Colored Direin	ace Admin	Telephone Number					
DOH	justification)		James	E. Tes	sta, School Busin	less Auffilli.	1					
□ DCA	☐ Cancelation			FΔ	CILITY INFORMAT	TION						
41 6 5 - 10 h 14/h	ere Abatement is Taking Place (3)			- 17	CILITY IIII OIIII	Type of Facility (4)						
	erts Elementary School					School (K-1	2)					
	er to Lienteritary ochoor			7			8 (Other than K-1	2)				
Street Address							rivate & Commer		nes,	etc.)		
80 Jones Driv	e		2.112070			- Other the p						
City (5)						Square Feet	# of Floors	Bldg. Age				
New Provider	nce					76,000	1	55 yrs				-
County (6)				County C		Current Use (Prior if be	eing demolished)					
Union				(STATE U	JSE ONLY)	School						
	Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement C						
Langan					00099	Unicorn Contra	icting Corp.					
Street Address			TIC COLUMN			Street Address						
300 Kimball Dr	ive 4th Floor					32 Willow Way						
City, State, Zip Code				en de		City, State, Zip Code						
Parsippany, N						Woodland Park	k, NJ 07424					
Project Manager fo				Telepho	ne No.	Telephone No.		License No.				
Darshan Desa				973-5	60-4900	973-333-9176		01331				
Start Date (10)	11		Schedule	ed Compl	etion Date (11)	Name of OSHA Monito	or					
7/7/2017			7/21/	2017		Envirovision Co	nsultants, Inc.					
Occupancy Status Di	uring Abatement (Check Only One)		,,			Street Address						
	losed/Vacated During Entire Pe	riod of Ab	atemen	t		20-21 Wagarav	v Rd., Bldg. 35-	·E				
	nt Performed Outside of Norm			131		City, State, Zip Code						
		ar r deiney .	10015			Fair Lawn, NJ (07410			- 0.5		
Other - D												
Value 191 B			X	Renov	ation		nment with Negat	ive Pressure				
□ ≥3 sf or ≥				Demol		☐ Mini-Enclos	sure					
≥160 sf o	r ≥260 If			Demoi	indon	☐ Glovebag P	rocedure					
						그렇게 되었다고 있었다고 있다.	oted (*) and Non-F	riable Procedure				
			s Locatio	in .	1	A	2-2-				emen	t
	Location of	10	Normall			Description of			-	T 1	ype	Т
Ashest	os-Containing Material (ACM)	Us	ed Solely	y by	Asbes	tos Containing Material (ACM)	Amount				
Asbest	TO BE ABATED		aintenan		(i.e	. thermal systems insulati	on,	(Specity SF or LF)			Enc	m
	In Facility	Cu	stodial St	latt?		surfacing, VAT, or other miscellaneous)		SF OF LF	Ren	72	apsi	nclo
	(13)		(12)	T N1/A	-	Other miscenarieous)			Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	** CEE (CONTINUATION S	HFFT**		+	1	1	
** SEE C	CONTINUATION SHEET**			-	SEE (CONTINUATIONS	/11261			1	1	
				-	-				-	+	1	
				-					+	+	1	1
					1	Cubic Yards of Waste		Name of Regustered	d Land	 fill		-
Name of Registered	l Waste Hauler				uler ID No.	Comment of the Commen		Fairless Hills I				
Unicorn Cont	racting Corp.		0035	844		20+		City, State	-0110			_
City, State						Disposal Date	1	Morrisville, P	Δ			
Woodland Pa	ark, New Jersey					TBD	70	A	Da	te.		
Completed by		Title	1919-235			Signature	1/1/	1	135	13/	201	7
Dimo Golcev		Gene	ral Ma	anager	1		7/		10,	13/	LUI	



State of New Jersey Notification of Asbestos Abatement Continuation Sheet

Allen W. Roberts Elementary School

	2007	Local	100000					ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma d Sole intena todial (12)	ely by ince/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Gym Office		Х		9"x9" Tan Floor Tiles & Associated Mastic	70 SF	XX			
Storage Rooms		Х		Mudpack Pipe Joints Associated with Fiberglass Pipes (Exposed)	120 LF	xx			
Boy's Locker Room, Girl's Locker Room, Gym Office, Storage Rooms		Х		Pipe Insulation & Associated Joints (Concealed within Wall, Floor and Ceiling Cavities)	300 LF	XX			
Exterior		Х		Door Frame Caulk (Outer Frame)	20 LF	XX			
Exterior By Main Entrance		Х		Suspect Foundation Waterproofing Materials	200 SF	xx			
Main Roof Above Boy's, Girl's Locker Room & Main Entrance Vestibule		Х		Built-up Roofing Materials & Roof Flashing	15 SF	XX			
			RINITERIOR						
	-						-		

	Parameter .						-	
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01			 L 4	or	10		-	1
Ur	TFY	/NA	F	O.S	19	0017	,	
	1111		JUN	(1	CULI		1 2

Date of Notification (1) 06/06/2017			N	lame of I K. HO\	Building Ov /NANIAN	vner/O N HON	perator MES, I	(2) LLC.	The control of the co	البال	UN 2	2	2017		
Agencies Notified	Type Notification		S	Street Ad 110 FIE	dress ELDCRE	ST A\	/E. 5	TH FL	OOR	ASBES	TOS LIGE)L &	
DEP DOL	Initial Amended Amendment #	1			e, Zip Code N NJ 0						and an arrange	r-s-		- 0	
DOH DCA	Emergency (in justification) Cancellation	cluding		lame of BOB K	Contact IEFFER					Telephone	e Nun				
				FACIL	ITY INFOR	RMATIC	NC								
Name of Facility Where RESIDENTIAL Street Address	Abatement is Taking	Place (3)			para and a second				of Facility (4 School (K-12 Subchapter	2) 8 (Other than	K-12)				
Street Address									Other (i.e. pi etc.)	rivate & comr	nercial	build	ings, l	nome	S,
City (5) EAST BRUNSWIC	K								re Feet	# of Floors 2	S	8k	dg. Ag 3	ge	
County (6) MIDDLESEX	·		(County C	ode (7) ISE ONLY)				nt Use (Prio DENTIAL	or if being den	nolishe	ed)			
Name of Monitoring Firm HEALTH & SAFET	m Hired by Building Ov TY SERVICES	wner (8)		ASCM	No.		Name ASS	of Aba	tement Con D ENVIRO	tractor (9) ONMENTA	LSE	RVIC	ES	INC.	
Street Address 318 12TH STREE	Т		5					Addres CLEN	ss //S RUN						
City, State, Zip Code HAMMONTON No	J 08037						City, S MU	State, Z LLICA	ip Code HILL NJ	08062					
Project Manager for Mo JIM PROCTOR	nitoring Firm			Telephor 609-70	ne No. 04-8550			hone N -304-4		Licer 011	nse No 45	*			
Start Date (10) 06/15/2017		Scheduled 06/16/2		pletion [Date (11)		Name EM:		HA Monitor						
Occupancy Status Durin								t Addres	ss 30 NORT	Ή					
Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire Pe med Outside of Norma	eriod of Al al Facility	batem Hours	ent		_			ip Code INSON N	J 08077					
Scope of Work (Check	All That Apply)		7.015												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(Contract)	enova emoliti					- Mi	ni-Enclosure					2	
		Ι					Ľ	· NO	III-Exemple	a () and Non	-i iiabi			ment	
Location	on of	N	Locati ormal	ly		De	scriptio	n of					Ту	pe	
Asbestos-Containin TO BE Al In Fac (13	ig Material (ACM) BATED cility	Mai	d Sole ntenar odial S (12)	nce/ Staff?		os Con therma surfa	taining I systen scing, V	Materia ns insul		Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
045405	OFILINIO	Yes	No	N/A X		GI	UE DO	OTS		25 SF	-	X			
GARAGE	CEILING			^		- GL	OL D	010				-			
												-			
Name of Registered W	lacta Hauler		TN	JDEP V	Vaste	Cubic	Yards		Name of	Registered L	andfill	_			
ASSURED ENVIR		RVICES	F	Hauler ID 03489	No.	of Wa	aste		MINER	RVA LAND					
City, State MULLICA HILL NJ						06/1	6/201	7	City, Sta WAYN	te ESBURG,					
Completed by RON SWANSON		Title GEN	ERA	LMAN	IAGER		Signatu	fe Ju	ell y	WHO HIN	Da Of	te 6/06/	2017	7	

Print Form

			(Pursuar	nt to NJA	C 8:60 ar	nd 12:12	0)	27.5	1	6	1/4/	to	-361	7.5
Date of Notification (1) 06/14/17					of Buildin enberg E				1	The same of the sa	-	MAH P		XI	رك
Agencies Notified EPA	Type Notification	ľ			Address 9th Stre	eet				The state of the s	ASSE	aTUS LICE			OL (
DEP DOL	Amended Amendmen			City, S Gutte	tate, Zip (enberg,	Code NJ 070	93			-					
X DOH X DCA	Emergency justification Cancellation		ig	Name	of Contac	t				Tele	phone N	lumhar			
11 (5)				FAC	ILITY IN	FORMAT	ION			_					
Name of Facility Where Anna L. Klein Elen	Abatement is Takir nentary School	ng Place	(3)					Тур	e of Facility (School (K-1	58					
Street Address 301 69th Street									Subchapter Other (i.e. p	8 (Othe	r than K- commer	-12) cial bu	ilding	s, hon	nes,
City (5) Guttenberg								2000000	are Feet	# of 4 +	Floors	100	Bldg. 50 +		
County (6) Hudson				County (STATE	Code (7) USE ONL	Y)			rent Use (Prid	or if bein	g demoli	shed)			
Name of Monitoring Firm	n Hired by Building I, Inc.	Owner (8	3)	ASCI 0014	M No. 49		Name J.R.	of Ab	atement Con tracting & I	tractor (9) amenta	I Con	eulti	na Ir	20
Street Address 56 East Bridge Stre	eet	7					Street	Addr			monto		Journ	19, 11	10,
City, State, Zip Code Morrisville, PA 190	67						City, S	tate,	Zip Code NJ 07470						
Project Manager for Mor Mr. James Frisbee	nitoring Firm	<i></i>		Telepho	one No. 92-4200)	Teleph 973-6	one i	No.		License	No.			
Start Date (10) 06/26/17		Schedu 07/10/			Date (11)		Name	of OS	SHA Monitor sion Consu						
Occupancy Status Durin	g Abatement (Chec	0.0000000000000000000000000000000000000		-			Street			illanis,	, Inc.				
Facility Closed/Vac Abatement Perform	ated During Entire F	Period of	Abater	ment			20-21	1 Wa	agaraw Roa Zip Code	ad, Bld	lg. #35	E			
Other – Describe:									n, NJ 0741	0					
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Il That Apply)	-	Renova Demoli				×	Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure				re	
VAI 1.00-170-201-			s Locat Norma											emen /pe	t
Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Use Ma	ed Sole aintena stodial (12)	ely by nce/ Staff?	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA ⁻ niscellan	ateria insul r, or	ation,	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		ate	ro i
3rd Floor H	allway		X		Cove E	Base Pl	aste	r	261	SF	Х				
Name of Registered Was	to I louise														
J.R. Contracting & E		onsul.,	Inc H	IJDEP W lauler ID 7819		of Was			Name of R Grand C						
City, State Wayne, New Jersey			au				al Date		City, State Pen Argy	/l. Pen	nsvlvar	nia			\neg
Completed by Jerry Bijelonic		Title Proje	ct Ma	nager		Si	gnature	1	1		Da	ate 6/14/1	17	-	

				(P	ırsuar	II IO NJA	AC 8:60 and 5:10	0)	iii ii	N 2 :	2 2/	117	
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	41 70	4 6	- 4	11/	- 12
	15 /	17			Lyr	nx Waste	& Recycling, Inc	c.	Andrew -	3	70	9	9
Agencies Notified	Type Notific	cation	_		Street	t Address			ASUEST	050	ON	Rb	L &
⊠ EPA					0.0000000000000000000000000000000000000	Box 188	3		L.	CEN	SEV	-	
□ DOLWD	☐ Amende	d				State, Zip (
□ DOH □	Amendr				Comments of		e, NJ 07762						
DCA	☐ Emerger justificat		uding			of Contac	33		Tolophone Num	hor			
(NJAC 5:23-8)	Cancella					hard Hyd			Telephone Nun	iber			
									Г		8=		
Name of Equilibrative A	b = t = = = = = t != :	T-1: F	21	(0)	FA	CILITY IN	IFORMATION						
Name of Facility Where Al Residence	batement is	raking F	race	(3)				Type of Facility (00.51				
								☐ School (K-12) ☐ Subchapter 8		2)			
Street Address								Other (i.e., pri			ilding	JS,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Sea Bright								800	1		65	_	
County (6)		3.0-0			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			
Monmouth							***	Residence	3	,			
Name of Monitoring Firm I	Hired by Buil	Iding Ow	mer (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A		•	•	f				ntracting, Inc.					
Street Address							Street Address	g,					
-							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode	200111-0				
	- upor company						Toms River, I	New Jersey 087	55				
Project Manager for Monit	oring Firm			Tele	ephone	No.	Telephone No.		License No.				
							732-349-9932		00624				
Start Date (10)	8690	Schedul	ed Co	mple	tion Da	te (11)	Name of OSHA M	onitor					
06 /26 / _	17	06	/	_2	7_ / _	17	E.M.S.L. Anal	ytical					
Occupancy Status During	Abatement ((Check c	only o	ne)			Street Address						
□ Facility Closed/Vacated							1056 Stelton						
Abatement Performed	Outside of N	lormal Fa	acility	Hou	rs - Des	cribe	City, State, Zip Co	ode	1				
Time of Abatement:	AM	PM/		_PM		AM		New Jersey 088	54				
Scope of Work (Check all	that apply)												Section 11
□ >2 of or >2 if			7 0					ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf		L	_ Rer ☑ Der	novat			☐ Mini-Encl						
		_					Non-Exer Non-Exer	mpted (*) and Non	-Friable Procedu	ire			
				Loca						Ab	atem	ent T	уре
Location of				orma	illy ely by		Description o			R	D	Ш	m
Asbestos-Containing N TO BE ABAT		VI)			ince/		stos Containing Ma ., thermal systems i		Amount (Specify	em	Repair	nca	ncl
IN Facility		1		odial	Staff?	(1.6	surfacing, VAT,		SF or LF)	Removal	=	psu	Enclosure
(13)		-	1	(12)		-	other miscellane		/	_		Encapsulate	G.
			Yes	No	N/A							1051	
exterior				\boxtimes		asbesto	os siding		800 sf	\boxtimes			
		[
										П	П	П	П
		ĪΓ	7 1	П						Tn			П
Name of Registered Waste	Hauler	1/			JDEP \		Cubic Yards of	Name of Registe	ered Landfill				
Guardian Contractin				1 0	lauler II	O No.	Waste	T.R.R.F.	S. SG EGITGIII				
City, State					20223	3	Nisposal Data	SACKINGUIS INCOME.					
Toms River, New Jer	'eav						Disposal Date	City, State	Donnoud				
		TTO	0.000				06/28/17	Tullytown, I	Pennsylvania				
Completed By (Print or Typ) ()	Title	iect	Man	ager		Signature	_/\	/ D	ate /	- /		

Date of Notification (1)					Name	e of Buildir	ng Owner/Operator (2)		111 0	0 /	0047	
06/	15 /	17	_		Ly	nx Waste	e & Recycling, In	c.		JN 2	3	2017	
Agencies Notified	Type Notific	ation			Stree	t Address				210			
					P	D Box 18	8		ASBES				DL &
□ DOLWD □	I STORY OF THE PROPERTY OF THE PARTY OF THE				City,	State, Zip	Code			LICEN	73107	7	
□ DOH	es Notified Type Notification				Sp	ring Lak	e, NJ 07762						
☐ DCA (NJAC 5:23-8)			uaing		Name	e of Contai	ct		Telephone Nun	nher			
,	The state of the s				Ric	hard Hy	de						
				1000	FA	CILITY II	NFORMATION		. 3				
Name of Facility Where A	batement is	Taking F	Place	(3)				Type of Facility (4	4)				
Residence								School (K-12)					
Street Address				100				Subchapter 8			م منامان.		
								Other (i.e., pri homes, etc.)	vate and comme	ercial bi	ınamç	JS,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Avon By the Sea								800	1		65	-	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demol	ished)			
Monmouth								Residence					
Name of Monitoring Firm	Hired by Build	ding Ow	mer (8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address						
							1889 Route 9	, Unit 61					
City, State, Zip Code					Alles -		City, State, Zip Co	ode				-	
							Toms River,	New Jersey 087	55				
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.	•	License No.				
V5//	152			1 1922			732-349-9932		00624				
Start Date (10)		Schedul	ed Co	ompl	etion Da	ate (11)	Name of OSHA M	lonitor					
						17	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (Check o	nly o	ne)			Street Address			2	0		
					ement		1056 Stelton						
						scribe	City, State, Zip Co	nde					-
Time of Abatement: _	AM	PM/		_PN	l	_AM		New Jersey 088	54				
Scope of Work (Check all	that apply)						1 loodtaway, i	tew dersey doo					
7 <u>24</u> 7 70 80 800	cinac appij)						☐ Full Cont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf		-] Rei				☐ Mini-Enc ☐ Glovebag						
∑ 100 31 01 ≥200 11			7 Dei	HOIL	011			mpted (*) and Non	-Friable Procedu	ле			
			Is	Loca	tion					Ab	atem	ent T	ype
				lorm			Description of				-	1	
		1)			lely by ance/		estos Containing Ma e., thermal systems		Amount	Removal	Repair	Encapsulate	Enclosure
	Name and Address of the Owner o		Cust		Staff?	(1.6	surfacing, VAT		(Specify SF or LF)	ova	=	nsd	Sur
(13)		-		(12	1		other miscellane		500 500 mm.			late	е
			Yes	No									
exterior garage		[asbest	os siding		600 sf				
basement						asbest	os pipe insulatio	n	10 If				
		[v							
Name of Registered Wast	e Hauler			188	NJDEP		Cubic Yards of	Name of Regist	ered Landfill				-
Guardian Contractir	ng, Inc.			1	Hauler I		Waste 3	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Je	rsey						06/28/17	Tullytown,	Pennsylvania				
Completed By (Print or Ty	pe)	Title					Signature	1	/) 10	ate /	1		
Nicholas Fernicola		Pro	ject	Mar	ager			a / L.	1	6/	5/1	7	

State of New Jersey

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

Date of Notification (1)			Nam	e of Build	ing Owner/Operator (2)		A	101	7 1 30H 1	2	111		11
6/14/2017			Nev	w Prov	idence Board of	Education		A mer jam	-				1
	pe Notification			t Address					ACCEPTOR	000			1
⊠ EPA ⊠					ood Avenue			-	ASSESTOS	GUIN	1171	JL (X
□ DEP □			333	State, Zip		7V(0; 2:			1 - 1 - 1 - 1 - 1 - 1				
■ DOL	Amendment #	-	-		idence, NJ 079	74							
	0-11/1/11/00/11/8			of Conta				Telephone Numb	er			-	
☑ DOH □ DCA □	justification)		Jam	es E. T	esta, School Bu	siness Admi	in.						
DCA JU	Cancelation				A CULTVINICODA			1					
Name of Facility Where A	batement is Taking Place (3)	-	-		FACILITY INFORM	ACCOUNT OF THE PARTY OF THE PAR	the fall						
	Middle/High School					Type of Fac							
Street Address							hool (K-1	100					
35 Pioneer Drive								8 (Other than k					
Jo Froncer Brive						□ Ot	her (i.e. ¡	orivate & Comm	ercial buildings, I	nome	s, etc	.)	
City (5)						Square Feet	t	# of Floors	Bldg. Age				_
New Providence						75,000+		1	55+ yrs				
County (6)			500000	County	y Code (7)			eing demolished)	J 33+ VIS				
Union				(STATE	USE ONLY)	School		,					
Name of Monitoring Firm	Hired by Building Owner (8)	V			ASCM No.		-t t C	ontractor (9)					
	ng and Environmental	Service	25		00099	- 1							
Street Address					00099	Street Addre		cting Corp.					
300 Kimball Drive,	4th Floor												
City, State, Zip Code	+tii i 1001					32 Willo							
Parsippany, NJ 07	7054					City, State, Z							
Project Manager fo Monito				1				, NJ 07424	1			Called	
Darshan Desai	oring ritin			1 2	one No.	Telephone N			License No.				
Start Date (10)		-	T		560-4900	973-333			01331				
7/7/2017			Transaction.		letion Date (11)	Name of OSI							
, ,	Abatement (Check Only One)		1//21	/2017				nsultants, Inc					
						Street Addre	55.00				-5/1-5-		
	/Vacated During Entire Peri			nt		20-21 W	agaraw	Rd., Bldg. 35	-E				
	rformed Outside of Normal	Facility	Hours			City, State, Zi	3.00						
Other - Describ						Fair Lawı	n, NJ 0	7410					
200120 200 00 000000	nat Apply)												
≥3 sf or ≥3 If			X	Renov	ation	☐ Full	Containr	nent with Negat	tive Pressure				
≥160 sf or ≥260) If			Demol	ition	☐ Min	i-Enclosu	re					
						☐ Glov	ebag Pro	ocedure					
						⊠ Non	-Exempt	ed (*) and Non-F	Friable Procedure	2			
			Is Locatio									emen	t
	cation of	11.	Normally ed Solely			Description				-	T	/pe	
	aining Material (ACM) BE ABATED	1 3355	aintenan		l.	stos Containing M . thermal systems		22.54 ⁶	Amount				
	Facility	Cu	stodial St	aff?	(,,,	surfacing, VA		r.	(Specity SF or LF)			Enc	
	(13)		(12)			other miscellan			3.5.67	Remova	R	Encapsulate	Enclosure
		Yes	No	N/A						ova	Repair	ulate	Sure
Main Entra	ance Vestibule		X		Suspect Glue/Ma	astic Behind W	/ooden V	Vainscot Panel	10 SF	X			
							72.75						
ame of Registered Waste H			NJDEP W	aste Haul	er ID No.	Cubic Yards of	Waste		Name of Regustered	d Landfi	11		
nicorn Contractin	g Corp.		00358	44		1 cy			Fairless Hills L	andi	ill		
ty, State						Disposal Date			City, State				
oodland Park, Ne	w Jersey					TBD		/	Morrisville, P	А			
mpleted by		Title				Signati	USE /	8 1		Date			-
imo Golcev		Gener	al Mar	nager		16	/	1/1/1		1	4/2	017	
				-				///		10/1	+/ 2	011	

Ch 2201			NOTI)	FICATIO	State of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT			E (To the second			
Date of Notification (1) 06/15/2017					of Building mfield Bo						Jl	JN 2	2	20	17	
Agencies Notified Ty	pe Notification				Address Broad St						SBES	TOS	- CC	NT	ROL	8
DEP DOL	Amended Amendment Emergency (Bloor	tate, Zip Ci mfield, N		13					<u> ICE</u>	IC!	NG		
X DOH	justification) Cancellation		,	Joe C	of Contact Carretta					- Tel	ephone	Numb	er			
Name of Facility Where Abat	ement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(1)				V-CS-		_
Franklin School		30					1			2005						
Street Address 85 Curtis St									School (K- Subchapter Other (i.e. p	8 (Oth	er than & comm	K-12) ercial t	ouilo	dings	, hom	ies,
City (5) Bloomfield									etc.) ire Feet	# 0	f Floors		В	ldg. i	∖ge	
County (6) Essex					Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng dem	olished)			
Name of Monitoring Firm Hire Briggs Associates	ed by Building C	wner (8)	ASCI 000					tement Cor Construc							
Street Address 3 Crosswicks St				,			Street	Addres								
City, State, Zip Code Bordentown, NJ 08505									ip Code J 07512							
Project Manager for Monitorin Michael Hoodak	ng Firm			Telepho 609 2	ne No. 98-5520		Telepho 973 8				Licens 0115					
Start Date (10) 06/26/17		08/20/	17	mpletion	Date (11)				HA Monitor above							
Occupancy Status During Aba	atement (Check	Only O	ne)				Street A	Addres	SS				/e.:::			
Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire Poutside of Norma	eriod of all Facility	Abater / Hour	ment s			City, St	ate, Zi	ip Code							
Scope of Work (Check All Tha	at Anniv)						(I									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	,	Parameter 1	Renova Demoli				X	Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure						
			Locat							() dire	11011-11	lable r		Abate	ement pe	
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Ma	d Sole intena todial (ely by nce/		os Conta thermal surfac	scription of aining Ma systems sing, VAT siscellane	aterial insula , or		(S	mount pecify or LF)	National		Repair	Encapsulate	Enclosure
		Yes	No	N/A					1			1 7	-		ate	ē
Boiler Room		Х			В	reechir	ng Insu	lation	n	4(00sf	X	1		Х	
Boiler Room		X				Boiler	Insulat	tion		80	00sf	X	7		X	
Boiler Room		X				Pipe	Insulati	ion		3	00lf	X	1		X	
Boiler Room		Х				Tank	Insulat	tion		4	0sf	X	1		Х	
Name of Registered Waste Ha Academy Construction I		enter Sell	Н	IJDEP W lauler ID 034422	No.	Cubic Y of Wast 20			Name of F			ifili				
City, State Fotowa NJ						Disposa TBD	al Date		City, State Tullytow				900110			
Completed by John Geleski		Title VP				Sig	gnature		11/1	1/		Date 06/15	5/1	7		

* Do not use this form for asbestos licensure exempted activities

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* Emergency *

A ALS	no other	James Short
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V	J	(ICATIO	tate of New N OF ASBE t to NJAC 8	STOS	ABATE		NT CK	10	16-	C_	E		V/_[
Date of Notification (1) 6/14/17					of Building C beth Crav		The state of the s				The state of the s	UN	2:	2 2	117	
Agencies Notified	Type Notification			Street A	Address					1 -	ī	-		-	511	199
⊠ EPA	☐ Initial										LSRE	STA	00	ONE	F (C1/ 1)	- 5
DEP DOL	Amended Amendment	#			ate, Zip Coo		100005				TOBER	Lici	ENS	STAC	ì	
	Emergency (on Heigh	ILS INJ	08035			Tai	ephone	Marina	h			
☑ DOH DCA	justification) Cancellation			Elizal						1 161	евнопе	Jaijin	ner		4	
					ILITY INFO	RMAT	TON	_		-					_	
Name of Facility Where A		Place ((3)					Ty	pe of Facility	(4)					=>->-5	
Street Address	Private Home								School (K-		a= 4h a= 1	V 40\				
Olicet Address								×	Subchapte Other (i.e.	private	& comm	n-12) ercial	buile	dings	, hom	es,
City (5)									etc.) quare Feet	# 0	f Floors		1 0	ldg. A	\00	
Haddon Heights No	J 08035								000+	1.5				110y. 7 135+	ige	
County (6)					Code (7)			Cı	urrent Use (Pri	or if bei	ng dem	olishe	d)			
Camden					USE ONLY)	-			percent transfer to							
Name of Monitoring Firm N/A	Hired by Building C)wner (8)	ASCI	M No.		1		Abatement Co to Inc	ntractor	(9)					
Street Address							Street									
City, State, Zip Code							19,000,000	1000 - 100	x 329							
Oity, State, Zip Code							4		e, Zip Code erlin NJ 08	191						
Project Manager for Mon	itoring Firm		1	Telepho	ne No.		Teleph			001	Licens	e No.		-		
-	•								3-9800		0072					
Start Date (10)				npletion	Date (11)		Name	of C	OSHA Monitor				-23			
6/15/17		6/16/1					Sam									
Occupancy Status During							Street	Ado	iress	4						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norma	al Facilit					City, S	tate	, Zip Code						-11-20	
Scope of Work (Check Al	l That Apply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	* /////		Renova Demolit				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					9	
		Is	s Locati	on						(/ 0		1			ement	
Location	of		Normal	ly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE ABA		Ma	ed Sole aintenar	nce/	Asbesto	os Con	taining M I systems	late	rial (ACM)		mount pecify		ת		Ē	т
In Facili		Cus	todial S (12)	Staff?	52	surfa	cing, VA	Т, о	r	SF	or LF)		Removal	Repair	Encapsulate	Enclosure
(13)		Yes				other	miscellan	ieou	IS)				oval	air	ulat	sure
		No	N/A											е		
Baseme	ent		Х		Flo	or tile o	nly		70	00 SF		х				
	2015 R255 Min +															
Name of Registered Was	te Hauler		INI	JDEP W	lasta	Cubi-	Yards		l News 1	Doniel		4511				
United Containers	o riquici	Н	auler ID 2459		of Wa			Name of G.R.O.	- 2	ieu Lan	uilli					
City, State				2403			sal Date		City, Stat							
Elm NJ						6/16			Morris		1906	7				
Completed by		Title				18	Signature	_			T	Date				
Anthony T Perna		Pres	ident						-	3/NS-110-10-10		6/1	4/17	7		

Check # 9003

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

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JUN	1 2	2	2017	

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Date of Notification (1) 06 /	12 /	17			100000000000000000000000000000000000000	of Buildin nuel Lim		ner/Operator (2)	it if	N 23	2017	-	Ш
Agencies Notified						Address	70.00			•				
EPA		ation			Street	Address			000	ASSEST	OS CO	NTR	DL 8	X.
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⊠ DHSS	(Cont.) 100 100				2500	State, Zip (
DCA			iding			on City,	Trans-	07087						2)
(NJAC 5:23-8)						of Contac				Telephone N	Number			
	☐ Cancellat	tion			Ma	nuel Lim	a							
					FA	CILITY IN	VFOF	RMATION						
	Abatement is 1	Faking P	lace (3)					Type of Facilit					
Residence									School (K-	12) er 8 (Other than F	(-12)			
Street Address										private and com		uilding	js,	
									homes, etc	C.)				
City (5)									Square Feet	# of Floors	E	ldg. A		
Union City									1,800	2		80 yı	rs.	
County (6)	12				Cour	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (I	Prior if being der	nolished)			
Hudson	Notified Notif						48		House					
	Hired by Build	ding Ow	ner (8)		ASCM	No.	Nai	me of Abateme	ent Contractor (9)				
N/A					N/A		E	East Coast H	az Mat Remo	oval, Inc.				
Street Address							Str	eet Address						
							4	94 East 41s	t Street					
City, State, Zip Code							City	y, State, Zip Co	ode					
							F	Paterson, NJ	07504					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	ephone No.		License No).			
							9	73-345-0022		00507				
Start Date (10)		Schedule	ed Cor	nple	tion Da	te (11)	Nai	me of OSHA N	lonitor				118 <u>—</u> 10	
06 /24 /		06	_ / _	30	_ /	17	S	Same as abo	ve					
Occupancy Status During	g Abatement (Check o	nly on	e)			Stre	eet Address			105			
☐ Facility Closed/Vacate	ed During Entir	re Period	d of Al	ate	ment									
							City	y, State, Zip Co	ode					
Scope of Work (Check al	I that apply)			2//				PET SERVICE AND THE				M. Prince		
M - 2 of or - 2 If			1 Dana	+:				☐ Full Cont ☐ Mini-Enc	ainment with N	egative Pressure	е			
□ ≥160 sf or ≥260 lf			Dem					☐ Mini-Enc						
					3355					Non-Friable Proc	edure			
				ocat							A	batem	ent T	уре
			Used	rma	*			Description of			R	Re	Щ	m
		1)	Main					Containing Ma ermal systems		Amount (Specify		Repair	cap	clos
IN Facili			Custo		Staff?		8	surfacing, VAT	, or	SF or LF	$\frac{\delta}{a}$	17	Encapsulate	Enclosure
(13)				(12)	T NI/A	-	otl	her miscellane	ous)				ate	
		Y	es	No	N/A								<u> </u>	_
Basement						Pipe In	sula	tion		60 LF		Ш		Ш
	1] [_	t_{D}									
				7								П	П	
Name of Registered Was	te Hauler				JDEP /	Maste	Cuk	oic Yards of	Name of Red	gistered Landfill		1-	_	1-
		nc		53300	auler I		Wa			.S., North W/N	/ of PA			
					419		1			,				
City, State							17	posal Date	City, State	I- DA				
Paterson, NJ							6	-30-17	Morrisvil	ie, PA				
Completed By (Print or Ty	ype)	Title	20 720					Signature	/ /	/	Date			.4
James Unger		Sr. I	stim	ato	r/Proje	ect Mgr.		fun	9 4	1	6-	12	-/	7

ASB-41 MAY 11

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

14 2280	1		ICATION	OF ASE	ew Jersey BESTOS A 8:60 and	BATEN		Contractors Acceptance of the contractors of the co		<u>6 </u>	0 1	1047	5,
Date of Notification (1) 6-12-2017					Owner/Op Holdings			11	1 0	UN 2	7 1	U1/	
Agencies Notified Type Notificat	tion		Street A	ddress Box 198	7			-	ASBES	TOS (1 1L &
■ EPA ■ Initial ■ DEP ■ Amende ▼ DOL ■ Amendm	nent #	_		ate, Zip C									
■ Emerger justificati □ DCA □ Cancella				f Contact Oolinsky				T	Telephone N	Number			
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Name of Facility Where Abatement is Ta Residential	aking Place (3	i)					Type of Fa	10.00					
Street Address	-					-		ol (K-12) napter 8 (C	ther than K	-12)			
							Other etc.)	(i.e. privat	e & comme	rcial buil	dings	, hom	es,
City (5) Hoboken, NJ 07030							Square Fee 2204	et #	f of Floors		3ldg. / 30+	Age	
County (6) Hudson				Code (7) USE ONLY	0	_	Current Us	e (Prior if I	peing demol	lished)			
Name of Monitoring Firm Hired by Buildi	ing Owner (8)		ASCM	1 No.	100		of Abatemen Environ		tor (9) Services,	LLC			
Street Address					100	Street A	Address 'irginia Av	/enue					
City, State, Zip Code	W. W					City, St	ate, Zip Coo y City, No	de			-		
Project Manager for Monitoring Firm			Telephor	ne No.	1 2	Telepho	one No. 33-8855		License 01174				
Start Date (10)	Schedule		mpletion (Date (11)		Name o	f OSHA Mo	onitor					
6-22-2017	6-24-20						as above	e 					
Occupancy Status During Abatement (C					1	Street A	Address						
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	lormal Facility	Hours	nent s		_	City, Sta	ate, Zip Coo	de					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova				×	Mini-Enc Gloveba	losure g Procedu	vith Negative re and Non-Fri			re.	
Location of	l N	Locat	lly		Dana	cription o	· f					ement /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole ntena odial ((12)	nce/		stos Contai . thermal s	ining Ma ystems ng, VAT	aterial (ACN insulation, , or	·	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							1		te	(D
2nd Floor, Apt 3, Kitchen		X			Off whit	te linol	eum		96 SF	Х			
2nd Floor, Apt 4		Χ		(Grey Floo	or Lind	oleum		128 SF	X			
3rd Floor, Apt 5 Kitchen	Χ		(Grey Floo	or Lind	oleum		96 SF	X				
Roof / Parapet Wall		Χ			Roofing	g Mate	erial	1	1985 SF	X			
Name of Registered Waste Hauler		14 355	IJDEP W lauler ID		Cubic Ya		100000000000000000000000000000000000000		stered Land				
Green Environmental Services			034889		7	_	G.F	R.O.W.S	. North la	ndfill			
City, State Jersey City, NJ					Disposa 6-24-20		1.000000 mg	, State rrisville,	PA				
Completed by Liliana Serrano	Title Office	mar	nager		Sig	nature		\n 4 -	and the same of	Date 6-12-2	017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) BRW Limited Holdings, LLC 6-9-2017 ASBESTOS CONTROL & Street Address Agencies Notified Type Notification LICENSING P.O. Box 1987 **EPA** Initial City, State, Zip Code Amended DEP Hoboken, NJ 07030 Amendment # × DOL Emergency (including Name of Contact Telephone Number DOH justification) Matt Dolinsky Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residential School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) +08 Hoboken, NJ 07030 2204 4 Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Hudson Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Green Environmental Services, LLC Street Address Street Address 235 Virginia Avenue City, State, Zip Code City, State, Zip Code Jersey City, NJ 07304 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 201-333-8855 01174 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same as above 6-19-2017 6-21-2017 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Norma: Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Турс Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify TO BE ABATED (i.e. thermal systems insulation, Removal Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 300 SF X White Joint Compound Basement - Over furnace Brown Linoleum 100 SF X X 1st floor, Apt 1 - Entry X Brown Linoleum 96 SF X 1st floor, Apt 1 - Kitchen 1625 SF X Roofing material NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S. North landfill Green Environmental Services 6 0034889 Disposal Date City, State City. State 6-21-2017 Morrisville, PA Jersey City, NJ .Date \$ignature Completed by 6-9-2017 Office manager Liliana Serrano