CK 9045

Date of Notification (1)			Nan	ne of Buildi	na C	Owner/Operator	(2)		MAR	21	21	117	-111
	17		1				vement Autho	2 mes 8024				0.000	045
Agencies Notified Type Notifi	ication		Stre	et Address		6		ASBI	ESTO	30	OND	ROI	8
☑ EPA ☑ Initial			16	9 Jesse	Brio	ige Road			LICE				_ 0
☑ DOLWD ☐ Amende				State, Zip		SIESS		The second second	190 <b>4</b> (8.91 + 0-4 ) 155,4	****	and the state of t		. Committee (committee)
	ment #		100000000000000000000000000000000000000	illville, N.									
☑ DCA		ing		e of Conta				Telephone	a Alesmah				
Cancelli				rry Valaz	0.000	.7		1 element	a Milling	er.			
	duon			-	•	725.1							
Name of Facility Where Abatement is	Taking Dia	co (3)	F/	ACILITY II	NFC	RMATION	T	- (4)					
Former Susquehana Bank	raking r ic	ce (3)					Type of Facility  ☐ School (K-1						
Street Address							Subchapter		1 K-12)				
14 North Pearl Street							Other (i.e., homes, etc.	private and co		ial bu	uildin	gs,	
City (5)		0.00					Square Feet	# of Floor	rs	BI	dg. A	ge	
Bridgeton, NJ 08332							•						
County (6)			Cou	inty Code (	7)(ST	ATE USE ONLY)	Current Use (P	rior if being de	emolish	ed)			
Cumberland							Former Bar	nk					
Name of Monitoring Firm Hired by Buil	lding Owne	r (8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9	)					
ATC Group Services, LLC.			000	98		AbateTech, li	nc.						
Street Address					St	reet Address							
Three Terri Lane- Broomley Co	orporate	Cente	r		1	30 Maple Ave	e. PO Box 25						
City, State, Zip Code					Cit	ty, State, Zip Co	ode						
Burlington, NJ 08016		7.5-1.11			1	Lumberton, N	1J 08048						
Project Manager for Monitoring Firm		Tel	ephone	No.	Te	lephone No.		License N	No.			, No. 10.	
John Lutz			09-386		(	609-265-2107		00529					
Start Date (10)4 /3 /17	Scheduled 4				1	me of OSHA M E <b>MSL Analyti</b>							
Occupancy Status During Abatement (	20									_			
☐ Facility Closed/Vacated During Entit			mont			reet Address	0. N. a41-						
☐ Abatement Performed Outside of No	ormal Facil	ity Hou	irs - Des	crihe		200 Route 130							
Time of Abatement:AM	PM/	PM		AM	75.00	y, State, Zip Co Cinnaminson,		51					
Scope of Work (Check all that apply)						Jinnaminson	, NJ 08077						-
□ >2 of or >2 if	-		****			☑ Full Conta	ainment with Neg	gative Pressu	re				- 1
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>		enovat emoliti				☐ Mini-Encle	7177						
		omonu					npted (*) and No	n-Friable Pro	cedure				
	1	s Loca								Aba	ateme	ent Ty	/ре
Location of	. He	Norma ed Sol				Description of			t	ZJ	Z	т	Ш
Asbestos-Containing Material (ACM TO BE ABATED	) M	aintena				Containing Maternal systems in		Amount	t	Remova	Repair	nca	Enclosure
IN Facility	Cu	stodial		(1.6.		surfacing, VAT,		(Specify SF or LF	(=)	ova	=	psu	Insc
(13)		(12)	1	-	ot	her miscellaneo	ous)		'	_		Encapsulate	6
	Yes	No	N/A										
Basement Boiler Room				Boiler Ir	ısul	ation		140 SF					
Basement Boiler Room				Transite	1			100 SF	:	X			
Name of Registered Waste Hauler		1 (122)	JDEP V			oic Yards of	Name of Regis	tered Landfill					
AbateTech, Inc.		H	lauler ID 18750		Was		G.R.O.W.S	. Landfill					
City, State						oosal Date	City, State						
Lumberton, NJ					4/	7/17	Tullytown,	PA					
Completed By (Print or Type)	Title					Signature			Date	:		i	$\neg$
Gwendolyn Trumbetti	Operat	ions (	Coordi	nator					1	3/1	7	115	7

1	11	10	· — .	1
1	14	1	151	L
	1	10	10	1

E	C	E		$\mathbb{V}$	E	M
	MAR	2	0	2017	7	U

Date of Notification (1)				Name	of Building	Owner/Operator (	2)	ANA NA A	R 2	n 2	017	
03/16	_ /1	7		Alfr	ed Sanza	ari Construction	ì		111 -	UL	UII	
	Notification	n		Street	Address					~~`		
⊠ EPA ☐ In	itial			1 C	ourt Hou	se Plaza		ASBES	TOS I	CON	HHU G	)L a
	mended	<b>"</b> 0	İ	City, S	tate, Zip C	ode		l-m-		10:14	<del></del>	
	mendment # mergency (i			Нас	kensack	, NJ 07601						
	stification)	including	ı	Name	of Contact			Telephone Num	ber			
	ancellation			Glei	n Poppe							
,				FAC	ILITY IN	FORMATION				-		
Name of Facility Where Abatem	ent is Takir	ng Place	(3)				Type of Facility (	4)				
Commercial							School (K-12)		93			
Street Address								(Other than K-12 ivate and comme		ildina	s	
1 Essex Street							homes, etc.)	ivate and comme	roiai bu	g	-,	
City (5)				17-2-2			Square Feet	# of Floors	Blo	lg. Ag	je	
Hackensack												
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)			
Bergen					w_11000							
Name of Monitoring Firm Hired	by Building	Owner (8	3) /	ASCM I	No.	I	ent Contractor (9)					
Bio Terra Solutions						ALL PRO MA	NAGEMENT L	-C				
Street Address						Street Address						
P.O. Box 1224						27 Outwater						
City, State, Zip Code						City, State, Zip C						
Union, NJ					_	Garfield, NJ	07026					
Project Manager for Monitoring	Firm			phone I		Telephone No.		License No.				
Rick Eustaquio	101		37/37	3-494		973-928-4888		1188				_
Start Date (10)	1	eduled Co			1500 A	Name of OSHA N	NAGEMENT LI	C				
		VA.E. Silver		_ ′ -	17_		MAGENIENT LI					
Occupancy Status During Abate    Statistic Closed/Vacated During Abate				nont		Street Address	Lana					
☐ Abatement Performed Outsi					cribe	27 Outwater						_
Time of Abatement:						City, State, Zip C Garfield, NJ						
Scope of Work (Check all that a	(vlage					Carneta, No	01020					$\dashv$
	·FF-37	— -					tainment with Neg	ative Pressure				
<ul><li> ≥3 sf or ≥3 lf</li><li> ≥160 sf or ≥260 lf</li></ul>		☐ Rer				☐ Mini-End	closure g Procedure					
		2 50	,,,,,,,,,				empted (*) and No	n-Friable Procedu	ire			
2 12 12 101		0.000	Locat			1000 D-0000			Ab	atem	ent Ty	ре
Location of Asbestos-Containing Materi	al (ACM)		ormal d Sole		Asho	Description of stos Containing Ma		Amount	Re	Re	En	m
TO BE ABATED	ai (/ tolvi)	555555	ntena			., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Cust	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	/al		Encapsulate	ure
(13)		Yes	No	N/A	1	other miscelland	sous)				te	
Roof				$\boxtimes$	Built up	o roofing		7,000 SF				
Roof					Flashin			500 SF		П	П	П
2 <sup>nd</sup> Floor					VAT/Ma			7,000 SF		П	П	
2 <sup>nd</sup> Floor						ompound		2,000 SF			П	'n
Name of Registered Waste Ha	uler			JDEP \		Cubic Yards of	Name of Regis			1		
ATC			135.50	auler II	O No.	Waste	Minerva Er					
City, State				SW-2	4310	As Needed Disposal Date	City, State					
Shirley, NY						TBD	Waynesbu	ra. OH				
	1 7:	itle				\$ignature)	1,10350	( <del>100</del> 1)	ate	1		
Completed By (Print or Type)  Allen Monchik	1 '	Project	Man	aner			1 1 ~	=	2/11	/i-	7	
Allen Mondillik		rioject	ividil	ayer		11 WY	211	>	10	111	9	

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

MAR 2 0 2017

		E .			NOTE TO SERVICE TO SER					-	
-					1 Essext Street		Abateme	nt Type			SBESTOS CONTROL &
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No: S Main	s Locat rmally Solely tenandal Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	Encaps Ul	E n c l o s u r e	LICENSING
-	st Floor- Office Area										
-	Under carpet)			Х	VAT/Mastic	3,000 SF	Х				
1	st Floor- Utility Room			Х	VAT/Mastic	100 SF	Х				
а	st Floor- Office Area (No ccess under ceramic tiles)			х	VAT/Mastic	1,000 SF	х				
V	st Floor- Throughout (In eiling void)			х	Pipe insulation elbows	0 LF	х				D
	asement Boiler Room			X	Pipe insulation elbows	50 LF	Х	*******			
	asement- Storage Area (In eiling void)			x	Pipe insulation elbows	50 LF	Х				
-	asement- Office Areas			X	Pipe insulation elbows	100 LF	X				
(	asement- Office Areas Exposed and below arpet)				VAT/Mastic	2,000 SF	х				
											-
E											
-											
-											

Completed by: (Print or type)			$-\sqrt{M}$	
Allen Monchik	Title:	Project Manager	Signafure:	7 3/16/17

		N				BESTOS ABATE C 8:60 and 5:16		ME	C	E		W
Data of Natification (d)				Nama	of Decilation	- 0	- (2)		<u> </u>	<u> </u>	U	<u> </u>
Date of Notification (1)	/16/17			Name	ot Bullain	g Owner/Operato	Carco		-			
Agencies Notified	Type Notific	cation		Street	Address			The state of the s	MAH	C (	) 2	<del>ii /</del>
DEP	☐ Amende		-	City S	State, Zip 0	Code		1 400	FOTO	0.0	2011	
<b>⊠</b> DOL	Amendr	ment #_ ncy (including	_	,,	, <u></u>		rinceton, NJ 0	8542 ASB	ESTO		NUS	
<b>⊠</b> DOH	justifica	ation)		Name	of Contac			Telephone Num	Sales Colonial La	Maria Service		
☐ DCA	Cancella	ation		7	Thomas	Jinks Baxter	Const.					~ I
				FΔC	CII ITY INF	ORMATION						
Name of Facility Where	Abatement is	Taking Place	e (3)	170	JILITT IIVI	Ordination	Type of Facility	(4)	_			$\dashv$
Traine or a domey Trinero		Residenti					School (K-1)					
Street Address							Subchapter Other (i.e., p	8 (Other than K-12 private & commerci		ings,		
CH. (F)							homes, etc.		I Die	ia A	70	_
City (5)	Princ	ceton, NJ	08542	2			Square Feet 4000	# of Floors	_   BIC	ig. A 100	ge )+/-	_
County (6)				Cour	nty Code (	7) (STATE	Current Use (Pr	rior if being demoli	shed)			
	Mercer	ildina O				Nome of Al-	ment Contractor (9	· ·				_
Name of Monitoring Fin (8)	MECS	liding Owner	-	ASCM	NO.		vens Environi		es, In	c.		
Street Address						Street Address						=
-	PO Bo	x 341						30x 322				
City, State, Zip Code	Crosswick,	NJ 08515	5			City, State, Zip		n, NJ 08501				
Project Manager for Mo	onitoring Firm		Telep	ohone	No.	Telephone No.		License Ne-				
Bill W	eisgarber		(609	9) 29	8-4070	(609) 2	59-9688	(	0493			
Start Date (10)		Scheduled C			te (11)	Name of OSHA		ECS				
3/25/17 Occupancy Status Dur	in a Abataman		4/28/1	. /		Street Address		ECS				_
				mont		Street Address		30x 341				
Facility Closed/Vaca						City, State, Zip		JON 3-11				_
Other - Describe:	ou outoido or i	. 1011110111 001111	.,	_		Oity, State, Zip		cs, NJ 08515				
Scope of Work (Check	all that annly)						C1033W1CI	10,110 00010				=
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	an that apply)	<b>⋉</b> Re	enovation emolition			☐ Mini-Er ☑ Gloveb	ontainment with Ne nclosure pag Procedure xempted (*) and No		ıre			
		Is	Locatio	n						bate	ment	
			lomally			Dii				Typ	e	
Location Asbestos-Containing			d Solely ntenand		Asbes	Description of tos Containing Ma		Amount			ш	
TO BE ABA	ATED	C	ustodial Staff?	1		thermal systems	insulation,	(Specify	Re	Z.	nca	Enc
IN Facili (13)	ty		(12)			surfacing, VA7 other miscellane	eous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(1-7)		Yes	No	N/A					<u>a</u>	-	late	Ге
1st Flo	oor		X		Th	ermal Pipe Ir	nsulation	120 lf	×			
Name of Registered W	asta Hauler			JDEP \	Maste	Cubic Yards	Name of Reg	stered Landfill				$\dashv$
Stevens Environ		rvices Inc	H	auler ID		of Waste	Traine or rogi	Pairless Lan	dfill			
City, State		, , , , , , , , , , , , , , , , , , , ,	_   _	102		Disposal Date	City, State					_
	Allento	wn, NJ				4/28/17	1/2/	Morrisville,	PA			
Completed By		Title	•	11		Signature	1011	Date	2/1/	/17		
Mahlon E. St	tevens	- JP	roject	. IVIat	nager	$- \mathcal{A} $			3/16	1/1/		

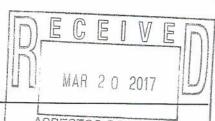
# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cl# 3170

Date of Notification (1)		Mana	-f D. Ildia	0 10				r!	01	10	)
3/15/1	7	VFRI	OT BUILDING	g Owner / Opera MMUNICATION	tor (2)		ME	CE	1 1	V/ [	E
Agencies Notified Type No	otification		Address	MINDINICATION	45				П	7 1	늭Ⅱ
⊠ EPA			idge Roa	ad			1153				
	nitial	City, S	State & Zip	Code			THE W	AR 2	0 20	017	-111
	Amended			nction New Je	ersey			inii -	0 -		j inns
	mergency		of Contac	3.				Teleph	one N	dumb	~~-
	Cancellation	ALEX	BAYLO	₹			ASB	h-	01317		હ
		FAC	CILITY IN	FORMATION				<u>-1113-N</u>	SING	1	To be distributed in
Name of Facility Where Abar	tement is Taking Plac	ce (3)		Type of Fac	cility (4)			2010	-		
Monmouth Junction Cer Street Address	itral Office			School							
						Other than					
1039 Monmouth Junctio	n Road						nercial buildi	ngs, hor	nes, e	etc.)	
City (5)	10 1 (0)			Square Fee	t	# of Floor	S	Bldg. Ag	ge		
Forked River	County (6)	County C	ode (7)	6000			1		70		
Forked River	Ocean			Current Use			nolished)				
Name of Monitoring Firm Hire	ad by Duilding O	(0)	1.00	COMMUNI				101			
USA ENVIRONMENTAL	MANAGEMENT. I	NC.	ASCM No	Name of Aba BRISTOL I							
Street Address	,			Street Addre		ZIAIAITIA I	AL INC				
8436 ENTERPRISE AVE				1123 BEAV		REET					
City, State & Zip Code	• •			City, State &							
PHILADELPHIA PA 1915				BRISTOL,		07					
Project Manager for Monitorin MARK JENKINS	The state of the s	elephone I		Telephone N			License				
Scheduled Start Date (10)	Scheduled Compl	15-365-58	CALL TO SELECT OF SELECT O	215-788-60				005	)9		
March 29, 2017		h 31, 201		Name of OS BRISTOL E			AL INC				
Occupancy Status During Aba	atement (Check only	one)		Street Addre			TE IIVO				
Facility Closed/Vacate				1123 BEAV							
Abatement Performed	Outside of Normal	Hours – 7	am to 3pm							-	
Describe: (5 PM - 1 Facility Occupied Dur				BRISTOL, I	PA 190	07					
Scope of Work (Check all tha	t apply)										
a sepa at train (official all tha	тарріу)					Full Contai	inment with I	Jegative	Droc	CUTO	
≥3 sf or ≥3 lf	D	Reno	vation			Mini-Enclo		vegative	1163	Suie	
≥160 sf ≥260 lf	Ē	Demo	olition				Procedures				
							pted and No	n-Friable	e Prod	cedu	re
Location of	2020	Is Locatio	600	Description	-		Amount		ateme		
Asbestos-Contai Material (ACM		ormally Us		Asbestos-Con			(Specify			Ī	-
TO BE ABATE		Solely by aintenance		Material (A (i.e., thermal s			SF or LF)	Z	_	Enc	ш
in Facility		stodial St	5 9500	insulation, surface		т		Remova	Repair	aps	icls
(13)		(12)		or other miscell				oval	뿔	Encapsulate	Enclsoure
	Ye		N/A							6	
HVAC Motor Room				Vat/mast	tic		160 SF				
			H								
Name of Registered Waste Ha	l L		ED \\/=-t-	Cubic V- 1	TM	-(D)					
or regiotered viaste ne	autol		er ID No.	Cubic Yards of Waste	Name	or Registe	red Landfill				
SERVICE TRANSPORT G	ROUP, INC.	2099		3	MINE	RVA LAN	DFILL				
City, State				Disposal Date	City, S	-					
NEW CASTLE, DE 19720				TBD			G, OH 4468	8			
Completed By (Print or Type)		Title	-	Signature				Date			
PATRICK T. DeCARO		Esti	mator	Patrick	11.19	100	1.	3/15/	17		
				· www.	11 110	cors	140	1			

D&S Proj. #: 17-76

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



									MAH	20	20	1/	السا
Date of Notification (1)		Name o	f Building Ow	ner/Operator (2	2)								1
0 3 / 0 9 / 1 7		jack f	inn					AS	BESTO	S C	TNC	ROL	&
Agencies Notified Type Notific	ation	Street A	ddress							ENS	MC	-	
DEP Amended													
Amendment	#:	City, Sta	te, Zip Code										
DOL Emergence	у	MON	TCLAIR, 1	NJ 07042									
DOH (including justification	2)	Name of						Telephor	ne Numb	er	-		
☐ DCA ☐ Cancellation		jack	finn					1					
		2		CILITY INFORM	IATIC	DN .			-		_		
Name of facility where abatemen	t is taking i	place (3)						Type of Facility	(4)				
	0,								( <del>4)</del> of (K - 12	2)			
jack finn Street Address								☐ Subch	apter 8 (	Other	than	K-12)	
Street Address								Other     Did     The control of the contr	(Private/	Comm	ercia		
		VI.							/Homes, # of Floo		T E	Bldg. A	\ae
City (5)	Co	unty (6)				unty Code (7)	-		01110	010	-	g	,90
MONTCLAIR	E	SSEX			(St	ate use only)		Current Use (P	rior if bei	ng der	nolish	ned)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abaten		(0)				1//	
,	3	(0)		ASCIVI NO.				- NAME OF THE PARTY OF THE PART					
Street Address					_	D & S REST Street Address	ORA	TION, INC.					
							- 4	<b>-</b> 09					
City, State, Zip Code					-	20 Californi City, State, Zip C		3.		-		-	
						Paterson, N		0.2					
Project Manager for Monitoring Fire	n	T	Phone Numb	er	-	Telephone Numb		03	License	Num	her		
						973-345-80			76540000000	)1169			
Start Date (10)	Sche	d. Comple	etion Date (1	1)	-	Name of OSHA	Monito	or					
03/10/17	02/2	1/17	1000000000			D & S Resto	ratio	n, Inc.					
Occupancy Status During Abateme					-	Street Address							
Facility closed/vacated during	entire per	iod of aba	atement.			20 California City, State, Zip C		nue					
Abatement performed outside Describe:	of normal	facility ho	ours-			City, State, Zip C	ode						
Other-Describe: NORMAL I	IOURS				-	Paterson, N.	0750	03					
Scope of Work (check all that appl	y)			0/10/10/10/10/10/10/10/10/10/10/10/10/10				III Containment w	/nogotive				
$\boxtimes$ >3 sf or >3 lf	Renovati	on					Property .	ini-enclosure	rnegative	press	sure		
≥160 sf or ≥260 lf	Demolitio	n						ovebag procedur					
Location of	Is location	n normall	y used solely				∐ N	on-Exempted (*) a	and Non-	friable	_	1	
asbestos-containing	by maint	enance/ci	ustodial	20	n of o	sbestos-containing		Amount		e	R	E n	E
material (acm) to be abated in facility (13)	staff(12)	Т-		material (A	(CM)	เรมธรเดร-ตกเสเทเที	3	(Specify SI	For	m	p	С	n
(10)	Yes	No	N/A					LF)		V	i	a p	L
2nd floor		X		PIPE INSUI	ATI	ION		12 L FT		e	-		
2nd floor				duct INSUL.	ATIO	ON		25 sq ft		X	H	H	H
											H	H	H
					- CONTRACT	A A A A A A A A A A A A A A A A A A A				H	H	H	H
				100 A 22-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-						H	금	H	
Registered Waste Hauler D & S RESTORATION, INC.		EP Haule	200	bic Yards of W	aste	Name of Registe							
City, State		506		yd.			N, RI	ESOURCE RE	COVER	Υ			
PATERSON, NJ 07503			03/13/17			City, State	/\ r P	Α.					
Completed by (Print or Type)	Title		-1	Signature		TULLYTOW	IN, P	A	Date	_			
Rosalie Aguirre	Secretar	V							Date 02/00/	17			

Mar 09 2017 04:28PM	NJ Asb	estos Contro	01 609.633	3.0664		page 1		France	) [E	0	F <sup>2</sup>	II II	n re i
03/09/2017 04	1:00PM	973345808	50		ກຂ	S RESTORATIO	,	Contraction of the Contraction o	) <u>E</u>	<u> </u>	Ľ.	U V	
	100			8	20	A INTO (FILE) IF	_	200	Ñ.	PAG	E 8	12/04	li
<b>DAS</b> Proj. #: <u>1</u> 7-76	CK	-10	Notin Purs	State fication of Assurant to NJA	best	(J os Abstement 30 and 12:120)				IAR	2.0	20	17
			1/2			1		DÓL	- 401)	AV.	SC	OKT	FIOL &
Onte of Notification (1)  0  3  / 0  9  / 1	15 1	Name o	Building Ow	ner/Operator (2	2)		-			Lie	-NS	MIG	
Agencies Notified   Type	Notification	jack f	inn					MAE	0	17 /	1		
☐ EPA ☐ inition		Glidel W	adie22						71	1			Bill Shows
Amend Amend	ment #:	City, Sta	ile, Zip Code				+	WAIVER	APPR	107	7	-	
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Project Manager for Monitorin	g Flim	T	Phone Numb	18P	-	Paterson, NJ Telephone Numb	0750	3	License	Millionto	20		lusqu.
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Describe:	utside of n	ormal facility h	ours-	3¥		City, State, Zip Co	DOB						
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D&S Proj. #: 17-75

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

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Date of Notification (1	/ 1 17		elsa fri	eman	ner/Operator (2	2)			ASE	ESTOS			OL 8	appl Parket Spirit
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elsa frieman									=	I (K - 12) apter 8 (0		oon k	(12)	
Street Address								- 1		Private/C			-12)	
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City (5)		I Cour	nty (6)			Cor	unty Code (7)	-	Square Feet	# of Floo	rs	D	ldg. A	ge
, (-)			, (-)			935032534	ate use only)	11	Current Use (Pr	ior if beir	ng dem	olish	ed)	
scotch plains			ION	6										
Name of Monitoring F	Firm Hired by I	Bldg. Owne	er (8)		ASCM No.		Name of Abater							
Street Address						_	D & S REST	'ORA'	TION, INC.					
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City, State, Zip Code						-	City, State, Zip C	CONTRACTOR OF THE PERSON	•		-	-	-	
							Paterson, N	J 0750	03					
Project Manager for Me	onitoring Firm		T	Phone Numb	per		Telephone Numl			License		er		
							973-345-8			0	1169			
Start Date (10)		Sched	l. Comple	etion Date (1	1)		Name of OSHA D & S Resto							
03/22/17		03/3	1/17				Street Address	Jianoi	i, iiic.		***************************************	-		
Occupancy Status Dur							20 California	a Avei	nue					
Facility closed/va Abatement perfo Describe:	rmed outside	of normal					City, State, Zip C	ode						
Other-Describe:						_	Paterson, N	J 0750	)3					
Scope of Work (check									Il Containment w	/negative	press	ure		
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<u> ≥160 sf or ≥260</u>	lt U	Demolition							on-Exempted (*)		-		_	
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material (acm) to	o be	staff(12)			material		sbestos-containir	ig	(Specify S	F or	m o	p a	c a	C
abated in facility	(13)	Yes	No	N/A					LF)		v e	i	p	L
BASEMENT			X		transite due	ct pipe	es (wrap & cut)		40 l ft		×			
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Registered Waste Haul	er	INID	EP Haule	r ID# 1 C	Subic Yards of V	Naste	Name of Regist	ared I	andfill			Ш	Ш	
D & S RESTORAT		135			l yd.				ESOURCE RE	COVER	RY			
City, State				Disposal [	Date		City, State							
PATERSON, NJ		T.,,		03/23/1			TULLYTO	WN, P	A	Is:				
Completed by (Print or BOGDAN JOLDZ		Title PRESID	ENT		Signature					Date 03/10/	2017			

#### State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-77 (Pursuant to NJAC 8:60 and 12:120) 2 0 2017 Name of Building Owner/Operator (2) Date of Notification (1) 0 3 /1 0 /1 7 **ASBESTOS CONTROL &** henry and marie dayilwe Agencies Notified Type Notification Street Address Initial **EPA** Amended DEP City, State, Zip Code Amendment #: DOL **Emergency** ELIZABETH, NJ 07208 (including DOH Name of Contact Telephone Number justification) ☐ DCA henry and marie dayilwe Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) henry and marie dayilwe Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) **ELIZABETH** UNION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 03/14/1717 03/31/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure $\times$ >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely E Location of Ε е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be C material (ACM) 0 a a abated in facility (13) Yes No N/A V D BASEMENT PIPE INSULATION 971ft M Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd. Disposal Date City, State City, State 03/15/17 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Date Title Rosalie Aguirre 03/10/17 Secretary

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Date of Notification (1)	المسترة	Į ħ	-	ng Owner/Operator	(3) E			1 1	<u>U</u>	
3/15	17		RI	VE as	sociates	nic				
Agencies Notified Type Not		S	Street Address			ILI LI MA	R 2	0	201	7
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			FACILITY I	NFORMATION				,	1111	
Name of Facility Where Abatement	the state of the s	(3)			Type of Facility	(4)				
KESIDO	NCE				School (K-1.					
Street Address			E CE ESTANGLAS (Sharimanni y pre, 195 PHJS 98-366) (	17 a / B - 18 a	U Subchapter Other (i.e., p	8 (Other than K-12 givate and comme	) rcial b	uildir	ıgs.	
City (5)					Square Feet		TB	idg. /	Age	
Walling	Cy Gr				2 100	2		7-3		
County (6)		1(	County Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
BERGEN		500			Part of the second seco	SIDENTIAL				
Name of Monitoring Firm Hired by B	uilding Owner (8	B) AS	CM No.	Name of Abatem	ent Contractor (9)	210010175			-	
Company of the Compan		-		A.MAC Conti	racting Inc.					
Street Address				Street Address	o in the true than being a select of the true to the property of the property	to the transfer of the same of			#10 to 10 #10 #10 #10 #10	
				185 Vreeland	Ave					
City, State, Zip Code				City, State, Zip Ci	ode		value de Mirto	in the Parket		
No.				Midland Park	, NJ 07432					
Project Manager for Monitoring Firm		Telepho	one No.	Telephone No.		License No.				
	ria parti			201-262-5841		00156				
Start Date (10) 3 / 27 / 17	Scheduled Co		Date (11)	Name of OSHA N Omega Envir	lonitor onmental Serv	rices				
Occupancy Status During Abatemen	t (Check only on	e)		Street Address					***************************************	-
Facility Closed/Vacated During En	ntire Period of A	batemer	nt.	280 Huyler St						
Abatement Performed Outside of	Normal Facility	Hours -	Describe	City, State, Zip Co		and the Association and the second a				
Time of Abatement:AM	PM/	PM	AM	Hackensack,						
Scope of Work (Check all that apply)			****						-	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	☐ Reni ☐ Dem			☐ Mini-Encl ☐ Glovebag	Procedure	ative Pressure n-Friable Procedur	a			
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Joseph Vocaturo	Vice Pres	ident		1	lora lan		3/1	5	17	
8-41	*****************	***************************************			- mound	ii	-11	-/		

#### State of NJ Notification of Asbestos Abatement

B & G proj. #: 2017-34

(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G Restoration, Inc. 19563 1 Tullytown Resource & Recovery Center		52								Check	# 8288				
State of Evelyn Stephens   Steel Address   S	Date of Notification (1)		11	Name of	Building Ow	ner/Operator (2	2)			F	6	3 1	W	F	E
BPA   DEP   MAR 2 0 2017   DEP   D	0 3 /1 7 /1	1 7	- 11				,			D)  <u>-</u> 5	(b)	5 11	U	ط	١    إ
DEP   DOL   Amendment   City, State, Zip Code   Cilffon, NJ 07013   ASSESTOS CONTROL & Telephone Nymber   FACILITY INFORMATION		e Notificati	on	Street Ad	ddress									-	
Cition, NJ 07013   Assestos Control & Robert Stephens	X	Initial								la la	MAR	2 0	201	1	District of the last of the la
Robert Stephens   Robert Ste	X DOL	Amendn				13					DECTO	000	TIAC	ROL	100
DCA	X DOH		1	_						Telephon	e Numbe	ENO	HO	102	
Strate of Evelyn Stephens   Stroth (K-12)   School (K-12)   School (K-12)   Stroth (K-12)	□ DCA □	Cancella	tion	Rob	ert Stephe	ns				1	1+-				
School (K-12)   Subchapter 8 (Other than K-12)   Square Feet 9 (First if being demolished)   First Florar   Sligs. Hornes, etc.					FAC	CILITY INFORM	/ATIC	DN .		_				_	
Estate of Evelyn Stephens    Subchapter 8 (Other than K-12)   Subc	Name of facility where ab	patement is	taking p	lace (3)					П	ype of Facility (	4)				
Street Address    City (5)	Estate of Evelyn St	tephens								H				(40)	
City (5)   County (6)   County (6)   County Code (7)   (State use only)   Current Use (Prior if being demolished)   residential   Current Use (Prior if Deing demolished)   Current Use (Prior if De	Street Address					F		.*	1	X Other (	Private/0	Comme		A	
City (5) Clifton, NJ 07013 Passaic  County Code (7) (State use only)  Current Use (Prior if being demolished) residential  Name of Monitoring Firm Hired by Bidg. Owner (8)  Street Address  Street Address  City, State, Zip Code  C									-				ТВ	lda. F	Age
Name of Monitoring Firm Hirred by Bidg. Owner (8)   ASCM No. In/a	City (5)		Cou	unty (6)											
Name of Monitoring Firm Hired by Bidg. Owner (8)  ASCM No. n/a  Street Address  Street Address  City, State, Zip Code  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  Coupancy Status During Abstement (Check only one)  Marre of OSHA Monitor  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  Coupancy Status During Abstement (Check only one)  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  Coupancy Status During Abstement (Check only one)  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  Coupancy Status City Code  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  Coupancy Status City Code  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  City, State, Zip Code  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  City, State  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  City, State  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  City, State  Lincoln Park, NJ 07035  Telephone Number  (973)696-6869  City, State  Tullytown, PA  Completed by (Print or Type)  Title  Signature  Total Contractor (9)  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State  Tullytown, PA  Completed by (Print or Type)  Title  Total Contractor (9)  Total Contractor (9)  Total Contractor (9)  Total Contractor (9)  Telephone Number  (973)696-6869  City, State  Tullytown, PA  Completed by (Print or Type)  Telephone Number  (105 Ryerson Road  City, State  Tullytown, PA  Completed by (Print or Type)  Telephone Number  (105 Ryerson Road  City, State  Tullytown, PA  Completed by (Print or Type)	Clifton, NJ 07013		Pa	assaic			(S	tate use only)	1 1	10	ior if beir	ng den	nolish	ed)	
Street Address  City, State, Zip Code  City, State  City, S	Name of Monitoring Firm	Hired by B	ldg. Owr	ner (8)		ASCM No.		Name of Abatemer	1 1 -						
City, State, Zip Code  Lincoln Park, NJ 07035  Telephone Number  (973)696-8869  Name of CSHA Monitor  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  City, State, Zip Code  City, State						n/a			ation	, Inc.					
City, State, Zip Code    City, State, Zip Code	Street Address								Roa	ıd					
Project Manager for Monitoring Firm  Phone Number  Project Manager for Monitoring Firm  Phone Number  (973)696-6869  00378  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Cocupandy Status During Abatement (Check only one)  E Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-  Describe:  Scope of Work (check all that apply)  Demolition  E Renovation  Full Containment w/negative pressure  Location of asbestos-containing material to be abated in facility (13)  Description of asbestos-containing material to be abated in facility (13)  Dasement  Dasement  Dasement  Disposal Date  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  City, State, Zip Code  Lincoln Park, NJ 07035  City, State, Zip Code  Lincoln Park, NJ 07035  City, State  License Number (0373/886-889)  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  City, State, Zip Code  Lincoln Park, NJ 07035  City, State  Lincoln Park, NJ 07035  City, State  Tullytown, PA  Completed by (Print or Type)  Title  Signature  City, State  Tullytown, PA  Completed by (Print or Type)  Title  Signature  City, State  Tullytown, PA	City, State, Zip Code	<del></del>					_					-		-	
Scheduled Start Date (10)  03/29/2017  Oscupancy Status During Abatement (Check only one)    Facility closed/wacated during entire period of abatement.								Lincoln Park	, NJ	07035		- Marie et a			
Sched. Completion Date (11)  03/39/2017  Occupancy Status During Abatement (Check only one)    Facility closed/vacated during entire period of abatement.	Project Manager for Monito	oring Firm			Phone Numi	ber							ber		
Occupancy Status During Abatement (Check only one)    Facility closed/vacated during entire period of abatement.	Scheduled Start Date (10)		Sche	d. Compl	etion Date (1	1)	_			4					
Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe:   City, State, Zip Code	03/29/2017		03/	30/201	7				ation	i, Inc.					
Abatement performed outside of normal facility hours- Describe: Other-Describe: Scope of Work (check all that apply) Demolition    R   Renovation   Full Containment w/negative pressure   Glovebag procedure								105 Ryerson	Roa	d					
Other-Describe:	Abatement performe							City, State, Zip Cod	е						
Demolition							=	Lincoln Park,	NJ C	7035					
Solution		that apply)													2-4-
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basement    Description of asbestos-containing material to be abated in facility (13)   Yes   No   N/A	>3 sf or >3 lf						X	Mini-enclosure			] Non-fi				
material to be abated in facility (13)  basement  basement    X   pipe insulation   G   If   X   D   D   D			by maint				on of	achestos containing		Amount		е	1000		10000
basement    Same basement   Sa	material to be		221	Т						(Specify SI	= or	100		60000	10000
basement	addica in radiity (10)		Yes	No								- St	i r_	р	
Registered Waste Hauler B & G Restoration, Inc.    Disposal Date   Disposal Date   City, State   City, State   City, State   City   Completed by (Print or Type)   Title   Signature   City, Completed by (Print or Type)   Title   Signature   City,															
B & G Restoration, Inc. 19563 1 Tullytown Resource & Recovery Center  City, State Lincoln Park, NJ Disposal Date 03/31/2017 Completed by (Print or Type) Title Signature  Disposal Date 03/31/2017 Tullytown, PA  Completed by (Print or Type) Title Date	basement		×	<u>  contamina</u> 	ted f	iberglass insulati	on_	70lf		X	片	H	ዙ		
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City, State Lincoln Park, NJ  Completed by (Print or Type)  Disposal Date 03/31/2017  City, State Tullytown, PA  Date	Registered Waste Hauler B & G Restoration, Ir			er ID# C	20	Vaste				covery	Cent	er			
Completed by (Print or Type) Title Signature Co. Co. Date	City, State				E. C. LO. B. C. C. C. C. C. C. C.	Date		City, State			o voiy	3011			
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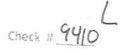
#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-33

Check # 8287

Date of Notification	1 (1)				10 1 (0)								
10   3   /   1   5	205	ll N		oint Heal	ner/Operator (2) th	)			E C				
Agencies Notified	Type Notifica	tion	reet Addr										#
☐ EPA	X Initial			t 29th Str	reet			The second secon	MAR	2.0	201	7	
☐ DEP		l c	ity, State,						WHI	LU	201	1	1
X DOL	Amend		7.2	ne, NJ 07	7002			1 4	RESTA	0.00	MITT	201	10
X DOH			ame of Co	ntact			The Court of the Month	Telephon	e Number	ENS	NG		(None
☐ DCA	Cancell	ation	John G	Silson	114					Care and residen	10.00	-	
				FAC	ILITY INFORM	ATIO	N	,					
Name of facility wh	nere abatement	is taking pla	ce (3)					Type of Facility					
Bayonne Med	lical Center	( NON S	Sub 8)						ol (K - 12)	thor ti	non K	12)	
Street Address					***************************************				apter 8 (O (Private/Co			12)	
29 East 29th	Street								/Homes, et		Blo	dg. Ag	ie.
City (5)		Coun	ty (6)			Co	unty Code (7)	Square reet	# 01 1 1001	•	Die	9.79	
Bayonne		Huc	dson			0.00	ate use only)	Current Use (P		_	olishe	d)	
Name of Monitorin	a Firm Hired by				ASCM No.	Ь,	Name of Abatement	Hospital (no	n sub 8)				
	,				71001111101		B & G Restorat						
Street Address						-	Street Address						
			ur		A		105 Ryerson R	oad					
City, State, Zip Cod	е						City, State, Zip Code Lincoln Park,	N I 07035					
Project Manager for	Monitorina Firm	1	IP	hone Numb	ner en	-	Telephone Number	40 07 000	License	Numb	er		
1 Tojoot Wariagor To	Workoning 1 am		1.	none mank	,01	1	(973)696-686	9		378			
Scheduled Start Da	te (10)	Sched.	Completi	ion Date (1	1)	_	Name of OSHA Mon				recordiscus.		
03/27/2017		03/3	1/2017				B & G Restorat	ion, inc.					
Occupancy Status I	Ouring Abateme	nt (Check or	nly one)				105 Ryerson R	oad					
	d/vacated during						City, State, Zip Code						
Describe:	erformed outside					_	LincolnPark, N.	1.07035					
Other-Descrit			- 4:30 pi	m		-	Emodiff and, 14	7 07 000				- 1	-
Scope of Work (ch	eck all that appl	y) Renovatio	2			П	Full Containment w/neg	ative pressure [	<b>✗</b> Gloveb	aa nr	ocedu	ra	
>3 sf or >3 lf		≥160 sf or ≥					Mini-enclosure	ative pressure [	Non-fri				
				used solely	vI	-		<u>`</u>		R	R	E	_
Location of asbestos-con	taining	by mainter staff(12)				on of a	asbestos-containing	Amount	5050	e m	e p	n c	E n
material to be abated in faci		Yes	Na	T NUA	material (	ACM)		(Specify S LF)	F or	0 V	a	а	C
		165	No	N/A						е	r	р	<u>—</u>
Dialysis Room				X	60 small a	sbes	tos pipe fittings	60 lf		X	님	붜	+
				#	1					H	H	H	旹
										H	計	Ħ	一
Registered Waste H B & G Restorat	auler ion, Inc.		P Hauler 9563	ID# C	ubic Yards of V 2	Vaste		Landfill Resource & Re	coverv	Cent	er	20	
City, State		_		Disposal D	Date	7	City, State						
Lincoln Park, N		Tial -		3/2//	17 - 03/31/1 Signature	/	Tullytown,	-A	Date		-	7	
Completed by (Print Gordana Luna		Title Secretar	y/Treas	urer	- Organication		Gordana Luna		03/15	/201	7		

								I look I	15		11 1	VII 15
Date of Notification			Nam	e of Buildin	g Owner / Opera	tor (2)				<u>E</u>		¥ [
Agencies Notified	3/16/17 Type Notific	cation	Old	Bridge To	wnship Board	of Ed	ucation	11531				
EPA	Type Notin	Cation		t Address	Administration	. Dida	C		MAD	2 0	20	47
☐ DEP		al	City.	State & Zip	Administration Code	i blug,	, County Ro	ute 516	MAR	C (	20	11/
DOL		ended		wan, NJ				The same				
□ DOH	☐ Eme	ergency		of Contac				AS	Teleph	Sal	Qi imil	501
☐ DCA	☐ Can	cellation		rank Fra					reiept	ارفائض	Anim	bei
			FΔ	CILITYIN	FORMATION							_
Name of Facility Wh	nere Abatem	ent is Taking Pla	ace (3)	OILIT I III	Type of Fac	ility (A)	-					
Schirra Elementa	ary School		(0)				NON SUB-CH	IAPTER 8	3			
Street Address							Other than K-					
1 Awn Street							ate & commer		nas hor	nes	etc.)	
					Square Fee		# of Floors		Bldg. A		010.7	
City (5)		County (6)	County	Code (7)	35,00	0	1			60-	٠	
Old Bridge		Middlesex					if being demol	ished)		00		
					School		9					
Name of Monitoring	Firm Hired I	by Building Owner	er (8)	ASCM N	o. Name of Ab	atemen	t Contractor (9	9)				
Environmental Co	onnection				Bristol En	vironm	nental, Inc.	,				
Street Address	01 1				Street Addre					45.0		
120 North Warren City, State & Zip Coo					1123 Beav							
Trenton, NJ 0801					City, State &							
Project Manager for		irm I	Telephone	Number	Bristol, PA			1				
Dominick Dercole	• • • • • • • • • • • • • • • • • • •	MANAGE 1000	609-392-4		Telephone N (215)788-6			License	Number			
Scheduled Start Date		Scheduled Com	A THE PART OF THE PARTY OF THE		Name of OS		nitor	00509				
3/29/17			3/29/17	(11)	Bristol Env							
Occupancy Status D	uring Abate	ment (Check onl	y one)		Street Addre		ontai mo.					
Facility Close	ed/Vacated	During Entire Pe	riod of Aba	atement	1123 Beave		et					
Abatement P	erformed O	utside of Normal	Hours -	7am to 3pn								
Describe: ;	3:30 PM to	11:30 PM			Bristol, PA	19007	•					
Scope of Work (Che	ck all that a	Abatement 7AN	vi to 3:30 P	'M								
scope of work (one	on all triat af	opiy)					Full Containm	ant with h	Manativa	Dead		
≥3 sf or ≥3 lf			⊠ Ren	ovation			Full Containm Mini-Enclosur		vegative	Pies	sure	
≥160 sf ≥260	) If			nolition			Glove Bag Pr					
							Non-Exempte			e Pro	cedu	re
	cation of		Is Locati		Description	n of		Amount		atem		
	s-Containin	g	Normally L		Asbestos-Con			(Specify				7 -
	rial (ACM) E ABATED		Solely b Maintenand		Material (A			F or LF)	70		E	m
	Facility		Custodial S		(i.e., thermal s insulation, surface				em	Repair	cap	ncls
	(13)		(12)		or other miscell				Removal	a:	Encapsulate	Enclsoure
		)	res No	N/A							te	to
lallway					Pipe Insula	ation		10 LF		$\boxtimes$	П	П
									П		Ħ	Ī
										П	ΠI	
											ΠI	
lame of Registered \	Waste Haule	er		DEP Waste		Name	of Registered	Landfill			t e	
ervice Transport	Inc		209	iler ID No.	of Waste 1/2 Cu Yd	BAINIT	DVA LANDE					
ity, State			203	730	The second secon		RVA LANDE	-ILL				
lew Castle, DE					Disposal Date 3/30/17	City, S	nesburg,	ОН				
ompleted By (Print of	or Type)		Title	2	Signature	1.17(1)	TLUDUNG,	<b>0</b> 11	Date			
ino Pizzigoni	6.5 %		11000000	ject	/	7 -		1 .	3/16	117		
			100000000000000000000000000000000000000	nager	Dens 1	lyze	gone 1	1	3/10	, , ,		



Date of Notification (1)	17		Nan	-	ong Owner/Operator	(2) O Rapel		E C	E		$\mathbb{V}$
2	ed ment #		City	355 State Zin	KWDER	ranack			7 2	**********	201
DCA Emerger (NJAC 5:23-8) Ustification Cancel	-	ıg		CHH	anel, N	.3 0	Telephone Nun	BEST nber []	OS CEI	COI	VITE IG
			FA	CILITY	NFORMATION	MANAGEMENT TO THE PARTY NAMED AND ADDRESS OF THE PARTY NAMED A					1100 MO 1100 T
Name of Facility Where Abatement is SHED  Street Address  355 KIND	·		10	2 ^		Other (i.e.,	12) r 8 (Other than K-1 private and comme		uildin	gs,	
City (5)	in ican	HL		RO		homes, etc	# of Floors	B	ldg. A	me	
County (6)			Cor	inty Code	(7)(STATE USE ONLY)	1,000	Prior if being demol	A de la constante de la consta	+0		
BOLEM.				,	(c)(c)(c) a www. with i	SH	- T	151100)			
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCA	/ No.	Name of Abateme	ent Contractor (					
Street Address	<del></del>				Street Address 185 Vreeland	Ave					
City, State, Zip Code		•	4 AND STORY		City, State, Zip Co						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No. 201-262-5841		License No. 00156				
Start Date (10) 28 / 17	Scheduled (	l Comple / 2/	etion D	ate (11)	Name of OSHA M	lonitor			100		
Occupancy Status During Abatement				-	Omega Envir	onmental Sei	rvices				
☐ Facility Closed/Vacated During En	tire Period of	Abate			Street Address 280 Huyler St	t					
Abatement Performed Outside of Name of Abatement:AM					City, State, Zip Co	ode					T THE PLANE
Scope of Work (Check all that apply)		enovat emoliti		-	☐ Full Cont ☐ Mini-Enc	ainment with Ne losure Procedure	egative Pressure	re			menorate e de en
-	1	Loca		and the same			1	7	atem	ent T	ype
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	M) Use	(12)	ely by ince/ Staff?		Description of estos Containing Mar e., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
REAL SHED	Yes 🗍	No	N/A		eador O		Trace.	10	4		
perio Onev					PANSITE SI	omg.	560sf				П
			$\Box$								
al terrorest e case a relación y proceso y consequence de la case		П	T								
Name of Registered Waste Hauler Newark Carting			JDEP lauler I	D No.	Cubic Yards of Waste		[ stered Landfill ethlahem Landfi	II Cor	n D		<u> </u>
City, State	TOTAL CONTRACTOR OF THE PARTY O		04509	<del>]</del>	Disposal Date	City, State			-		
Newark, NJ					3/28/1000	Bethlahen	n, PA				
Completed By (Print or Type)  Joseph Vocaturo	Title Vice Pr	eside	nt		Signature	1. A	Da	te <sub>2</sub> /,	, [		
SB-41 N 13	* 00 not				1	Vorsta	D0	0/1	6/1	7	

	(Pu	ırsı	uan	t t		<u>A.C.</u> 8:60 an				0	e#	5 2	17
Date of Notification (1)						ng Owner / Opera					CHT	0	//
3/17/17			Old	D	ridae T	ig Owner / Opera	itor (	2) - • • • •	1			-	
Agencies Notified Type Notifica	ation		Stro	ot	Address	ownship Board	1 10 0	ducation	Im E	(0)	<u> </u>	W	G
⊠ EPA	20011					A desiminators:			111 11	9 1	<u> </u>	U	<u> </u>
☐ DEP ☐ Initial			City	C	k TOFFE	Administratio	n Bio	ig, County R	oute 516				
DOL Amer	nded				tate & Zi					MAR	ĝ a	2015	,
	gency				van, NJ					附為日	E IJ	2017	
	ellation				of Contac	5.5			i	Telen	hon-		1
Z Sort Cance	eliation		wr.	Fra	ank Fra	zzitta			AS .				
Name of Equility Whose Abota			F/	٩C	ILITY IN	FORMATION			710	LIČE	NSIN	ig.	JL (X
Name of Facility Where Abateme Schirra Elementary School	nt is Taking Pla	ace (	(3)			Type of Fac	cility (	4)					-
Street Address													
						Subch	apter	8 (Other than I	K-12)				
1 Awn Street						Other (	i.e. p	rivate & comm	ercial buildi	nas, ho	omes.	etc.)	
						Square Fee	t	# of Floors		Bldg. A		-10.7	
City (5)	County (6)	Co	ounty	Co	ode (7)	35.00		1		Diag. 7		Š	
	Middlesex				(.)			r if hains da	-1'-1 12		60	+	
3	MiddleSCA						: (P110	or if being dem	olished)				
Name of Monitoring Firm Hired by	D.::L-1: O	(0)		_		School							
Environmental Connection	building Owne	er (8)	)		ASCM N		atem	ent Contractor	(9)				
Street Address						Bristol En	viror	nmental, Inc.					
						Street Addr							
120 North Warren Street				20110		1123 Beav	er S	treet					
City, State & Zip Code						City, State 8	Zip	Code					
Trenton, NJ 08010						Bristol, PA							
Project Manager for Monitoring Fir	m T	Telep	ohone	e N	lumber	Telephone I			License	Numbe	r		
Rollie Jones	(6	609-	392-	42	00	(215)788-6			00509	Numbe	1		
Scheduled Start Date (10)	cheduled Comp					Name of OS		lonitor	00000				
4/10/17		4/15			()			mental Inc.					
Occupancy Status During Abatem	ent (Check only	v one	2)	_				memai inc.					
Facility Closed/Vacated Di	uring Entire Pe	riod .	of Ah	ato	mont	Street Addre		1					
Abatement Performed Out	side of Normal	Lla	טו אט	7-	entent	1123 Beav							
Describe:	side of Normal	ПОІ	urs –	/a	m to 3pn								
	betoment 748					Bristol, PA	190	07					
Facility Occupied During A Scope of Work (Check all that app	batement /AN	1 10	3:30 1	PIM								V-011	
	19)							Full Contain		d seed and	_		
≥3 sf or ≥3 lf		$\boxtimes$	Por	201	ation		$\bowtie$	Full Contain		vegativ	e Pre	ssure	:
≥160 sf ≥260 lf	1							Mini-Enclose					
Z = 100 0. 1200 H	(4	Ш	Del	HOI	lition		Ш	Glove Bag F					
Looption of								Non-Exempt	ted and No	n-Friab	le Pro	ocedu	re
Location of Asbestos-Containing	1.		ocat			Descriptio	n of		Amount	At	atem	ent T	уре
Material (ACM)	1 '		nally I		ea	Asbestos-Cor			(Specify		T	T	
TO BE ABATED	N		olely lenan		0.5	Material (A	CM)	100	SF or LF)	7	,	m	т
in Facility			dial S			(i.e., thermal s				Remova	Repair	cap	Enclsoure
(13)		rasio	(12)	Jia		insulation, surfa or other miscel				VO.	pai	nsc	SOL
8	Y	'es	No	N	/A	or other miscel	aneo	us)		<u>a</u>		Encapsulate	Гe
Boiler Room			П	Г	7	Descrit	-		#00 CT		5	,,,	
Boiler Room			금	+	┽├	Breechi			500 SF				
Boiler Room			-	+	D:-	Boiler Insu	30	The second secon	250 SF				닏
Boiler Room		<del>-</del>	H	+		e Insulation a Tank Insul			325 LF				님
		+	H	-	+	rank insul	ation		200 SF	14			닏
	<u>L</u>	+	井	+	-								Щ
ame of Registered Waste Hauler			NIII	L	_	Cubic Vand	h 1						
			100		r ID No.	Cubic Yards of Waste	Nan	ne of Registere	ed Landfill				
ervice Transport Inc.			209			1/2 Cu Yd	B#:	omio I amatri	,				
ity, State			20	J 3 (	J			erva Landfil	I				
ew Castle, DE						Disposal Date		State					
ompleted By (Print or Type)			T;41			4/15/17	vva	nesburg, O	nio	1			
ino Pizzigoni			Title	715	-4	Signature	2	/		Date			
o i izzigoiii			Pro			Mino P	n	gone/g	L	3/17	7/17		
			IVIa	na	ger	1	972	gone 14					

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)		M			, -
3/17	/1	7		1		de Nemours	(2)		*********			
Agencies Notified Type No	tification	)		Stree	t Address			INE	6	E	11	VII
☐ EPA ☐ Initial		•		100000000000000000000000000000000000000		equake Road			<u> </u>	5	П	<u> </u>
☑ DOLWD ☐ Amer				4	State, Zip							
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ndment #		-		rlin, NJ (				MAR	21	20	117
DCA Emer (NJAC 5:23-8) justifi	gency (i cation)	ncludin	g		e of Conta					L (	1 20	HE
(NJAC 5.25-8) Justin				1000	hol Reir			Telephone Num	her		-	
					100000 10000	10.000.000		L. <sub>[</sub>		ENIC	NI	ROL
Name of Facility Where Abatement	is Takir	n Place	2 (3)	FA	CILITY	NFORMATION	Tree of Facility	1	LIU	CIVE	HNG	-
DuPont Parlin Facility - Bld		ig i idoc	(0)				Type of Facility ( ☐ School (K-12					
Street Address	9. 120				-		Subchapter 8	Other than K-12	2)			
250 Cheesequake Road							Other (i.e., pr homes, etc.)	ivate and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	Age	
Parlin											9	
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Middlesex							Exterior		reconstitution.			
Name of Monitoring Firm Hired by E	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Cardno ATC							VIRONMENTAL	., INC.				
Street Address						Street Address						
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode	The second secon				
Burlington, NJ 08016						BRISTOL, PA						
Project Manager for Monitoring Firm	n		Tele	phone	No.	Telephone No.		License No.				_
John Lutz			60	9-386	-8800	215-788-6040	Ú.	00509				
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor			-		
4/1/17		4 /		/ .	17	BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During Abatemen						Street Address						7
Facility Closed/Vacated During E	Intire Pe	riod of	Abater	ment		1123 BEAVER	R STREET					
Abatement Performed Outside on Time of Abatement: 7:00AM-	f Norma	Facility	y Hour		cribe	City, State, Zip Co	ode					
A CONTRACTOR OF THE CONTRACTOR		3.30PI	VI	AM		BRISTOL, PA	19007					
Scope of Work (Check all that apply	)					_					-	
≥3 sf or ≥3 If     ≥160 sf or ≥260 If		⊠ Re □ De	novati			<ul><li>☐ Full Cont</li><li>☑ Mini-Enc</li><li>☑ Glovebag</li></ul>	ainment with Nega losure	ative Pressure				
						☐ Non-Exer	mpted (*) and Non	-Friable Procedu	e			
Loophing		4-1000	Locat Vormal						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	CM)		d Sole		Ashe	Description of stos Containing Mai		A	R	R	Щ	Щ
TO BE ABATED	/		intena odial S			., thermal systems i		Amount (Specify	Removal	Repair	cap	clos
IN Facility (13)		Cust	(12)	staπ?		surfacing, VAT,		SF or LF)	\sigma	_	Encapsulate	Enclosure
(10)		Yes	No	N/A		other miscellaned	ous)				ate	11.335.0
Building 425 Exterior			$\boxtimes$		Pipe Ins	sulation		42 LF				
									П	П	П	П
												$\overline{\Box}$
Name of Registered Waste Hauler			N.	JDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill	1			
Bristol Environmental Inc			H	auler ID	No.	Waste	GROWS Lar					
City, State				18706		3 Disposal Date	City, State	A-101111				
Bristol, PA						4/3/2017	Morrisville,	DA 10067				
Completed By (Print or Type)	Title					ADDITION OF STATE OF	worrsvine,					
Gino Pizzigoni	1 2 3 3 3		or			Signature	0 .	/ Dat	e /	_ /		
Cilio Fizzigorii	_ E	stimat	Or			Sino 1	Maraou.	1100	3/10	7/.	17	

ASB-41 MAY 11

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

CR# 3178

Date of Notification (1) 3/17/17		ame of Building acys Inc.	Owner / Operato	or (2)	In) E	CEIV	
Agencies Notified Type Notificat		reet Address			HEXT		1
☐ EPA	7	West Seventh	Street		And the second s	AR 2 0 20	47
☐ DEP ☐ Initial ☐ Amend	Ci	ty, State & Zip C	Code		II L. W	AR & U ZU	17 - 11
	led Ci	incinnati, OH	45202				A.
□ DOH □ Emerge		ame of Contact			ASRE	kelenhone Nur	pper &
DCA Cancel	lation Ti	a Wenrich			ad an artist and a state of the		
		FACILITY INF	ORMATION		1.000		
Name of Facility Where Abatemen		TAGILIT III	Type of Facil	ity (4)			
Macys Store			School (	0 87			
Street Address				oter 8 (Other tha			
755 Route 18			Other (i.e Square Feet		nmercial building	gs, homes, etc ldg. Age	.)
City (5)	County (6) Coun	nty Code (7)		" 01110	.	lag. Algo	
	Middlesex	ny ocac (/)	Current Use	Prior if being d	lomolished)		
- Lace Di allowion	madicsex		Retail	(i flor il pellig d	errionaned)		
Name of Monitoring Firm Hired by	Building Owner (8)	ASCM No.		tement Contrac	otor (O)		22-52-14-
Pennoni Associates, Inc.	ballaling Owner (0)	ASCIVI NO.	:	ironmental, I			
Street Address			Street Address		nc.		
515 Grove St.			1123 Beave	107.0			
City, State & Zip Code			City, State &				
Haddon Heights, NJ 08035			Bristol, PA				
Project Manager for Monitoring Fire	m Telepho	one Number	Telephone No	umber	License No	umber	
Joseph Anello		6-2857	(215)788-60	40	00509		
	cheduled Completion		Name of OSF				
3/27/17	3/28/1	7	_	ironmental Ir	ıc.		
Occupancy Status During Abateme		A l 4 1	Street Addres				
☐ Facility Closed/Vacated Du ☐ Abatement Performed Outs			1123 Beave				
Describe: 10:00 PM to 7:0		5 –	City, State &				
Facility Occupied During A			Bristol, PA	19007			
Scope of Work (Check all that app							
coope of them (effect all that appli	37			☐ Full Cor	ntainment with Ne	egative Pressu	ıre
≥3 sf or ≥3 If		Renovation		☐ Mini-End		290010	
≥160 sf ≥260 lf	Πī	Demolition			ag Procedures		
	_				empted and Non-	-Friable Proce	dure
Location of	Is Lo	cation	Description	of	Amount	Abatement	t Type
Asbestos-Containing		Ily Used	Asbestos-Conf		(Specify		
Material (ACM) TO BE ABATED		ely by	Material (AC		SF or LF)	Z _	
in Facility		nance or ial Staff? i	(i.e., thermal synsulation, surface			Repair	aps
(13)		12)	or other miscella			Repair	Enclosure
		No N/A		,		-	हि ।
1st Floor Mech Room			Debris		1 SF		
Cosmetics Stock Mezz			Debris		2 SF		TITI
Womens Shoes Stock Mezz			Debris		30 SF		FIFT
		117					TH
							TITI
	1717	<u> </u>	**************************************				TITI
Name of Registered Waste Hauler		NJDEP Waste	Cubic Yards	Name of Regi	stered Landfill		
		Hauler ID No.	of Waste				
Service Transport Inc.		20990	3 Cu Yd	Minerva Lar	ndfill		
City, State			Disposal Date	City, State			
New Castle, Delaware			3/28/17	Waynesburg	g, OH		1
Completed By (Print or Type)		Title	Signature		1.0	Date ,	,
Gino Pizzigoni		Project	Glino Pun	zijoni	110	3/17/	17
		Manager	Low I !	00	0	1	

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Date of Notification (1)		1			Name	of Buildin	g Owner/Operator (	2)	11 11 14	AR 2	0 2	017	
03/	17 /	17			Ger	neral Ele	ctric Company		14 7 14	MII C	U L	UII	
Agencies Notified	Type Notifica	ation			Street	Address			AODE	2700	2011	TENO	
□ EPA	☐ Initial				600	1 Tonelle	e Avenue		ASBE	LICEN			儿也
⊠ DOLWD					City, S	State, Zip C	Code		Transfer Comments	had the loss l	C (1 %)	<i>✓</i> 1	
☑ DHSS	Amendme				Nor	th Berge	en, NJ 07047						
☐ DCA (NJAC 5:23-8)	☐ Emergend justification		auding		Name	of Contac	t		Telenhone Nur	nber		-	
	☐ Cancellat				Tiin	a Olsson	n						
					FA	CILITY IN	IFORMATION		-		7		
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility (4	)			A COLUMN	-
Former General Ele								☐ School (K-12)	,				
Street Address	en de leva de la composition della composition d							Subchapter 8 (			ildin a	_	
6001 Tonelle Avenu	ie							Other (i.e., priv homes, etc.)	ate and comm	erciai bu	liding	S,	
City (5)								Square Feet	# of Floors	Blo	ig. Ag	ge	_
North Bergen								127,000	2		31		
County (6)					Cour	ty Code (7	(STATE USE ONLY)	Current Use (Prior	r if being demo	lished)			$\neg$
Hudson							*** A SACRET CONTROL OF THE SACRET SACRET CONTROL CONTROL	Vacant					
Name of Monitoring Firm	Hired by Build	ling O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
Health and Safety S					0011	7	Superior Aba						
Street Address	•						Street Address			111920			
PO Box 365							2 Henderson	Drive					
City, State, Zip Code							City, State, Zip Co	ode					$\neg$
Berlin, NJ 08009							West Caldwe						
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.	<del>-</del> i	License No.				
Jim Proctor				0.1110	6-452		(973) 808-161	6	00411				
Start Date (10)	S	Schedi	uled Co	omple	tion Da	te (11)	Name of OSHA M						
3/27/	C-00000				_ /	7.0	Superior Aba	tement Inc					
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address					11	
□ Facility Closed/Vacate	ed During Entir	e Per	iod of	Abate	ment		2 Henderson	Drive					
☐ Abatement Performed			The second of the				City, State, Zip Co	ode					
Time of Abatement: _	AM	PN	V	_PM-		AM	West Caldwe						
Scope of Work (Check all	that apply)							V-10-00-00-00-00-00-00-00-00-00-00-00-00-					
□ >2 of or >2 if			⊠ na					tainment with Nega	tive Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re					g Procedure					
			(3000)				☐ Non-Exe	mpted (*) and Non-	Friable Proced	ure			
				Locat Iorma			72 8 8			Ab	atem	ent Ty	уре
Location Asbestos-Containing		n		d Sole		Ashe	Description o estos Containing Ma		Amount	Re	Re	En	Ē
TO BE ABA	TED	'		intena	nce/ Staff?		e., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili (13)	ty		Cusi	(12)	Stall?		surfacing, VAT other miscellane		SF or LF)	la la		sula	ure
(13)		İ	Yes	No	N/A	1	other miscellane	ous)				ite	
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Boiler Room						TSI Pin	e Insulation	CONTRACTOR OF MANAGEMENT OF THE CONTRACTOR OF TH	130 LF		П		П
201101 1100111		-				10:11	o moditation	-	100 21				
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Name of Registered Was				100	IJDEP \ lauler II		Cubic Yards of Waste	Name of Registe					
Service Transport (	roup, Inc			- 1	SW21		800	Minerva Lan	Iatili				
City, State							Disposal Date	City, State					
New Castle, DE							5/05/17	Waynesburg	gh, OH				
Completed By (Print or T	ype)	Title					Signature	11	/	Date	,		
Mary Petrovski		Pr	reside	ent			4/1/11	Pitrous	4, 3	/17	117	7	

Date of Notification (1)					LAZ	( D			HIT)				11
	10 /	1	7				ng Owner/Operator	(2)	MAI	9 2	0 2	017	And the same of the same of
Agencies Notified	Type Notific	cation			Stron	t Address							1
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☑ DHSS	Amenda		4		City,	State, Zip	Code			UTIV.	Sinn.		
DCA	☐ Emerge		_	~	No	rth Berg	en, NJ 07047						
(NJAC 5:23-8)	justificat		IGUUIII	y	_	e of Contac			Trans.				
	☐ Cancella					na Olsso			Telephone Nun	nber			
							520						
					FA	CILITY II	NFORMATION					-	
Name of Facility Where A			g Place	e (3)				Type of Facility	(4)				_
Former General Ele	ctric Facili	ity						School (K-1					
Street Address								☐ Subchapter	8 (Other than K-1)	2)			
6001 Tonelle Avenu	ie							Other (i.e., phomes, etc.	private and comme	ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	Te	lda /		
North Bergen								127,000	2		ldg. A	ige	
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Hudson								Vacant	nor in boing defined	Si icu)			
Name of Monitoring Firm	Hired by Buil	Iding (	Owner	(8)	ASCM	No.	Name of Abateme		)				
Health and Safety S	ervices, In	c.			001	17	Superior Aba		,				
Street Address							Street Address						
PO Box 365							2 Henderson	Drive					
City, State, Zip Code							City, State, Zip Co	ode					
Berlin, NJ 08009							West Caldwe	II, NJ 07006					
Project Manager for Monit	toring Firm			Tele	ephone	No.	Telephone No.		License No.				
Jim Proctor				1	56-452		(973) 808-161	6	00411				
Start Date (10)					etion Da		Name of OSHA M	lonitor					$\neg$
3/20/_					1_ / .	17	Superior Aba	tement Inc					
Occupancy Status During							Street Address						_
Facility Closed/Vacated	d During Enti	re Per	riod of	Abate	ment		2 Henderson	Drive					
Abatement Performed	Outside of N	ormal	Facility	/ Hou	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:	AM	PN	N	_PM		AM	West Caldwe						- 1
Scope of Work (Check all	that apply)							.,					_
			I CANADA AND AND AND AND AND AND AND AND AN					ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re		3777		Mini-Encl     Mini-En	losure	,				
⊠ ≥100 St 01 ≥200 II			☐ De	molitio	on		☐ Glovebag	Procedure					
			le	Locat	ion		□ Nou-Exe	mpted (*) and No	n-Friable Procedu	re			
Location of	nf .			iorma			D			Ab	atem	ent Ty	уре
Asbestos-Containing M		1)			ely by	Ache	Description of stos Containing Mat	torial (ACM)		70	Z	m	Ш
TO BE ABAT		,		intena		(i.e.	, thermal systems i	nsulation	Amount (Specify	9	Repair	nca	ncl
IN Facility	/		Cust		Staff?		surfacing, VAT,		SF or LF)	Removal	=	psi	Enclosure
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			Yes	No	N/A							6	
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Boiler Room						TSI Pipe	Insulation		130 LF	×	П	П	П
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Name of Registered Waste	Hauler				1-	Vacto	Cubic Varda of	1				Ш	Ц
Service Transport G					JDEP V auler ID	000000	Cubic Yards of Waste	Name of Regis					
City, State	- July, 1116				SW21	200000000000000000000000000000000000000	800	Minerva La	Indfill				
New Castle, DE							Disposal Date	City, State				C-L-	
							4/21/17	Waynesbu	rgh, OH				
Completed By (Print or Typ	e)	Title	gratten.				Signature	14	Da	te/	,	1000	$\dashv$
Mary Petrovski	,	Pr	eside	nt			11/11/1	Velle	8, 3	te//0	/	17	7

	4	, N	OIII				C 8:60 and 5:16				2 1	Π/7	e i	to made
				(re	Wasterland and State of State			(4.5)		) EGI		$\mathbb{W}_{\underline{}}$		
Date of Notification (1)							Owner/Operator (2	2)	In					
03 /	03 /	17	_		Ger	neral Elec	ctric Company	0.		MAR	202	017		UI
Agencies Notified	Type Notifica	ation			Street	Address			101 2	10.75.61	U - C	V+/-	1	-
☐ EPA					600	1 Tonelle	Avenue					THE STATE OF THE S		
□ DOLWD	Amended	567			City, S	State, Zip C	Code			ASBESTOS			L &	
☑ DHSS	Amendm		ding		Nor	th Berge	n, NJ 07047	Į.	+	LICE	NSINC	<u> </u>		
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati	icy (inciti ion)	iding		Name	of Contact	t			Telephone Nu	mber			
(110710 0.20 0)	☐ Cancellat				Tiin	a Olsson	1 .							
		1000010			FAC	CILITY IN	FORMATION							-
Name of Facility Where A	batement is "	Taking P	lace (	(3)		JIE111 1114		Type of Faci	lity (4	)				
Former General Ele				,				School (H		,				
Street Address		-,						☐ Subchap	ter 8 (	Other than K-				
6001 Tonelle Avenu	Ie.						-	M Other (i.e.		ate and comm	iercial bi	ııldıng	JS,	
City (5)								Square Feet		# of Floors	В	dg. A	ae	
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Hudson					Oour	ity code (i	NOTHIE GOL GHET	Vacant	(, ,,,,,	ii boilig doille	,iio.ioa)			
Name of Monitoring Firm	Hired by Build	dina Ow	ner (8	8)	ASCM	No	Name of Abateme		(9)			-100-10		
Health and Safety S			ner (c	"	0011		Superior Aba							
Street Address	oci vices, iii	·			0011		Street Address							
PO Box 365							2 Henderson	Drive						
City, State, Zip Code							City, State, Zip Co							
Berlin, NJ 08009							West Caldwe		5					
Project Manager for Moni	itorina Firm			Tele	phone	No	Telephone No.	, 110 01 00		License No.				
Jim Proctor	itoring i iiiii				56-452		(973) 808-161	6		00411				
Start Date (10)		Schedule	ed Co				Name of OSHA M	100		00111				
3 / 13 /					1 /		Superior Aba							
							Street Address							
Occupancy Status During					mont		2 Henderson	Deire						
<ul><li>☑ Facility Closed/Vacate</li><li>☑ Abatement Performed</li></ul>						cribe						2055		
Time of Abatement:							City, State, Zip Co West Caldwe							
0 (0) -1 (0) -1 -1	10-4						west caldwe	II, NJ 07000	,					
Scope of Work (Check all	tnat apply)						□ Full Cont	tainment with	Nega	tive Pressure				
≥3 sf or ≥3 lf		. 🗵	Ren					losure						
≥160 sf or ≥260 lf		L	] Den	nolitio	on		⊠ Glovebac             □ Non-Exe             □ No		Non-	Friable Proced	dure			
			ls l	oca	tion	T		mptoo ( ) and	T			atem	ent T	vne
Location	οί			orma			Description o	of					1	-
Asbestos-Containing		A)			ely by ince/		stos Containing Ma			Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA IN Facilit					Staff?	(1.6	<ul> <li>thermal systems surfacing, VAT,</li> </ul>			(Specify SF or LF)	ova	=	psu	nsc
(13)	v	_		(12)	_	-	other miscellane			1515 (1554) 1564 <b>1</b>	-		ilate	G,
		)	res	No	N/A							_		
Manufacting Area						Wood B	Block Floor and	Mastic		55,000 SF				
Boiler Room		Г	5			TSI Pipe	e Insulation			130 LF	×	П	П	
201101 1100111			_		-				+			1		
		L							_		ᆜᆜ	1	Ш	ш
Name of Registered Was	te Hauler		-	1	JDEP \		Cubic Yards of			ered Landfill				
Service Transport (	Group, Inc			1	lauler II SW21		Waste 800	Minerva	a Lar	dfill				
City, State					STYZ	11	Disposal Date	City, State						
New Castle, DE							4/11/17	Waynes	sburg	gh, OH				
Completed By (Print or Ty	vpe)	Title	-				Signature	1	,		Date	1	1	
Mary Petrovski	15-1		side	nt			Un	nf.	1		.2	12	11-	7
NG. J. C. CVC.				4600 			11000	y 1-000			1	-	//	_

**MAY 11** 

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

(1) 10025	NOTIFICATION OF ASBESTOS ABATEMENT							- (C	D L	<u> </u>	A	_브			
Churs)				to NJAC					Table Street	1					
Date of Notification (1) 03/13/2017				of Building vood Ap				nty Club	1	1	MA	R Z	0	201	7
Agencies Notified Type Notifie	cation		Street A	Address						101	250	TOO	00	V 1.1.1.	01.0
EPA Initial			1 Che	erry Hill I	ane				1	ASt			NSII		OL 8
DEP Amen Amen				ate, Zip Co					1		Marca Spiller	* . Fac UP - ( Branch			
Emarc	dment # gency (including			ridge, N	J 0885	57									
DOH justific	ation)			f Contact					Τρ	lont -					
DCA Cance	ellation		Eric P												
Name of Facility Where Abatement is	Taking Place (3	3)	FAC	ILITY INF	ORMAT	ION	Tv	pe of Facility (	1)						
Glenwood Apartments	•							School (K-1							
Street Address			12000				H	Subchapter		er than	K-12	)			
27-29 Cherry Hill Ln							×	Other (i.e. p etc.)	rivate	& comm	nercia	l build	dings,	home	es,
City (5)							Sq	uare Feet	#0	f Floors		В	ldg. A	ge	
Old Bridge							2,	000	2			6	5+		
County (6) Middlesex				Code (7)	1			rrent Use (Pric	r if bei	ing dem	olish	ed)			
Name of Monitoring Firm Hired by Bu	ildina Ouran (0)							partment							
N/A	liding Owner (8)	13	ASCN	A No.				batement Con neral Const							
Street Address						Street			uctio	11, 1110					
								ifton Ave, P	MB S	Suite 2	18				
City, State, Zip Code								, Zip Code					A soldier		
						5.56		NJ 07012							
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	one	No.		Licens	se No	).				
					973-3	389	-0089		0069	3	-31				
Start Date (10) 03/24/2017				Date (11)				SHA Monitor							
Occupancy Status During Abatement	04/08/							neral Constr	uctio	n, Inc					
THE RESERVE AND THE PROPERTY OF THE PROPERTY O		12	-1000 A D			Street 1		<sub>ress</sub> ifton Ave, P	MRS	uite 2	18				
Abatement Performed Outside of	ntire Period of A f Normal Facility	Abater / Hour	nent s					Zip Code	VID C	uito 2	-	-			
Other – Describe:	35							NJ 07012							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promotes	Renova						Full Containme		Negati	ve Pr	essur	е		
2100 St 01 2200 II	L -	emoli	tion			×		Mini-Enclosure Glovebag Proc							
							1	Non-Exempted		d Non-F	riable	e Prod	cedur	е	
	W 2000	Locat												ement pe	
Location of Asbestos-Containing Material (AC	11	Normal d Sole		Ashos		scription		in (ACM)	^				.,		$\Box$
TO BE ABATED	Ma	intena todial s	2000000		thermal	systems	ins			mount Specify		Re	77	Encapsulate	m m
In Facility (13)	045	(12)	Jian:			cing, VA			SF	or LF)		Remova	Repair	apsu	Enclosure
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27 A-D Cherry Hill Ln-Crawl S	140	130/3	P	ine/Flh	ow Ins	ula	tion	18	30 LF		Х				
29 A-D Cherry Hill Ln -Crawl S				•	ow Ins				50 LF	-	X	-			
ze v z chorry rim zm crawi o			Г	ihe/⊏ir	OW IIIS	ula	uon	15	DU LF		Λ				
Name of Posistered Mary															
Name of Registered Waste Hauler	113337	IJDEP W lauler ID		Cubic of Was			Name of F	0.5		dfill					
Service Transport Group	1000	0990	5:1 <del>7</del> 60	6 CY			Minerva	Land	dfill						
City, State			Dispos	al Date	717	City, State									
New Castle					04/08	/2017		Waynes	Burg	g, OH 4	4468	38			
Completed by Milan Njezic	Title	ь.	4	20.	S	ignature	) (		A	-	Date				
VIII AIT INICALO	Presi	dent		1/	1.1.1	1		1	-	03	12/2	017		- 1	

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Date of Notification (1)

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Date of Notification (1) 3-13-17		Name of Building Owner/Operator (2) Dupont Nemours Company  MAR 2 0 20									17		Spage	
Agencies Notified	Notification Type		Street A		s	· · · · · · · · · · · · · · · · · · ·	an Apple	ASBEST	OS CC	TNC	RO	L 8	2	
☑ DEP ☑ DOL	☐ Amended☐ Emergency (Includi	na	City, St. Deepwa	ate, Zip ater, N	Code J 08023			in the second	<u>CENSI</u>	<u>NG</u>	facts/res pronorms			
□ DCA	Justification)  Cancellation	9	Joe M					l Telenh	ione Niin	nher				
			FAC	ILITY I	INFORM	IATION								
Name of Facility Where A Chamber Works Plant	batement is Taking Plac	e (3)					Type of Faci							
Street Address Rt 130 South							School (k Subchapt Other (i.e homes, e	ter 8 (other the private & co	han K-12 ommerci	?) al bu	ıildir	ngs,	,	
City (5) Deepwater							Square Feet		ors	Ble	dg. /	Age	è	
County (6) Salem				U	ounty Co SE ONL	ode (7) (STATE Y)	Current Use	(prior if being	g demoli	shed	)			
Name of Monitoring Firm I Harvard Environmen			ASCM N	No.		of Contractor (9)	tal							
Street Address 761 Pulaski Hwy		11			Street	Address New Churchmai								
City, State, Zip Code Bear, De					New	tate, Zip Code Castle, DE 197	20							
Project Manager for Monit Wesly Morrison		302-3	one No. 26-233		(302)	none Number 322-8946		License 00578	Numbe	r				
Scheduled Start Date (10) 1-2-17	Scheduled Com 6-30-17	pletion	Date (1	1)		of OSHA Monitor ity Environment	al (	(17-003A)						
Occupancy Status During					100000000000000000000000000000000000000	Address New Churchmar	ns Road							
<ul> <li>☐ Facility Closed/Vacated</li> <li>☐ Abatement Performed</li> <li>☐ Other – Describe: Unod</li> </ul>	Outside of Normal Facilit	Abater y Hour	ment s -			tate, Zip Code Castle, DE 197	20							
Scope of Work (Check all	that apply)		r	X Ren	ovation			gativa Proce	nuro.					
$\boxtimes \ge 3$ sf or $\ge 3$ If $\boxtimes \ge 160$ sf or $\ge 260$ If			į		nolition	☐ Mini-Enclos ☐ Glovebag P ☐ Non-Exemp	ure rocedure			ė				
			s Locatio			-				At	oate Typ		nt	
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Thermal Systems		Yes	No	N/A	Theur	-1		10.0001 =						
Thermal Systems			X		Them	nal coverings through al coverings through	hout area	10,000LF 3,000SF		X	X	X		
Floor Tile /Mastic Name of Reg. Waste Haule			x DEP Wa		Floor	tile and mastic throu	ughout area	2,300SF		Χ				
S&J Transport. ID No. 03217  City, State					uler	Cubic Yards of Waste >30	Name of Ro Constoga	eg. Landfill						
Woodstown, NJ						Disposal Date TBD	City, State Morgantow	n, PA	***					
Completed by Evelyn Walsh	Title Office Manager		Signature Dat							e 3-17				

Chilon

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		WAR	2	0	2017	Print	Fbr
A	SBE		DS (		NTRO	OL 8	

Garfi Off Type Notification   Street Address   288 Virginia Ave   Street Address   Street Address   Gardinary   Street Address   Gardinary   Gardina	Date of Notification (1)	Name of Building Owner/Operator (2)  ASBESTOS CONTROL LICENSING							)L &							
EPA DOL Amended Amende	03/10/17			North	ner Unit	ed Inte	rnation	al C	orp	l		LI	JEN	SIN	3	
DOP   Amended Amendment #   DOP   Cancellation   Darkey (City No J07304   Does    D	1				Ave											
DOH	DEP Amended Amendmen						)4									
Name of Pacility Where Absterment is Taking Place (3) Northern United Street Address Street Address Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity (5) Jersey City Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity (5) Jersey City Subchalper & of Floors Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity (5) Jersey City Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity (5) Jersey City Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity (5) Jersey City Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity (5) Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity (5) Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity (5) Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity (6) Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Clity Subchalper & (Other than K-12) Other (it. private & commercial buildings, homes, Subchalper & of Floors Subchal	✓ DOH justification	)				T. C				Te	lephon	ie Nu	mber	8		
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Subchapter & Ciber (file. private & commercial buildings, homes, etc.)   Subchapter & Ciber (file. private & commercial buildings, homes, etc.)   Square Feet   40 Floors   Bldg. Age   1890	Northern United	ng Place (3)						Ту								
Square Feet   1400   2   1890   189								À	Subchapte Other (i.e.	er 8 (Oth	er than & com	n K-1 merc	2) al bui	ildings	s, hon	nes,
Hudson  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  ASCM No.  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Project Manager for Monitoring Firm  Telephone No.  973-653-9652  Start Date (10)  03/20/17  Scheduled Completion Date (11)  04/04/17  Goran Igev  City, State, Zip Code  Paterson NJ 07501  Start Date (10)  03/20/17  Scheduled Completion Date (11)  04/04/17  Goran Igev  Street Address  144 Mill St  Corporation  Telephone No.  1257  Start Date (10)  03/20/17  Scheduled Completion Date (11)  04/04/17  Goran Igev  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Street Address  144 Mill St  City, State, Zip Code  Paterson NJ 07501  Full Containment with Negative Pressure Milli-Enclosure  City, State, Zip Code  Paterson NJ 07501  Full Containment with Negative Pressure Milli-Enclosure  City, State, Zip Code  Paterson NJ 07501  Full Containment with Negative Pressure Milli-Enclosure  City, State, Zip Code  Paterson NJ 07501  Full Containment with Negative Pressure  Milli-Enclosure  City, State, Zip Code  Paterson NJ 07501  Full Containment with Negative Pressure  Milli-Enclosure  City, State, Zip Code  Paterson NJ 07501  Full Containment with Neg									uare Feet	100000000000000000000000000000000000000	f Floor	s				
Street Address  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Scheduled Completion Date (11)  O3/20/17  O4/04/17  Cocupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Praterson NJ 07501  Start Date (10)  O3/20/17  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  23 sf or 23 if  2160 sf or 2250 if  Prull Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement  Abatement  Abatement (Check Only One)  Paterson NJ 07501  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement  Type  The Disposal Date  Title  Arithment Address  Arithment Address  Title  Abatement  Type  Title					n		Cui	rrent Use (Pr	rior if bei	ing der	nolis					
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Paterson NJ 07501  Project Manager for Monitoring Firm  Telephone No.  Total Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  Total Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Total Project Manager for Monitoring Firm  Telephone No.  Total Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Total Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Total Project Manager for Monitoring Firm  Telephone No.  Total Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Total Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Total Project Manager for Monitoring Firm  Telephone No.  Telephone Vo.  Telephone	Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name	of Al	batement Co	ontractor	(9)					
Project Manager for Monitoring Firm  Telephone No.	Street Address						100000000000000000000000000000000000000						7 10 11 11			
Start Date (10) 03/20/17  Scheduled Completion Date (11) 03/20/17  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Scope of Work (Check All That Apply)  23 sf or 23 lf 257  Pall Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friabl	City, State, Zip Code									1						-0.000
Start Date (10) 03/20/17  Scheduled Completion Date (11) 04/04/17  Scheduled Completion Date (11) 04/04/17  Screet Address  Street Address 144 Mill St  City, State, Zip Code Paterson NJ 07501  Scope of Work (Check All That Apply)  ≥ 3 sf or 23 lf ≥ 160 sf or ≥250 lf  Scope of Work (Check All That Apply)  I State Address 144 Mill St  City, State, Zip Code Paterson NJ 07501  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-	Project Manager for Monitoring Firm		T	Telepho	one No.								0.			
Occupancy Status During Abatement (Check Only One)    A Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:   Scope of Work (Check All That Apply)   ≥3 sf or ≥3 if ≥160 sf or ≥260 if			mpletion	Date (11)												
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Paterson NJ 07501  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*)	Occupancy Status During Abatement (Chec	k Only One	)				Street	Addr	ess					-		
Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement    Secope of Work (Check All That Apply)	Abatement Performed Outside of Norm	Period of Ab nal Facility F	aten lours	nent S												
Zeas of or ≥3 if ≥160 sf or ≥260 if  Renovation Demolition  Renovation Demolition  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and No							Pate	rsor	NJ 0750	1						
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Basement  Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Amount (Specify SF or LF)  To Be ABATED Custodial Staff? (12)  Yes No N/A  TSI  200 LF  Name of Registered Waste Hauler  NDIAN ARROW INDUSTRIES  Name of Registered Landfill Facility (13)  Name of Registered Landfill Facility (12)  Name of Registered Landfill Facility (13)  Name of Registered Landfill Facility (13)  Name of Registered Landfill Facility (14)  Name of Registered Landfill Facility (15)  Name of Re	≥3 sf or ≥3 If	Secretaries .	100 Year	tion Wini-Enclosure Glovebag Procedure									•			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement  Basement  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  No N/A  To Be ABATED (12)  Yes No N/A  Basement  Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  To Be ABATED (Specify SF or LF)  Yes No N/A  To other miscellaneous  Name of Registered Waste Hauler  NDIAN ARROW INDUSTRIES  Name of Registered Landfill G.R.O.W.S.  City, State  PATERSON NJ  Completed by  GORAN IGEV  Signature  Date		ls L	ocati	on					on-Exemple	u ( ) and	I INOII-I	riabi	e Pro	20000-00	200	t
Maintenance/ Custodial Staff? (12)  Yes No N/A  Basement  TO BE ABATED In Facility (13)  Yes No N/A  Basement  TSI  Assestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  TSI  200 LF  Y  Name of Registered Landfill G.R.O.W.S.  City, State PATERSON NJ  Completed by GORAN IGEV  Signature  Date	Location of	No	mal	ly		Des	scription	of					_	Ту	ре	
Basement  TSI  200 LF  y  Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES  NJDEP Waste Hauler ID No. 36031  Disposal Date TBD  Completed by GORAN IGEV  Signature  Date	TO BE ABATED In Facility	Maint Custoo	enar lial S 12)	rice/ Staff?	Asbes (i.e.	thermal surface	systems cing, VA	insu T, or	lation,	(S	pecify		Removal	Repair	Encapsula	Enclosure
Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES  City, State PATERSON NJ  Completed by C	Basement	Yes	No	N/A			TOI				0.1.5				б	
INDIAN ARROW INDUSTRIES  Hauler ID No. 36031  Title  Completed by  GORAN IGEV  Signature  Name of Registered Landing of Waste TBD  Ratio of Registered Landing of Waste TBD  Name of Registered Landing of Waste TBD  City, State  MORRISVILLE PA  Signature  Date	Datomont					131			200	0 LF		У				
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INDIAN ARROW INDUSTRIES  Hauler ID No. 36031  Title  Completed by  GORAN IGEV  Signature  Name of Registered Landing of Waste TBD  Ratio of Registered Landing of Waste TBD  Name of Registered Landing of Waste TBD  City, State  MORRISVILLE PA  Signature  Date	Name of Registered Wasta Haules		T													
PATERSON NJ  Completed by  GORAN IGEV  SECRETARY  Disposar Date  City, State  MORRISVILLE PA  Signature  Date	INDIAN ARROW INDUSTRIES	auler ID		of Was			100000000000000000000000000000000000000		ed Lan	dfill						
Completed by Title Signature Date	City, State PATERSON NJ				al Date	,			E PA		<u>julio - </u>					
	Completed by GORAN IGEV	RY		Si	gnature	1						7				

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Date of Notification (1)			SCO	of Building	Owner/C	Operator	(2)	THE PARTY OF THE P	and the state of	l: M	AR 2	0	2017	7	
Agencies Notified Type Notification			Stroot A	ddroon					- A			-			
EPA Initial Amended		1	City, Sta	ate, Zjp Co	ode ,		_	-	1	ASBES	STOS LICE			OL &	
DOL Amendment #		-	Ba	Wille	e, N	J	08	3721	074399						
DOH justification) Cancellation	Tordaning			€Contact lackis					Tel	ephone Nu	mber				
Cancellation				ILITY INFO	ORMATI	ON	e Eur								
Name of Facility Where Abatement is Taking	Place (3)	)						of Facility							
Street Address									er 8 (Oth	er than K-1 & commerci		dings,	home	es,	
City (5) BOYAN VE	Was a case of						****	re Feet	# 0	f Floors	В	ldg. A	ge		
County (6)		(	County STATE	Code (7) USE ONLY,	)		Curre	nt Use (Pr	ior if bei	ng demolis	ned)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	/I No.				tement Co		(9)					
Street Address						Street P.O.									
City, State, Zip Code								ip Code					<del>- Pro-Pro-</del>	<del></del>	
Desired Managay for Manitoring Firm	Folonbo	no No			il	v Jersey	08723	License N	lo.	Here-wor					
Project Manager for Monitoring Firm			Felepho	ne No.		Teleph (732)				01196	10.				
Start Date (10) 3 24 11	Schedule	d Com	pletion	Date (11)		Name	of OSI	HA Monito							
Occupancy Status During Abatement (Check		107	•			Street	Addres	SS							
Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe:	eriod of A al Facility	batem Hours	ement City, State, Zip Code									<del>-X.IID.III</del>			
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 lf	TANKS TO SEE SEE	enovat emoliti				Z	Mir Glo	ni-Enclosur ovebag Pro	re ocedure	Negative F			•		
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Location of	N	lormall d Solel	У			scription						Ту	ре		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Mai	ntenan odial S	ce/		thermal	taining M systems	insula		(8	mount Specify	Re	Z	Enca	Enc	
In Facility (13)	Just	(12)	ton.			cing, VA <sup>-</sup> niscellan			SF	or LF)	Remova	Repair	Encapsulate	Enclosure	
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attic	8	asks	itos (	onto	Nin's	ng-	40	OSF	8						
						Mill	untaining 400SF 8								
Name of Davishand Marks Having		I At	JDEP W	(22)	Cubic	Varda		Alama of	Dogista	red Landfill					
Name of Registered Waste Hauler Brick Industries Inc.		Ha	auler ID		of Was			GROV	577.000 -50						
City, State Brick, New Jersey						sal Date	7	City, Sta	te						
Completed by Eric Plackis	ed by Title					Gignature	9	1///		Da	ite ?	(	11-	7	
LITO FIGURIS	President						4	H			1		1	,	

THILL FORTH .

Date of Notification (1)  03 /	15 /	17			Name of Building Owner/Operator (2)  Vanguard Builders  MAR 2 0 2017 (1)										
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Agencies Notified  EPA	Type Notific	ation				t Address					0000000	001	TDO		
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☑ DOH	Amendm					State, Zip			ł.		The Contraction of the Contracti	CANADA CA		Andrews in Landson	
☐ DCA	☐ Emergen		cluding	9			-	or, NJ 08007							
(NJAC 5:23-8)	justificati	A			1000000	of Contac	ct				Telephone Nu	mber			
	☐ Caricella	uon			Jos					_			_		
Name of Facility Mharm	t		D:	(6)	FA	CILITY II	VFO	RMATION							
Name of Facility Where A Residence	batement is	l akıng	Place	(3)					Type of Faci		)				
Street Address									School (F		Other than K-1	12)			
Olless Allinea									Other (i.e.	., priv	ate and comm	ercial b	uildin	gs,	
City (5)			7 7 12 2 1						Square Feet		# of Floors	E	Bldg. A	ge	
Little Egg Harbor									1000		1		65		
County (6)					Cou	nty Code (	7)(ST	ATE USE ONLY)	Current Use	(Prior	if being demo	lished)			
Ocean									Residence	ce					
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (9)						
N/A							(	Guardian Co	ntracting, Ir	ıc.					
Street Address							Str	reet Address							
0" 0 -							1	1889 Route 9	9, Unit 61						
City, State, Zip Code							Cit	y, State, Zip C	ode						
Declarate Control									New Jersey	0875	5				
Project Manager for Monit	toring Firm			Tel	ephone	No.		lephone No.			License No.				
Start Date (10)	16	S = la = al.	1-10	<u></u>				732-349-9932			00624				
_03_ / _27 /					etion Da 8 /	ite (11)		me of OSHA N							
					<u> </u>		10	E.M.S.L. Ana	ilyticai						
Occupancy Status During    Facility Closed/Vacate					mont			eet Address							
☐ Abatement Performed	Outside of No	ormal l	Facility	/ Hou	rs - Des	scribe		056 Stelton							
Time of Abatement:	AM	PM	1/	_PM		City, State, Zip Code Piscataway, New Jersey 08854									
Scope of Work (Check all	that apply)							П г. II О.							
≥3 sf or ≥3 lf			☐ Re	novat	ion			☐ Mini-End	tainment with I	Negat	ive Pressure				
≥160 sf or ≥260 lf			⊠ De	moliti	on			☐ Gloveba	g Procedure						
		T	le	Loca	tion			⊠ Non-Exe	empted (*) and	Non-F	riable Proced			(m), (c)	
Location	of			Norma				Description of	of.			A	batem	ent T	ype
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TO BE ABA' IN Facility					Staff?	(i.e	the	ermal systems surfacing, VAT	insulation,		(Specify	Removal	air	aps	Enclosure
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exterior				$\boxtimes$		asbest	os s	iding			1000 sf				
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				П											
Name of Registered Wast	e Hauler			1	NJDEP '		Cul	bic Yards of	Name of Re	nister	red Landfill		] [		
Guardian Contractir	ng, Inc.			ł	lauler II		0.000	ste	T.R.R.F.		ed Landiii				
City, State							-	posal Date	City, State						
Toms River, New Jersey							0	3/29/17	Tullytow	n, Pe	ennsylvania				
Completed By (Print or Ty	pe)	Title					-	Signature	1		//	ate /		1	
Nicholas Fernicola	icholas Fernicola Project Manager							V	7:4	1		3/1	5/	1-7	þ

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Date of Notification (1)	10						g Owner/Operator	(2)	IU LI MAF	2 (	1 20	)17	16
/	/	17			Ga	ıry Allen,	LLC		1 L 31	1 4	7		1
Agencies Notified	Type Notifi	cation			Stree	t Address			ASBEST	OS C	ONT	RO	- &
	☐ Initial				P	O Box 81	3		ILl	CENS	SING		
⊠ DOLVVD	Amende Amendr				City,	State, Zip	Code		10				
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(NJAC 5:23-8)	justifica		9		Name	e of Contac	ot .		Telephone Num	nber	(0)		
76	☐ Cancella	ation			Ga	ry Casaz	za						
					FA	CILITY IN	FORMATION						
Name of Facility Where	Abatement is	Taking Pla	ace (3	3)				Type of Facility	(4)			75	
Residence								School (K-12	2)				
Street Address								Subchapter (i.e., p homes, etc.)	8 (Other than K-12 rivate and comme	2) ercial b	uildin	gs,	
City (5)							-	Square Feet	# of Floors	0	ldg. A	00	
Red Bank								3000 sf	2		80 80	ige	
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Monmouth						, 5545 (.	NOTHIE GOT ONE IT	Residence	ior ir being demoii	Sileu)			
Name of Monitoring Firm	n Hired by Bui	Iding Own	er (8)		ASCM	No.	Name of Abateme			*			
N/A		-						ntracting, Inc.					
Street Address				-			Street Address	- in douring, into.					
							1889 Route 9	. Unit 61					
City, State, Zip Code					- 119		City, State, Zip Co						
								New Jersey 08	755				
Project Manager for Mor	nitoring Firm		1	Tele	phone	No.	Telephone No.		License No.				
							732-349-9932		00624				
Start Date (10)		Scheduled	Con	nplet	tion Da	ite (11)	Name of OSHA M	lonitor			-11		
03 /16 /	_17_	03	1_	17	_ /	17	E.M.S.L. Ana	lytical					
Occupancy Status During	g Abatement (	(Check onl	y one	e)			Street Address				_		
☐ Facility Closed/Vacate	ed During Ent	ire Period	of Ab	aten	nent		1056 Stelton						
Abatement Performed	d Outside of N	lormal Fac	ility F	lours	s - Des	- Describe City State Zip Code							
Time of Abatement: _	AM	PM/		PM-		AM	Piscataway, I	New Jersey 088	854				
Scope of Work (Check a	ll that apply)							-					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Reno Demo				☐ Mini-Enc	Procedure					
			ls Lo	ocati	on		☑ Non-Exe	mpted (*) and Noi	n-Friable Procedu				
Location	of		Nor	mal	ly		Description o	f			atem		T
Asbestos-Containing			sed S Naint			Asbes	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA					staff?	(i.e.	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>	nsulation,	(Specify SF or LF)	SVOL	జ	aps	losu
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Guardian Contracti	ng, Inc.				20223		Waste 4	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Jersey							3/20/17	Tullytown,	Pennsylvania	(4)			
Completed By (Print or Ty	ype)	Title					Signature		/) Da	te		1	
Nicholas Fernicola		Proje	ct M	ana	aer		1	7	1/	2/1	-1	1-	

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Date of Notification (1)	16-17			Name of Building Owner/Operator (2)  TRAN SCORMATION ASERSTOS CONTROL &										
Agencies Notified	Type Notificat	ion		Str	eet Address		- WINTED	LICEN	ISIN	0		=		
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DOH DCA	justification Cancellation			Nan	ne of Conta	4 .		Telephone Num	ber					
	Caricellatio				7	IOM								
				F	ACILITY IN	FORMATION		-						
Name of Facility Where	Abatement is Ta	king Plac	ce (3)				Type of Facili	ty (4)						
R	ESIDEN(	E_					School (K-							
Street Add								er 8 (Other than K-12		-E	_			
							homes, et	private & commerci	ai bui	oings	ò,			
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				4001	, , , , , , , , , , , , , , , , , , ,	I Name of Abotem								
Name of Monitoring Firm	Hired by Buildin	g Owner		ASCA	n NO.	Name of Abatem								
(8)	I/A						MCO -	Laic.						
Street Address	7					Street Address	0 0							
				200		369	S. SPR	UCE AUE						
City, State, Zip Code						City, State, Zip C	ode		<u> </u>					
3.7, -3.3, -7						MAPL	E SHA	DE N.T	30	50	52			
Project Manager for Mon	itorina Firm		T Tele	phone	No	Telephone No.		License No.				_		
Project Manager for Mon	nomy rimi		1000	promo	. 110.	856-779	7-0477		42	1				
			1=	. 5		Name of OSHA N				_		=		
Start Date (10)		eduled C		tion U	ate (11)	Name of USHA N	MORITOR 1.A							
3-27-17		4- 6	-				NIE					_		
Occupancy Status During	g Abatement (Ch	eck only	one)			Street Address	- 32							
☐ Facility Closed/Vacate	ed During Entire F	eriod of	Abate	ment								_		
Abatement Performed	Outside of Norm	al Facilit	y Hour	3	1	City, State, Zip Co	ode	1 -						
Other - Describe:														
Scope of Work (Check al	I that apoly)													
ocope of from (official a	. 2	050000000						egative Pressure						
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≥160 sf or ≥260 lf		X De	molition	٦				on-Friable Procedur	e					
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		1000000	omally					18		Тут	oe .			
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Asbestos-Containing Ma			ntenano estodia			os Containing Mate thermal systems in		Amount (Specify	7		Encapsulate	m.		
TO BE ABATE	<u>ED</u>		Staff?		(I.e.,	surfacing, VAT,		SF or LF)	len	Rep	ap	Clo		
IN Facility (13)		1	(12)			other miscellaneou			Removal	Repair	sul	Enclosure		
(13)		-		2222					=		ate	0		
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Name of Registered Waşt	e Hauler			DEP V		Cubic Yards of Waste	Name of Reg	a						
KLEMCO	TAIC		Ha	uler ID	BU	10	<u> </u>	CUA						
	2,00		-   -			Disposal Date	City, State							
City, State	CLIMINE	N.	7					SANITUILLE		11.	7			
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	(i	°urscar	nt to NJAC	C 8:60 and	12:120)			CL	395	8				
Date of Notification (1)					Owner/Ope		-0		In	F	0 [	-	W	E
3/16/17		_	Hal		JAM :	SEL	حكا		<u> 1144</u>	5 6	<i>y</i> E	= n		
Agencies Notified Type Notification		1	Street A	ddress	0			1000						
☐ EPA		-	City St	ate, Zip Co	vie					MA	R	20	2017	7—
DOL Amendment			0.0,00		MMI	-	43	J. 3	1790	į				
DOH Emergency of justification			Name,o	f Contact					_ L	in III	Pr)C	00	NITO	01 8
☐ DCA ☐ Cancellation			MR	- J.A	FRANC	215								+
Name of Facility Where Abatement is Taking	21(2)		FACI	ILITY INF	FORMATI		· ·		7					
Name of Facility where Abadement is taking								Facility (4						
Street A''	200			11 40				hool (K-1) behanter 8	2) 3 (Other than	1 K-12)				
							0	ther (i.e. pr	ivate & con	mercial l	ouildii	ngs, ho	mes, e	tc.)
City (5)							Square !	Feet	# of Flo	ors	E	Bldg. A	WHILE CO.	
SUMMIT			4				-	00	3			19	29	
County (6) UNICOLU				Code (7).	,	1	Current		if being der					
Name of Monitoring Firm Hired by Building C	umae (S)	_L	ASCI			Na	A 1		10000	<u> </u>				-
rame of Workorning Futh Parties by Banading C	wildi (6)		3501	VI INO.				nent Contra noval II						-
Street Address			L			Street Ad		10 181 11	10		-		2000	$\dashv$
					1			h Rive	r Street					.
City, State, Zip Code						City, Star			SHOW		-			
						Hack	ensa	ck, NJ	0'7601					
Project Manager for Monitoring Firm	7	(a) anhor	ne No.	apparate and a	Telephon	e No.	9.744		cense No.					
Start Date (10)	با_	- 15							003	88				
3/27/17	Scheduled C			are (11)		Name of		11 2321						
Occupancy Status During Abatement (Check O		21	<i>[</i>			Street Ad		nviron	Henrai		-			
☐ Facility Closed/Vacated During Entire Pe	riod of Abaten	ie it						le: Str	eet				**	-
□ Abatement Performed Outside of Normal	Facility Hours				- [	City, Stat	te, Zip C	Code		0= <0 <				$\neg$
Other - Describe: 730 Aug 0 &	to ke.					you	ith H	ackensa	ack, NJ	07606				
Scope of Work (Check All That Apply)									P.		3			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	El Ren	onatio rolido				D		Containmer Enclosure	nt with Nega	tive Pres	sure			
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Location of Asbestos-Containing Material (ACM)	Used S	lolety	by	Ashes	Desc stos Contai	ription of ruly prin		- 1	Amou	nit.				
TO BE ABATED	Main Custed				rmal system	ns insulati			(Speci	ify	Re	R	Enca	En
In Facility (13)		12)	Note &			AT, or iscellaneo	aus)	1	SF or I	JF)	Removal	Repair	Encapsulate	Enclosure
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N CD					<del></del>									
Name of Registered Waste Hauler		100000000000000000000000000000000000000	DEP <b>W</b> a alea <b>ID</b>		Oubic Ya		1	Name of R	egistered La	ndfill				
Best Removal Inc	1	1710		1	2679			inverva	Enterp	rise	s, L	LC		
City, State Hackensack, NJ 07601				POSENCIAL III COM	Disposal	4		City, State						
Completed by	Tide				J	128/1		Wayn	esburg,			<u> </u>		
J. Maiorano		way a control	n ier		Mg	natore:	2	0.10	وسمص	Date		16	1,-	7
TT A AMAYA MEAV	<u>Esti</u>	ULBLE	2K			X-	1	<u> </u>		)	5	( 0	1 (	

Do not us: this form for arbestos licensure exempted activities.

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Date of Notification (1)	Name of Building Owner/Operator (2)																			
3/16/17	BASE CORPORATION (1)																			
Agencies Notified Type Noti	Street Address																			
□ EPA ☑ Initi	al	25 MIDDLESEY ESSEX TURNPIKE																		
□ DEP □ Ame	DEP City State Zin Code									NJ. 08830 ASBESTOS CONTROL 8										
I	endment #	N.	NJ		088.	30	ASBES	TOS	CO	NTR	OL 8									
	rgency (including fication)		Name o	f Contact		Lelephone Number														
	cellation		MR.	JUNIE	ORF	FRANC	25													
			FACI	LITY IN	FORMAT	TION														
Name of Facility Where Abatement is					Type of Facility (4)															
BASF		+-			☐ School (K-12)															
Street Address					☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)															
25 MIDDLESEY	ESSEX	TU	RNA	NE:		1		Other (i.e. pi	ivate &	commercial	buildii	ngs, h	omes,	etc.)						
City (5)							Square Feet # of Floors					Bldg. Age								
ISEUN				* .			100	0,000	3 -			- 62 YEAR								
County (6)	County	8	Current'Use (Prior if being demolished)																	
HIVOLESE			(STATE	USE ONLY	)	- RID OFFICE/LAGS														
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASC	M No.		Name of Abatement Contractor (9)														
EHI						Bes	Best Removal Inc													
Street Address						Street Ac														
655 WEST SHORE-		450	So	uth Rive	r Stre	et				**										
City, State, Zip Code		City, Sta			Dut	-				-										
SPARIA, NJ.		Hackensack, NJ 07601																		
Project Manager for Monitoring Firm	ne No.		Telephone No. License No.																	
J.P. VON DOEHREN	973-7	29-5	649	201-329-7444 00388																
Start Date (10)	pletion Da	ate (11)		Name of	e of OSHA Monitor															
3/25/17	26/1	0mega Environmental																		
Occupancy Status During Abatement (C		Street Address																		
☐ Facility Closed/Vacated During Entire Period of Abatement								280 Huyler Street												
Abatement Performed Outside of Other - Describe: 700	PM					ty, State, Zip Code South Hackensack, NJ 07606														
		— <u> </u>	Sou	ith !	Hackensa	ack, N	JJ 07606													
Scope of Work (Check All That Apply)				9)	. 9				· ·			70	71							
≥3 sf or ≥3 lf	₽ F	Renova	tion			Ð	Ful	l Containmer	it with N	legative Pres	sure			- 1						
□ ≥160 sf or ≥260 lf	tion			☐ Mini-Enclosure																
							☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure													
	Ie	Lagar	ion	N7 .				1	T			Abatement								
Location of		Is Location Normally			n						Туре									
Asbestos-Containing Material (AC	d Sole		Asbe		scription of aining Material (ACM) ems insulation, surfacing, VAT, or			Amount												
TO BE ABATED	aintena todial			rmal syste				(S	pecify	Re	×	Encapsulate	En							
In Facility (13)	(12)						110)		SF	Remova	Repair	apsu	Enclosure							
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City, State	1/10	Disposa		_	City, State	mverva Emerprises, LLC														
Hackensack, NJ 07601			1 4	27/17 Waynesburg, OH 44688																
Completed by				C:							$\dashv$									
J. Maiorano	time	tor	"	Signature   Date   3/16/17																
	1 123	Estimator					1 3/10/11													
ASB-41 (R-06-08)						1 +7	n not	use this form	for ach	estos licencii	ng arron	nnted	activi	tiec						
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Ch 1495		NOTIF	ICATIO	State of New Jer N OF ASBESTO t to NJAC 8:60	S ABATE	EMEN	г			R 2		₩ 2017	rint Føi		
Date of Notification (1) 3/15/17		Name of Building Owner/Operator (2)						net ris. loss							
			Hyde				ASBESTOS CONTROL &								
		Street	Address	2						VSIN		71.0			
EPA Initial Amended Amendmer				tate, Zip Code											
Amendmer Emergency															
DOH justification  Cancellatio	1				Telephone Number										
Caricellatio		Gary Hyde  FACILITY INFORMATION													
Name of Facility Where Abatement is Taki N/A	ng Place (	3)	FAC	ILITY INFORMA	TION	Тур	e of Facility	(4)							
Street Address	alice Brown						School (K-			٥,					
ř						Other (i.e. etc.)	r 8 (Other private &	8 (Other than K-12) rivate & commercial buildings, homes,							
City (5)						Squa	are Feet	# of I	Floors	1	Bldg. A	Age			
Jersey City NJ 07304						160	178	2		(	62				
County (6)			Code (7) USE ONLY)		Current Use (Prior if being demolished) Residential										
Name of Monitoring Firm Hired by Building	)	ASCI	M No.		ame of Abatement Contractor (9)										
CPC Environmental Street Address					urningpoint Contracting Corp										
142 North 13th Street					reet Address 1 Berkeley Terrace										
City, State, Zip Code							10000	e							
Newsyl N. 1. 07407							City, State, Zip Code Irvington NJ 07111								
Project Manager for Monitoring Firm	Telepho			elephone No. License No.											
Chika Onwukaife			88-8056		73-372-2177 01238										
Start Date (10) 3/28/17						me of OSHA Monitor  C Environmental Inc									
Occupancy Status During Abatement (Chec	Street Addre														
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Work area vacated	/ Hours			Contact State	SUT SECURITION	st 25th Street									
Other – Describe: Work area vacated Scope of Work (Check All That Apply)	during aba	tement	work		New	York	NY 1000	)7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
	870	Locati								Abatement					
Location of Asbestos-Containing Material (ACM)	Normall d Sole		D	escription	scription of taining Material (ACM) systems insulation,			Amount (Specify		Туре					
TO BE ABATED	intenar	ice/	Aspestos Co (i.e. therm	ntaining M al systems						_	Enc	ш			
In Facility (13)	Cust	todial S (12)	idil!	surf	acing, VA	T, or	consistent act & to		SF or LF)			Encapsulate	Enclosure		
(-3)	Yes	Ne	NIZA	other	miscenan	eous)				Removal	Repair	ulate	sure		
Basement	res	No	N/A X	Pip	e Insulat	Insulation			LF	X		U			
						1172 (D.D.)			- T						
love of Device 1111															
Newark Carting Inc			NJDEP Waste Cubic Yards Hauler ID No. of Waste			Name of Registered Landfill Tully Town Refacility									
City, State				Dispo	City, State										
lewark Nj 07102 Completed by	Title					1	Tully To	wn PA							
meka Okeke	dent			Signature	G	Les	R	Dat 3/1	e 15/17	7					