STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBEST 3S ABATEMENT

Date of Notification (1)	MICHAN			Name of Building Owner/Operator	(2)				
06/17/2017		1		David Rubinstein	IIN E C				m
Agencies Notified	Type of Notifica	ation		Street Address	13				
()USEPA	(X) Initial N	lotification			200	1 2	7 201	7 1	$\bigcup \bigcup$
() NJDEP	() Amend			City, State, Zip Code	D L 001	V	1 - 201		
(X)NJDOL (X)NJDOH	Amendr	nent # ency (includi	na	Teaneck, NJ 07666	ASREST	000	NA ITT	201.0	
() NJDCA	justifica	ation)	9	Name of Contact	2 Carl See an a	000	Wimber Wimber	I Um U	_
3020 80	() Cancell	ation		David Rubinstein	The state of the s		44		40
		F	ACILIT	Y INFORMATION		1			
Name of Facility Where Abatemen	nt is Taking Place (3)		Type of Facility (4)					
Residence				() School (K-12) () Subchapter 8 (other than k	(.12)				
Street Address				(X) Other (i.e. private & comm	ercial bldgs., hom	es, et	c.		
				SQ. Feet: 2000 # of	Floo's 2	Blde	a. Age	68	
City (5)	County (6)	County Code	(7)		Dr. (According) - Ministry - 1986		55		
Teaneck	Bergen	(State Use O	nly)	Current Use (if being demolish	ea):				
Name of Monitoring Firm Hired by	/ Bldg. Owner (8)	ASCM No.		Name of Contractor (9)		10101			
ISES, Inc.		N/A		Industrial Safety & Envir	onm ental Solu	tions	, Inc.		
Street Address				Street Address	William Control				
3300 Hudson Avenue				3300 Hudson Avenue					
City, State, Zip Code				City State, ZipCode					
Union City, NJ				Union City, NJ 07087					
Project Manager for Monitoring Fi	rm Telephone N	umber		Telephone Number		1	cense N	umber	
David Camacho	(201)325	-0055		(201)325-0055		0	1124		
Scheduled Start Date (10)	Scheduled C	ompletion Date	(11)	Name of OSHA Monitor	22				
06/26/2017	06/30/201	17		ISES, Inc.					
Occupancy Status During Abatem				Street Address, City, State, Zip Coo	de				
(x) Facility Closed/Vacated Duri () Abatement Performed Outsi									
() Other - Describe: work are				3300 Hudson Avenue, Un	ion City, NJ 07	7087			
Source of Work (Check all that ap	ply) () Demolition		(x) Renovation					
() Minor Project (<25 SF o	r <10 LF ACM)			() Full Containment with I	Negat ve Pressure)			
(X) Small Project (>25 <160 () Large Project (>160 SF	SF or >10 <260			(X) Mini-Enclosure with Ne	gative Pressure				
() Large Project (>100 SP	01 > 200 EF ACIV	IJ.		(X) Glove-bag Procedure o () Non-Exempted (*) and					
Location of Asbestos-	Is Location Nor	mally Used		Description of ACM	Amc unt (Specify	-	Abateme	ent Type	9
Containing Material (ACM) To be Abated in Facility (13)	Solely by Main Custodial St			i.e. thermal systems insulation, cing, VAT, or other miscellaneous.)	SF or LF)	Re	Rep	Enca	En
		, , ,		o , ,		mo val	air	psula te	clo sur
	VEC NO.	81/4				Vai			e
	YES NO	N/A							
Basement		X	Pipe	TSI	~ 8(L. Ft.	Х			
Name of Reg. Waste Hauler	NJDEP Waste I	Hauler ID #		Yards of Waste	Nan e of Reg. Lan	dfill			
Atlas Disposal Options, Inc.	50452		~ 5		Grand Central S 1963 Pen Argyl				
City, State			Disp. I	Date /	City State				
311 East Blackwell Street, Do	ver, NJ 07801			1/201/7	Pen Argyl, PA 1	8072			
Completed by (Print or Type)	Title		Signat	ture / /// (a)					
David Camacho	Project Sup	ervisor		HAVE INTO					
			() 101/11/11/11					

23 2017 03;47PM 85/23/2017 12:			1 609	0.623.0	004		page	2 1			<u> </u>	5	5	1
05/23/2017 12:	13 20125	, ,				AMA	4C .						PAGE	Ξ
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County (B) ESSE)C	Na_			Closure	y Code (7)		1950	Prior If being a	L		-	SO	*********
Harrie of Monitoring Fig.	n Harad by Building	Despuis	(5)		M No.	KN	f	KE	SID ENTI	fC.	en setze ?			
Street Address				1_		, t	A.MAC.	Contracti	ing Inc.	32-930				
City, State, Zip Code					j.	.,	105 Vre	eland Ay	9	, γ				
Project Manager for Mor	Montro Pinn		•	7.12.1	czan Nea.	***	-	Park, NJ	07432			* \		
Start Date (10)		6-4			7.	# #	Telephone (201)28:	2-6841	00	76e 7	Na.		'	-
Cocupandy Statics Church			1.1	~	Dete (1	1)	Name of C	ena mone Environt	or lental Service	56 1	nc.			***
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The contract of the contract o	The state of the state of the state of	nel Facili	ty Hous	3			City. State. Heackers	Zip Cede leck, NJ I)780g	***************************************				**********
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Name of Registered Washing New Price	Hensey	1	14	DEP W	esse Vo,	Curble Y	erda n		Ringshared La			\Box	1	4
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		Viow I	Presid	ent		-	1	Vous	12	Oute	1	1		1

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

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Date of Notification (1) 06-23-2017				Name of	f Building	Owner/C	Operator	(2)								
	Type Notification			Street A						-	ASBE					8
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× EPA × DEP × DOL	Initial Amended		H	City, Sta	te, Zip Co	de										
× DOL	Amendment #		_	70	field NJ		1									
⊠ DOH	_ Emergency (in justification)	ncluding		Name of	Contact					To	lephone	Numb	er			-
DCA [Cancellation			Eric O	rtner											
AL (F ''') 1411 AL		DI (0)		FACI	LITY INFO	DRMAT	ION	_								
Name of Facility Where Ab Private Dwelling	atement is Taking	Place (3)							of Facility (4	20700						
Street Address									School (K-1: Subchapter		er than I	K-12\				
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City (5)								- (etc.) re Feet	1#	f Floors		TR	ldg. A	ne.	-
Springfield NJ 07081								N/A	01001	N/				/A	ge	
County (6)			Т	County (Code (7)				nt Use (Pric			olishe	-			
Union				(STATÉ U	JSE ONLY)				ate Dwell				ef.			
Name of Monitoring Firm H		wner (8)		ASCN	No.		Name	of Aba	tement Con	tracte	(9)				ne e ordi	
Standard Environme	ntal						Ama	x Cor	ntracting l	LC						
Street Address							Street	Addres	SS							
2108 Fulton Street, S	Suite 2A							30X 7								
City, State, Zip Code			11/200						ip Code	074					EEL 1979	
Brooklyn NY 11233									Park NJ	0/4						
Project Manager for Monito Kayode Adefisoye	oring Firm			Telepho	ne No. ‡1-7673		Teleph	ione No 692-6			Licens 0012					
Start Date (10)		Schedule	4 000						A Monitor		0012	00				
07-02-2017	1	07-06-2		ibiedon	Date (11)				ntracting L	LC						
Occupancy Status During	Abatement (Check	Only One)				Street						-			
Facility Closed/Vacate	ed Durina Entire P	eriod of A	batem	ent			POE	30X 7	734							
Abatement Performed							City, S	tate, Zi	ip Code							
Other – Describe:						-	Woo	dland	Park NJ	074	24					
Scope of Work (Check All	That Apply)						_	-								
≥3 sf or ≥3 lf		-	enova				×	9 1 111	I Containme		h Negati	ve Pre	essur	e		
× ≥160 sf or ≥260 lf			emolit	ion				Glo	i-Enclosure vebag Proc							
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Location o			ormali Sole				scription		(4.00.0)			ŀ		.,		
Asbestos-Containing M TO BE ABAT		Maii	ntenar	nce/			taining M systems				Amount Specify		R	77	Enc	En
In Facility		Custo	dial 5 (12)	апт	7.400.000	surfa	cing, VA	T, or		٤١	F or LF)		Remova	Repair	apsı	Enclosure
(13)		-		Γ		On let 1	niscellan	leous)					val	Ŧ	Encapsulate	ure
		Yes	No	N/A												
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								-21				+				
Name of Registered Waste	Hauler		N	JDEP W	aste	Cubic	Yards		Name of I	Regis	ered Lan	ndfill	-	-		
Amax Contracting LL0	0		1 385	auler ID 036184		of Wa			Forrest	Hills						
City, State			100	750 104			sal Date	18	City, State	9		Solitoria				
Woodland Park NJ 07	424						5-2017	111	Morrisv		A					
Completed by		Title					Signature	//		77		Date				
Tome Maslarkov		Projec	ct Ma	anager			11	Le		r		06-	23-2	2017	,	
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Date of Notification (1)				of Building					1	1	JUI	٧	27	201	ŧ
6/24/17			The arms of	Woodro	w Priva	ate Hor	me		1	, i					
Agencies Notified Type Notification			Street A	Address					+	LSE	EST	00	00	INITI	201
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DEP Amended DOL Amendmen	+ 44	1		ate, Zip C		250				The Assessment Column	are a second second second	-	neely from either		
Emergency		_		hawkin		J5U									
X DOH justification	ri		000000000000000000000000000000000000000	of Contact					17	elephone	Numb	er			
DCA Cancellation	1		Mike						1=						
Name of Facility Where Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Typ	e of Facility (4	,	-					-
Mike Woodrow Private Home	.gaoo (~ /					1 7 7								
Street Address					-		H	School (K-12 Subchapter l		her than I	(-12)				
						1	X	Other (i.e. pr				build	dings,	hom	es,
City (5)								etc.) are Feet	14	of Classes		LD	lda A	~~	
Manahawkin NJ 08050						i	300	00+	#	of Floors		108	ldg. <i>A</i> 15 +	ige	
County (6)			County	Code (7)				rent Use (Prio	- if b	aina dome	lichor		J T		
Ocean				USE ONLY	1			use (Pilo	III C	eing demo	onsnec	1)			
Name of Monitoring Firm Hired by Building	Owner (8		ASCI	M No.		Name		atement Cont	ract	vr (0)					
N/A	Owner (o	,	AUG	VI INO.		Pern			laut	11 (3)					
Street Address						Street						201115			
						POE									
City, State, Zip Code								Zip Code							
3000 # 600 8000 000 # 6000 # 6000 # 7000 # 6						1000	- 33	rlin NJ 080	91						
Project Manager for Monitoring Firm		Т	Telepho	ne No.		Teleph			_	Licens	e No				-
								-9800		0072					
Start Date (10)	Schedul	ed Cor	mpletion	Date (11)				SHA Monitor			<u> </u>				_
7/7/17	7/16/1					Sam		, w (1110111101							
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addr	ess		H					
▼ Facility Closed/Vacated During Entire		COLUMN CO.	nent												
Abatement Performed Outside of Norm Other – Describe:	nal Facility	y Hours	S			City, St	tate,	Zip Code							
Scope of Work (Check All That Apply)												-	-		
≥3 sf or ≥3 if ≥160 sf or ≥260 if	and the same of	Renova Demoli				×	M G	ull Containmer ini-Enclosure lovebag Proce	edur	1				. No.	
	Т			1			ı IN	on-Exempted	() 8	na Non-Fi	riable			e ement	-
2-1-10-10-12	1	Locat Normal										3		pe	
Location of Asbestos-Containing Material (ACM)		ed Sole		Aches		scription		al (ACM)		Amount				220	
TO BE ABATED	0.000	intena todial \$			thermal	systems	insu			Specify		Z.	70	Enc	Ē
In Facility (13)	Cus	(12)	Jan:			cing, VA7		,	;	F or LF)		Remova	Repair	apsı	Enclosure
(10)		T	T		othern	illocellari	eous	'				Va	Ŧ	Encapsulate	ure
Futavia Cidia	Yes	No	N/A			. 0:1			_		-	_			
Exterior Siding		X			rior Sid				000 SF	_	X				
through out		X		FI	oor Tile	9		(00 SF	:	x				
Name of Registered Waste Hauler		2.0	IJDEP W lauler ID		Cubic of Was	KA.		Name of R	egis	ered Land	dfill				000000
United Containers	4 39	2459	140.	4	316		G.R.O.V	V.S							
City, State					sal Date		City, State	-		- 1	V = -	-			
Elm NJ					7/17/			Morrisvil	le I	A 1906	7				
Completed by	Title	OLE CONTRACT			S	ignature	7		100.00		Date				
Anthony T Perna	Pres	ident			1		1				5/31	/17	7		

5/31/17

Print Form

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Da	ate of Notification (1)	1		T	Name o	of Building	Owner/0	Operator	(2)							
6	/24/17				Mike	Paggnot	ta Pri	vate H	ome			Ti JAN	1 2	7 2	1017	į
Ag	encies Notified	Type Notification			Street A	Address								= 7.10×		
X	EPA	☑ Initial									,	ASPEST	001	201	7137	71 2
	DEP	Amended				ate, Zip Co							ÖĒK			20000000
X	DOL	Amendment Emergency		_		Beach T	ownsh	nip NJ	0800	8			Maria Cara San			
×	DOH	justification)				of Contact					1	elephone Nun	nber			
Ш	DCA	Cancellation	1		Jeff											
Na	me of Facility Where	Abatement is Takir	g Place (3)	FAC	ILITY INFO	ORMATI	ION	Type	e of Facility (4	1)	-				
	like Paggnotta Pri		ga.oo (-/					1,950		200					
	reet Address								H	School (K-1: Subchapter		ther than K-12)			
	MERCUSAL PURSAL PROSERVE SAN ERAS								X	Other (i.e. p		& commercia		dings,	hom	es,
Cit	y (5)									etc.) are Feet	17	of Floors	Te	ldg. A	100	
	ong Beach Towns	80080 L/A girls							7	00+	,			110g. 7 135 +	ige	
_	unty (6)				County	Code (7)			111070		1	eing demolish		70 1	70	-
	cean					USE ONLY)				use (File	00311.128	ong demonstr	ou)			
Na	me of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		Name		atement Con	trac	or (9)				
Ν	/A							Perr				s. (e)				
Str	eet Address							Street	Addre	ess	_			11010	-	
								PO	Box 3	329						
Cit	y, State, Zip Code							City, S	state, 2	Zip Code						
								Wes	t Bei	rlin NJ 080	91					
Pro	oject Manager for Mon	itoring Firm	************		Telepho	ne No.		Teleph	none N	No.		License No	D.			
								856-	753-	9800		00727				
	art Date (10)		Schedul	ed Cor	npletion	Date (11)		Name	of OS	HA Monitor	_					
	/7/17		7/16/1	165/6/				Sam	ie							
Oc	cupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addre	ess				-		
×	Facility Closed/Vaca Abatement Performe Other – Describe: _	ated During Entire I ed Outside of Norm	Period of an al Facility	Abaten / Hour	nent s		_	City, S	tate, 2	Zip Code				-	1	
Sco	ope of Work (Check Al	I That Apply)											-			
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, , , , , , , , , , , , , , , , , , , ,	-	Renova Demoli				- X	Mi GI	ini-Enclosure ovebag Proc	edu e					
			T	50 0					a Mo	on-Exempted	() 1	nd Non-Friabl	e Pro			
	y 12.1	28	9.5	Locat Vorma											ement	+0
	Location Asbestos-Containing		Use	ed Sole	ly by	Ashast		scription	14.75 P.S	al (ACM)		Amount				Г
	TO BE ABA In Facili (13)	intena todial ((12)			thermal surface	systems cing, VA niscellan	s insul T, or	ation,	((Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
			Yes	No	N/A								=		ate	Ø.
	Exterior S	idina			x		Fyte	rior Sic	dina			000 SF	x			
			+		+		LXIO	101 010	an ig			000 01	^			
	me of Registered Was	te Hauler			IJDEP W lauler ID		Cubic of Was			Name of F	Regi :	tered Landfill				
Un	ited Containers			1000	2459	140.	4			G.R.O.\	N.S.					
City	, State							al Date		City, State	-					
	n NJ						7/17/					A 19067				
Cor	mpleted by		Title					ignature	_			Dat	e			-

Anthony T Perna

President

5/31/17

Print Form

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

				ICATIO	N OF ASB	ESTOS	ABATE			A A	4.	1/	1	00	6	
Date of Notification (1) 6/21/17					of Building n Connel		Operator	(2)			E C					
Agencies Notified	Type Notification				Address	. ,	-		A 10 1	MI						
□ EPA	× Initial								t-tracket		E 1 3	hi '	7	2011	2	
DEP	Amended				tate, Zip Co				5 See	1	- UU	14 4	-+-	CUI	-	Laurence
X DOL	Amendmen Emergency				en, NJ 07	7036										t g
DOH DCA	justification)			of Contact					7 €	lephon	in N	nber	NTR	OL 8	Ši.
DCA .	Cancellation	1		Glenr	n CILITY INFO	DMATI	ON		1-5	۱.,				_	4-04000	Contract No. of Street
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	JILIIT INFO	JKWATI	ON	Туре	e of Facility (4)			Chr. (LED)	11.57%		
house									School (K-1							
Street Address									Subchapter	8 (0 1	ner than	K-12	2)			
							5	×	Other (i.e. p etc.)	rivate	& comr	nercia	al buil	dings	, hom	es,
City (5) Linden						81			are Feet		f Floors	3	- 1	Bldg. /	Age	10000
County (6)								200		2	-			35		
Union				(STATE	Code (7) USE ONLY)				ent Use (Prio gle family			nolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.				atement Con ironmenta			LLC		-		
Street Address							Street									
							PO E	30x 4	83, 4 E G	ate 3	rive (
City, State, Zip Code									Zip Code d, NJ 074	18		leis-			and the co	
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph		20.1	100	Licen	se No	o.			
							973-	764-2	2276		703					
Start Date (10) 7/5/17	3	Schedul 8/5/17		npletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During	g Abatement (Ched	k Only Or	ne)				Street	Addre	SS					11		
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of a	Abaten / Hours	nent			City, S	tate, Z	ip Code	200 - 1 miles						
Scope of Work (Check A	II That Apply)														-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit		c _I p		×	Min	II Containme ni-Enclosure ovebag Proc n-Exempted	eduri					e	
		Is	Locati	on										Abate	ement	
Location			Normali d Sole				cription							Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma	intenar todial S (12)	nce/	(i.e. t	os Conta thermal s surfaci other m	systems ing, VA7	insula F, or		5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											é	
baseme		X		pipe i	insulat	ion		٠ (00 LF		×					
Name of Registered Was	te Hauler		N.	JDEP W	/aste	Cubic Y	'ards		Name of R	Registe	red Lar	ndfill				
Freeehold Cartage			H	auler ID	No.	of Wast			Western	17930						
City, State			110	7000	-	Disposa	al Date		City, State							
Freehold, NJ						TBD			Birdsbor		4					
Completed by		Title	W. 1809	W. 12		Sig	gnature		12	-		Date	9			
A. Scott Higgins		Presi	dent					1		-		6/2	1/17			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				NC		TION OF ASBESTOS ant to NJAC 8:60 ar				1	/世门	19			
Date of Notification	n (1)				of Buildin	g Owner/Operator (2) dence Board of Ed			Γ			1 1	nen Fie	= 1	PARIL POR
Agencies Notified	Type N	otification			Address	derice board of Et	ucat	.1011	1	11)	ECE	1 10		n	75
⊠ EPA	X	Initial		356	Elkwoo	od Avenue			180	14	***************************************	- CHANGE			
☐ DEP		Amended		City, S	tate, Zip C	ode			-	111					11
⊠ DOL	_	Amendment #		New	Provid	dence, NJ 07974			1	111	JUN 27	201	7	- 1	Sand J
		Emergency (including		100000000	of Contact			50	Telephon	Numbe				i	2 1 1 1 1 1
⊠ DOH ⊠ DCA		justification)		Jame	es E. Te	esta, School Busin	ess A	Admin.		-	2 5 4 6 5 2 2 2		- Jacobson	_	
⊠ DCA	10	Cancelation			E /	ACILITY INFORMAT	ION	-		A	SBESTOS CO		II.Ji.	. Ċ	
Name of Facility W	here Abat	ement is Taking Place (3)			Γ/	ACILIT INFORMA		of Facility (4)		***	LICENS	11.		+1-11-	
Salt Brook Ele							X	School (K-12	2)						
Street Address							٦,	Subchapter	17	han V	12)				
35 Pioneer D	rive						1				rcial buildings, ho		- 1		
City (E)							15	Other (i.e. p	iivate & t	omme	rcial bulldings, no	mes, e	.c.)		_
City (5) New Provide							Squa	re Feet	# of Floors		Bldg. Age				
	nce						92,9		1		49 yrs				
County (6)						Code (7) USE ONLY)		ent Use (Prior if be	ing demolis	red)					
Union	F1 111				SIAIE	USE ONET)	Sch	ool							
		ed by Building Owner (8)				ASCM No.	Name	e of Abatement Co	ntractor (9						
	leering	and Environmental	Service	S		00099	Uni	corn Contra	cting Cc	rp.					
Street Address							Stree	t Address							
300 Kimball Di		n Floor					32 \	Willow Way							
City, State, Zip Code							City,	State, Zip Code				7			
Parsippany, N							Wo	odland Park	NJ 074	24					
Project Manager fo		ng Firm			Telepho	ne No.	Telep	hone No.			License No.				
Darshan Desa	ai				973-5	60-4900	973	-333-9176			01331				
Start Date (10)				Schedu	led Compl	etion Date (11)	Name	of OSHA Monitor							
7/7/2017				7/21	/2017		Env	irovision Co	nsultant	s, Inc.					
		tement (Check Only One)					Street	t Address							
		acated During Entire Per			nt		20-2	21 Wagaraw	Rd., Ble	g. 35	-E				
☐ Abateme	nt Perfo	ormed Outside of Normal	Facility	Hours			City, S	State, Zip Code		the Parent					
☐ Other - D							Fair	Lawn, NJ 0	7410						
Scope of Work (Che	ck All That	Apply)									12				
≥3 sf or ≥	:3 If			X	Renova	ation	X	Full Contains	nent with	Negat	ive Pressure				
≥160 sf o	r ≥260 l	f			Demol	ition		Mini-Enclosu	re						
								Glovebag Pro	cedure						
								Non-Exempt	ed (*) and	Non-F	riable Procedure				
				ls Locatio					-			A		men	t
Ashasta		tion of	11	Normall sed Solely				cription of					Ту	pe	
Asbesto		ing Material (ACM) ABATED		faintenan				aining Material (AC systems insulation			Amount (Specity				
	1000	acility	Cu	stodial St	aff?	(,,,,,		ing, VAT, or	,		SF or LF)	_		Enca	m
	(:	13)	-	(12)			other m	niscellaneous)			***************************************	Remova	Re	Encapsulate	Enclosure
			Yes	No	N/A							oval	Repair	ate	иге
SEE C	ONTINU	JATION SHEET				**SEE C	ONTI	NUATION SHEE	T**						
Name of Registered				NJDEP V	/aste Haul	er ID No.	Cubic '	Yards of Waste			Name of Regustered				
Unicorn Conti	racting	Corp.		0035	344	7 H 8	20+				Fairless Hills L	andfil			
City, State	g 1860	0					Dispos	al Date	/		City, State				113
Woodland Par	rk, Nev	v Jersey					TBD		1	1	Morrisville, PA	1			
Completed by			Title					Signature	1.	1		Date			
Dimo Golcev			Gene	ral Ma	nager			1/	11	1		6/22	2/20	017	
								X	1 111	1					

State of New Jersey Notification of Asbestos Abatement Continuation Sheet



Salt Brook Elementary School

Location of		Loca Norma							ement ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intens todial (12)	ely by ince/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							
LOWER LEVEL BOILER ROOM										
Lower Boiler Room		X		Boiler Breeching Insulation	20	0 SF	XX			
Lower Boiler Room		Х		Mud-pack pipe joints associated with fiberglass pipe joint	10	LF	xx			
UPPER LEVEL STORAGE ROOM										
Storage Room Next To Room 114		х		12"x12" beige Floor Tiles & Associated Mastic	1	SF	xx			
UPPER LEVEL BOILER ROOM										
Upper Boiler Room		X		Suspect Materials Associated With Boiler (Insulation Behind metal Jacket, Insulation Between Boiler Ribs, etc.)	300	SF	XX			
Upper Boiler Room		х		Mud-pack Pipe Joints Associated With Fiberglass Pipe Joint	11(LF	xx			
		1	The state of the s							
	-		+			-	+		+	-

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 AND 12:120)

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13	-		-				
		JUN	2	7	2017		IJ

Date of Notification (1)	' /		,	arodani to mos	L Norman of Deli			and true				Sager
Date of Houndation (1)	6/2	1/2017					er/Operator (2)		00000		-	
Agencies Notified		I Notification	Total				Board of Ed	ucatio				OL &
_		Notification	туре		Street Addre			to line-see		ICENS	150	
X EPA		X Initial			4 Executiv				1 1 -	0 (100)		
X DOL			ed #	_	City, State, Z							
X DOH		justifica	ency (inclu	iding	Monmouth	Junction	n, NJ 08852	2				
X DCA		Cancel			Name of Con			Tel	. Number			
X zeri				FACILITY	mr. Todd A	Amiet						
Name of Facility Where Aba	tement is	Taking Place (3)		Type of Facil	ity (4)						
Crossroads Middle So	hool So	uth			School	(K 12)						
Street Address												
195 Major Rd.					Subchar	oter 8 (Oth	er than K-12)					
City (5)	County (6)		County	Code (7)			& commercial	b sildir	igs,			
Monmouth Junction	Middlese	ex	(State L	Jse Only)	homes,	etc.)						
Name of Monitoring Firm His	ed by Bldg	g. Owner (8)	ASCM	No.	Name of Cont	ractor (9)						
Briggs Associates			00004		MTM Metro		ation					
Street Address					Street Addres			===				
3 Crosswicks St.					135-137 Mg	_	ve					
City, State, Zip Code		-			City State, Zip							
Bordentown, NJ 08505												
Project Manager for Monitor	ing Firm	Telephone I	Number		Paterson, N			T Tree				
Michael Hoodak		609 298 5						Same	nse Num	iber		
Scheduled Start Date (10)		-		- D-1- (44)	973-742-50			008	109			
7/5/2017		Scheduled (7/24/2017		Date (11)	Name of OSH		ation					
		-			MTM Metro		ation					
Occupancy Status During Ab	atement (Check only one	<u>=)</u>		Street Address							
Facility Closed A/contes	During F	-ti Diir			135-137 M	cBride A	venue					
Facility Closed/Vacated				t	City, State, Zip	Code		_				
Abatement Performed	Jutside of	Normal Facility	Hours		Paterson, N	1107501						
	upied				- aterson, iv	07301				-		
Source of Work (Check all th	at apply)				-						11271	
> 3 sf or > 3 lf	>	Renovation			I Containment wit	th Negative	Pressure		Mini-Encl	osure		
> 160 sf or > 260 lf		Demolition		No	n-Exempted(*) &	Non-Friabl	e Procedure	X	Blovebag	Procedur	'e	
Location of Asbestos-	Is Loc	ation Normally	Used	Description of	ACM (i.e.	I Amount	(Specify SF or	T =7	I Abate	ement Typ	200	
Containing Material (ACM) in Facility (13)	Solely	by Maint./Cus		thermal syster	ns insulation,	, modine	(openity or or	_ /	Abate	sinent ry		
r actitly (13)	Staff? YES	NO NO	N/A	surfacing, VAT miscell.)	r, or other				Rem.	Rep.	Encap	Enclose
Boiler Room and Boiler room annex	×			Breeching Insulation	n	120 sf			X	T	X	T
Boiler Room and Boiler room annex	X			Elbow insulation		74 count			X		X	
Boiler Room and Boiler room annex Boiler Room and Boiler room annex			Stack Insulation Boiler rope insulation		20 sf 40 sf			X	-	X		
Name of Reg. Waste Hauler				D#	Cubic Yards of	And the second second		Vam	e of Reg.	Landfill	×	
MTM Metro Corporation	26552			15			T Illito					
City, State							Disp. Date			City, Stat	e	
135-137 McBride Ave							7/25/2017		1.2	ullytown,	1 Common or	
Completed by (Print or Type)			Signature			Date						
Wiles Daniel L.						· ·						
Mike Damevski		Project manag	er		Mike Dan	nevski		€ /21/2	2017			

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

			(Persea	ent to NJA	C 8:60 an	id 12:120)				Oh	ell	41	50	>	
Date of Notification (1) $(\rho - 2\gamma - 1\gamma)$			Name R	of Building	Owner/O	perator (2)				<u>n</u> .	E	G [E [V	E
Agencies Notified Type Notification EPA DEP Amended Amendmen Emergency	£#		City, S	Address State, Zip C	ode LGEN		CY.	۸. د	U 3	072			27	201	7
DOH justification DCA □ Cancellation)		R.	of Contact Clfok	LEY				design and	elephor	e Nun	iber			-~!
Name of Facility Where Abatement is Taking	Place (3)		FAC	ILITYIN	FURMA		Type	of Facility	(4)						
Street Address		***************************************		***	· · · · · · · · · · · · · · · · · · ·			School (K- Subchapter Other (i.e. p	12) 8 (Ot	er than & comm	K-12) nercial	buildi	ngs, h	omes,	etc.)
City (5) BERGENGIE	(D	ACTION IS			**************************************	.		re Feet	T	of Floo	ŧs ,	1	Bldg. /	45	-
BERGEN F. & County (6) BERGE	2			Code (7)		_	Сите	rit'Use (Pric		ing dem			. /	- 0	
Name of Monitoring Firm Hired by Building ()weer (8)		ASC	M No.		1		ement Cont		(9)					
Street Address						Street Ad	ldress			reet					
City, State, Zip Code						City, Stat	te, Zij	p Code ack, NJ	•3						
Project Manager for Monitoring Firm			Telepho	one No.		Telephon	e No.			-	nse No	388			
Start Date (10) 7/6/17	Schedule		pletion E	CO. CO. C.			100 100 100 100	A Monitor Environ	ıme	tal					
Occupancy Status During Abatement (Check C Facility Closed/Vacated During Entire Pe		tement			/r 1	Street Ad	dress					7		~~	
Abatement Performed Outside of Normal Other - Describe: 8:02 AM	Facility Ho	eris : 20	em		* 	City, State Sou		Code Hackens	ack	NJ 0	7606		-		
Scope of Work (Check All That Apply)		1150005							-	-		-			
Z ≥3 sf αr ≥3 lf □ ≥160 sf αr ≥260 lf	17-50000	tenova emolit		15.		٥٩٥٥	Min Glo	Containme ni-Enclosure vebag Proce	edure						
	7.			34.			1400	-Exempted	(-) ai	I NUIT-F	Hanne I	1000		ment	
Location of	l l	Locati Vormal	ły		Do	scription of		1						pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solei nintena todial S (12) No	nce/	Asbe (i.e. the	stos Conta rmal syste	aining Mate ams insulati VAT, or niscellaneou	rial (A on, st	ACM) refacing,		Amount (Specify IF or LF	,	Removal	Repair	Encapsulate	Enclosure
BASEMENT			-	MERHA	U Sys1	TEM INS	J L4	TION		70L	F	70			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Y	ards	1	Name of R	Periot	ed Lan	1671	Щ			
Best Removal Inc			auler ID	No.	of Wast		ex		-5700	rva E		orise	s Ll	.C	ad advantage of the same
City, State Hackensack, NJ 07601			1/1		Disposa		, =	City, State		rg, O					
Completed by J. Maiorano	Title Es	tima	tor		Si	gnature	Ps	عم د '۔		3	Date			7	
ASB-41 (R-06-08)						() * Do	not	use this form	n for	sbestos	licensu	re exer	npted	activit	ies.

Jun 21 2017 10:23AM NJ Asbestos Control 609.633.0664

85/20/2017 89:42AM 2013297448

page 1

BEST REMOVAL INC

CK 4147

Suits of New Joseph MOTEFICATION OF ASSESTED ANATEMENT (Personnt to NJAC 8:60 and 12:120)

									-	ASI	SES	TOS
Date of Hottlemies (1)				Duilding Owner							1	KOE
6/20/16				BRAD S	द्राठा	Ē	-			_		,
Agranies Maidled Type North section			Street A	Adress					-	11	1	
Initial III										1		
D DEP D Assurance			City_Si	ste, Zip Code	i de la companya de		_ /		. 1			
Parameter /	male Make	-		Ho Ho	KUS .	N3.0	7423	i				- 1411 14
DOEL Emergency ([Connec	0		To Jank	- Money	-			
D DCA Cameulistica	i		MR	STONE								
			PAC	THE RESERVE	ATRIN			7		- Contraction		
Name of Facility Wintre Abstraces is Taking I				74		Type of Feelboy	(4)	1				
HR BRAD S	SUDIN E			•		School (K-	12)	1				
Sweet Address						Subclinder	r & ACOther the	1 K-12)				
						-8" Other (La.	व्यक्तिक 🕸 २०	Middlered 1	religib	ngs, bu	inchie" d	et.)
Cay (5)	-					Separa Foot	# of F	0(3	T	Adg. A	SE.	
Ho Ho Kus					*:	3000	2		-	196	0	
County (6)			County	Code (7)		Current Use (Pri	or if belon d	Rombod	-	-		
BELGEN			ata is	ure detun		5.20	SIGH	155				
Name of Micolaring Firm Wood by Building O	mmr (\$)		ASC	M No.	Names	of Absorption Can		1				
•	3.5				P	est Removal	Inc	1				1
Sever Address					Strings.	Address	- Marie -					
							DA	i				
City, State, Zip Code			-		1	O South Riv	PL DILEG	-				
and desired with season				8.58		plotosack, Ni	07601	i				
Propert Manager the Managering Firm			= 7 .	-57								
Links bearing and property and blue			Tebapico	os Pic.	Telega	ome No. 201-329-744	La L	Posse No.				
								UU	00			
Saura Dagas (107)	Sobeduk					of OdlikA Monitor		!				
Go 25-17 Coopmay States Diving Abuseness (Chick O		6/2	3/17		Oz	nega Enviro	Othersia.			-	-	-
	. č			4		Adden 80 Huyler St						
☐ Pacility Claud/Vacated During Entire Pa	ice of Abs	NECCH!					reet	-		-		
Abstract Perferred Outside of Normal	2:02	197	•		CAP'S	nae, Zip Code outh Hacken	analy NI	07606		,		- 1
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Scope of Work (Cheek All Tiest Apply)	-		•	Service Services		14		1	•			
D Stask		tenova		12	J.	7 Pull Contains	west with No	tive Pess	9,48			- !
73 5100 at at 5200 it		Demodis	No.			Mini-Raciona						
					3	(Roveling Proc	al (A) and Mar	-Prioble I	none d	tomi		
	1			1		1000	1	- Chicago in the			mient.	-
Location of	1	s Long North	l'er			120		70 B		T		
Adhesion-Contained Material (ACM)	Us	ed Solel	ly by	Asimetra C	Description Percentage M	i of Interial (ACM)	Alema	and:				
Affector Containing Magniel (ACM)		photosta studiel 5		(in thermal s	Septemble Septemble	letion, surfaces.	(Span	MSy.	P	30	뚷	9
In Facility (13)		(12)	PORTA (VAT, or		SF or	N)		and and	1	Eschecipe
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	Yas	No	NA	<u> </u>								
BASEMENT				. 4	Ant	-	72	SF	×			.
	1		1	i i				p-A-Minimal Park	-	-		-
	+	-	-	-			-			-		-
Name of Registered Waste Healer	-	IN	DEP W	See Cut	sic Yartis	Renne de	Registered L	metal.		_		-
10564 (C2044) 1570491 (E)			Lauber ID		L.Francisco							1
Best Removal Inc			171	09	,25 °		Minvervi	Emper	or isk	E, L	LC	
City, State				Dist	personal Dates	Clay, San				201		
Hackensack, NJ 07601			-		6/23	17 Way	nesburg	OH 44	1681	}		
Completed by	This				Signature	ß.		Dub	9		1 -	2
J. Maiorano	LE	stime	tor_			Menon	Suco		60/	20	11	1
					7	1	. !			17/12/17/17	1	
ASSI-41 (\$1-06-98)					[:	26 501 mm this fo	ens for asbes	ne genomina	op aich	Styled	STO AT	ing.
					1	7	1		10			

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

Date of Notification (1) Name of Building Owner/Operator (2) 6-22-17 COOPER Agency Notified Type Notification Street Address E laifini ff O DEP ☐ Amended City, State, Zip Code 書 DOL Amendment# RIVER VALE 0767 D Emergency (including B DOH Name of Contact justification) Telephone Number D DCA ☐ Cancellation MR. COOPER 30L & FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility 4) COOPER CI School (K-12) Street Address C Subchapter 8 (Other than K-12) The Other (i.e. pri ate & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age WER VALE 1408. 2 93 YRS Current Use (Pri v if being demolished) County Code (7) (STATE USE BERGEN ONLY RESIDEUCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7-6-17 7-7-17 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 280 Huyler St Abatement Performed Outside of Normal Facility Hours City, State, Zip Code M Other - Describe: 8AM 5 PM S. Hackensack N.J. 07606 Scope of Work (Check all that apply) Full Containment with N sgative Pressure 圖 > 3 sf or > 3 F Renovation Mini-Enclosure

Glovebag Procedure 2 ≥ 160 sf or ≥ 260 F Demolition ☐ Non-Exempted (*) and I on-Friable Procedure Is Location Abatement Normality Type . Location of Used Solely by Description of Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount Encapaulate Custodiai (i.e., thermal systems insulation, Remova (Specify Repair IN Facility Staff? surfacing, VAT, or SF or LF) (12) other miscellaneous) No NA BASEMENI THERMAL INSULATION 60 LF X Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Register d Landfill Best Removal Inc ID No. Waste Minerva Enterprises , LLC 17109 ZYD. City, State Disposal Date City, State Hackensack , N.J. 07601 Waynesburg, Oh, 44688 Completed by Signature Date RIVELDRAN Estimator 6-22-17 Do not use this form for asbestos licensure exempted activities.

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

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			(P	ursua	nt to NJA	C 8:60 and 5:1	6)	INEC	F	1	W	E
Date of Notification (1	701			Nam	e of Buildir	ng Owner/Operate	- Control (1995)	十岁厂	_ 15	U	U	
Agencies Notified		cation	_	Stree	et Address		Wichtitu		y 2	7 2	017	_
☐ EPA	☐ Initial								-	-	911	
DEP				City,	State, Zip	Code		ACDEO	-00	55		
land	Emerge	ncy (includin	ig			O	cean Twp., NJ	07712 SEES!	US (JON	IRC)L 8
				Nam		ct				311 01		CHARLE
	County Code (7) (STATE Street Address Street Addres											
		Va		FA	CILITY IN	ORMATION						
Name of Facility When							Type of Facility	(4)				
-		Residenti	ial						-			
Street Address							Other (i.e., p	oriva e & commerc	2) ial bui	ldings,		
Amendment # Emergency (including justification) Name of Cancellation FACILITY Name of Facility Where Abatement is Taking Place (3) Residential Street Address City (5) Ocean Twp., NJ 07712 County (6) Monmouth Name of Monitoring Firm Hired by Building Owner 8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Ctert Date (10) 6/22/17 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cope of Work (Check all that apply) Safe of 23 if Cope of Work (Check all that apply) Safe of 260 if Is Location Normally Used Solely by Is Location Normally Used Solely by									В	ldg. A	ge	0.00-100-
DOH DOH Emergency (including justification) Name of Contact Name of Conta						5730 (0	7					
Residential Street Address Square Feet					Current Use (P	rior being demol	ished)			_		
		-		USE	E ONLY)							
Residential Street Address City (5) County (6) Monmouth Name of Monitoring Firm Hired by Building Owner Note Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Croject Manager for Monitoring Firm Bill Weisgarber Category County (6) Meccs Po Box 341 City, State, Zip Code Crosswicks, NJ 08515 Croject Manager for Monitoring Firm Bill Weisgarber Coupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cope of Work (Check all that apply) Saf or ≥3 If Scheduled Completion Cope of Work (Check all that apply) Saf or ≥3 If Scheduled Completion Cope of Work (Check all that apply) Saf or ≥3 If Scheduled Completion Cope of Work (Check all that apply) Saf or ≥3 If Scheduled Completion Scheduled Completion Is Location Normally Used Solely by					No.							
(8)	MECS					Ste	vens Environ	mental Servic	es, I	nc.		
Street Address						Street Address						
	PO Box	k 341						30x 322				
		NI 0051	_			City, State, Zip		3.11.00.501				
		NJ 0851					Allentow					
							50.0600		20.40	2		
		Calcadulado	_)049	3		
- 30.30					ate (11)	Name of OSHA		ECC				
	ring Abatament			1 /		Ctroot Address		ECS				_
				ment		Street Address		Roy 341				
						City State Zin		70X 3+1				_
			•			Oity, Otato, Zip		s 1JI 08515				
Scope of Work (Check	all that apply)						CIOSSWICK	3,113 00313			_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf						☐ Mini-Er Gloveb	nclosure pag Procedure	3	ıre			
							1		1	Abaten	nent	
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City, State, Zip Code	- O BON 3	71					PC	Box:	22				
Cross	swicks, NJ	085	15			City, State, Zip C							
Project Manager for Monto	ring Firm	Control Section 1	14	phen	n No.	Telephone No.	Allento		THE RESERVE OF THE PERSON NAMED IN	Chicago Company	-		
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CKH184

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

Date of Notification (1) 06/21/2017			Name o Monto	of Building Clair Ki	Owner/o mberly	Operator Acad	(2) lemy	ch#	4740 ch#4			4784	
Agencies Notified Type Notification [⊠] EPA [⊠] DEP ⑤ Initial				Address alley R	oad				同虐	C	3	-W	
IX DOL Amended Amendment	#_2		City, St Monto	ate, Zip C clair, N.	ode I 0704	2				JUN 2	27	2017	The state of the s
I送 DOH				of Contact Dombre					Felephone I			ITOC	1 0
			FAC	ILITY INF	ORMAT	ION			ASDE		NSIN		il a
Name of Facility Where Abatement is Taking Upper School	Place (3	3)					Type of Fa	acility (4) hool (K-1	2	Senier wooden perpenyigsa ni	COMPANY AND	(Application), of a	
Street Address 6 Lloyd Road									8 (Other than are & comme		ldings	, home	es,
City (5) Montclair							Square Fe	et	f of Floors		Bldg. /	Age	
County (6) Essex				Code (7) USE ONLY)		Current Us school	se (Prior	if being demal	ished)		***************************************	
Name of Monitoring Firm Hired by Building C Detail Associates, Inc	wner (8)		ASCI	И No.		Name Lilich	of Abateme Corpora	nt Contra ation	actor (9)	N N		Mark 10 . 10	
Street Address 300 Grand Ave						Street 606 N	Address AcBride	Ave					
City, State, Zip Code Englewood, NJ 07631						City, S Wood	tate, Zip Co lland Par	de k, NJ	07424				
Project Manager for Monitoring Firm Anthony Valentine			Telepho 201-56	ne No. 59-6708		Teleph 973-2	one No. 25-8400		License 01104	No.		No. to contrast of the ex-	
Start Date (10) 06-20-2017 (Schedul)7-03-	ed Co 201	mpletion 7	Date (11)		Name Iris E	of OSHA Mo	onitor ental L	ے ا	es, LL	C		
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Address					***************************************	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other - Describe: unoccupied start	nal Facili					2333 City, S	Route 22 tate, Zip Coo 1, NJ 070	de					
Scope of Work (Check All That Apply)													
⑤ ≥3 sf or ≥3 lf □⊠1 ≥160 sf or ≥260 lf	(S)		enovation emolition			(S)	Mini-Encl Glovebag	losure Procedu	vi h Negative l ur ∍ ε nd Non-Fria			2	
Location of	7	Loca	tion Used		Do	scription	50				Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma		ance/ Staff?		tos Cont thermal surfac	aining M	laterial (ACN insulation, T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ate	(6)
Opposite room #21		Х		VAT an	d Masti	С		35	2 SF	X			
Opposite room #23 & room #24		X		VAT an	d Masti	c		44	0 SF	X	<u> </u>		
Old IT room		X		VAT an	d Masti	С		60	0 SF	X	·	**********	
Faculty Break room		X		VAT an	d Masti	С		28	0 SF	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP W Hauler ID 8724		Cubic of Was		Nan GR	ne of Re	gistered Landt Landfill	fill		1	
City, State Woodland Park, New Jersey					Dispos	al Date	City Mo	State rrisvill	l€, PA				
Completed by Adriana Olejarova	Title preside	ent			S	ignature	(Pet	men		Date 6/21/20	017	e tradit deservation	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sole aintena todial ((12)	ely by nce/	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
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ASBESTOS CONTROL & LICENSING

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Project # Check # 3829 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 06/15/2017 Lenape Valley Regional HS District Agencies Notified Type Notification Street Address 28 Sparta Rd **EPA** Initial City, State, Zip Code DEP Amended DOL Amendment # Stanhope, NJ 07874 Emergency (including Name of Contact T lephone Mumbon DOH justification) OS CONTROL & DCA Cancellation Robert G. Klinck SING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Lenape Valley Regional HS School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 28 Sparta Rd etc.) City (5) Square Feet # of Floors Bldg. Age Stanhope, NJ County (6) County Code (7) Current Use (Prior if b ing demolished) (STATE USE ONLY) Sussex County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contract(r (9) RAMM Nick Restoration LLC Street Address Street Address 77 Nottingham Rd 72 Brookside Rd City, State, Zip Code City, State, Zip Code Fair Lawn Randolph NJ 07869 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rodger Headrick (201)475-9880 973-933-2550 01133 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/19/2017 06/23/2017 IRIS Occupancy Status During Abatement (Check Only One) Street Address 2333 RT 22 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Full Containment with Negative Pressure Renovation

≥160 sf or ≥260 lf		Demolit	ion			Mini-Enclosu Glovebag Pr Non-Exempt		ble Pro	cedur	e	
Location of		Locati Normal	ly		Description of					ement pe	t
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Nick Restoration LLC			auler ID 3782	No.	of Waste TBD	G.R.O					
City, State Randolph, NJ 07869					Disposal Date TBD	City, Sta	wn, PA				
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ity, State, Zip Code			-			576 Valley R	Id #2	83		W	_				
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Name of Facility Where At	notomontin Tali		(0)	FAC	CILITY INF	ORMAT	ION			-						
The College of New	Jersey (Powe	g Place r Hous	(3) a Roi	or#1	1			T	pe of Facility	(4)						
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TTI Environmental In	corporated	wher (8	5)	000	M No. 3				Abatement Co Environme			es, I	nc.			
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Moorestown, New Je	The control of the co						Phoe	enix	ville, PA 19	9460						
Project Manager for Monito Michael R. Stocku	oring Firm			Telepho	one No. 40-8800		Teleph					nse N	lo.			
Start Date (10)		Schedu	led Cor		Date (11)				-4332		008	36				
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Date of Notification	1 (1)	\FuLsu				Owner/Operator		_		E 6	-13-	11 /	#-E
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			Lucia			INFORMATION							
Name of Facility Whe	ere Abatement	is Taki	ng Pl	ace (3)		Type of Faci	lity	(4)				
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Street Address							[]Subcha						•
565-567 S Liv	ingston A	venue					[X]Other buildings				comme	rcıa	1
							Square Feet	#	of Flor	ors E	ldg.	Age	
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Livingston	Œ	Essex			(SI	ATE USE ONLY)	Current Use	(Pri	o: if be	eing de	emoli	shed	.)
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Name of Monitoring F Owner (8)	irm nired by E	Sullding	AS	CM No.		Name of Abate	ment Contracto IANAGEMENT						
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Street Address						Street Addres							
City Chata Ria Ca							topher St						
City, State, Zip Cod	e					City, State, Montclai	Zip Code .r, NJ 070	42					
Project Manager for	Monitoring Fir	m Tel	ephor	ne Numi	per	Telephone Num	ber			License	e Num	ber	
		N/	A			(973) 744				003			
Scheduled Start Date		. Compl		Date	(11)	Name of OSHA	Monitor						
	017 07		3	201	(17.7)	N/A							
Month Day Ye Occupancy Status Dur	ear Mon		only	Year	:	Street Address	2						
[X] Facility Clos of Abatement	sed/Vacated Du	ring En	tire	Period			-						
[]Abatement Per	formed Outside	e of No	rmal	Facili	ty	City, State, 2	Zip Code						
Hours - Descr []other - Descr	ibe: «OffHours	Descri	pt» Desc	ript»									
Scope of Work (Check			Desc	<u> </u>									
	5.50						Containment w	ith N	Negative	e Press	ure		
[X]>3 sf or []>160 sf o	-			ovation olition			Enclosure -bag Procedure	2					
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Location	of		Is ocati			Descriptio	n of			Ab	ateme	ent T	Type
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(13)		Yes	No	N/A		or other miscel	llaneous)			A L	R	U L	U R
Basement				X	Pipe	Insulation	on	80	LF	X	-	·	E
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AZTECH MANAGE	EMENT, INC		uler 7040	ID No.	of	Waste 1.5	Minerva	Er	terp	rise	IN	C	
City, State			. 5 2 0		Dis	sposal Date	City, State	-				-	
Montclair, NJ	07042				- 1	7/04/2017	Waynesb	uro	, Oh:	io 4	4688	3	
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				FACI	LITY INFOR	RMATIO	N							(2000)		
Name of Facility Where At	batement is Taking	Place (3	3)					Туре	e of Facility (4)						
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City (5) Maywood, NJ 0760	7							Squ	are Feet	1 0	of Floors		В	ldg. A	ge	
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Name of Monitoring Firm H	Hired by Building Ov	vner (8)		ASCN	1 No.				atement Cor perty Mair							
Street Address							Street 105 \		ess Riper Ave	nue						
City, State, Zip Code							City, S	State, 2	Zip Code							
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Project Manager for Monito	oring Firm		T	Γelephor	ne No.	- 1	Teleph 201-6				Licens 01336					
Start Date (10)	Т	chedul	ad Com	nletion [Date (11)		18 (T.S)(1886)	000000011	SHA Monitor	-	0.000					
07/01/17		7/15/		piedon	Date (11)		ivaille	01 00	SHA WOULD							
Occupancy Status During	Abatement (Check	Only Or	ne)				Street	Addre	ess							
Facility Closed/Vacat Abatement Performed	ed During Entire Pe	riod of	Abatem Hours	ent		-	City S	State :	Zip Code							
Other – Describe:						-	ony, o	, , , , , , , , , , , , , , , , , , ,	Lip Godo							
Scope of Work (Check All	That Apply)															
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2160 sf or ≥260 lf			Demoliti	on			×		ini-Enclosure lovebag Pro							
		X-0-0-0-0						77	on-Exempted			riable	Proc	cedure	е	
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(13)	· .		(12)			other mi)				Removal	Repair	Encapsulate	Enclosure
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 ☑ DOL ☑ Emergency (including justification ☑ DCA ☑ Cancellation) Nar		ANGE, N ntact oliveira						Telepho	ne Numb	er			
Name of facility where abatement monica and james burnette Street Address	is taking plac	e (3)	FAC	CILITY INFORM	ATIO	N		Type o	Subc	(4) ol (K - 12 hapter 8 ((Private/0	Other :		(-12)	
City (5) SO. ORANGE Name of Monitoring Firm Hired by	County ESSE	X		ASCM No.		unty Code (7) ate use only) Name of Abatem	- l	Curre		# of Floo			ldg. A	ge
Street Address City, State, Zip Code					=	D & S REST Street Address 20 California City, State, Zip Co	OR a A	ATION,	15 %			No continue un		ardesanses or
Project Manager for Monitoring Firm Start Date (10) 06/22/17	Sched. C	Completio	one Numb		_	Telephone Numb 973-345-80 Name of OSHA M D & S Resto Street Address	er 20 Von	itor		License (Numb 1169	per		
Occupancy Status During Abatement Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H Scope of Work (check all that apply	entire period of normal fac OURS	of abaten	nent. S-			20 California City, State, Zip Co Paterson, NJ	ode							
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asbestos-containing material (acm) to be abated in facility (13)	by maintena staff(12) Yes	No	N/A	material (A	CM)	sbestos-containing	1	(S LI	nount pecify S	F or	e m o v e	e pair	n c a p	E n c L
BASEMENT 12 locations, 2 locations boilerrm		X		duct INSUL	ATIO	ON		90 sq	ft					
DOOD	NJDEP 13506 Title PRESIDEN	D	** I 333		aste	Name of Register TULLYTOW City, State TULLYTOW	N,	RESOUR	CE RE	COVER Date 06/21/				
ASB-41 *	Do not use th	is form fo	r asbestos	s licensure exen	npted	activities.			-	1-01217	-017			

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D&S Proj. #:	17-172	,

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

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Date of Notification (1)	Name of	Building Ow	ner/Operator (2	2)				i	0011		1_01		Linkson
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☐ DCA ☐ Cancellation	11	een					[
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Name of facility where abatement	t is taking place (3)					Т	vpe o	Facility	(4)				
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Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	-	Name of Abatem	ent Cor	ntracto	r (9)					
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Street Address				=	Street Address		1011,	1110.				_	
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					Paterson, NJ	07503	3						
Project Manager for Monitoring Fire	n	Phone Numb	er		Telephone Numb				License		er		
					973-345-80					1169			
Start Date (10)	Sched. Comple	etion Date (1	1)		Name of OSHA N		т.						
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Facility closed/vacated during	g entire period of aba	itement.		1	City, State, Zip Co								_
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Other-Describe: NORMAL I	HOURS			_	Paterson, NJ	07503	}	w.					
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abated in facility (13)	Yes No	N/A	material (ACM)			(i	pecify S	For	0	a	c a	C
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PATERSON, NJ 07503		06/22/1	7		TULLYTOW	N, PA							
Completed by (Print or Type)	Title		Signature	-					Date				
BOGDAN JOLDZIC	PRESIDENT								06/15	/2017			
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Date of Notification (1) 0 6 / 1 5 / 1 17 Agencies Notified Type Notific EPA Initial DEP Amended	allon Is	charles co	ollucci 188	ner/Operator (2)			- Kens			SIN SIN	TROL (
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MONTCLAIR Name of Monitoring Firm Hired by	ESS.	EX.		ASCM No.			1					
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Project Manager for Monitoring Fire	T)	Pho	one Numb	EI		Paterson, NJ 0 Telephone Number 973-345-8020)	License	Numi 1169	190	yaman (*)	
Sight Date (10) 06/21/17	07/20/		h Date (11	1)		Name of OSHA Mor D & S Restorat Street Address					200	
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Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT	VII ZAFA	Signature		TULLYTOWN	, PA	Date 06/15/	2017			Proposition

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 26 17 City of Camden Agencies Notified Type Notification Street Address **⊠** EPA PO Box 95120 **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Camden, NJ 08101 ☐ DCA (NJAC 5:23-8) justification) Name of Contact AT Hephone Number Cancellation James Rizzo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 830 N 7th STREET STRUCTURE School (K-12) Subchapter 8 (C ther than K-12) Street Address Other (i.e., priva e and commercial buildings, 830 N 7th STREET STRUCTURE homes, etc.) City (5) Square Feet of Floors Bldg. Age Camden varies varies 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior i being demolished) CAMDEN HOUSING DEE VIED UNSAFE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Controlled Environmental Sys ems Street Address Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. I icense No. 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 27 / 17 8 / 31 / 17 CES Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1121 N Bethlehem Pike -Suite (0 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/ PM-Spring House, PA 19477 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-Fr able Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Asbestos-Containing Material (ACM) Encapsulate Asbestos Containing Material (ACM) Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached Notice of Hazard X See Attached Notice of Hazard 20(YD per res \boxtimes П П П П Name of Registered Waste Hauler NJDEP Waste Name of Registerer Landfill Cubic Yards of Hauler ID No. Waste Management of NJ Waste **GROWS** 17273 200/residenc City, State Disposal Date City, State Fairless Hills, PA 8/31/17 Tullytown PA Completed By (Print or Type) Title Signature Patricia Visco Office Manager

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

ASB-41 JAN 13

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

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Date of Notification (1) 06 /	23 /	17					Owner/Operator (2	2)	2)	nd	1		1
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Agencies Notified	Type Notifica	tion				Address Box 42		To a second	ASBESTOS LICE	-	NTR VG	UL (X.
□ DOLWD	☐ Amended			H		tate, Zip C	ode						
DOH	Amendme	nt #					Sea, NJ 07717						
□ DCA	☐ Emergend		ding	+		of Contact			elephone Numbe	25		-	-
(NJAC 5:23-8)	justificatio	. 22				nk Lurch		Ι.,	repriorie Numbe	51			
		-					FORMATION				-		
Name of Facility Where A	hatement is T	aking P	lace	(3)	IAC	ALLI I IIN	ONWATION	Type of Facility (4)					
Residence		uiting i	1000	(0)				School (K-12)					
Street Address								Subchapter 8 (:_! 	الما الما		
								Other (i.e., prival homes, etc.)	a e and commerc	iai bui	laing:	s,	
City (5)		Alexander of the second						Square Feet	of Floors	Blo	lg. Ag	е	
Asbury Park								2500 sf	2	6	5		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Prior	i being demolish	ed)			
Monmouth								Residence					
Name of Monitoring Firm	Hired by Build	ing Owr	ner (8	B) /	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Guardian Contracti	ng, Inc.						Guardian Co	ntracting, Inc.					
Street Address							Street Address						
1889 Rte. 9, Unit 61							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
Toms River, New Je	ersey 08755						Toms River,	New Jersey 0875	E .				
Project Manager for Moni	toring Firm			Telep	ohone I	No.	Telephone No.		icense No.			S. 122	
Nicholas Fernicola				73	2-349	9932	732-349-9932	2	00624				
Start Date (10)		chedule					Name of OSHA N						
07 /07 /		07	_ /	11	_ / -	17	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (C	Check o	nly o	ne)		Cinting 1	Street Address				(77.2)		
☐ Facility Closed/Vacate						83	1056 Stelton						
Abatement Performed Time of Abatement:							City, State, Zip Co						
						-1141	Piscataway,	New Jersey 0885		301011-55			
Scope of Work (Check all	that apply)						□ Eull Con	tainment with Negat	ine Pressure				
≥3 sf or ≥3 If] Rer	novatio	on		☐ Mini-End	closure	re riessuie				
≥160 sf or ≥260 lf		\boxtimes	Der	nolitio	n			g Procedure empted (*) and Non-	Eriable Procedure				
			le	Locati	ion		⊠ Noii-Exe	empted () and 14011-	- Table 1 Tocedure	1	ateme	ant Ty	vne
Location	of		N	ormal	ly		Description of	of					
Asbestos-Containing	Material (ACM)		d Sole ntena			stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA				odial S		(ı.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	Ħ.	nsdi	nsc
(13)	.,			(12)	_		other miscellane		J. J. L. ,	ST		late	.e
		١	res	No	N/A				-				
exterior						asbesto	os siding		3500 sf				
basement						asbesto	os pipe insulatio	on	50 If				
Name of Registered Was	te Hauler			1 (0.553)	JDEP V		Cubic Yards of	Name of Registe	red Landfill			9	
Guardian Contracti	ng, Inc.			Н	auler II 20223		Waste 8	T.R.R.F.					
City, State					20220		Disposal Date	City, State					
Toms River, New Je	ersey						07/12/17	Tullytown, F	ennsylvania				
Completed By (Print or Ty	ype)	Title				- Comment	Signature	-	// Da	te /	-		
Nicholas Fernicola	0.000	Pro	ject	Mana	ager			1	1 6	10	13/	7	

State of New Jersev

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

Date of Notification (1)				Name of	Building (Owner/Operator (2) []	JUN 2	7	UII		-
06 /	23 / 17			Weld	on Quari	ry Company	1.0	1321	38	3	1	
Agencies Notified	Type Notification		-	Street A	ddress			ASSESTOS (CON	TRO	L&	
⊠ EPA	☐ Initial			141 0	Central A	venue	1.00	LICEN	151140	ž		_
⊠ DOLWD	☐ Amended		+	City, Sta	ate, Zip Co	de						
□ DOH	Amendment #			West	field, NJ	07090						
☐ DCA	☐ Emergency (ir justification)	ncluding	+	Name o	f Contact		Т	e enhone Numbe	r			
(NJAC 5:23-8)	☐ Cancellation			Rob	Whaley							
				FACI	LITY INF	ORMATION						
Name of Facility Where	Ahatement is Takin	g Place (3)	1710			Type of Facility (4)		3-1-1-06		41127-10	
Residence	TDATOMOTO TAKE	9	T. 1.0				☐ School (K-12)	2000 000 000000				
Street Address							☐ Subchapter 8 (0 ☐ Other (i.e., priva	Other than K-12)	al build	dinas		
Street Address							homes, etc.)	at, and commons.				
City (5)							Square Feet	# of Floors	Bldg	. Age		
Watchung							2500 sf	2	6	5		
County (6)			700	Count	v Code (7)	(STATE USE ONLY)	Current Use (Prior	if being demolishe	ed)			
Union					5		Residence					
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCM N	lo.	Name of Abateme	ent Contractor (9)					
Guardian Contract		· · · · · · · · ·			777		ntracting, Inc.					
Street Address						Street Address						
1889 Rte. 9, Unit 6	1					1889 Route 9), Unit 61					
City, State, Zip Code	<u> </u>					City, State, Zip C						
Toms River, New	Jersey 08755					Toms River,	New Jersey 087	5				
Project Manager for Mor		-	Tele	phone N	10.	Telephone No.		icense No.				
Nicholas Fernicola			73	32-349-	9932	732-349-9932	2	00624		- 17-76		
Start Date (10)		eduled Co	mple	tion Dat	e (11)	Name of OSHA	Monitor		75-75			
07 / 05 /	1,000,000,000					E.M.S.L. Ana	llytical					
Occupancy Status Durin						Street Address						
☐ Facility Closed/Vaca				ment		1056 Stelton						
☐ Abatement Performe	ed Outside of Norm	al Facility	Hou	rs - Des	cribe	City, State, Zip C	ode	_				
Time of Abatement:	AMI	PM/	_PM	/	ΑM		New Jersey 088	5.1.				
Scope of Work (Check a	all that apply)											
	, , , ,			i.a.a		⊠ Full Cor ☐ Mini-En	ntainment with Nega	iti /e Pressure				
 ≥3 sf or ≥3 lf >160 sf or ≥260 lf 		☐ Re ☑ De				☐ Gloveba	ag Procedure					
₩ 2100 31 01 2200 11						☐ Non-Ex	empted (*) and Non	-f riable Procedur		10 50		
			Loca							ateme		
Locatio			Norma	ely by	Ache	Description stos Containing M	ot laterial (ACM)	Amount	Remova	Repair	Enc	Enclosure
Asbestos-Containing TO BE AB		Ma	inten	ance/	(i.e	., thermal systems	s insulation,	(Specify	Nov	air	aps	losu
IN Fac	ility	Cus	todial (12	Staff?		surfacing, VA other miscellan	T, or	SF or LF)	<u>m</u>		Encapsulate	ē
(13)	Yes	No	0.000		Other miscellan	eous)				O	
nd			1		toyturo	d ceiling/wall n	naterials	2513 sf	\boxtimes			
2 nd floor & basemen	nt				texture	u cennig/wan n	iatorialo					
										닏		
								7.04			Ш	Ш
			П	П								
Name of Registered W	aste Hauler		17	NJDEP	Waste	Cubic Yards of	Name of Regis	te ed Landfill			h	
Guardian Contract			- 10	Hauler I	D No.	Waste	T.R.R.F.					
	Zg, 1110.	7		2022	3	15 Disposal Date	City, State					
City, State	loreau					07/13/17		Fennsylvania				
Toms River, New		Title.				Signature	1	//	ate/			
Completed By (Print or		Fitle Projec	+ 88-	nagor		algitature	1	1	, 1 -	31	17	
Nicholas Fernico	ıa	Frojec	, ivid	ilagei			1 12	= (10	-1	1 '	

State of New Jersey

Print Form

5117		(Pr	ursuan	it to NJA	(C 8:00 and			111	+ -	JUN 27	2011			
1091			Name	of Buildi	ng Owner/O	perator (2	2)	į		arren on a second second second				1
e of Notification (1)			Ibo [ASISE	ESTOS CI	OWIE		5	
-22-2017	11 tig ation		Street	Address	3					LICENS	1 11.2	-		H
encies Notified	Type Notification													
EPA	× Initial	1	City, S	State, Zip	Code									
DEP	Amended Amendment #	i i	Way	ne NJ	07470				= 1 7	none Numbe	r			1
DOL	Emergency (inclu	uding		e of Cont				1	Telenr	none Mumbe	1			
DOH	iustification)			Diaz							_			+
DCA	Cancellation				INFORMATI	ON								1
	tie Teking Di	ace (3)	- 17	CILITI			Type of Fa	acility (4)						
me of Facility Where	Abatement is Taking Pl	200 (0)						ol (K-12)		than K-12)				1
rivate Dwelling							Second	chapter 8	vate 1	than K-12) commercial b	uildings	s, hom	ies,	1
reet Address							× Othe							-
							Square F	eet	#c F		Bldg. N/A	Age		
ty (5)							N/A		N/A					_
Vayne NJ 07470			T =	. 0.4	/7\		Current U	Jse (Prior	if be no	g demolished	i)			
ounty (6)			Cou	nty Code	ONLY)		Private	Dwellin	ng		-			_
Paccaic						Name	of Abaten	ent Cont	racto (9)				
ame of Monitoring Fir	rm Hired by Building Ow	vner (8)	A	SCM No).	Ama	ax Contra	acting L	LC					_
Standard Environ	mental						t Address							
treet Address						DO	BOX 73	4						
2108 Fulton Stree	et. Suite 2A			1			State, Zip							
City, State, Zip Code						MA/O	odland F	ark NJ	07424	1				
Brooklyn NY 112	33							G111 112	T	License No		ii = N		
Project Manager for N	Appitoring Firm		Tel	lephone	No.	1 elep	ohone No. 3-692-62	98		001266				
roject Manager IOI N	10		0.220	47-241-			e of OSHA							
Kayode Adefisoy	6	Scheduled	Compl	etion Da	te (11)	Nam	e of OSHA	ractina l	I I C					
Start Date (10)		07-04-20												
07-01-2017	Ab stement (Check	Only One)			Stre	et Address	2.4						
Occupancy Status Di	uring Abatement (Check		otoma	nt			I BOX 7							
x Facility Closed/	Vacated During Entire P	eriod of Ab	lours	110		City	, State, Zip	Code	10719	2.4				
Abatement Perf Other – Describ	ormed Outside of North	di i damij				W	oodland	Park N.	0/ +2					_
Scope of Work (Che	ck All That Apply)	[II] a					× Full	Containn	nent vit	th Negative F	ressure	9		
≥3 sf or ≥3 lf			enovati emolitic				-	i-Enclosu vebag Pro		9				
× ≥160 sf or ≥260) If	ш -					× Nor	-Exempte	ed (* a	nd Non-Friat	ole Proc	edure		-
											1	Abate Ty	1110111	
									1			. ,	T	
			Locatio			DOLD SERVICE			A		200		Ē	
	-tion of	l N	ormally	y		Descrip	ition of	(ACM)		Amount	_	1	8	
Loc Ashastas-Canta	cation of aining Material (ACM)	Use	lormally	y y by	(i a the	Containir	ng Material tems insula	(ACM) ation,		(Specify	Rem	Rep	5	
Asbestos-Conta	aining Material (ACM) E ABATED	Use Mai	lormally d Solel intenant odial S	y y by nce/	(i.e. the	Containir ermal syst	ng Material tems insula . VAT, or	20011,		200	Remova	Repair	psula	1
Asbestos-Conta	hining Material (ACM) <u>E ABATED</u> Facility	Use Mai	lormally d Solel intenan	y y by nce/	(i.e. the	Containir ermal syst	ng Material tems insula	20011,		(Specify	Removal	Repair	Encapsulate	
Asbestos-Conta	aining Material (ACM) E ABATED	N Use Mai Cust	lormally d Solel intenant odial S	y y by nce/	(i.e. the	Containir ermal syst	ng Material tems insula . VAT, or	20011,		(Specify SF or LF)		Repair	psulate	
Asbestos-Conta TO B In	aining Material (ACM) E ABATED Facility (13)	Use Mai	lormally d Solely intenant odial S (12)	y by ace/ staff?	(i.e. the	Containir ermal syst surfacing ther misc	ng Material tems insula . VAT, or	20011,		(Specify	Removal	Repair	psulate	
Asbestos-Conta TO B In	hining Material (ACM) <u>E ABATED</u> Facility	N Use Mai Cust	lormally d Solely intenant odial S (12)	y by nce/	(i.e. the	Containir ermal syst surfacing ther misc	ng Material tems insula , VAT, or ellaneous)	20011,		(Specify SF or LF)		Repair	psulate	-
Asbestos-Conta TO B In	aining Material (ACM) E ABATED Facility (13)	N Use Mai Cust	lormally d Solely intenant odial S (12)	y by ace/ staff?	(i.e. the	Containir ermal syst surfacing ther misc	ng Material tems insula , VAT, or ellaneous)	20011,		(Specify SF or LF)		Repair	psulate	
Asbestos-Conta TO B In	aining Material (ACM) E ABATED Facility (13)	N Use Mai Cust	lormally d Solely intenant odial S (12)	y by ace/ staff?	(i.e. the	Containir ermal syst surfacing ther misc	ng Material tems insula , VAT, or ellaneous)	20011,		(Specify SF or LF)		Repair	psulate	
Asbestos-Conta TO B In	aining Material (ACM) E ABATED Facility (13)	N Use Mai Cust	lormally d Solely intenant odial S (12)	y by ace/ staff?	(i.e. the	Containir ermal syst surfacing ther misc	ng Material tems insula , VAT, or ellaneous)	11011,		(Specify SF or LF)	X	Repair	psulate	
Asbestos-Conta TO B In	aining Material (ACM) E ABATED Facility (13)	N Use Mai Cust	lormally d Solel intenan odial S (12)	y y by locel traff?	(i.e. the	Containir ermal syst surfacing ther miso	ng Material tems insula , VAT, or ellaneous)	11011,		(Specify SF or LF)	X	Repair	psulate	
Asbestos-Conta	eining Material (ACM) E ABATED Facility (13) ST FLOOR	N Use Mai Cust	lormally d Solel intenan odial S (12)	y y by loce! ttaff?	(i.e. the	Containir armal sysisurfacing surfacing ther misco VA Cubic Ya of Waste	ng Material tems insula , VAT, or ellaneous) AT	Name	e of R ag	(Specify SF or LF) 500 SF	X	Repair	psulate	
Asbestos-Conta	ed Waste Hauler	N Use Mai Cust	lormally d Solel intenancodial S (12)	y y by lice/ lice/ staff?	(i.e. the	Containir ermal syst surfacing ther misc	ng Material tems insula , VAT, or ellaneous) AT	Name Fore	of Rag	(Specify SF or LF) 500 SF	X	Repair	psulate	
Asbestos-Conta	ed Waste Hauler	N Use Mai Cust	lormally d Solel intenancodial S (12)	y y by loce! ttaff?	(i.e. the	Containir ermal sysi surfacing ther misco VA Cubic Ya of Waste 7 CY Disposal	ng Material tems insula , VAT, or ellaneous) AT	Name Fore	e of R eg	(Specify SF or LF) 500 SF	X	Repair	psulate	
Asbestos-Conta	ed Waste Hauler	N Use Mai Cust	lormally d Solel intenancodial S (12)	y y by lice/ lice/ staff?	(i.e. the	Containir ermal sysi surfacing ther misco VA Cubic Ya of Waste 7 CY	ng Material tems insula , VAT, or ellaneous) AT	Name Fore	of Rag	(Specify SF or LF) 500 SF	X	Repair	psulate	
Asbestos-Conta	ed Waste Hauler	N Use Mai Cust	lormally d Solel intenancodial S (12)	y y by lice/ lice/ staff?	(i.e. the	Containing armal system of Waste 7 CY Disposal 07-10-2	ng Material tems insula , VAT, or ellaneous) AT	Name Fore	e of R eg	(Specify SF or LF) 500 SF	X			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

5 2011	\cap	NOTIF (F	Pursuar	nt to NJ	SBESTOS AN AC 8:60 and	12:120)				2.7	- 00	47	1
te of Notification (1))		Name	of Build	ling Owner/Op ve-Carneys	erator (²⁾ Regional	School	[istrict	N 27	20	111	
s/23/2017 encies Notified	Type Notification		Street Address 100 Iona Avenue ASDESTOS CONTROL &										
EPA DEP	Initial Amended		City,	City, State, Zip Code Penns Grove, NJ 08069									
DOL	Amendment # 1 Emergency (incluiustification)	uding	Name	e of Con	tact				Ti lenhone Numbe	ar.			
DOH DCA	Cancellation			n Ferg	INFORMATI	NC							-
ame of Facility Where enns Grove Regio	Abatement is Taking Plonal High School	ace (3)		A OILIT				ol (K-12)	O her than K-12)	huildina	s hai	mes.	
treet Address 334 Harding Hwy							etc.)		# of Floors		Age		-
ity (5)	00000						Square Fe		2	30 y	ears		
Carneys Point, NJ	08069		Cou	County Code (7) (STATE USE ONLY) Current Use (Prior if I) Public High School						d)			
Salem County	m Hired by Building Ow	ner (8)	A	SCM No		Name	e of Abatem ic Constru	ent Contra uction C	or (9)				
Horizon Environm	ental Group, Inc.					Street Address 205 Route 46 Suite 15							
P. O. Box 316						City, State, Zip Code Totowa, NJ 07512							
City, State, Zip Code Thorofare, NJ 080			Tel	lephone	No.	Tele	phone No.		License No).			
Project Manager for M Steve		(8	56) 84	8-0800	(1000)000	3-339-973 ne of OSHA		01034					
Start Date (10) 06/24/2017		Scheduled 07/03/20		etion Da	ite (11)	Sa	vic Const	ruction C	Corp				
Occupancy Status Du	ring Abatement (Check	Only One)			20	5 Route 4		15				
Facility Closed/\ Abatement Performance Other – Describe	/acated During Entire Pe ormed Outside of Norma e:	eriod of At al Facility I	Hours	nt		City	r, State, Zip otowa, NJ	Code 07512					
Scope of Work (Check ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260	k All That Apply)	× Re	emolition Mini-E					Enclosure	roce dure ted *) and Non-Friable Procedure				
		le	Locatio	n						Abatement Type			
Asbestos-Contai <u>TO BE</u> In	ation of ning Material (ACM) : ABATED Facility (13)	Use Mai	Normally d Solely intenan	nally olely by nance/ al Staff? Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or				Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liidoano	
		Yes	No	N/A	г	Dactor	Ceiling		500 SF	x		×	
На	llway 1		X		1		Ceiling		500 SF	Х		X	
На	llway 2		X		ı	10001							-
						ubic Ya	ırds	Name o	f Registered Land	Ifill			
Name of Registere Newark Carting			H	NJDEP V Hauler ID 14509	No.	f Waste		GROV City, Sta	N3				
City, State	111	1	1			0isposal 7/05/2		Morris	se ville, PA	Date			
Newark NJ						0:0	moturo			06/23			

											Γ	Pri	nt For			
14 10110		NOTIF	CATIC	ON OF	New Jersey ASBESTOS AB IAC 8:60 and 1	ATEM 2:120)	ENT		A Company		I W	7	-!			
Date of Notification (1)			Name of Building Owner/Operator (2) Concord States													
ngeriolos riotinos	EPA Initial Amended Amendment #					Street Address 217 Brook Ave. ASSESTOR CONTROL &										
Amend						City, State, Zip Code Passaic, NJ 07055 Te aphone Number										
E Emerg	ency (includi ation)	ng	Name of Contact Joseph Muller ————													
DCA Carice	mation		F	ACILITY	INFORMATIO	N	-	- of English (4)								
Name of Facility Where Abatement is Commercial Property	Taking Place	e (3)					R	e of Facility (4) School (K-12) Subchapter 8 (Ot le	r than K-12)	uilding	s, hon	nes,			
Street Address 217 Brook Ave					Other (i.e. private & commercial betc.) Square Feet # of Floors				Bldg. Age							
City (5) Passaic			I Cou	inty Cod	le (7)		Cu	rrent Use (Prior i	if b air	ng demolished)						
County (6) Passaic			(STA	ATE USE	ONLY)	Name	of A	batement Contra	actor	(9)						
Name of Monitoring Firm Hired by B N/A	uilding Owne	r (8)		SCM N	0.	Delf	a Co	ontracting LL	C. — —							
Street Address						Stree 522	7th	St.								
City, State, Zip Code						City, Uni	State on C	e, Zip Code City NJ 07087								
Project Manager for Monitoring Firm	า		relephone No.				Telephone No. License No. 01206									
Start Date (10)	Sch	neduled -23-17	Name of OSHA Monitor Delfa Contracting LLC													
06-21-17 Occupancy Status During Abateme			Charat Address													
Facility Closed/Vacated During	g Entire Perio	od of Ab	ateme	nt		City	Stat	e, Zip Code City NJ 0708	— — 7							
Other - Describe: 7:00 Am - 5	3.00 F III					Ur	1011	City 140 07 00								
Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ply)	Re De	enovatio	on			E E	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	200 (17)							
								Non-Example				Abate Typ	ment			
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	Used Mai	sed Solely by Asbestos Collaintenance/ (i.e. therms				ems VAT	aterial (ACM) insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate				
		Yes	No	N/A	D:	pe Ins	rilat	ion		150 LF	X					
2nd Floor			X		PI	pe ins			-	1400 SF	X					
2nd Floor			X													
				-					T							

Name of F egistered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. 35240 Tullytown Resource Recovery Facility Name of Registered Waste Hauler 15 Delfa Contracting LLC City, State Disposal Date Tullytov n, PA City, State 06-26-17 Union City, NJ Date Signature 06-19-17 Completed by Proj. Manager. Jaime Delgado * Do not use this form for asbestos licensure exempted activities.

01259 (OSTATE OF NEW	JERSEY DE	PARTMENT OF	- LAE	BOR NOTIFICATION OF ASBEST	A F (F	1 \// !						
ate of Notification (1) 5/21/2017				Hugh Hothem		7 0017						
gencies Notified Ty	pe of Notificati			Street Address 123 Madison St.	j j JUN 2	7 2017						
) NJDEP	X) Initial No Amended Amendm	d ent#		City, State, Zip Code Hoboken, NJ 07030	ASSESTOS CONTHOL & LICENSING							
X) NJDOH) NJDCA) Emerger justificat) Cancella	ncy (including tion)		Name of Contact Hugh Hothem	Tel. Number							
() Caricella			NFORMATION								
				Type of Facility (4)	Att The second							
Name of Facility Where Abatement is Commercial Property (aband	Taking Place (3 doned)	3).		() School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.								
Street Address 423 Madison St.						lldg. Age	68					
City (5)	unty (6) idson	County Code (7) (State Use Only)		Current Use (if being demolished):								
Name of Monitoring Firm Hired by Blo ISES, Inc.	lg. Owner (8)	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Environ	mental Solutio	ons, Inc.						
Street Address 3300 Hudson Avenue				Street Address 3300 Hudson Avenue								
City, State, Zip Code				City State, ZipCode Union City, NJ 07087								
Union City, NJ Project Manager for Monitoring Firm	Telephone 1 (201)325			Telephone Number (201)325-0055		License N 01124	umber					
David Camacho Scheduled Start Date (10)		Completion Date (11)	Name of OSHA Monitor								
06/30/2017	07/20/20			ISES, Inc.								
Occupancy Status During Abatemer (x) Facility Closed/Vacated During () Abatement Performed Outside () Other - Describe: abandoned	of Normal Fac			Street Address, City, State, Zip Code 3300 Hudson Avenue, Uni		087						
Source of Work (Check all that appl	to the same of the grant	X) Demolition		() Renovation								
() Minor Project (<25 SF or () Small Project (>25 <160 S (X) Large Project (>160 SF or ()	<10 LF ACM)	JU LI AUIVI)		() Full Containment with N (X) Mini-Enclosure with Neg () Glove-bag Procedure or () Non-Exempted (*) and I	Mran and cut pro	cedure						
(// / 25/5* / /				Description of ACM	Amount (Specify		nent Type					
Location of Asbestos- Containing Material (ACM) To be Abated in Facility (13)	Solely by M	Normally Used aintenance or I Staff? (12)	sur	(i.e. thermal systems insulation, facing, VAT, or other miscellaneous.)	SF or LF)	Re Rep mo air val	Enca psula te					
	YES 1	NO N/A			~ 4000 Sq Ft.	X						
Roof and flashing		×	roo	of and flashing	4000 341							
		X	VA	T	~ 716 Sq Ft.	X						
2nd floor Name of Reg. Waste Hauler Atlas Disposal Options, Inc.	NJDEP Wa 50452	ste Hauler ID #	<u>Cul</u> ~ 8	bic Yards of Waste	I ame of Reg. La Grand Central 963 Pen Argy	Sanitation						
City State	N/ar NI 0790	11	Dis 07	sp. Date // /////////////////////////////////	Paity, State Pen Argyl, PA	18072						
311 East Blackwell Street, Do Completed by (Print or Type) David Camacho	Title	Supervisor	gnature AllMI)ate)6/21/2017								

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

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Date of Notification (1) 06/23/17				f Building Own oberg Board			T. I.		JUN	2 7	20	17		
Agencies Notified Type Notification			Street A	ddress 9th Street				AS	SBEST	is co	DAIT	201	2	
EPA Initial DEP X Amended		-	City, State, Zip Code											
X DOL Amendment Emergency		-		nberg, NJ 07										
X DOH justification) X DCA Cancellation	-			f Contact Denese		elephone Number								
	74		100-00-00-00-00-00-00-00-00-00-00-00-00-	LITY INFORM.	ATION									
Name of Facility Where Abatement is Takir Anna L. Klein Elementary School	ig Place (3)					acility (4)							
Street Address							ool (K-12) chapter 8 (C the	r than K-1	2)				
301 69th Street						Othe	er (i.e. priv	ale &	commerc	ial buil	dings	home	es,	
City (5) Guttenberg				‡ of ∠ +	Floors		3ldg. <i>A</i> 50 +	ige						
County (6) Hudson			County Code (7) Current Use (Prior (STATE USE ONLY) School					f l ein	g demolis	hed)				
Name of Monitoring Firm Hired by Building RJB Environmental, Inc.			ASCM No. Name of Abatement Contrac or (9) United States of Abatement Contracting & Environmental (1) Name of Abatement Contracting & Environmental (1)							Consulting, Inc.				
Street Address 56 East Bridge Street					Address Route 2	23								
City, State, Zip Code Morrisville, PA 19067			City, State, Zip Code Wayne, NJ 07470											
Project Manager for Monitoring Firm		T	Telephor	ne No.	100000000000000000000000000000000000000	none No.		Т	License N	10.			- Ur	
Mr. James Frisbee		- 1		92-4200		628-9200			00408					
Start Date (10) 07/05/17	07/28/1		npletion I	Date (11)		of OSHA N ro Vision		a its	, Inc.					
Occupancy Status During Abatement (Chec	k Only On	e)			100000000000000000000000000000000000000	Address	aw Pood	Ple	da #355	-				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Anal Facility	Abatem Hours	city, State, Zip Code Fair Lawn, NJ 07410											
Scope of Work (Check All That Apply)					ı alı	Lawii, ivi	3 07 4 10							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	enova emolit			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedu e Non-Exempted (*) and Non-Friable Procedure								
	Is	Locati	on			1 NOTE	(empled (, mu	NOII-I IIdi	JIC I TO	Abate	ement		
Location of	N	lormal d Sole	ly		Description					_	Ty	ре	Γ	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/	(i.e. therr su	ontaining Material (ACM) nal systems insulation, rfacing, VAT, or er miscellaneous)			Amount (Specify 3F or LF)		Removal	Repair	Encapsulate	Enclosure	
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Sid Floor Hallway			^	Cov	е раѕе г	Taster			1 31	X				
						<u> </u>								
Name of Registered Waste Hauler		L	JDEP W		oic Yards	Na	ame of Reg	gi ter	ed Landfil		1			
J.R. Contracting & Environmental C	onsul., I		auler ID 7819	No. 01 V	Vaste	G	rand Ce	n ral	Landfill					
City, State Wayne, New Jersey				Dis	posal Date	2000	ty, State en/Argyl	^o ei	nnsylvar	nia				
Completed by Jerry Bijelonic	Title Proje	ct Ma	nager		Signature		1. 0.1/1/1971, 011113.			Date 06/23/17				

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Date of Notification	n (1)	(Pursu				7 and 12:120-7 Owner/Operator		1111	The same of the sa						
6/23/2017				Tyler Wiggers JUN 2 7 2017											
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t 15011	[]Cancella	tion													
						INFORMATION									
Name of Facility Wh		is Taki	ng Pla	ice (3)			Type of Faci	.lity (4)							
Tyler Wiggers	5						[]School	(K-:2)	her th	an K_1	21				
Street Address								(i.e , pri			700	1			
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Street Address					0	Street Address	Tan and same					-			
						86 Chris	topher S	t.							
City, State, Zip Co	de					City, State,									
						Montclai	r, NJ 070	142							
Project Manager for	Monitoring Fi			e Numb	er	Telephone Num			Licens		ber				
			/A			(973)744			003	5 / L					
Scheduled Start Dat 07 03 2		d. Comp				Name of OSHA I	Monitor								
			04 Dav	201 Year		N/A									
Occupancy Status Du [X] Facility Clo of Abatemer	ring Abatement sed/Vacated D	(Check	only	one)		Street Address	5								
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[]other - Desc			Desci	ript»											
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City, State		1	7040		Di	sposal Date	City, State								
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Completed By (Print	73.73 X III					Signature	11/	L	Dat	e					
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						ABATEMENT		FILE			\mathbb{W}		
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				FACIL	ITY INF	ORMATION							
Name of Facility Wh	ere Abateme	ent is Tak	ing Pla	ce (3)			Type of Facil	Lity (4)					
Marcia Griffi							[]School	(K-12)					
Marcra Grant	_ 011							oter 8 (Othe	er tha	n K-	12)		
Street Address								(i.e., priva				1	
							buildings	hores, etc	2.)				
							Square Feet	# of Flo	ors F	3ldg.	Age		
City (5)		County	(6)		Count	y Code (7)	5000	2		97			
South Orange		Esse			(STAT	E USE ONLY)	Current Use	(Price if be	eing d	emol	ished)	
Double Orange													
		No. 201144	50	TM Mo		ame of Abate	ment Contracto	r (5)		-			
Name of Monitoring Owner (8)	Firm hired	by Bullar	ng As	CM No.	11450		MANAGEMENT						
N/A						PAZITICII	EMPOLITIES 1	.,				V-7 (
Street Address					s	treet Addres							
						86 Chris	stopher St	:.					
City, State, Zip Co	odo					ity, State,	Zip Code				-		
CILY, State, Zip Co	ode						r, NJ 070	142					
									Licens	- 37-			
Project Manager for	- Monitoring	- 1		e Numbe	er T	elephone Num					mper		
		1	I/A		(973) 744-8800 00371								
Scheduled Start Dat	te (10) S	Sched. Com	pletion	Date	(11) N	ame of OSHA	Monitor		201111				
	2017	07	04	201	.7 N	I/A							
Month Day	Year	Month	Day	Year		107							
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Hours - Des													
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Scope of Work (Chec	ck all that	apply)		W									
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 6 23 / 17 Our Lady of Fatima Church Type Notification Street Address Agencies Notified **⊠** EPA ☐ Initial ASSESTOS CONTROL & 50 Van Winkle Place □ DOLWD City, State, Zip Code Amendment #1 ☑ DOH Piscataway, NJ 08854 ☐ Emergency (including □ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Terry Culpepper FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Our Lady of Fatima School School (K-12) ☐ Subchapter 8 Other than K-12) Street Address Other (i.e., private and commercial buildings, 499 New Market Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Piscataway 60.000 2 40+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prio if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. TTI Environmental, Inc. 00003 Shade Environmental, LLC Street Address Street Address 1253 N. Church Street 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-755-0099 00842 Jeff Seaman 856-840-8800 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 26 / 17 07 / 07 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Nega ive Pressure ⊠ Renovation ☐ Mini-Enclosure $\boxtimes \ge 3$ sf or ≥ 3 If ≥ 160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Enclosure Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) Yes No N/A X Gym Lobby and Stairwell Ceiling Plaster 797 SF П П NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage GROWS North Landfill 15939 40 Disposal Date City, State City, State 7/7/2017 Morrisville, PA Freehold, NJ Completed By (Print or Type) Date Signature Christina Lynch Vice President of Operations 6/23/17

State of New Jersey

		NOLL	(Purse	east to l	UAC 8:60 and 1	2:120)	C	heli	1/3	70	047		4///
			Nam	e of Buil	ding Owner/Ope	rator (2)	i i	100	V C	/ L	UII	1	7
Date of Notification (1)				RI	SE CE	RIORATI	ON					-	-
6-22-17	Type Notification		Street	et Addres	S A	UE SER		ASBEŞT	080	MOS	TRO)L&	
Agencies Notified				25	£100	LE SER	C5\$57	700	NE	ZUIT	3_		_
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□ DCA	-		F	ACILIT	Y INFORMATI	ON	Facility (4)	1.115	SIV	117	F		\neg
Name of Facility Where A	batement is Taking Place	(3)				1	- 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	220				.,
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Name of Monitoring Firm	Hired by Building Owns	x (8)		ASCM N	ło.								
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Street Address						t	1 D'	The north					.
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Project Manager for Mor	nitoring Firm			lephone		Telephone No.	29-7444		003	38			
T. A VON	DOFFICEN		97	3-72	9-5649	Name of OSH							
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7-8-17		7-9	-1	!		Street Address							-
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				-						3			
Scope of Work (Check	All That Apply)					□ Fu	l Containment	w h Negativ	e Press	ure			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) JUN Name of Building Owner/Operator (2) Date of Notification CLIFTON PUBLIC SCHOOLS 6/23/2017 ASBESTOS CONTROL & Street Address Agencies Notified Type Notification LICENSING 745 CLIFTON AVENUE Initial FPA City, State, Zip Code DEP Amended CLIFTON, NJ 07013 Amendment # × DOL Emergency (including Te lanhone Number Name of Contact justification) DOH AL MARCHIONE Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) SCHOOL #14 School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address 99 ST. ANDREWS BLVD. Bldg. Age # of Floors Square Feet City (5) CLIFTON Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) **ELEMENTARY SCHOOL PASSAIC** Name of Abatement Contract or (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) TWO BROTHERS CONTRACTING, INC. AHERA CONSULTANTS, INC. Street Address Street Address 11 VREELAND AVENUE PO BOX 385 City, State, Zip Code City, State, Zip Code TOTOWA, NJ 07512 OCEANVILLE, NJ 08231 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00494 973-956-8700 609-652-1833 DONNA D'ERRICO Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) SAME AS (9) ABOVE 7/11/2017 7/6/2017 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: EXTERIOR Scope of Work (Check All That Apply) Full Containment vith Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Enclosure Maintenance/ (Specify Removal (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 60 LF X WINDOW CAULKING X **EXTERIOR** Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. WASTE MANAGEMENT G.R.O.W.S. TWO BROTHERS CONTRACTING 10 18743 City, State Disposal Date City, State MORRIS /ILLE, PA 7/11/2017 TOTOWA, NJ Date Signature Completed by 6/23/2017

PROJECT COORDINATOR

VIVECA RAMOS

Date of Notification (1)		-0.5	Nan	ne of Buildi	ng Owner/Operator	(2)		N 2	72	017				
[88]	17			atrick Sh		(2)	2	66	13	4				
Agencies Notified Type Not	ification		Stre	et Address			ASULS	THE PERSON	-		1			
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☑ DOLWD ☐ Amend			City	State, Zip	Code									
	dment #		W Table		NJ 07945									
(NJAC 5:23-8) justific	gency (includication)	ng		ne of Conta			"oloobono Nive							
Cance			110000	atrick She			elephone Nur	nber						
None of Facility and			FA	ACILITY I	NFORMATION				~					
Name of Facility Where Abatement in Residence	is Taking Pla	ce (3)				Type of Facility (
Street Address						School (K-12) Subchapter 8	()ther than K 1	2)						
Olicet / Iddiess						Other (i.e., pri	vite and comme	2) ercial t	ouildir	ıgs,				
City (5)						homes, etc.)								
Lavallette						Square Feet	# of Floors	E	3ldg. A	Age				
County (6)			10-		77 10 77 1 77 1 1 1 2 7 1 1 1 1	900 sf	1		65					
Ocean			Cor	inty Code (7)(STATE USE ONLY)	Current Use (Price	r if being demol	ished)	C A					
Name of Monitoring Firm Hired by Bu	uilding Owns	- (0)	Residence											
N/A	unding Owne	(0)	ASCN	1 NO.		ent Contractor (9)	7)							
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City, State, Zip Code					1889 Route 9									
- inj, - inio, 2 p - 5 d c					City, State, Zip C									
Project Manager for Monitoring Firm		T-1				New Jersey 087	55							
. reject warrager for wormtoning Firm		rei	ephone	NO.	Telephone No.		License No.							
Start Date (10)	Cohodulad	0	· · · · · · · · · · · · · · · · · · ·	1 (11)	732-349-9932		00624							
07 /06 /17	Scheduled				Name of OSHA N									
				17	E.M.S.L. Ana	lytical								
Occupancy Status During Abatement					Street Address									
☐ Facility Closed/Vacated During En☐ Abatement Performed Outside of I	Normal Facil	Abate	ment		1056 Stelton									
Time of Abatement:AM	PM/	PM	- -	AM	City, State, Zip Co									
Scope of Work (Check all that apply)					Piscataway, I	New Jersey 088	54. 							
					☐ Full Cont	tainment with Nega	tir e Pressure							
≥3 sf or ≥3 If ≥160 sf or ≥260 If	=	enovat emoliti				losure								
	<u> </u>	emonu	OII		☐ Glovebaç ☑ Non-Exe	g Procedure mpted (*) and Non-	F iable Procedu	re						
1 2 - 2 0 - 7	0.0	s Loca Norma							patem	ent T	уре			
Location of Asbestos-Containing Material (AC		ed Sole		Acha	Description o	f		1000			-			
TO BE ABATED	M	aintena	ince/	(i.e	stos Containing Ma ., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	nca	nclo			
IN Facility (13)	Cus	stodial (12)			surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure			
. (10)	Yes	No	N/A		other miscellane	ous)				late	0			
exterior		\boxtimes		asbesto	s siding		850 sf		\Box					
	П		1					분						
lame of Registered Waste Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Register	e d Landfill			Ц				
Guardian Contracting, Inc.		10000	auler II 20223	No.	Waste 3	T.R.R.F.	e i Langilli							
City, State			40443		Disposal Date	City, State								
Toms River, New Jersey					7/10/17	Tullytown, Pe	ennsylvania							
ompleted By (Print or Type)	Title				Signature	1	Da	te	1	-	-1117-11			
Nicholas Fernicola	Project	Mana	ager				1/	10	1	1_	-,			

			(Pur	suan	t to NJA	C 8:60 and 5:16	6)	1			_	
Date of Notification (1)				Т	Name	of Building	Owner/Operator (2)	# J	UN 2 7	-20	17	
06 /	22 /	17					ntracting		212	136	9		1
Agencies Notified	Type Notifica	ition		-	Street	Address			1 2	STOS C	CALT	ורום	2
⊠ EPA	☐ Initial	1011					ess Drive			LICENS			- CX
⊠ DOLWD	☐ Amended			-		tate, Zip C				Name and Control	The Courty and		
⊠ DOH	Amendme	ent #	_				NJ 08753						
□ DCA	Emergend		ng	-		of Contact			Tolo=L- ··			-	
(NJAC 5:23-8)	justification Cancellate					e Mulliga							
				_			FORMATION				-		
Name of Facility Where A	batement is T	aking Plac	ce (3))				Type of Facility	(4)				
Residence		Service T able 2003						☐ School (K-					
Street Address									8 (Other than Korivate and com		ilding	s,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	16	
Toms River								800 sf	1		35	, -	
County (6)				-	Coun	tv Code (7)(STATE USE ONLY)	Current Use (F	rior if being dem	iolished)			
Ocean							Provide the territory and a second about a P	Residence		1000 to			
Name of Monitoring Firm	Hired by Build	lina Owne	r (8)	I	SCM	No.	Name of Abateme	ent Contractor ()				
N/A		•		100				ntracting, Inc.					
Street Address		9		-			Street Address						
100 Victorial (1000) 100 Victorial (1000) 100 Victorial (1000)	1889 Route 9, Unit 61												
City, State, Zip Code							City, State, Zip Co	ode					
							Toms River,	New Jersey 0	3755				
Project Manager for Monit	oring Firm	111	T	elep	hone l	No.	Telephone No.		License No.				
							732-349-9932	2	00624				
Start Date (10)		cheduled					Name of OSHA M	Monitor	E				
07 /07 /		07	/ _	10	_ / _	17	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (0	Check only	one	:)			Street Address						
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed Time of Abatement:							City, State, Zip Co						
	74 //			IVI-		CIVI	Piscataway,	New Jersey 0	3854				
Scope of Work (Check all	that apply)						□ Eull Con	tainment with N	gative Pressure				
≥3 sf or ≥3 lf		□ F	Reno	vatio	on		☐ Mini-End		gative i ressure	0.0			
≥160 sf or ≥260 lf		\boxtimes [Demo	olitio	n			g Procedure empted (*) and N	on Friable Brook	oduro			
			Is Lo	ncati	on		M Moli-Exe	impled () and i	T Table F100		atem	ant T	VDO
Location	nf			mal			Description of	of			T	r -	-
Asbestos-Containing N			sed S		ly by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA		1			Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	Isde	unso
(13)	,		(12)		1	other miscellane		0.0.2.7			late	e,
		Ye	s I	No	N/A							10000	
exterior		\triangleleft		asbesto	os siding		800 sf	\boxtimes					
			Г	7							П	П	П
Now of Desistered West	a Haulas				IDED	Manta	Cubia Varda of	Name of Day	istored Landfill			Ш	
Name of Registered Wast Guardian Contracting				12772	JDEP \ auler II		Cubic Yards of Waste	T.R.R.F.	istered Landfill				
	19, 1110.				20223	3	3						_
City, State							Disposal Date	City, State	Donnaulus	io			
Toms River, New Je		Taxas -		-00-0			7/11/17	Tullytow	i, Pennsylvan				
Completed By (Print or Ty	pe)	Title	,				Signature		1	Date	.	-	
Nicholas Fernicola		Proje	Ct IV	iana	ager				/ 1	620	-/1	1	

			(Puis	suaiii	IO NOAO	0.00 and 0.10	1		N 27	20	17_	-4
Date of Notification (1) 06 /	22 /	17	١		Building (Owner/Operator (2	2)	321	35			
Agencies Notified	Type Notificat	ion	5	Street A	ddress	_		ASBEST	US CC CEMSI		ROL	&
⊠ EPA								Tan 1	J. 13			
⊠ DOLWD	Amended Amendmen	nt #	(City, Sta	ate, Zip Co	ode						
☑ DOH	☐ Emergency				iham, NJ	J 07945		=				_
□ DCA (NJAC 5:23-8)	justification		1		f Contact			T elephone Numb	per			
	☐ Cancellation	on		Patri	ck Shea							_
				FACI	LITY INF	ORMATION						
Name of Facility Where	Abatement is Ta	aking Place	(3)				Type of Facility (4)				
Residence							☐ School (K-12) ☐ Subchapter 8	(Other than K-12)			
Street Address				10			Other (i.e., priv	te and comme	rcial build	dings	ř.	
							homes, etc.)	T	DIS	A ===		_
City (5)							Square Feet	# of Floors	0.10.100.00	g. Age	•	
Lavallette							1100 sf	1	6	0		
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Prio	r f being demolis	snea)			
Ocean						x	Residence					-
Name of Monitoring Firm	n Hired by Build	ing Owner (8) <i>A</i>	SCM N	lo.		ent Contractor (9)					
N/A							ntracting, Inc.					_
Street Address						Street Address						
						1889 Route 9						_
City, State, Zip Code						City, State, Zip C						
							New Jersey 087					
Project Manager for Mon	nitoring Firm		Telep	ohone N	10.	Telephone No.		License No. 00624				
						732-349-993		00624				-
Start Date (10)		Scheduled C				Name of OSHA						
07 / 06 /		/		_ ′ -	17_	E.M.S.L. Ana	llytical					_
Occupancy Status Durin						Street Address						
□ Facility Closed/Vaca	ted During Entir	re Period of	Abater	nent		1056 Stelton						
Abatement Performe	ed Outside of No	ormal Facilit	y Hour PM-	s - Desc	AM	City, State, Zip C		21.4				
					.,,,	Piscataway,	New Jersey 088					
Scope of Work (Check of Scope of Work (Check of Scope of Work (Check of Scope of Scope of Work (Check of Scope of Scope of Work (Check of Scope	all that apply)		enovati emolitic			☐ Mini-En ☐ Gloveba	ntainment with Neg closure ag Procedure empted (*) and No		ure			
		Is	Locat	ion					Ab	ateme	ent Ty	ype
Location		110	Norma			Description		Amount	Re	Re	Enc	Enc
Asbestos-Containin TO BE AB		/1)	aintena		Asbe (i.e	stos Containing M	s insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Fac		Cus	stodial (12)			surfacing, VA	T, or	SF or LF)	<u>a</u>		ulat	ıге
(13)	Yes	T	N/A		other miscellan	leous)				Ö	
exterior			No		asbest	os siding		1100 sf	\boxtimes			
OXIOTIO!												
			12		-			-	\vdash		П	
										Ш		
Name of Registered W	aste Hauler		100	NJDEP		Cubic Yards of	Name of Regis	st ered Landfill				
Guardian Contrac	cting, Inc.			lauler I 2022		Waste 3	T.R.R.F.					
City, State						Disposal Date	City, State					
Toms River, New	Jersey					7/10/17	Tullytown	, Pennsylvania	a			
Completed By (Print or	Type)	Title				Signature		1,1	Date /	1		
Nicholas Fernico		Projec	t Mar	nager			7 - let		6/5	2/1	7	

Project #		NO	TIFICA (Purs	TION O	of New Jer F ASBESTO NJAC 8:60	S ABATE	MENT		Ch	eck # 3829	1 2	7	201	7
Date of Notification (1)			Na	ame of B	uilding Own	er/Operator	(2)		i i	4 straight				
06/15/2017			Le	nape '	Valley Re	gional H	IS Di	strict		ASSET	600	00	VIII	ot
	otification			reet Add		0				L	ICEN	VSII	JG.	T
Agenores treat			28	Spart	a Rd						and the same	a 15/0-14-mg	Cary side	
LIA .	tial nended		Ci	ty, State	, Zip Code									
a poi	mendment #		- St	anhop	e, NJ 078	374								_
Er Er	nergency (in	cluding		ame of C					Te	phone Numb	er			
	stification) ancellation		R	bert C	3. Klinck								92-	_
DOA E			1		TY INFORM	ATION								\dashv
Name of Facility Where Abateme	nt is Taking	Place (3)					Тур	e of Facility (4	.)					
enape Valley Regional F								School (K-12	2)	1.0 650000				
Street Address	-							Subchapter	8 (Ott	er than K-12) & commercial	huildir	nas h	omes	
								other (i.e. pretc.)	ivate	& COMMercial	Dullull	igs, i	011100	2
28 Sparta Rd							Squ	uare Feet	#(Floors	Bld	lg. Ag	е	
City (5) Stanhope, NJ														
			10	ounty C	ode (7)		Cu	rrent Use (Price	r if be	ng demolishe	d)			
County (6)					SE ONLY) _					(1007.1)				
Sussex County		(0)		ASCM	No	Nam	e of A	batement Con	tracto	(9)				
Name of Monitoring Firm Hired b	y Building O	wner (8)		ASCM	NO.			storation LL						
RAMM							et Add			-		_		_
Street Address														
77 Nottingham Rd						1		kside Rd					-	
City, State, Zip Code								, Zip Code	20					
Fair Lawn					7.1	100000000000000000000000000000000000000		h NJ 0786	59	License No				
Project Manager for Monitoring F	irm		1.00	elephon		Tele	phone	No.						
Rodger Headrick					5-9880			-2550		01133		-		-
Start Date (10)		Scheduled	Com	pletion [ate (11)			SHA Monitor						
06/19/2017		06/23/20	17			IRIS								
Occupancy Status During Abate	ment (Check	Conly One	e)				et Add							
Facility Closed/Vacated Du				ent		233	3 RT	22						
Abatement Performed Outs	side of Norm	al Facility	Hours	0		City	State	, Zip Code						
Other – Describe:						Unio	on, N	J 07083						
Scope of Work (Check All That /	Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	enova emoliti					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedur	3			е	
				ation.								Abate	ement	
350 - 6800° - 74400			Locati ormal			Descript	ion of				-	1)	pe	
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACM)	Used Mai	d Sole ntenar odial S (12)	ly by nce/	(i.e. th		g Mate ems in VAT,	erial (ACM) sulation, or		Amount (Specify 3F or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A									te	
Room 221		163	X	1	Fume ho	ods-wra	p&p	ick up	2 p	s	×			
INDUITI ZZ I												_		
									_			-		-
Name of Registered Waste Hau	ıler			JDEP V		Cubic Yard	ls	Name o	f Reg	stered Landfil				
Nick Restoration LLC				fauler ID 3782	-	of Waste TBD		G.R.O						
City, State Randolph, NJ (7869				1	Disposal D ΓBD	ate	City, Sta Tullyto						
Completed by		Title				Signa	ture)	2. /	in		ate	004	7	
Elvira Mrda		Presi	dent				40	IND M	#W	106	/15/2	201		

Elvira Mrda

New 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 ASBESTOS CONTROL &

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

	I. NOTIFICATION	ON INFORMAT	ION		
		ergency (must ir	nclude justification)		
The second secon	II. BUILDING	INFORMATIO	N		
lame of Building Owner/Operator:	Len	ape Valley Re	gional HS District	BOE	
Street Address: 28 Sparta Rd				J Zip: 0	7874
lame of Contact: Robert G, Klinck					
		Y INFORMATIO	N		- 12 4
Name of Facility Where Work Activity is to	Take Place	Le	nape Valley Regio	nal HS	
Name of Facility Where Work Activity is to	Take Flace.	Schoo	1		
Describe Facility Use: Street Address: 28 Sparta Rd	City St	anhope	State:	J Zip: 0	7874
County Name: Sussex		County Code (State Use Only):		
Scheduled Start Date: 06 / 19	/ 2017	Scheduled Co	ompletion Date: 06	/ 23 /	2017
Occupancy Status During Activity (che Tacility Closed/Vacated During Entire Activity Performed Outside Normal Fa	Activity	0.			
Other—Describe:					
Other—Describe:					
☐ Other—Describe: Scope of Work (check all that apply): ☐ Floor Tile Square	are Footage:	4,400	_ Percentage A	s bestos:	%
Other—Describe: Scope of Work (check all that apply): Floor Tile Squa	are Footage:	4,400 4,400	Percentage A Percentage A		%
Other—Describe: Scope of Work (check all that apply): Squa	are Footage:	4,400 4,400 TOR INFORMA	Percentage A Percentage A	s bestos:	%
☐ Other—Describe: Scope of Work (check all that apply): ☐ Floor Tile Squa ☐ Mastic Squa	are Footage: are Footage:	4,400 4,400 TOR INFORMA	Percentage A Percentage A	s bestos:s bestos:	% % 550
☐ Other—Describe:	are Footage: are Footage: IV. CONTRAC	4,400 4,400 TOR INFORMA	Percentage A Percentage A	s bestos: s bestos: 973-933-2	%
Other—Describe: Scope of Work (check all that apply): Floor Tile Mastic Squa Company Name: Nick 72 Brookside Rd	IV. CONTRAC	4,400 4,400 TOR INFORMA	Percentage A Percentage A TION Telephone No.:	s bestos: s bestos: 973-933-2	% % 550
Other—Describe: Scope of Work (check all that apply): Floor Tile Mastic Squa Company Name: Street Address: 72 Brookside Rd New Jersey Asbestos License Number (i	IV. CONTRAC Restoration LLC City R f applicable):	4,400 4,400 TOR INFORMA	Percentage A Percentage A ATION Telephone No.: State:	s bestos: s bestos: 973-933-2	% % 550 07869
Other—Describe: Scope of Work (check all that apply): Floor Tile Mastic Squa Company Name: Street Address: 72 Brookside Rd New Jersey Asbestos License Number (i	IV. CONTRACT Restoration LLC City R f applicable): RAMM	4,400 4,400 TOR INFORMA	Percentage A Percentage A ATION Telephone No.: State:	973-933-2 NJ Zip:	% % 550 07869
Other—Describe: Scope of Work (check all that apply): Floor Tile Squa Mastic Squa Company Name: Street Address: 72 Brookside Rd New Jersey Asbestos License Number (in Monitoring Firm (if applicable): Completed By	IV. CONTRACT Restoration LLC City R f applicable): RAMM	4,400 4,400 TOR INFORMA andolph 01133	Percentage A Percentage A TION Telephone No.: State: Telephone No.:	973-933-2 NJ Zip:	% % 550 07869

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	JUN	6/3	117

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Date of Notification (1)						ing Owner/Operator (2)							
6/	/17	 1		Virtua	1				1 1000	1 0000	7.17	- 1	_
Agencies Notified	Type Notification Initial			Street A		ad, Suite 3		and the same of th	ASDESTOR LICE	S CAUN ENSPIR		IL O	
☑ DOLWD	☐ Amended				te, Zip Co								
□ DHSS	_ Amendment #				on, NJ 0						V-1		
DCA		luding	+	Name of	Contact				Tolorh 17 1				
(NJAC 5:23-8)	☐ Cancellation			John	Angeluc	ci						V-1112	
						ORMATION							
	Ab stampat in Taking	Dlace (3)	IAGI	LIII IIVI	Ortimi (1101)	Type of	Facility (4)				
	e Abatement is Taking	r lace (٥,				☐ Scho	ool (K-12					
Virtua - Berlin Ca	inipus						Subo	chapter 8	(Other than K-12 vate and comme) rcial build	dinas		
Street Address								es, etc.)	vale and commo	olar ball	amge	,	
100 Townsend A	venue						Square		# of Floors	Bldg	g. Age	9	
City (5)													
Berlin				County	Code (7)	STATE USE ONLY)	Current	Use (Pr	or if being demoli	shed)			
County (6)				County	, 0000 (1.7)		Hosp						
Camden	in Hisad by Building C	lwner (8	0 1	ASCM N	lo T	Name of Abateme	ent Contr	actor (9)					
	irm Hired by Building C	wher (c	'	1001111		BRISTOL EN			_, INC.				
Vertex Air Qualit	y Services					Street Address							
Street Address						1123 BEAVE	R STRE	ET					
700 Turner Way						City, State, Zip C							
City, State, Zip Code	r					BRISTOL, PA							
Aston, PA 19014			Tele	phone N	lo.	Telephone No.			License No.				
Project Manager for N	Monitoring Firm			0-558-		215-788-6040	0		00509				
Don Heim	School	Juled Co		tion Date	53	Name of OSHA N	Monitor						
Start Date (10) 6 /29				_ / _		BRISTOL EN		MENTA	L, INC.				
Occupancy Status Du	uring Abatement (Check	k only o	ne)			Street Address							
☐ Facility Closed/Va	cated During Entire Pe	riod of A	Abate	ment	74	1123 BEAVE		=E1					
Abatement Performance Time of Abatement	med Outside of Normal nt: <u>7:00</u> AM- <u>3:30</u> PM/	Facility	/ Hou //	rs - Desc AM	cribe	City, State, Zip C BRISTOL, PA		•					
Scope of Work (Chec	ck all that apply)					57.5.11.0.11	-1-1	t with No	gative Pressure				
		⊠ Re	novat	ion		☐ Mini-En	closure		gative ricoda.o				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			moliti			Gloveba	ag Proce	dure	on-Friable Proced	ure			
					T	□ Non-Ex	empled) and iv	The Habie 1 10000		atem	ent T	vne
Ü.		1 2000	Loca Norma			Description	of						
	ation of ning Material (ACM)			ely by	Asbe	stos Containing M	laterial (A	ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
	ABATED			ance/ Staff?	(i.e	., thermal systems		on,	(Specify SF or LF)	ova	Ħ	nsd	osur
	acility	Cus	(12			surfacing, VA other miscellan	neous)		0, 0, 1,	1-		late	(D)
(13)	Yes	No										
1st ECO Poom &	connected Camera				Floor ti	le and assoica	ted mas	stic	650 SF				
Room		\perp		ᆜ	11001 11	ic una decent					П	П	П
										ᆜᆜ		1	15
												Ш	Ш
		\Box	Ī										
Name of Registered	Wasta Hauler	1	1	NJDEP'	Waste	Cubic Yards of	Nam	ne of Reg	istered Landfill				
	ISPORT GROUP, IN	IC.		Hauler I	D No.	Waste	M	inerva	.andfill				
	10, 010 010 01 , 110		-	2099	0	20 Disposal Date	Citv	State					
City, State	DE 40720					7/3/17			urg, OH				
NEW CASTLE,						I I I STATE OF THE				Date		-	
Completed By (Print	or Type) Tit	tle				Signature	~ D.		4. 1ML	1	11	1-	7

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314 2007	N		CATION	te of New Je	OS ABATE				ů E		\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	≧Pri it	IT FO
n 300 1				to NJAC 8:60			And the second s	J	UN 2	7 %	2017		4
Date of Notification (1) 6/19/2017 Check #3027				Building Own		r (2)	14						
Agencies Notified Type Notification	lin .		Street Ac					ASBE	STOS	CON	THO	L&	
EPA Initial				ashington	Avenue			===	LIUE	VOID	11,2		
DEP Amended DOL Amendment	#			te, Zip Code orth, NJ 0	7033								
Emergency		_	Name of	***************************************	7000			eleph	one Nun	nber			
DOH justification) DCA Cancellation				r Shabo				V-20-42-7					
			FACIL	LITY INFORM	MATION			- N T 110					
Name of Facility Where Abatement is Takin	g Place (3)				Туре	of Facility (4)						
St Therese Church-Basement							School (K-12) Subchapter 8		an K 13	21			
Street Address 541 Washington Avenue							Other (i.e. privetc.)	a e & co	mmercia	al buil	dings,	home	s,
City (5)							re Feet	of Flo	oors		3ldg. A 30+	ge	
Kenilworth County (6)	20.		County C	ode (7)		100000000000000000000000000000000000000	ent Use (Prior	0.000	demolish		,,,		
UNION				ISE ONLY) _		Chu		n Jonig	2011101101	1047			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.			atement Contr						
Street Address					1 - 1 - 1 - 1	t Addre	es Corpora				_		-
Street Address							Street						
City, State, Zip Code	9						ip Code	•					
						2000	rg, NJ 0709		N				
Project Manager for Monitoring Firm			Telephor	ne No.		hone N -195-		100	cense N 1074	10.			
Start Date (10) 6/20/2017	Schedule 6/22/20		npletion [Date (11)			HA Monitor above						
Occupancy Status During Abatement (Chec	k Only Or	ie)			Street	t Addre	ss						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Starting at 3 PM					City, S	State, Z	Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Mi Gl	III Containmen ni-Enclosure ovebag Proce	dı re	-	N	EGAT	IVE	:
	-					× No	n-Exempted	*) and N	on-Friab	ole Pro		e ement	/
	0.500	Locat Normal				norma						/ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	d Sole	ely by nce/	(i.e. the	Description Containing learnal system	Materia ns insu		Amo (Spe	cify	Re	R	Enca	Enc
In Facility (13)		(12)	1		surfacing, V/ ther miscella			SF or	LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		ACM Del	bris		600	SF	Х	-		
Dasamoni		*											
Name of Registered Waste Hauler		5.00	NJDEP W Hauler ID	(500052)	Cubic Yards		Name of R						
TST-Tri-State Transfer Assoc			9551		bd		Minerva	Enterp	rises I	nc	-150		-
City, State	-			10.00	Disposal Date	е	City, State		VI I				
Bronx, NY				ti	bd		Waynes	ourg, C	200	-1-			
Completed by Gina Betances	Title	0 Ma	nager		Signatur	re (B)	11 /		5.33	ate /19/2	2017		
CILIA DELALICES	Ullic	U IVIC	Haudi			V- 1	11101	1					

CY	4 8009	10	N	(Pur	ATION Co	e of New of ASBES NJAC 8:0 AL JOB# Building Ov	TOS A 60 and 17-11	12:120) 19)			Particular St. No. of the same		ري <u>)</u> الال	_E	7 6	W_ 2017	
	of Notification (1) 22/2017			S	Seritage	SRC F	inanc	e LLC	(-/			1	1					
Agen		Type Notification	****		treet Add	dress h Avenu	e 18th	n Floor	r			-	A5B		ÖS ()L &
	EPA DEP DOL	Initial Amended Amendment				e, Zip Code rk, NY 1						т ==		-	er A is the			
×	DOH DCA	Emergency (i justification) Cancellation	ncluding		lame of Colin St							ele	ephone I	Numb	er			
					FACIL	ITY INFO	RMATIC	N										
Stree	e of Facility Where At ars Store Unit#14; et Address Route 46	patement is Taking 34	Place (3)						Type	Sch Sub Oth	ool (K-12) chapter 8 er (i.e. pri	(Cith	er than I	(-12) ercial	buildi	ngs, t	nomes	ş,
City										etc. are F 000		; E 0	f Floors		50	lg. Ag +	e	
Cou	nty (6)				County C	ode (7) SE ONLY)					Jse (Prior ercial	if bei	ing demo	olishe	d)			
Nam	ne of Monitoring Firm I nega Environment	Hired by Building (Owner (8)		ASCM 00120			Name PAL	of Ab Env	aten iron	nent Contr mental S	actor Serv	(9) rices					
Stre	et Address) Huyler Street		ii.					Street 11-0			ns Plaza	501	uth					
City	State, Zip Code uth Hackensack,	NJ 07606						City, S			Code City, NY	11	101					
Proj	ect Manager for Monit				Telephon 201-48	e No. 9-8700		Telepi 718-			0		Licens 286		ë .			
	t Date (10) /05/2017		Schedule 12/16/2		pletion D)ate (11)		Name Mart			Monitor a							
Occ	upancy Status During	Abatement (Chec	k Only Or	ne)				Street			y Blvd.							
X	Facility Closed/Vaca Abatement Performe Other – Describe: _	ted During Entire ed Outside of Norm	Period of A	Abatem Hours	ent			City, S	State,	Zip	70							
Sco	pe of Work (Check Al ≥3 sf or ≥3 If ≥160 sf or ≥260 If	l That Apply)		Renova Demoliti					- 1	Mini-l Glove	containme Enclosure Bag Proce Exempted	ed ire	;		e Proc	edur		
				Locati	\$1300 PM											Abate	ment pe	
	Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	Normal ed Sole aintenal stodial S (12)	ly by nce/		tos Cor therma surfa	escriptio staining I systen acing, V miscella	Materns ins	sulation		(Amount (Specify SF or LF))	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A		=.		٠				3,000 S	· F	X			
	1st Flo	or		X		Floor T		2733		-			,600 S		X			
	2nd Flo			X		Floor T	CANADA TARRA			repr	DOILLE		,600 S		X			
	1st Floor			X				reproo		n			135 LF		X			
	1st Floor			X	NJDEP W	/aste		e Insul			Name of I	_	A CONTRACTOR OF THE PARTY OF TH					
AT	me of Registered Was C	sie naulei		1	Hauler ID 4310		of W	aste 'ards			Minerva	Ent						
	y, State irley, NY 11967						0.0000000000000000000000000000000000000	osal Dat 0/201		1	Waynes	sbur	g, OH	446	88			
Co	mpleted by n A. Ali		Title	nplian	ce Adm	nin		Signatu		4		~ -		Da 06	te 5/22/2	2017	d.	

Treasure.	-0	-7	0047
JUN	6	1	2017

PrintForm

		DA	L TORE 1	7-1119			<u> </u>		JUN 2 /	20	17	11 10	4
Date of Notification (1) 04/03/2017	Na S	ame of Br	uliding Ow	ner/Operator nance LLC	(2)		-	-	searos C	130/1	BOII	1	
Agencles Notified Type Notification	St 4	reet Add 89 Fifth	ress NAvenue	18th Floo	٦٢				LICENS			-	_
X EPA Initial DEP Amended Amendment # 2 Emergency (including)	CI N	ity, State	, Zip Code rk, NY 10					T 1	ephone Numb	er			
DOH justification) Cancellation	1	ame of Colin Sti						1 31	ephone Numo	OI .	-		
		FACILI	TY INFOR	MATION	TTV	o of E	acility (4)			-			
Name of Facility Where Abatement is Taking Place (3) Sears Store Unit#1434 Street Address						Sch	ool (K-12)	(Oth	ner than K-12) & commercial	buildir	igs, h	omes	
50 Route 46						etc.)		of Floors		g. Ag		-
City (5) Wayne					80	uare F ,000		2		50			
County (6) Passaic		County Co STATE US	ode (7) SE ONLY)		Co	mm	ercial		ing demolishe	a)			
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM 00120		Nam PAI	e of A Env	baten viron	nent Contr mental S	sen	r (9) vices				
Street Address 280 Huyler Street		1			et Add		ns Plaza	So	uth				
City, State, Zip Code South Hackensack, NJ 07606			CABANCA	City,	State ng Isl	, Zip (and	Code City, NY		1101				
Project Manager for Monitoring Firm Veronica Kero	1	Telephon			phone 3-349		00		License No 28675				
Start Date (10) Scheduled	d Com				ne of C		Monitor a	-					
Occupancy Status During Abatement (Check Only One					et Ado		Dlud	-					
Facility Closed/Vacated During Entire Period of Al Abatement Performed Outside of Normal Facility	batem	nent		City	State	e, Zip	y Blvd. Code J 07002						
Other – Describe:				_ Da	yorn		0 01 002						-
1 1 2 3 1 0 2 1 1	enova emolit				×	Mini- Glove	Enclosure ebag Proc	ed in	ith Negative P e and Non-Friab			a	2
						NON-	Exempleo	1	ariu ivori-ciiao			ment	
	Locati Iormal			5							Ту	ре	
Asbestos-Containg Material (ACM) Asbestos-Containg Material (ACM) Mai	d Sole intena todial ((12)	ely by ince/ Staff?	Asbest (i.e.	Descript os Containing thermal syste surfacing, other misce	g Mate ems in VAT,	erial (sulati or	ACM) on,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Yes	No	N/A	Class T	ilo Eittina		iron	oofing		8,000 SF	x	_	-	
1st Floor	X	-		ile, Fittings ile, Fittings			1000		7,600 SF	X	-		-
2nd Floor	X		Floor	ile, Fiturig	S OX IT	arehi	OUII tile		7,000 01	X			
Name of Registered Waste Hauler	10.0	NJDEP V		Cubic Yard	is	T			istered Landfil			7688	
ATC		Hauler ID 24310	NU.	50 Yards				-	nterprises				
City, State Shirley, NY 11967		men et le cale. C		Disposal D 04/10/20	17	M	City, Stat Wayne		irg, OH 446				
Completed by Title Com	plian	nce Adn	nin	Signa	ature	#			100000	ate 4/03/	2017	,	

Date of Notification (1) 06/20/2017			N	Name of B Aontola	Building Owi air Kimbe	ner/Operator erly Acad	lemy (ch#4740 addi	t.ch#4	201 78	7	
(⊠) EPA	Type Notification		2	Street Add 01 Val	dress ley Road	l v		ASBEST	OS CO	NTR	OL 8	200
⊠ DEP ⊠ DOL	⑤ Initial☑ AmendedAmendment #	1	N	City, State Montela	e, Zip Code air, NJ 07	7042			CET VOI	70		
I⊠ DOH I⊠ DCA	Emergency (in justification)Cancellation	cluding	N	Name of 0 Mark D	Contact ombrosk	i						
				FACIL	ITY INFOR	MATION	Type of Facility	.(4)				-
Name of Facility Where A Upper School	batement is Taking	Place (3)					School	(K-12) oter 8 ()ther than K	(-12)			
Street Address 6 Lloyd Road							Other (i.e. etc.)	private & commerce	cial buildi	ngs, h		
City (5) Montclair							Square Feet	STATISTICS SUBSTITUTE		ag. Ag		
County (6) Essex				County C (STATE U	ode (7) SE ONLY)		school	rior if t eing demoli	shed)			
Name of Monitoring Firm Detail Associates,	Hired by Building O	wner (8)		ASCM	No.	Name Lilic	of Abatement C h Corporation	ontract or (9)				
Street Address 300 Grand Ave							t Address McBride Av	e				
City, State, Zip Code Englewood, NJ	07631					City, Woo	State, Zip Code odland Park,	NJ 0''424				
Project Manager for Moni Anthony Valentine	itoring Firm			Telephor	ne No. 9-6708	Telep 973-	ohone No. 225-8400	License 01104	No.		a wicosane	
Start Date (10) 06-20-2017		Schedule		npletion [Date (11)	Nam Iris	e of OSHA Monito Environment	al Laboratorie	s, LLC			
Occupancy Status During	Ahatement (Check	Only One	9)		-	Stree	et Address					
Facility Closed/Va	acated During Entire	Period of	Abate	ement rs		City,	Route 22 W State, Zip Code					
Other - Describe:	unoccupied start	3 pm				- Unio	on, NJ 07083					
Scope of Work (Check A	II That Apply)											
⑤ ≥3 sf or ≥3 lf☑ ≥160 sf or ≥260 lf		(S)		novation molition		(S)	Mini-Enclose Glovebag Pr				2	
		1				6	Non-⊏xempt	ed () and Non-i he		Abate	ment	t
11	12		Locat mally	tion Used		Descripti	on of			Ту	ре	1
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Ma	olely intena odial (12)	nce/ Staff?	(i.e. th	s Containing	Material (ACM) ms insulation, /AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							Œ.	
Opposite room #21			X		VAT and	Mastic		352 SF	X			
Opposite room #23 &	room #24		Х		VAT and			44(SF	X			
Old IT room			Х		VAT and			60(SF	X			
Faculty Break room			X	(* d)	VAT and			280 SF	X			L
Name of Registered Was Lilich Corporation	ste Hauler			NJDEP W Hauler ID 8724	No.	Cubic Yards of Waste	GRO	of Rec stered Land WS Landfill	וווזנ		unan	Open a contract of
City, State Woodland Park, N	ew Jersey					Disposal Ba	tte City, S Morr	State isville, PA				
Completed by Adriana Olejarova		Title presid	ent			Signat	ure		Date 06/20/20)17		er e

		NOTIFIC (Pur		OF AS	ew Jersey BESTOS AB C 8:60 and 12	ATEM! 2:120)	ENT			3 !!			1	
of Notification (1)		N	lame o Morris	f Buildin Union	g Owner/Ope Jointure Cor	rator (i	2) ion/ GPC. Ir	nc	ch#1-1	786	911		-:-	
ncies Notified	Type Notification	9	Street A	Address entral A	venue				ABBESTO:	S CON MSIN	TRO O	DL &		
EPA DEP	Initial X Amended	(City, St New F	tate, Zip Provider	Code nce, NJ 079	74		<u> </u>	- Liphone Nui					-
OOL	Amendment # Emergency (included justification)	ing	Name GPC,	of Conta Inc/ Mik	act ke Glander								-0.00	-
DOH DCA	□ Cancellation		FA	CILITY I	NFORMATIC	N	Type of Fac	ility (4)						1000
evelopmental Lean	Abatement is Taking Pla ning Center	ce (3)					Schoo	(K-12)	other than K-1	12) al buildi	ngs, l	nome	S.	
reet Address 30 Central Avenue							etc.) Square Fe		# of Floors	В	ldg. A	\ge		
ity (5) lew Providence			Cour	nty Code	: (7)		Current Us education	se (Prior if	being demol	ished)				
ounty (6)			(STA	TE USE	ONLY)		ne of Abateme		ctor (9)					-
Inion Name of Monitoring F	irm Hired by Building Owr	ner (8)	AS	SCM No	tiv	Lilic	h Corporation	on						
Partner Engineering	g and Science, me					Stre 606	et Address McBride Av	/e						
Street Address 311 Industrial Way		-				City	r, State, Zip C oodland Park	ode , NJ 074	2.					
City, State, Zip Code Eatontown, NJ 077	24		Tel	ephone	No.	Tel	ephone No. 3-225-8400		Licens 01104					
Project Manager for I Brian Nemetz		cheduled (732	2-380-1	700	1	100111	Monitor	orutories LL	C				-
Start Date (10) 06/22/2017	0	6/24/2017	7			Ctr	me of OSHA s Environme reet Address							
Occupancy Status D	During Abatement (Check	Only One)				23	33 Route 22							-
	I/Vacated During Entire Performed Outside of Norma	ariod of ADS	atemei	nt 		Ci Ui	ty, State, Zip nion, NJ 070	Code)83						
Scope of Work (Ch	eck All That Apply)	xx Re	novati	on on			Mini	-Enclosu						
X ≥160 sfor≥20	60 IT						X Non	-Exempte	d *) and Non	-Friable	Proc	Abate	1110	i
Asbestos-Con TO	ocation of taining Material (ACM) BE ABATED In Facility	Used Mair	ocation ormally Solely ntenan odial S (12)	y by ice/	(i.e. the	Contair mal sy urfacir	ription of ning Material ystems insula ng, VAT, or scellaneous)	(ACM) tion,	Amour (Specify SF or L	y	Removal	Repair	Encapsulate	
	(13)	Yes	No	N/A	Cementit.	lah ta	abletop		200 SF		×			
Room A1, A3			X		Sink unde				2 sf		X			
Rooms 22,24			X	-	Blackboa				200 SF		X			
Rooms 20,24,	26,28		X		DIACKDUA									-
	ered Waste Hauler			NJDEP NJDEP I Hauler II 18724	D No.	Cubic `of Was	ste	GROV	Registered	Landfil				
City State	rk, New Jersey						sal Date	City, S Morris	ta e sv IIe, PA		ate 6/16			200

Signature

Title President

Completed by Adriana Olejarova

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) Old Bridge Township Board of Education 5/19/17 Agencies Notified Type Notification Street Address Patrick Torre Administration Bldg, County Foute 516 LOS CONTROL & **EPA** DEP Initial City, State & Zip Code \boxtimes X DOL Amended R#1-6/23/17 Matawan, NJ 07747 Emergency Name of Contact Telephone Number DOH Cancellation DCA Mr. Frank Frazzitta **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Old Bridge High School Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 4209 Route 516 Square Feet # of Floor: Bldg. Age County (6) County Code (7) City (5) 50000 40+ Current Use (Prior if being der iolished) Matawan Middlesex School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 6/19/17 6/30/17 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 7:00AM - 3:30 PM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Conta nment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition \boxtimes Glove Bag Procedures Non-Exempted and Non-Friable Procedure Amount Location of Description of Abatement Type Is Location (Specify Normally Used Asbestos-Containing Asbestos-Containing Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Remova TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT or other miscellaneous) (13)(12)N/A Yes No 50 LF Boiler Room Rib Packing Boiler Room 400 SF Breeching Boiler Room Pipe Insulation 50 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Service Transport Inc. 20990 7 Cu Yd Minerva Landfill City. State Disposal Date City, State New Castle, DE 6/23/17 Waynesboro, Ohio Completed By (Print or Type) Signature Date Title Gino Pizzigoni Project 5/19/17

Manager

State of New Jersey

GI 17054

UKK# 3208

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JUN	2 7	2017	1

Oct			i lad	
Date of Notification (1)	Name of Building Ov	wner / Operator (2)	,	DE CONTROL &
5/19/17	Old Bridge Town	ship Board of Education	ASSESTE	DENSING
Agencies Notified Type Notification	Street Address	ministration Bldg, Coun	ty Rou e 516	JENOUTY
⊠ EPA25%3	Patrick Forre Au	ministration blug, eeun	9	
□ DEP Nitial	City, State & Zip Co	de .		
₩ DOL 2600 Mended	Matawan, NJ 077	41	Te	lenhone Number
100	Name of Contact	3		
□ DCA □ Emergency □ Cancellation	Mr. Frank Frazzit	ta		
	FACILITY INFO	RMATION		
Abstament is Taking Pla		Type of Facility (4)		
Name of Facility Where Abatement is Taking Pla	100 (0)	School (K-12)	On the Ministry	
Old Bridge High School		Subchapter 8 (Other t	han K-12)	
Street Address		Other (i.e. private & c	ommercial buildings	, nomes, etc.)
4209 Route 516		Square Feet # of F	loors Bld	lg. Age
1- (0)	County Code (7)	50000	1	40+
City (5) County (6)	County Code (1)	Current Use (Prior if being	demolished)	
Matawan Middlesex				
		School Name of Abatement Control	ractor (C)	
Name of Monitoring Firm Hired by Building Own	er (8) ASCM No.	Bristol Environmental	Inc	
Environmental Connection		Bristol Environmental	, 1110.	
Street Address		Street Address		
120 North Warren Street		1123 Beaver Street		
City, State & Zip Code		City, State & Zip Code		
Trenton, NJ 08010		Bristol, PA 19007	License Nu	mber
Project Manager for Monitoring Firm	Telephone Number	Telephone Number	00509	
Dellie longs	609-392-4200	(215)788-6040 Name of OSHA Monitor		
Scheduled Start Date (10) Scheduled Cor	npletion Date (11)	Bristol Environmenta	l Inc	
6/10/17	6/23/17	Street Address		
D in Abetement (Check of	nly one)	1123 Beaver Street		
		City, State & Zip Code		
Abatement Performed Outside of Norm	al Hours - 7am to 3pm	City, State & Zip Code		
Describe: 7:00AM - 3:30 PM		Bristol, PA 19007		
Facility Occupied During Abatement				
Scope of Work (Check all that apply)			Containment with Ne	egative Pressure
Scope of from (**			Enclost re	5477
≥3 sf or ≥3 lf	Renovation		e Bag Procedures	
≥160 sf ≥260 lf	Demolition	□ Non-	Exempted and Non-	-Friable Procedure
			Amount	Abatement Type
Location of	Is Location	Description of Asbestos-Containing	(Specify	
Asbestos-Containing	Normally Used	Material (ACM)	SF or LF)	Enclsoure Encapsulate Repair
Material (ACM)	Solely by Maintenance or	(i.e., thermal systems		cap Rep
TO BE ABATED	Custodial Staff?	insulation, surfacing, VAT		Enclsoure Encapsulat Repair
in Facility	(12)	or other miscellaneous)		ate e
(13)	Yes No N/A			
		Rib Packing	50 LF	
Boiler Room		Breeching	400 SF	
Boiler Room		Pipe Insulation	50 LF	
Boiler Room		1 ipo incurs		
		Name of	Registered Landfill	
Name of Registered Waste Hauler	NJDEP Waste	of Waste	, togictor	
(Valle of Registers	Hauler ID No.	7 Cu Yd Minerva	Landf II	
Service Transport Inc.	20990	1 00 10		
City, State		0/00/47	horo Ohio	
New Castle, DE		6/23/17 Waynes		Date
Completed By (Print or Type)	Title	Signature	1001	5/19/17
Gino Pizzigoni	Project	Mino Pinned	on. In	0/10/1/
GIIIO FIZZIGOTII	Manager	Signature Emzig	U	

			/D.:.«		o i t	, AI	1 1 /	A C	8:60 and 1	2:1	20)	m	general and a second			-		
NACE			(Pur	Suai	ii to	14	1.0./	4.0.	0.00 ana 1			- Despera	l JUN	1 2 7	20)17		4
D to -f Notification	(1)			Na	me o	f B	uildir	ng Ow	ner / Operator	(2)	1	her h	1				1	
Date of Notification	5/19	117		OI	d Br	ida	ie T	owns	hip Board of	Edi	ucation		-		6113	====		
Agencies Notified	Type N		tion	0.	A A	44							ASBEST	OSU	UN	HUI	La	
EPA	Type !	10tillou		Pa	trick	T	orre	Adm	inistration B	ldg,	County	Rou	te 516 Li	UENC	11111	2		=
□ DEP	\boxtimes	Initial		Cit	y, Sta	ate	& Zi	p Cod	е									
⊠ DOL			ded R#1-6/23/1	7 M	ataw	an	, NJ	0774					1-	Teleph		Nive	har	
□ DOH		Emer		Na	me o	of C	onta	ct						lelebn	One	KIIII		
DCA DCA	lΗ		ellation	M	r. Fra	ank	k Fra	azzitt	a				1					
					FAC	11.11	TYI	NFO	RMATION									
Name of Facility W	here At	nateme	nt is Taking Pla		. ,		-		Type of Facility									
Grade Nine Cent	ter								School (K			12.4	0)					
Street Address									☐ Subchapte	er 8	(Other that	n K-1	(2)	as bo	maa	oto	1	
4209 Route 516									Other (i.e.	. priv	ate & cor	merc	iai bullain	igs, no	mes	, etc.	.)	-
4203 Route 6.6									Square Feet		# of Flo	ors		Bldg. A		٠.		
City (5)			County (6)	Cou	nty Co	ode	e (7)		28,000			2			4	0+		_
			Middlesex	- COAL					Current Use (F	Prior	if being co	emoli	shed)					
Matawan			Middicoox						School									_
Name of Monitorin	a Eirm I	dired h	v Building Owne	er (8)		AS	SCM	No.	Name of Abate	eme	nt Contra	tor (9	9)					
Environmental	Conne	ction	y Dallaling Owne	,, (0)					Bristol Envi	roni	mental,	nc.						
Street Address	COIIIC	Ction				-			Street Address									
120 North Warre	n Stre	et							1123 Beave						_			_
City, State & Zip C									City, State & Z	Zip C	ode							
Trenton, NJ 080	110								Bristol, PA				License	Numbe	or			
Project Manager for	or Monif	oring F	irm	Teleph	none	Nu	mbe	r	Telephone Nu		er		00509	Nulline	31			
Rollie Jones				609-3					(215)788-60				00303		_			-
Scheduled Start D	ate (10)	Scheduled Com	pletio	n Date	e (1	11)		Name of OSH	IA M	onitor							
6/17/1	7			6/30/					Bristol Envi		mentari	IC.						
Occupancy Status	During	Abate	ment (Check on	ly one)				Street Addres		root							
☐ Facility Clo	osed/Va	acated	During Entire Pe	eriou c	II Aba	iter	ment		1123 Beave									
Abatemen	t Perfor	med C	utside of Norma	I Hou	rs - 7	/an	n to :	3pm	City, State & 2 Bristol, PA									
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Completed By (P	rint or	Гуре)				itle.			Signature	0			1 1	1.00		117		
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Date of Notification (1)			g Owner / Opera		A CARRET .		1
5/19/17 Agencies Notified Type Notification		Street Address	ownship Board	d of Educatio	II I	TOS CON	T-12/21 B
Agencies Notified Type Notification			Administratio	n Blda Coun			
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		FACILITY IN	IFORMATION			1	
Name of Facility Where Abatement i	s Taking Place (3)		Type of Fac	cility (4)			
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Street Address				apter 8 (Other t			
4209 Route 516					nmercial buildi	ngs, homes,	, etc.)
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	State of the state	nty Code (7)	28,00		2	40	+
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Name of Monitoring Firm Hired by Bu Environmental Connection	iliding Owner (8)	ASCM N		atement Contra			
Street Address			Street Addr	vironmental,	nc.		
120 North Warren Street			1123 Beav	T(7) T()			
City, State & Zip Code			City, State 8				
Trenton, NJ 08010			Bristol, PA	19007			
Project Manager for Monitoring Firm		one Number	Telephone N		License	Number	
Rollie Jones		2-4200	(215)788-6	The second secon	00509		
Scheduled Start Date (10) Sche 6/17/17	duled Completion 6/23/1			SHA Monitor	elle.		
Occupancy Status During Abatement			Street Addre	vironmental I	IC.		
Facility Closed/Vacated Durin		Abatement	1123 Beav				
☐ Abatement Performed Outside	e of Normal Hours	s - 7am to 3pm			-		
Describe:			Bristol, PA	19007			
Facility Occupied During Abat	ement						
Scope of Work (Check all that apply)				⊠ Full Co.	rtainmant with N	Innation Dec	
≥3 sf or ≥3 If	⊠ F	Renovation		Full Co	ntainment with N	vegative Pre	ssure
≥160 sf ≥260 lf		Demolition			ag Procedures		
					mpted and Nor	n-Friable Pro	cedure
Location of	Is Loc	cation	Descriptio	n of	Amount		The second secon
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(13)	(12	2)	or other miscell			air val	Enclsoure
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Boiler Room			Pipe Insula		100 LF		
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lame of Registered Waste Hauler		NJDEP Waste	Cubic Varde	Name of Pogi	stered Landfill		
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ervice Transport Inc.		20990	10	Minerva Lar	ifill		
ity, State			Disposal Date	City, State			
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification	(1)	Name of Building Ow	ner / Operator (2)	the state of		N 2 7 2017
Jale of Notification	6/15/17	Public Schools of	Plainfield	-		1
Agencies Notified	Type Notification	Street Address				
⊠ EPA		920 Park Avenue			ASBES	TOS CONTROL &
□ DEP		City, State & Zip Coo	le	Ì	L	ICENSING
⊠ DOL	Amended R#3-6/23/1	7 Plainfield NJ			Tel	lephone Number
	Emergency	Name of Contact			10	cpriorio riambo
□ DOH □ DCA	Cancellation	Sean Sutton		1.52		
		FACILITY INFO	RMATION			
	Abstamont is Taking Pla		Type of Facility (4))		
Name of Facility VVI	here Abatement is Taking Pla	GC (O)	School (K-12)			
Cedarbrook Elen	n School		Subchapter 8	(Other than K-	-12)	
Street Address			Other (i.e. priv	vate & cor ime	rcial buildings	, homes, etc.)
1049 Central Ave	enue		Square Feet	# of Floors	Bld	lg. Age
	10 (0)	County Code (7)	20,000	1		50
City (5)	County (6)	County Code (1)	Current Use (Prior	r if being demo	lished)	
Plainfield	Union		School		. 1 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		1.00111	Name of Abateme	nt Contractor	(9)	
Name of Monitoring	Firm Hired by Building Owne	er (8) ASCM No.	BRISTOL ENVI	PONMENTA	INC	
TTI		00003	Street Address	KOMME! 174		
Street Address			1123 BEAVER	STREET		
1253 N. Church	Street		City, State & Zip (
City, State & Zip C	ode		BRISTOL, PA 1			
Moorestown NJ	08057	Telephone Number	Telephone Numb		License Nu	
Project Manager fo		856-840-8800	215-788-6040			00509
Mike Stocku		pletion Date (11)	Name of OSHA N	Monitor		
Scheduled Start D		6/30/17	BRISTOL ENVI	RONMENTA	LINC	
6/26/1	D Abstament (Check or		Street Address			
Occupancy Status	During Abatement (Check or osed/Vacated During Entire P	eriod of Abatement	1123 BEAVER	STREET		
	t Performed Outside of Norma	al Hours – 7am to 3pm	City, State & Zip			
		al Hours Fam. 19 -p	BRISTOL, PA			
Describe:	ccupied During Abatement				- 20-	
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Scope of Work (C	heck all that apply)					egative Pressure
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	BE ABATED	Maintenance or	nsulation, surfacing	VAT		ncapsula Repair
	in Facility	000.00.	or other miscellane	eous)		val ir lat
	(13)	Yes No N/A	Of Other Innecessaria	,		(0)
			ipe insulation/Fi	ittings	350LF	
First Floor Cus	todial Hallway		The Insulation/Li	ttiligo		
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			To	lame of Regist	ored Landfill	
Name of Registe	red Waste Hauler	NJDEP Waste		lame of Regist	ered Laridiii	
		Hauler ID No.	of Waste	IINERVA LA	NDFILL	
SERVICE TRA	NSPORT GROUP, INC.	20990		City, State		
City, State			D.000	NAYNES BUF	RG. OH 4468	88
NEW CASTLE	, DE 19720					Date
Completed By (P		Title	Signature	O NA	1:0	6/15/17
PATRICK T. D	eCARO	Estimator	Signature Patrick	1. D'as	w/Ju	100 mm
			*			

NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 6/15/17 Public Schools of Plainfield Agencies Notified Type Notification Street Address X EPA ASBESTOS CONTROL & 920 Park Avenue DEP Initial City, State & Zip Code DOL Ø Amended R#2-6/20/17 Plainfield NJ X DOH Emergency Name of Contact Telephone Number DCA Cancellation Sean Sutton FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cedarbrook Elem School School (K-12) Street Address Subchapter 8 (Other than K-12) 1049 Central Avenue Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age County (6) City (5) County Code (7) 20,000 50 Plainfield Union Current Use (Prior if being demolished) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contrac or (9) 00003 BRISTOL ENVIRONMENTAL INC Street Address Street Address 1253 N. Church Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Moorestown NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mike Stocku 856-840-8800 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 10:00 PM - 6:00 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition X Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or (i.e., thermal systems Remova Encisoure Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A irst Floor Custodial Hallway Pipe insulation/Fittings 350LF ame of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ERVICE TRANSPORT GROUP, INC. 20990 20 MINERVA LANDFILL ty, State Disposal Date City, State EW CASTLE, DE 19720 TBD WAYNESBURG, OH 44688 impleted By (Print or Type) Title Signature Date TRICK T. DeCARO Estimator 6/15/17 atrick T. DeCare

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 6/15/17 Public Schools of Plainfield Agencies Notified Type Notification Street Address ASSESTOS CONTROL EPA \boxtimes 920 Park Avenue X DEP Initial City, State & Zip Code LICENSING X X DOL Amended R#1-6/19/17 Plainfield NJ DOH Emergency Name of Contact Telephone Number X DCA Cancellation Sean Sutton **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cedarbrook Elem School School (K-12) Street Address Subchapter 8 (Other t nan K-12) 1049 Central Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 20,000 50 Plainfield Union Current Use (Prior if being demolished) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC 00003 Street Address Street Address 1253 N. Church Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Moorestown NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mike Stocku 856-840-8800 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor June 21, 2017 June 26, 2017 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 10:00 PM - 6:00 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Eag Procedures Non-Exampted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT or other miscellaneous) (13)(12)Yes No N/A First Floor Custodial Hallway X Pipe insulation/Fittings 350LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. SERVICE TRANSPORT GROUP, INC. 20990 20 MINERVA LANDFILL City, State Disposal Date City, State

TBD

Signature

Title

Estimator

WAYNESBL RG, OH 44688

Patrick D. D'Can/je

Date

6/15/17

NEW CASTLE, DE 19720

Completed By (Print or Type)

PATRICK T. DeCARO

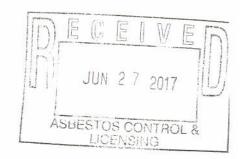
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Date of Notification	6/15/17	Public Schools	Owner / Operator (2) of Plainfield		JUN 2 / 2017 L
Agencies Notified EPA DEP DOL	Type Notification Initial Amended	Street Address 920 Park Avenu City, State & Zip C Plainfield NJ		-	ASBESTOS CONTROL & LICENSING
☑ DOH ☑ DCA	Emergency Cancellation	Name of Contact Sean Sutton		٦,	Telephone Number
		FACILITY INF			
Name of Facility Wh Cedarbrook Elem Street Address	ere Abatement is Taking I School	Place (3)	Type of Facility (4) School (K-12) Subchapter 8 (6)		
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City (5) Plainfield	County (6) Union	County Code (7)	20,000 Current Use (Prior if	being demolish	50 ned)
Name of Monitoring I	Firm Hired by Building Ow	vner (8) ASCM No.	School Name of Abatement		
TTI Street Address		00003	Street Address		VC
1253 N. Church St City, State & Zip Cod			City, State & Zip Coo	de	
Moorestown NJ 0	8057	T-1h Number	BRISTOL, PA 190 Telephone Number		icense Number
Project Manager for N Mike Stocku	Vionitoring Firm	Telephone Number 856-840-8800	215-788-6040	-	00509
Scheduled Start Date		mpletion Date (11)	Name of OSHA Mon		
June 20, 20		une 25,2017	BRISTOL ENVIRO	NMENTAL IN	₹C
Facility Close	ring Abatement (Check o d/Vacated During Entire F	Period of Abatement	Street Address 1123 BEAVER ST		
Describe:	erformed Outside of Norm 10pm -6am	al Hours – 7am to 3pm	City, State & Zip Cod BRISTOL, PA 190		1
	pied During Abatement				
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf ≥260		Renovation Demolition		Mini-Enck sure Glove Baç Proc	
Las	ation of	Is Location	Description of		and Non-Friable Procedure nount Abatement Type
Asbestos Materi <u>TO BE</u> in F	action of accordance of the containing stall (ACM) ABATED Facility 13)	Normally Used Solely by Maintenance or Custodial Staff?	Asbestos-Containing Material (ACM) (i.e., thermal systems sulation, surfacing, VA r other miscellaneous)	T SF	Enclosoure Encapsulate Repair Removal
irst Floor Custodi	al Hallway	⊠ □ □ Pi	e insulation/Fitting	is 35	OLF 🛛 🗎 🗎
		 			
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y, State :W CASTLE, DE 1	ORT GROUP, INC.	D	isposal Date City, St		
mpleted By (Print or TRICK T. DeCAR	Type)		panel J	class	Date 6/15/17

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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 negat vely 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 l'ee

Accordingly, the existing situation requires that abatement activities be performed in mediately 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 irgently 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 (6)9-304-3969) if you have any questions or require additional information.

Respectfully Submitted, TTI Epvironmental, Inc.

Michael R. Stocku Project Manager