State of New Jersey - Notification of Asbestos Abatement C4eck## 12622

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

GAC Project # 597-2017							1	11)15						
Date of Notification (1)  March	24, 201	7			Name EDIS	of Building Owner/Ope	JTHORI	Y	1177					
Agencies Notified  □EPA □DCA			Notifica ded Not	ification#	Street 14 R 0882	Address everand Samuel ( 0	2	nter Blvd						
X DOL			gency ( cation)	including		tate, Zip Code ON, NJ 08854		ASBE	STOS CONTROL & LICENSING					
☑ DEP- No Longer REQUI ☑ DOH	RED	□Cance	lled			of Contact Madeline Cook –		Telephone	Number					
					1000	utive Director	1							
				FACILITY IN										
Name of Facility Where Abate EDISON HOUSING A	ment is Tal	king Place (3)				f Facility (4) ool (K-12)								
Street Address					Sub	chapter 8 (other than K-1	2)							
4E WESTON FORBES	COUR	Т				ner (i.e. private & comme eet: N/A # of F			etc.) e: <b>60+ years</b>					
City (5)	County (6	-		Code (7)										
EDISON		SEX		Use Only)	Curren	t Use (prior if being der	molished):	RESIDEN	TIAL					
Name of Monitoring Firm Hired HILLMAN CONSULTI	d by Bldg. ( NG	Owner (8)	0002			of Contractor (9)								
Street Address						NWOOD ABATEM	ENT CO	NSULTAN	NTS, INC.					
1600 Route 22 Eas	st – Su	ite #107				Address								
City, State, Zip Code						IAIN STREET ate, ZipCode			*					
UNION, NJ 07083						ER, NJ 07405								
Project Manager for Monitoring	Firm	Telephone	Number			one Number	TI	License Num	iber					
MR. CRAIG ABRAMS		908-688	-7800			92-0477	- 1	00840	1001					
Scheduled Start Date (10)		Scheduled	Completio	n Date (11)		of OSHA Monitor		00840						
4/3/2017		4/7/2017				ROVISION, INC.								
Occupancy Status During Ab  Status During Ab  Status During Ab  Status During Ab	atement ( uring Entir	Check only of	ne) Abatemer	nt	Street A	Address								
☐Abatement Performed Out						WARGARAW ROA	AD							
Describe					City, Sta	ate, Zip Code								
Other - Describe:	. (0 ( 110													
Schedule: M-F 8AM – 8PI NEEDED)		UKS & WE	EKEND	S AS	FAIRLAWN, NJ									
Scope of Work (Check all that	apply)					□ Full	01-1	-4 20 11						
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				▼Renovation			Containme Enclosure	int with iveg	ative Pressure					
$\ge$ 160 sf or $\ge$ 2	260 If			□ Demolition				cedure / Wra	an & Cut					
									-Friable Procedure					
Location of Asbestos-Containing		cation Norma		Description of Ast		ntaining Material	Amount		ement Type					
Material (ACM) in Facility (13)		y by Maint./C ? (12)	ustodial	(ACM) (i.e. therm VAT, or other mis		s insulation, surfacing,	(Specify S	SF Ramo	ve Repair Encap Enclose					
	YES		NA	VAT, or other this	ceii.)		or LF)	T tollio	TO THOUGH ETHOLD ETHOLOGIC					
Throughout		X		TSI			<6LF	X						
Exterior		X		TRANSITE S	IDING		~2,0003							
							2,000		+					
Name of Reg. Waste Hauler	Name of Reg. Waste Hauler NJDEP Waste Hauler ID #					ards of Waste: 40 C	Y	lame of Reg	istered Landfill					
See Hauler Below #1 & 2	2	See Belov	7		Oubic 1	ards of Waste. 40 C		G.R.O.W.S. North Landfill						
Hauler #1) Greenwood Abater	nent Consi	ıltants, Inc	Butler, N	J 07405	Disposal Date City, Stat									
NJDEP # 12561						04/7/2017			100 New Ford Mill					
Hauler #2) Newark Carting, In NJ DEP # 4509	ic., Newar	k, NJ 04509							Rd. Morrisville, Pa 19067					
001 # 4000									215-736-1700					
Completed by (Print or Type)			Title		<u>Signature</u> <u>Date</u>									
	AYMOND C. PEDALINO SENIOR PROJ													
			MANA	AGER		Maymona C. P	eaduno		* or 0.00000 units					

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

Allet 286

D-1- (N) (12			,		CRA	31	00		
Date of Notification (1)  1/19/17	Name of Bu	uilding Owner / Opera	tor (2)	Tomas E	@ E I	7.7	7 6		
Agencies Notified Type Notification	Verizon Street Addr			INE	CEI	$\mathbb{V}$	E		
⊠ EPA	524 Main								
☐ DEP ☐ Initial	City, State				1110 20	004	7		
		New Jersey			MAR 30	201	1		
□ DOH □ Emergency	Name of Co			1	Telephone	Num	hor		
☐ DCA ☐ Cancellation	Alex Baylo	or		ASE	i relebitorie	INUITI	Del		
	FACILIT	Y INFORMATION			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Name of Facility Where Abatement is Taking	Place (3)	Type of Faci	ility (4)				- 12		
Leonia Central Office		School							
Street Address			pter 8 (Other than	K-12)					
524 Main Street		Other (i.	.e. private & comm	ercial buildir	ngs, homes,	etc.)			
City (5) County (6)	1-	Square Feet	# of Floors		Bldg. Age		-		
F (i)	County Code (			1					
Fort Lee Bergen		Current Use	(Prior if being dem	olished)					
Name of Monitoring Firm Hired by Building Ov	(0)	Communic							
USA Environmental Inc.	ner (8) ASC	M No. Name of Aba	atement Contractor	(9)					
Street Address		Street Addre	NVIRONMENTA	LINC					
8436 Enterprise Avenue			ER STREET						
City, State & Zip Code		City, State &	Zip Code						
Philadelphia Pa 19153		BRISTOL, F	PA 19007						
Project Manager for Monitoring Firm  Mark Jenkins	Telephone Numb			License Number					
	215-365-5810		215-788-6040 005  Name of OSHA Monitor						
3/27/17	mpletion Date (11) 3/31/17								
Occupancy Status During Abatement (Check of	nly one)	Stroot Address	NVIRONMENTA	LINC					
☐ Facility Closed/Vacated During Entire I	Period of Abatemen	t 1123 REAV	ER STREET						
Abatement Performed Outside of Norm	nal Hours - 7am to	3pm City, State & 2							
Describe: 5:00 PM – 1:30 AM			BRISTOL, PA 19007						
Facility Occupied During Abatement Scope of Work (Check all that apply)									
occpe of work (check all that apply)									
≥3 sf or ≥3 lf	Renovation	2		ainment with Negative Pressure					
≥160 sf ≥260 If	Demolition	27/1	Mini-Enclose Glove Bag F						
			Non-Exemp		- Eriable Dro	codu	ıro		
Location of	Is Location	Description	of	Amount	Abatem				
Asbestos-Containing Material (ACM)	Normally Used	Asbestos-Cont	taining	(Specify	7 toatem	T	ype		
TO BE ABATED	Solely by Maintenance or	Material (AC		SF or LF)	71	m m	т		
in Facility	Custodial Staff?	(i.e., thermal sy insulation, surfact	ing VAT		Repair	cap	nclo		
(13)	(12)	or other miscella	aneous)		Removal	Encapsulate	Enclosure		
A C DOOM AND	Yes No N/A				-	ite	е		
AC ROOM 2 <sup>ND</sup> FLOOR		Vat/Masti	ic	250 SF		П	П		
AC ROOM 2 <sup>ND</sup> FLOOR		Pipe Fittin	gs	50 EA		Ħ	Ħ		
PND FLOOR SMALL FAN ROOM PND FLOOR SMALL FAN ROOM		VAT & MAS	TIC	60 SF			П		
1 LOOK SWALL FAN ROOM		PIPE FITTII	NG	12 LF					
lame of Registered Waste Hauler	NIDED W	aste Cubic Yards	Nome - (D	11 100					
	Hauler ID I		Name of Registere	ed Landfill					
SERVICE TRANSPORT GROUP, INC.	20990								
City, State									
IEW CASTLE, DE 19720			WAYNESBURG,	OH 44688	}				
ompleted By (Print or Type) atrick T. DeCaro	Title	Signature			Date	-			
action 1. Decaro	PROJ. MO	GR. Patrick	T. D'Caro	Lie	1/19/17				
D 17002		10000000		17					

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

Date of Notification (1)	-	Name	e of Buildi	ng Owner / Ope	rator (2)	I III	AR 3 (	201	7		
Agencies Notified Type Not		Veriz	zon			o de la companya de l					
Agencies Notified Type Not	incation		t Address			ASBE	STOS C	ONTE	101		
	itial		Main Str				LIGENS				
	mended <b>R#1-2/1/1</b>		State & Z	p Code / <b>Jersey</b>		****	<b>West</b> (197)	Sp. 44 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	mergency		of Conta	of Jersey			1				
	ancellation	0.000.000.000	Baylor	Cl			Teleph	one N	umbe		
		FA		NFORMATION							
Name of Facility Where Abate	ement is Taking Pla	ice (3)	0.21111	Type of Fa	acility (4)						
Leonia Central Office Street Address					ol (K-12)						
Name				Subcl	napter 8 (Othe	er than K-12)					
524 Main Street				Other		commercial buildi			c.)		
City (5)	County (6)	County (	Code (7)	Square Fe	1000	Floors	Bldg. Ag	ge			
Fort Lee	Bergen	County C	Joue (1)			4 ng demolished)					
	Dorgen			Commun		ng demolished)					
Name of Monitoring Firm Hired	d by Building Owne	r (8)	ASCM N		batement Cor	atrootes (O)					
JSA Environmental Inc.	, , , , , , , , , , , , , , , , , , , ,	\-/			ENVIRONM	Tractor (9)					
Street Address	100			Street Add	ress				77.00		
3436 Enterprise Avenue					VER STREE	ĒΤ					
City, State & Zip Code Philadelphia Pa 19153					& Zip Code			-			
Project Manager for Monitoring	Firm	olonha	Miran		PA 19007						
lark Jenkins	The second secon	elephone 15-365-5		Telephone 215-788-6		License					
Scheduled Start Date (10)	Scheduled Comp				SHA Monitor		0050	)9			
ON HOLD	30		5 (11)			ENTAL INC					
Occupancy Status During Abat	ement (Check only	one)		Street Addr		ENTALINO					
Facility Closed/Vacated	During Entire Per	iod of Aba	tement		VER STREE	T					
Abatement Performed	Outside of Normal	Hours – 7	am to 3pr								
Describe: 5:00 PM - Facility Occupied Durin	- 1:30 AM			BRISTOL,	PA 19007						
cope of Work (Check all that	apply)										
	- AC 1540				Full C	Containment with Negative Pressure					
≥3 sf or ≥3 lf			vation			Enclosure	Ü				
≥160 sf ≥260 lf		Demo	olition			Bag Procedures					
Location of		In I II				Exempted and Nor	n-Friable	Proce	dure		
Asbestos-Containi	na N	Is Location ormally Us		Description Asbestos-Co		Amount	Aba	temen	t Typ		
Material (ACM)		Solely by		Material (A		(Specify SF or LF)			m		
TO BE ABATED		aintenance	e or	(i.e., thermal	systems	OI OI LF)	Re	R	nc		
in Facility (13)	Cı	ustodial St	aff?	insulation, surfa	icing, VAT		Removal	Repair	ncapsulat		
(10)	Ye	(12) es No I	N/A	or other misce	lianeous)		\sigma a	7	Encapsulate		
CROOM				Vat/Mas	tic	050.05			7 -		
CROOM			H	Pipe Fitti	- 1 C (AC)	250 SF			41-		
			H	i ipe ritti	nys	50 EA		H뉴	믞늗		
			Ħ -					井	<del>쉬</del> 누		
							H	H뉴	井늗		
(5.1)								러는	ᆉ		
me of Registered Waste Hau			Cubic Yards	Name of Re	gistered Landfill						
RVICE TRANSPORT GRO	UND 940000000	er ID No.	of Waste								
y, State	2099	· · · · · · · · · · · · · · · · · · ·	3	-	LANDFILL	- 04.3002		52274			
W CASTLE, DE 19720		Disposal Date City, State					,				
mpleted By (Print or Type)		TBD WAYNESBURG, O				OKG, UH 44688	_				
trick T. DeCaro		Marin Colorado -	Date					7			
				Patrick T. D'Caro / fl 1/19/17							
				1	1 10 0		1				

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

D	(									
Date of Notification (1) 1/19/17	Name of Buildin	g Owner / Operator (2)		MAR 3 0 2017						
Agencies Notified Type Notification	Street Address	•	ASPE							
EPA3597	524 Main Stre		7305	STOS CONTROL &						
☐ DEP ☐ Initial ☐ Amended	City, State & Zip		The same of the sa	LICENSING						
	Fort Lee New									
☐ DOH35%○ ☐ Emergency ☐ DCA ☐ Cancellation	Name of Contac Alex Baylor	t		Tielephone Number						
Name of Facility Where Abatement is Taking F	FACILITY IN									
Leonia Central Office	lace (3)	Type of Facility (4) School (K-12)								
Street Address			(Other than K-12)							
524 Main Street		Other (i.e. priv	rate & commercial build	lings homes etc.)						
		Square Feet	# of Floors	Bldg. Age						
City (5) County (6)	County Code (7)	40000	O. 1 10013	blug. Age						
Fort Lee Bergen			if being demolished)							
. on 200		Communication								
Name of Monitoring Firm Hired by Building Own	ner (8) ASCM No									
USA Environmental Inc.	nor (o)		ONMENTAL INC							
Street Address		Street Address	THE INCO							
8436 Enterprise Avenue		1123 BEAVER S	TREET							
City, State & Zip Code		City, State & Zip Co	ode							
Philadelphia Pa 19153		BRISTOL, PA 19								
Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License	Number						
Mark Jenkins	215-365-5810	215-788-6040 00509								
Scheduled Start Date (10) Scheduled Con 2/12/17 2/13/17	npletion Date (11)	Name of OSHA Mor								
Occupancy Status During Abatement (Check or	aly one)	BRISTOL ENVIRONMENTAL INC Street Address								
Facility Closed/Vacated During Entire Pe	eriod of Abatement	1123 BEAVER STREET								
Abatement Performed Outside of Norma		City, State & Zip Code								
Describe: 5:00 PM - 1:30 AM		BRISTOL, PA 190								
Facility Occupied During Abatement		Dido To L, TA To	,01							
Scope of Work (Check all that apply)	***************************************									
		$\boxtimes$	Full Containment with I	Negative Pressure						
≥3 sf or ≥3 lf	Renovation		Mini-Enclosure							
≥160 sf ≥260 If	Demolition		Glove Bag Procedures							
			Non-Exempted and Nor	n-Friable Procedure						
Location of	Is Location	Description of	Amount	Abatement Type						
Asbestos-Containing Material (ACM)	Normally Used Solely by	Asbestos-Containing	(Specify							
	Maintenance or	Material (ACM) (i.e., thermal systems	SF or LF)	교 등 타						
		sulation, surfacing, VA	т	Enclosur ncapsula Repair Removal						
(13)		or other miscellaneous)	)	Enclosure Encapsulate Repair Removal						
	Yes No N/A			fe   "						
		Vat/Mastic	250 SF							
		Pipe Fittings	50 EA							
ame of Registered Waste Hauler	NJDEP Waste	아이 집에 하는 집에 하나 아이지 그게 하고 하게 되었다.	of Registered Landfill							
ERVICE TRANSPORT GROUP, INC.	Hauler ID No.   0	f Waste	DVA LANDEU I							
y, State			RVA LANDFILL							
EW CASTLE, DE 19720		Disposal Date City, St WAYN	ate ESBURG, OH 44688							
mpleted By (Print or Type)										
trick T. DeCaro	PROJ. MGR.	iR. Patrick T. DeCaro/gk Date 1/19/17								
		ratuck 1-D.	ecaro/gr	1119/1/						

## Ch14495

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



Date of Notification (1) MARCH 27, 2017		Name THE	of Building Owne	r/Operato	O'CONNELL	44	L				
Agencies Notified Type Notification			Address			-	ASBE		S CO ENS		
□ EPA ☑ Initial □ Amended Amendment # □ DOH □ Emergency (i □ DOH		- RED	tate, Zip Code BANK, NJ 07	7701			,4		and Mind	w.	
□ DCA □ Cancellation	-		IE WEST			1		•			
Name of Facility Where Abatement is Taking THE ESTATE OF DANIEL O'CONN Street Address	Place (3)	FAC	ILITY INFORMA	TION	Type of Facility (  School (K-1  Subchapter Other (i.e. p		ı K-12) nercial bu	ıildings	s, hom	ies,	
City (5) RED BANK			2		Square Feet 2200	# of Floors	3	Bldg			
County (6) MONMOUTH			Code (7) USE ONLY)		Current Use (Price RESIDENCE	or if being den	nolished)				
Name of Monitoring Firm Hired by Building O'N/A	wner (8)	ASCI	M No.	Name Finis	of Abatement Con hing Touch As	tractor (9) bestos Aba	tement	Corp	., Inc	;.	
Street Address					Address hompson Stree	et	· · · · · · · · · · · · · · · · · · ·				
City, State, Zip Code					tate, Zip Code t Long Branch,	NJ 07764					
Project Manager for Monitoring Firm N/A		Telepho	one No.		one No. 222.8372	Licen 0004	se No. 40				
APRIL 17, 2017	Scheduled ( APRIL 17	Completion 7, 2017	Date (11)	Name N/A	of OSHA Monitor			ti i			
Occupancy Status During Abatement (Check				Street	eet Address						
<ul> <li>✓ Facility Closed/Vacated During Entire Per</li> <li>Abatement Performed Outside of Norma</li> <li>Other – Describe:</li> </ul>	riod of Aba I Facility Ho	tement ours		City, S	ate, Zip Code						
Scope of Work (Check All That Apply)											
☐ ≥3 sf or ≥3 if ⊋ ≥160 sf or ≥260 if		ovation olition		□ Full Containment with Negative Pressure  ✓ Mini-Enclosure ✓ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure							
		cation				( ) and ( )	TIGOLO I I	Abat	emen		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used S Mainte	nally olely by nance/ al Staff? 2)	Asbestos Cor (i.e. therma surfa		aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal		e Encapsulate	Enclosure	
	Yes N	o N/A					<u>a</u>	]	ate	ō	
BASEMENT	>	(		TSI		247 LF	Х				
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement	NJDEP W Hauler ID 12058				Registered Lar SS LANDF						
City, State West Long Branch, NJ	Disposal Date City, State 4/28/17 MORRISVILLE, PA										
Completed by JOSEPH P. MILLER	Title PRESID	ENT		Signature	ture Date 3/27/17						

## Ch14494

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

M.	EC	E	VE	: 1
K				Personal Property Commence of the Commence of
	MAR	3 0	2017	

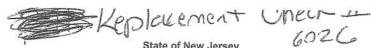
Date of Notification (1)	1 1			Nome	f Duilding	0		(2)		had had	111.7	in C	0 2	.017
MARCH 27, 2017					f Building QUIS HE						SBES	TOO	001	TDO
Agencies Notified	Type Notification			Street A 635 D	ddress	NE BO	ULEV	/ARD					VSIN	
DEP DOL	<ul><li>✓ Initial</li><li>☐ Amended</li><li>Amendment</li></ul>		_	City, Sta	ite, Zip Co K, NJ 08	ode								
□ DOH □ DCA	☐ Emergency justification) ☐ Cancellation				f Contact THAN R	RHODE	S	00000	1-	Folonhona	Numba			
Name of Facility Where A	Abatement is Takin	o Place (3)		FACI	LITY INFO	ORMATIC	NC	Type	of Facility (4)					
CORAL HARBOR I	REHAB CENTE	ĔR							School (K-12)					
Street Address 2050 6TH AVENUE	•							X C	Subchapter 8 (Co) Other (i.e. private) tc.)	te & comm	K-12) ercial b	iildings	, home	es,
City (5) NEPTUNE CITY								Square 19,00		f of Floors		Bldg. 1969		
County (6) MONMOUTH					Code (7) JSE ONLY)		_		nt Use (Prior if I IAB CENTE		olished)			
Name of Monitoring Firm AIR CONSULTING	Hired by Building SERVICES, L	Owner (8) LC		ASCN	1 No.				ement Contrac Touch Asbes		ement	Corp	., Inc	
Street Address 301 East Ward Stre	eet							Addres	s son Street					
City, State, Zip Code Hightstown, NJ 085	520							tate, Zir t Long	Code Branch, NJ	07764	07764			
Project Manager for Mon N/A								one No 222.83		Licens 0004				
Start Date (10) APRIL 25, 2017							Name N/A	of OSH	A Monitor					
Occupancy Status During	Abatement (Chec	k Only One	)				3							
Facility Closed/Vaca Abatement Performe Other – Describe:						_	City, S	tate, Zip	Code					
Scope of Work (Check Al	II That Apply)												$\dashv$	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novat moliti				<ul> <li>✓ Full Containment with Negative Pressure</li> <li>☐ Mini-Enclosure</li> <li>☐ Glovebag Procedure</li> </ul>							
		T	102				2	Non	-Exempted (*)	and Non-F	riable P	-	re ement	_
Location	of	(1)	ocation ocation	33944		Des	cription	of					уре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Custo	tenan	ice/		Description o estos Containing Ma .e. thermal systems i surfacing, VAT, other miscellane				Amount (Specify SF or LF)	Kelilova	Repair	Encapsulate	Enclosure
4 DATIENT	20011	Yes	No	N/A									e e	
4 PATIENT	X				VAT	<u> </u>		660 SF	Х					
Name of Registered Was							ibic Yards Name of Reg			stered Lan	dfill			
1								FAIRLESS LANDFILL						
City, State West Long Branch, NJ								City, State MORRISV	, State ORRISVILLE, PA					
Completed by JOSEPH P. MILLER	IDENT Signature				. 1 0 111 110									

CH# 3126	NO	TIFICATIO	Nate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE		DE	: C [	5	7	<u> </u>				
Date of Notification (1)		Name	of Building Owner/	Operator	r (2)		MAD	2 0	20	117				
3 28 3017		Long	j Branch F	'artn	eslec ID	ivats fie	CHART	1/4	1.4	111	_   _			
Agencies Notified Type No	lification	Streety	(001000						(.					
☑ EPA ☑ Initi	ai	301	) Main	1/12	et 10.	O ASE	BESTOS				L &			
State 2 Seconds	ended		ate, Zip Code		\	1 0/-	LICE	NS	SING	i				
1 2444	endment# ergency (including		ntville.	Neu	) Jersec	2070	45							
☑ DOH ☐ jus	iffication)		of Contact			(   Telephor	ne Numbe	35						
DCA L Ca	ncellation	more in the second second	<u>004</u>	72,000 0 0		1				-				
Name of Facility Where Abatemen	t is Taking Place (3)	FAL	ILITY INFORMAT	MAN .	Type of Facility	· (A)					-			
Longmanch Portn	Tin m	3000-	ı											
Street/Address	ergece /	1	1		School (K	-12) er 8 (Other tha	n K-12)							
106 Broad.	77. LA				<b></b> Other (i.e.	private & com		uðd:	ngs,	home	es,			
City (5)	The state of the s				Square Feet	# of Floor	·	Bidg. Age						
	G			1	2100	701.100	3		) +					
County (61)		County	Code (7)		Current Use (P	rior if baing da	molished	. 5	J T					
monuth			USE ONLY)		Office (			)						
Name of Monitoring Firm Hired by	Building Owner (8)	ASC	M No.	i Name	of Abatement C	onfractor (9)	71							
,			· · · · · · · · · · · · · · · · · · ·		Insulation Co		$\cup$							
Street Address				1	Street Address									
				1	fontrose Rd									
City, State, Zip Code				City. S	tate, Zip Code									
					s Neck, New .	lersev								
Project Manager for Monitoring Fin	13	Telepho	ne No.	Teleph	iona No.	Lice	nse No.							
				732	294 1757	000	29							
Start Date (10)	Schedyled	Completion	Date (11)	Name	of OSHA Monito	T								
191617	4/10	1117-		į										
Occupancy Status During Abatema	ent (Check Only One)	1		Street	Address	The state of the second second					-			
Facility Closed/Vacated Durin Abatement Performed Outside Other – Describe:	g Entire Period of Aba e of Normal Facility Ho AM Ap	urs		City, S	ilate, Zip Code									
Scope of Work (Check All That App	niy)			İ										
≥3 sf or ≥3 lf	T Ren	ovation		A SE	Tull Contrion	nent with Nega	tiva Drac	Distric						
M_ ≥160 sf or ≥260 lf	GMARTING.	olition			Mini-Enclosur		1616 6 1 1 0 2	2011	2					
opposite the second sec				France	J Glovebag Pro	ocedure ed (*) and Non	Eriable E	Jrac.	odur					
		cation	1		a tront and man	1	T I TELETICA			meni				
l ocation of		maily	-		5	residence and			Ty	0e				
Asbestos-Containing Material (	ACM   Used S	lolely by		scription taining A	i or ilaterial (ACM)	. Amoun	r T	1		527				
TO BE ABATED	Mainte	nance/ al Staff?	(i.e. therma	systems	s insulation,	(Specify	/ 18	J I	70	Encapsulato	Enclosure			
In Facility (13)		2)		cing, VA niscellan		SF or LF	(a)	7	Repair	18de	Sok			
	1 1 1 1	1 5375			,0000)	e de la companya de l	) j	1	= 1	ilate	8			
1	Yes N	o N/A				ļ								
TUter: Oct (3,70 Er)	A Company of the Comp	1	lashita li	nole.	Jm,	1000 办	14	, į	1					
						1	ta familia	Table 1 Table 1						
		1	1	-			4	1						
		-	<del> </del>			1	<u>f</u>							
Marrie of Charleton 1155 to 65	1 1	MOSS	to the	Maria d	1 42			į						
Name of Registered Waste Hauter		NJOEP VI Hauler ID	하고 있었다면 그를 가고하게 많은 것이다.	Yards ste /)	1	f Registered La	enony							
Ace Insulation Co., Inc.		12086		, )	Chrins	Landfill								
City, State			Dispos	al Date	City, Sta					-				
Colls Neck, New Jersey			4	14/1	7 Easton	PA								
Completed by	Title		į S	ignature	1	7	Date		T					

Bree McGuire

Secretary Treasurer

3/28/14



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

Ch 6024	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)								7) [	E ((	2 E	3 1	W	E		
Date of Notification (1)	ь			Name o	f Building	Owner/	Operator	r (2)		111	1/L		9 6		<u> </u>	
3/22/17					/lancini I		10.7				1	***				
Agencies Notified	Type Notification			Street A	Address						Lo.	W/	H	3 0	201	/
⊠ EPA	✓ Initial			b							i					and the same of th
DEP	Amended				ate, Zip C						AS					OL 8
DOL	Amendment Emergency		_		ate NJ 0								JCE	NSI	VG_	
DOH DOH	justification)				f Contact					. Tel	lephon	e Nun	nber	100	1	
DCA	Cancellation			Joe	II DEV INTE	ODMAT	1011							_	*	
Name of Facility Where	Abatement is Takin	g Place (	3)	FACI	ILITY INF	ORWAI	ION	Type	of Facility	(4)		-			-	
Joe Mancini Privat			51						chool (K-							
Street Address								IT s	ubchapte	r 8 (Oth	er than	K-12	)			
									other (i.e. p	private	& com	mercia	al build	dings	home	es,
City (5)								Square	-	# 0	f Floor	s	В	ldg. A	ge	
Holgate NJ 08008								1000	+	1			3	35+		
County (6)			1	County (	Code (7) USE ONLY	n			t Use (Pri	or if bei	ing der	nolish	ed)			
Ocean							_	Hous		A						
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASCN	√ No.		1		ement Cor	ntractor	(9)					
Street Address								naco Ir								
Street Address							1	Address Box 32								
City, State, Zip Code							W. 55775	State, Zip								
on, one of the									n NJ 080	091			- 1			
Project Manager for Mor	nitoring Firm	T	Telepho	ne No.			none No		-	Licer	nse No	).				
	Floject Manager for Monitoring Firm						1 33 3	-753-98			007					
Start Date (10)		Schedul	ed Con	Completion Date (11)				of OSH	A Monitor							
3/31/17		4/6/17		San												
Occupancy Status During	g Abatement (Chec	k Only O	ne)	Street Address												
Facility Closed/Vac	ated During Entire F	Period of	Abaten							4						
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	/ Hours	City, State, Zip Code					Code							
Scope of Work (Check A	II That Apply															
	н ттас Арріу)							7								
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf		-	Renova Demolit						Containme Enclosure		Nega	tive P	essu	re		1
_		لنستا					×	Glov	ebag Prod	cedure						
		T	-					Non-	-Exempted	d (*) an	d Non-	Friabl	e Pro		e ement	-
1		1 22	Locati Vormal	7.0											pe	
Location Asbestos-Containing		Use	ed Sole	ly by	Asbes		scription taining N		ACM)	А	mount				m	
TO BE ABA	ATED	100000000000000000000000000000000000000	intenar todial S	A. 17 (17 (17 )		thermal	systems	s insulat		(5	Specify		Re	R	Encapsulate	Enclosure
In Facil (13)	ity		(12)				cing, VA niscellar			SF	or LF	)	Remova	Repair	nsdi	losu
		Yes	No	N/A									ä	_	late	lle
exterior s	idina	163	140	X		exte	rior sic	lina		10	00SF		x			
Through		X			oor Til				00 SF							
Through		^		- 11	001 111			7.0	<i>J</i> U 31		х		_			
		-														
Name of Registered Was		JDEP W auler ID		Cubic of Was	Yards ste		Name of	50 20 50 10 000	red La	ndfill						
United Roll Off	1	2459		4	-10		G.R.O.	W.S.								
City, State					Disposal Date			Date City, State								
Elm NJ				4/6/17				Morrisv	ille P	4 190	67					
Completed by		Title	5,000			S	ignature									
Anthony T Perna	sident				3/22/17			1								

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219184555 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 27 / 17 03 Frank DeMaio Agencies Notified Type Notification Street Address **ASBESTOS CONTROL &** X EPA ✓ Initial LICENSING ☑ DOLWD Amended City, State, Zip Code X DHSS Amendment # Paramus, NJ 07652 □ DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Frank DeMaio **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Paramus, NJ 07652 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 06 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/ PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure ≥ 3 sf or > 3 If ≥ 160 sf or ≥260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Encapsulate Asbestos-Containing Material (ACM) Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A $\boxtimes$ Exterior siding Transite siding 1,000 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Tente Wenad N.Jevtic Owner 03/27/17 ASB-41

MAY 11

										1				Pri	nt For
Ch128	3			ICATIO	tate of N N OF ASI t to NJA0	BESTOS	ABATE		т	D.				$\mathbb{V}$	
Date of Notification (1) 3/27/2017					of Building of Camd		Operato	r (2)			MAR	73	0 2	2017	
Agencies Notified	Type Notification				Address Market S	Street				A	SBESTO	)S (	ON	ITRO	DL &
DEP X DOL	Amended Amendment		_		ate, Zip C len, NJ					The second second second	110	EN	217	<u>G</u>	
DOH DCA	iustification) Cancellation				of Contact					Telepho	one Numbe	er			
				FAC	ILITY INF	ORMAT	ION			=			1		
Name of Facility Where Vacant Structure	Abatement is Takir	g Place (	3)					Тур	e of Facility	10000				-86	
Street Address 331-333 Ramona-0	Gonzalez Street			125-3				×	Other (i.e. p	8 (Other the orivate & cor	an K-12) mmercial b	uildir	igs,	home	s,
City (5) Camden								Squ	etc.) are Feet	# of Floo	ors	Bld	g. A	ge	
County (6) Camden					Code (7) USE ONL	n			ent Use (Pri	or if being de	emolished	)		- 117	1
Name of Monitoring Firm	Hired by Building	Owner (8)	)	ASCI	M No.				atement Cor						
Street Address							Street 282		ess k Road					-	
City, State, Zip Code					32000				Zip Code , NJ 0803	1				-W	
Project Manager for Mor	nitoring Firm		Telephone No.				Telephone No. License No. 856.466.6452 01204					liv-			
Start Date (10) ASAP		Schedule 4/28/20		npletion	Date (11)		Name Andr		SHA Monitor Ricco						
Occupancy Status Durin	g Abatement (Chec	k Only Or	1 27 230					Addre	ess						-
Facility Closed/Vac Abatement Perform	ated During Entire Feed Outside of Norm	Period of A	Abaten / Hours	nent			282 Creek Road City, State, Zip Code								
Other – Describe:						_	Belln	nawr	, NJ 0803	1					
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Il That Apply)	-	Renova Demolit					Mi Gl	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure			dure		
Location	n of		Locati			Do	scription	of				At	ater Typ	ment e	
Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	sed Solely by laintenance/ stodial Staff?  (12)  Asbestos Co			tos Cont thermal surfa	ontaining Material (ACM) nal systems insulation, rfacing, VAT, or er miscellaneous)			Amour (Specit SF or L	fy a		Renair	Encapsulate	Enclosure	
	Yes 1													e	
				X							X				
													1		
Name of Registered Was	te Hauler		l N	IDEP W	laste	Cubic	Yarde		Name of I	Pagietored!	andsii				
Ricco Construction (	NJDEP Waste Cubic Yar Hauler ID No. of Waste 28909 TBD		ste		Name of Registered Landfill Salem County										
City, State Bellmawr, NJ		Disposal TBD						City, State Alloway, NJ							

Completed by

Andrew Ricco

Title

Owner

Date

3/27/2017

Signafure

CK1080		NOTIF (P	ICATION	ate of Ne N OF ASE to NJAC	BESTOS	ABATE	MENT 0)		CENTER OF THE TAKE A SECURES A SEC	DIE NO	6			<u> </u>
Date of Notification (1) 03-27-2017				f Building Jana Ed		Operator	(2)		Mary Control Control		WAR	3 (	20	17
Agencies Notified Type Notification  EPA Initial			Street A						and the same of the same of	ASBE		OS C		
EPA		_ [		ate, Zip C Plainfie		07060			581	-	MATY:			
X       DOH       justification)         DCA       ☐ Cancellation			Shaqu	f Contact Iana Ed	wards				Te	lephone Nu	mber	2		
Name of Facility Where Abatement is Takir	ng Place (	3)	FACI	LITY INF	ORMAT	ION	Type	of Facility (4	`					
Private Dwelling							П	School (K-12						
Street Address							×	Subchapter 8 Other (i.e. pri	(Oth			ldings	, h <mark>o</mark> m	es,
City (5)							Sans	etc.) ire Feet	T#0	f Floors	-	3ldg. /	Age.	
North Plainfield							N/A		N/		N/A			
County (6) Somerset			County (	Code (7) USE ONLY	)		Curr	ent Use (Prior	if be	ing demolisl	ned)			
Name of Monitoring Firm Hired by Building $N/A$	Owner (8)		ASCN	l No.				atement Control	ractor	(9)				
Street Address						Street 12 M		ss Ave #F2					- 7	
City, State, Zip Code								ip Code k, NJ 0705	8					
Project Manager for Monitoring Firm	ct Manager for Monitoring Firm							lo. 1099		License N 01317	0.			
Start Date (10) 04-06-2017	Schedul 04-08-		npletion (	Date (11)				HA Monitor fety LLC					0.00	
Occupancy Status During Abatement (Chec	k Only Or	ne)	Street Address						-					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of A	Abaten Hours	tement 12 Maple Ave # F2 City, State, Zip Code											
Other – Describe:						Pine	Broo	k, NJ 0705	8					
Scope of Work (Check All That Apply)						-	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mi	Il Containmen ni-Enclosure ovebag Proce	dure					
	le le	Locati	on				ı INC	n-Exempted (	) an	u Non-Friad	Pro		e emeni	t
Location of Asbestos-Containing Material (ACM)	1	Normal d Sole	ly	Ashas	Des tos Cont	scription		LACM			-		rpe	
TO BE ABATED In Facility (13)	2000000	intenai todial S (12)	0.000.000		thermal surface		s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
3:3	Yes	No	N/A		0.1101	ooonari	.0000)				/al	=	ilate	ure
Basement Storage Room	Х				VAT			5	0 SF	х				
Basement Storage Room			Duct	Insula	tion		2	0 SF	х					
	-													
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of Pa	onieto	red Landfill				
United Safety LLC	auler ID 036820	No.	Cubic Yards of Waste TBD Name of Registered Landfill Grows Landfill											
City, State Pine Brook, NJ		Dispos TBD	al Date		City, State Tullytown	, PA	\ \			16				
Completed by /anco Petkov		S	ignature	(		2	Da 0.3		2017	2 2				

Ch 385	)5		NOT	TEMENT 6)	DE	CE		$\mathbb{V}$							
Date of Notification (1)					Name	e of Buildin	g Owner/Operator	(2)				-	- 11		
3/	27 /	17				ate of Nev		. ,	III L M	AR 3	0 2	017	77.00		
Agencies Notified	Type Notific	cation			Stree	t Address			1 1				- 1		
⊠ EPA	☐ Initial				20	West Sta	te Street		ASBES	STOS	CON	TRO	L &		
□ DOLWD		7			City.	State, Zip (	Code			LICEN					
⊠ DOH	Amendn					enton, NJ			74 - 250				1100000000		
DCA (NJAC 5:23-8)	☐ Emerger justificat		cludin	g		e of Contac			Telephone N	lumber	0.725				
(10/10/0.20/0)	☐ Cancella	(5)					I - Haverstick-Bo	orthwick	Telephone 14	difficer					
							FORMATION								
Name of Facility Where A	Abatement is	Takin	n Place	(3)	I A	CILITI	AFORWATION	Type of Facility	/4\		-				
Mary Roebling Buil		· Gittin	9 1 1000	(0)				School (K-12							
Street Address								Subchapter		(-12)					
20 West State Stree	et							Other (i.e., p	rivate and com		buildin	gs,			
City (5)								Square Feet	# of Floors	- 1	Bldg. A	\ge			
Trenton								100,000	10		80				
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolished)	)	-			
Mercer								Office Build	lding						
Name of Monitoring Firm	Hired by Buil	lding (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				(5			
USA Environmenta	l, Inc.						Shade Enviro	onmental, LLC	С						
Street Address							Street Address								
344 West State Stre	et						623 Cutler Av	/enue							
City, State, Zip Code							City, State, Zip Co	ode							
Trenton, NJ 08618							Maple Shade								
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.						
John Duggan				6	09-656	-8101	856-755-0099	)	00842						
Start Date (10)	T	Sched	luled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor				-	-		
04 /06 /					<u> </u>	17	EMSL Analyt	ical, Inc.							
Occupancy Status During							Street Address								
☐ Facility Closed/Vacate							200 Route 13	0 North							
							City, State, Zip Co			3000					
Scope of Work (Check all			<u>0.00</u>	<u>.</u>	.00/4101		Cinnaminson	, NJ 08077							
Scope of Work (Check all	that apply)						☐ Full Cont	ainment with Neg	ative Pressure						
$\boxtimes \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If			⊠ Re □ De	novat			☐ Mini-Enc ☐ Glovebag	losure	,						
							Non-Exe     ■ Non-Exe	mpted (*) and No	n-Friable Proce	edure					
			56570	Locat						A	batem	ent T	уре		
Location (	T. P.	#\		Norma d Sole			Description o		990 BE	7	70	īn	Ш		
Asbestos-Containing N TO BE ABA		11)	Ma	intena	nce/	Aspes	stos Containing Ma ., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	nca	1Clo		
IN Facility			Cust		Staff?	(	surfacing, VAT,	or	SF or LF)	ova	=	Encapsulate	Enclosure		
(13)			Yes	(12) No	N/A	-	other miscellane	ous)				ate	O		
Elevator Equipment R	loom		⊤es ⊠	INO	IN/A	Break P	ads		9 SF			П			
			10 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	0.00	No. of the last of	D. Outer	Break Fads 95F								
										_ L	ЦШ	П	Ш		
			Ш												
Name of Registered Waste Freehold Cartage	e Hauler			0 8 8	JDEP V auler IE		Cubic Yards of Waste	Name of Regis	tered Landfill						
City, State					15939	)	1 Disposal Date		ziai Eurumi			-			
Freehold, NJ				27			Disposal Date 04/28/2017	City, State Morrisville,	, PA						
Completed By (Print or Ty	pe)	Title					Signature			Date		(			
Christina Lynch		Vi	ce Pr	eside		0		3/2	71	7					

ASB-41 JAN 13

\* Do not use this form for asbestos licensure exempted activities. - but in his marking of in some on an and a last de last

Ch 2922		NO	TIFICATI (Pursua	State of ION OF A ant to NJ	New Jers SBESTO AC 8:60 a	SABAT	EMENT 20)					Ü	$\mathbb{V}$
Date of Notification (1) 3/16/2017			Name	e of Buildi idence	ing Owne	r/Operato	or (2)		feel la	MAI	7 3	0 2	2017
Agencies Notified    X   EPA   X   Initial   Amende   Amendment   Amendment	t		City,	t Address State, Zip	Code				AS	3ES1 Li	OS ( CEN		
	cy (includi	ng	Name	on, N.J. of Conta Kirchbe	ct erger			_Te	elephone N	lumbe			
Name of Facility Where Abatement is Ta Residence	king Place	: (3)	FA	CILITY IN	FORMA	TION	Type of Facilit	3 5000	ł			1	
Street Address City (5)							School (R Subchapt Other (i.e etc.)	er 8 (Otl	her than K & comme	-12) rcial bu	uilding	s, hor	mes,
Union County (6)							Square Feet 1,875	2	of Floors		Bldg. 87	Age	
Union			County (STATE	y Code (7) E USE ONL	) _Y)		Current Use (P	rior if be	ing demol	shed)			
Name of Monitoring Firm Hired by Buildir A. Seine Lighthouse Solutions	g Owner (	8)	ASC	CM No.		Name Brink	of Abatement Co	ontracto	r (9)				
Street Address PO Box 354							Address Liberty Ave						
City, State, Zip Code South Orange, N.J. 07079							tate, Zip Code de, N.J. 0720	5					
Project Manager for Monitoring Firm Sarah Calandra				one No. 349-2666	6	Teleph	one No. 162-7465		License 01316	No.			
Start Date (10) 04/03/2017	04/10	/2017	mpletion	Date (11	)		of OSHA Monitor						
Occupancy Status During Abatement (Ch	Period of	Ahate	ment			Street	Address ox 354						
Other – Describe:	rmal Facilit	y Hour	'S		_		ate, Zip Code n Orange, N.J	. 0707	9			-	
Scope of Work (Check All That Apply)  x ≥3 sf or ≥3 lf													
☐ ≥160 sf or ≥260 lf	-	Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				**	
Location of	1	s Locat Norma	lly		Dos	scription o		. , ,,	110111111		Abat	emen /pe	it
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ( (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	aining Ma	aterial (ACM) insulation, , or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Pagament	Yes	No	N/A							<u>a</u>		ate	l le
Basement		X				pipe		12	25 If	X			
										-		_	
Name of Registered Waste Hauler													
Newark Carting		Н	JDEP W auler ID 1509		Cubic Y of Wast				ed Landfill ement L		ı		
City, State East Orange, N.J.					Disposa 4/17/2		City, State						
Completed by Alison Lamers	Title Mana	iger				gnaturé	anors	)	Da	te 20/20	17		

MO#24051485	BLO	NOT	IFICATIO	N OF AS	New Jers SBESTO AC 8:60 a	SABAT	EMEN 20)	Т		DL	E C	E		<u> </u>
Date of Notification (1) 03/08/17			Name Barba	of Buildir ara Hau	ng Owner usleiter	/Operato	or (2)			2003	MAF	3	0 2	017
Agencies Notified    X			City, Si	Address tate, Zip	Code				an and adjustment of the second	AS	BEST U	OS (	CON	TRO 3
■ DOL Amendme     ■ Emergence justification     ■ DCA     ■ Cancellation	y (includin	g	-	of Contac	, NJ 08a	854			Te	lephone I	Number			
Name of Facility Where Abatement is Tak Barbara Hausleiter Street Address	ing Place (	(3)	FAC	CILITY IN	FORMA	TION	Тур	e of Facility (4 School (K-1; Subchapter Other (i.e. p	2) 8 (Oth	ner than K	(-12)	ildina	s. hon	nes.
City (5) Piscataway								etc.) are Feet		f Floors		Bldg.		
County (6) Middlesex County			County (STATE	Code (7)	) .Y)		Curr	ent Use (Prio	r if be	ing demo	lished)	- E-10-7		
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI					atement Cont ement	ractor	(9)		100 620		
Street Address							t Addre 9 87th	ss Street Su	ite A	4			- 10	
City, State, Zip Code						Nort	h Ber	Zip Code gen, NJ 07	7047			- 37:33-9		
Project Manager for Monitoring Firm			Telepho				hone N -293-6			License 01223				
Start Date (10) 03/22/17	04/05/	17	mpletion	Date (11	)			HA Monitor // CONSUL	TIN	G LLC				
Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	Abater	ment s			1600 City, S	State, Z	JTE EAST	SUI	ΓE 107				
Scope of Work (Check All That Apply)						UNIC	ON N	J 07083						
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf		Renova Demoli				×	Mir	I Containmer ni-Enclosure ovebag Proce n-Exempted (	dure				re	
Location of	1	Locat	lly		Des	scription						Abat	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial ( (12)	nce/	Asbes (i.e	stos Cont thermal surfac	aining M	laterial s insula T, or	(ACM)	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
D. 11 D	Yes	No	N/A								35		ate	ге
Boiler Room - Basement  Kitchen- Basement		-			VAT			70	) SF	x				
	-					VAT				1 SF	x			
Living Room - Basement	-					VAT			26	6 SF	х			
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP Wa auler ID I 1509		Cubic of Was			Name of Re				ROV	VS N	l.
City, State HILLSIDE, NJ								City, State MORRIS	VILLI	E PA				
Completed by Bryan Parra	Title Proje	ct Ma	nager		Si	gnature	Au	an Dan	0		ate 3/08/1	17		

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

10 H 2157

Data of Natification (4)								,	_ CR	7	01	8.1	į.
Date of Notification (1)	23 /	4	7		N		ing Owner/Operator		FEET C	_	7		
							nship Board of	Education	IME	C	5		y
Agencies Notified  ☐ EPA	Type Notif	icatio	n		1000	treet Address						With Laboration Co.	See
☑ DOLWD	│	ad				220 Ewing						van ozaso	
☑ DHSS	Amend		#			ity, State, Zip				MAR	3 (	20	11
☐ DCA				ng		Ewing, NJ	08638		4				
(NJAC 5:23-8)	justifica			5		ame of Conta			Telephone Nur	nber	200	TIME	B
	Cancell	lation				Mr Milton S	Shaw		7		IS	ING	1
						FACILITY I	NFORMATION						1000
Name of Facility Where A		Taki	ng Plac	ce (3)				Type of Facility					
Fisher Middle Scho	ol							School (K-12	2)				
Street Address	-000, 000 miles secures							Other (i.e., p	8 (Other than K-1 rivate and comme	2) ercial l	buildir	nas	
1325 lower Ferry Ro	ad							homes, etc.)		3,0,0,	o aman	90,	
City (5)								Square Feet	# of Floors	E	3ldg. /	Age	
Ewing			ila salas sas					30,000	4		60÷		
County (6)					0	County Code (	7)(STATE USE ONLY)	Property of the second second second	ior if being demol	ished)			
Mercer								Academic					
Name of Monitoring Firm I		ilding	Owner	(8)	AS	CM No.		ent Contractor (9)					
Environmental Con	nection						BRISTOL EN	IVIRONMENTAI	L, INC.				
Street Address							Street Address		W. C. C.				
120 N Warren St							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C						
Trenton, NJ 08608							BRISTOL, PA	19007					
Project Manager for Monit	oring Firm			1		ne No.	Telephone No.		License No.				
Rollie Jones						392-4200	215-788-6040	)	00509				
Start Date (10)3 /23 / _	100 miles					Date (11) /17	Name of OSHA N	Monitor VIRONMENTAL	., INC.				
Occupancy Status During	Abatement	(Chec	k only	one)			Street Address					-	_
☐ Facility Closed/Vacated	During Ent	ire Pe	eriod of	Abat	emen	t	1123 BEAVE	R STREET					
Abatement Performed (	Outside of N	lorma	I Facili	ty Ho	urs - [	Describe	City, State, Zip C	ode					_
Time of Abatement: 6P	<u>'M</u> AM- <u>11:0</u>	UPM/		PM	-	_AM	BRISTOL, PA	19007					
Scope of Work (Check all t	hat apply)												_
≥3 sf or ≥3 lf			⊠ Re	nova	tion		☐ Full Con ☐ Mini-End	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			_	emolit				g Procedure					
							Non-Exe     Non-Exe	mpted (*) and Nor	-Friable Procedu	re			
10 000	2		100	S Loca Norm						Al	oatem	ent T	yr
Location o Asbestos-Containing M		//\	1		lely b	y Acha	Description of stos Containing Ma		A	Re	Re	m	1
TO BE ABAT	ED	,	200000		ance	(i.e	, thermal systems		Amount (Specify	Removal	Repair	Cap	1
IN Facility (13)			Cus	(12	l Staff )	1	surfacing, VAT		SF or LF)	<u>a</u>	1	Encapsulate	1
(13)			Yes	No	1	/A	other miscellane	ous)				ate	1
m C-123					T	Floor ti	le and Mastic		12 SF				1
					+=	1 1001 1	io una mastro		12.01				-
					1								L
				Ш									
(5.11.11)													
ame of Registered Waste BRISTOL ENVIRONM		IC.				P Waste r ID No.	Cubic Yards of Waste 1 CYDS	Name of Register GROWS Lan					
ity, State							Disposal Date	City, State					_
							3/24/17	Morrisville,	PA				
BRISTOL, PA													_
	e)	Title	)				Signature	70	Da	te			

NO CI	4			NOTIFICA	TION OF A		ABATEME			JE	CE	I V E
Date of Notification (	1)			(PURSUA	No. of Concession, Name of Street, or other Designation, or other		Owner / Ope	Contract	1117	7		
$\frac{03}{3} / \frac{13}{3}$	<u> 17</u>				HOPES	CAP, INC		. ,	and the same of th	1	WAR 3	0 2017
Agencies Notified	Type of N	lotificat	ion		Street A	daress RDEN STRE	FT		14	b	WAII O	0 2017
☑ EPA		Initial			City, Sta	te, Zip Coo	de			Ĺ	About the Control of	
☐ DEP ☑ DOH	V	Amen				EN, NJ 070	30					CONTROL 8
☑ DOH			dment sency v	_2 w/ justification	ANA ME	Contact			Telenho	nna Niimi	hge UEN	DING.
			llation		I ANA INC	JIA .			F			Tito II X
				F	ACILITY I	NFORMATI	ION				TA IA	Name of Street, Street
Name of Facility Whe	re Abaten	nent is	Taking	Place (3)	V 200	Type of I	Facility (4)					
	i o i ibaton	110111110	aking	riace (o)		Type of t	acility (4)					
Chan at Adding							School (I	100				
Street Address 900 HAMILTON STRE	FT							ter 8 (Other ., private &				
								omes, etc.)		Cidi		
	County (6			County Code	(7)	Square F	eet	# Of Floo		Buildir	ng Age	
SOMERSET	SOMERS	El		1			,000	haine des	2	4	47.	
				1		DAYCAR	Jse (Prior it E	being den	iolisnea)		47+	
Name of Monitoring F	irm Hired	by Bld	g. Owr	ner (8)	ASCM N							
GZA GEOENVIRONMI	ENITAL IN	IC			00126	NODTHE	TAD CONT	DACTING	NDOLID II	10		
Street Address	LIVIAL, III					Street Ad	TAR CONT	RACTING	ROUP. II	NC.		
55 LANE ROAD, SUITI	E 407											i
City, State, Zip Code FAIRFIELD, NJ 07004							ns Parkway					
Project Mngr. For Moi	nitorina F	irm		Telephone Nu	mhor	City, Stat	e, Zip Code					
BEN SALLEMI				973-774-3300		East Hand	over, NJ 070	36				
Sheduled Start Date (	1			letetion Date (1		Telephon	e Number		License	Number		
$-\frac{03}{25}$	/17	_0	6_/	/30/	17	973_8	84-8682				00860	
Occupancy Status Du	ring Abat	ement (	Check	Only 1)			OSHA Mon	itor			30000	
		ted Duri	ing En	tire Period of			TAR CONTI	RACTING G	ROUP. IN	IC.		
Abatement Abatement		d Outsi	de of N	lormal Facility		Street Ad	dress					
Hours - Des	scribe:	WEEK	ENDS			32 William	ns Parkway					
Other - Des	cribe:	7:00AN	1-7:00A	M			e, Zip Code					
Scope of Work (Check	k All That		1 - 3.00	PM - 11:30PM		East Hand	over, NJ 070	136		-34-1		-
		500 550										1
Demolition >3sf or >3lf		4	]	Renovation	V		ainment wi	th Negative	Pressure	е		- 1
≥160 sf or ≥						Mini - End Glovebad	ciosure Procedure					
	-						npted (*) an		ble Proce	edure		- 1
Location of		l Is			Descript	ion of			Abatama	-4 T		
Asbestos Contain	ning	Loca		As		Containing			Abateme R	Type	E	ĮΕ
TO DE 10175	_	Norn			Material			Amount	E	R	N	N
TO BE ABATE in Facility	<u>D</u>	Us Sol				I systems facing, VA	т	(Specify SF or LF)	M	E P	C	C
(13)		by M	-			ellaneous)		SF OI LF)	V	A	A P	LO
		tena							Α	1	s	s
		Custo Staff	7.1533.532.54						L	R	U	U R
		YES N	-							<del> </del>	-	1
1ST FL MAINTENANCE		V _		FLOOR TILE				60 SF	7			
1ST FL UNDER STAIR 2ND FL KITCHEN	WELL		_	FLOOR TILE				18 SF	V			
2ND FL SLOP SINK CL	OSET			FLOOR TILE FLOOR TILE				576 SF 12 SF	7			-
Name of Registered W				NJDEP Waste	Cubic	Name of F	Registered I					
NEWARK CARTING				Hauler ID No.	Yards	WASTE M	GMT (GRAI	ND CENTRA	AL)			
City, State					of Waste Disposal	City. State	,					
NEWARK, NJ					Date		; YLE, PA 180	072				
Completed by (Print or	Typol			Title			lo:				15	
completed by (Pfillt Of	rype)			Title			Signature	1 h			Date	
PAUL MAST				VICE PRESIDE	NT		Jan	V //	1007	-	03/	/28/17

Location of	T	Is		Description of	T	Abateme	ent Type		(1)
Asbestos Containing	1	_oca	tion	Asbestos - Containing		R	1	E	E
	1	Norm	ally	Material (ACM)	Amount	E	R	N	N
TO BE ABATED		Use		(I.e., thermal systems	(Specify	M	E	C	C
in Facility		Sole	ely	insulation, surfacing, VAT,	SF or LF)	223	P	A	li.
(13)	l t	оу Ма		or other miscellaneous)	0. 0. 2. ,	v	A	P	0
		enar				A	l'i	s	S
	0	usto	dial			Ĺ	R	lu	Ü
	2	Staff	(12)			_	1	L	R
	YE	SNO	N/A				1 7	+	1
2ND FL PHONE CLOSET		V		FLOOR TILE	36 SF	V	T		
2ND FL REC ROOM		1		PLASTER CEILING	1600 SF	7			
2ND FL OFFICE		1		PLASTER CEILING	630 SF	<b>V</b>			
	$\perp$	Ц	Ц						
		Ц	Ц						
		Ц							
		Ц	Ц						
	14	Ц							
	14	Ц							
	14		Ц						
			Ц						



(13)		(12)		other miscellaneou	s)		oval	a:	sulate	Sur
	Yes	No	N/A				=		ate	æ
east half- west mezzanine		X		1' X 1' floor tile	S	800 SF	X		-	- 7
roof & south loading dock OH		X		roof flashing		5,000 SF	Х		-	
upper roof & loading dock OH				built-up roofing	3	72,000 SF	X			
Name of Registered Waste Hauler Weigle Trucking Co.		1000	JDEP Waste auler ID No.	Cubic Yards of Waste 1,500		Registered Landfill				
City, State Linden, PA				Disposal Date	City, Stat Minerv	te ra, Ohio				
Completed by Marko Stankovic	Title Proje	ect Ma	anager	Signature	2	Da 3	ite /27/20	017		

MO#241948135	03	NOTIF	ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		5.0		E	CE		$\mathbb{V}$	E
Date of Notification (1) 12/07/2016			Name of Ericks	of Building Son Livir	Owner/	Operator	r (2)			N/	IAR 3	ο .	2017	and the contract of the contra
Agencies Notified Type Notification			Street A	Address Maiden C	Choice	Lane				L				
EPA Initial Amended Amendment	#3			ate, Zip Co onville, N		228				ASBE	STOS LICE	CON	ITRO G	)L &
DOH Emergency ( justification) Cancellation	including	Ī		f Contact Stanko		roject N	Mana	ger	Telep	hone N	umber			ī
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4	4)					
Lantern Hill Phase III								School (K-1	2)					
Street Address 603 Mountain Ave							7	Subchapter Other (i.e. p etc.)				dings,	hom	es,
City (5) New Providence							Squa 25,0	are Feet 000	# of F 2	loors		Bldg. A	\ge	
County (6) Union				Code (7) USE ONLY	)			ent Use (Pric	or if being	demoli	shed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	Л No.		Name BL C	of Aba Contra	atement Con acting Inc.	tractor (9	)				
Street Address						Street 5 Ma		ss rite Lane						
City, State, Zip Code								ip Code VJ 07082			12-12-12-12-12-12-12-12-12-12-12-12-12-1			
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	none N 901-0			icense 01265	No.			
Start Date (10) 03/27/2017	Schedule 4/1/20	ed Con	npletion	Date (11)				HA Monitor acting Inc.					¥8	
Occupancy Status During Abatement (Check						Street 5 Ma		ss rite Lane						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abatem Hours	nent			City, S	tate, Z	ip Code NJ 07082						
Scope of Work (Check All That Apply)	· ·					1000	400, 1	40 07 002						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of	tenova emolit	C102100				Min	Il Containme ni-Enclosure ovebag Proc	edure					
	Is	Locati	on			<u> </u>	J NO	n-Exempted	(*) and N	Non-Fria	able Pro		e ement	
Location of		lormal d Sole				scription				200 states	-	Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai	intenar odial S (12)	nce/		thermal surfa	systems cing, VA niscellan	s insula T, or		Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	(D
rear of property		Х			8" tra	ansite p	oipe		451	LF ———	X			
													-	
											a			
Name of Registered Waste Hauler Atlantic Carting		5000	JDEP W auler ID		Cubic of Was			Name of R Waste N	_		ill	1		
City, State Wayne, NJ					Dispos	sal Date		City, State Tullytow						
Completed by Marko Stankovic	Vayne, NJ ompleted by  Title										ate 3/27/20	017		

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

2017-39 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 8310 Date of Notification (1) Name of Building Owner/Operator (2) 0 13 1/12 18 1/11 17 Patricia Anne Kramer Agencies Notified Type Notification Street Address ☐ EPA MAR 3 0 2017 Initial DEP City, State, Zip Code DOL Amendment Caldwell, NJ 07006 **ASBESTOS CONTROL &** X DOH Name of Contact Telephone NumberNSING Cancellation ☐ DCA Patricia Anne Kramer FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Patricia Anne Kramer Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Caldwell, NJ 07006 Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/07/2017 04/08/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition | Renovation ☐ Full Containment w/negative pressure ★ Glovebag procedure X Mini-enclosure ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing m n staff(12) C material to be (Specify SF or material (ACM) 0 a abated in facility (13) Yes No N/A v p basement pipe insulation 138 If X

Lincoln Park, NJ 04/10/2017 Tullytown, PA

Completed by (Print or Type) Title Signature Gordana Luna Secretary/Treasurer Gordana Luna Secretary/Treasurer Gordana Suna Conductor Secretary/Treasurer Gordana Secretary/Treasurer Gor

	NOT	(Pursua	on OF	f New Jersey ASBESTOS ABA JAC 8:60 and 12			JF B WAR	3 0 -	2017	3-,1	
Date of Notification (1)	)7-17		of Buil	ding Owner/Ope	Papa	202	TASBESTOS	S CO	NTRO	L &	
□ EPA Initia □ DEP □ Ame		-	State, Z	Zip Code  CRan	ord,	ΓN	URIVICE 070 Telenhone Numbe	16	i L		
DOH justi	ication) cellation	15	and	V Papa	ROZZI N Type of Fa	acility (4)	<u> </u>				1
Name of Facility Where Abatement	is Taking Place (3)	)We	llin	<u> </u>	School Subo	chapter 8 (er (i.e. priva	Other than K-12) ate & commercial b		s, home	es,	
City (5) CRan FORCE	N	7	0	7016	Square F		2 f being demolished	6	00t	_	_
County (6)		(ST	ATE USE	ONLY)	Name of Abatem						-
Name of Monitoring Firm Hired by	Building Owner (8)		SCM N	I/A	Street Address	Tee	hnologi	es	Ir		-
Street Address R.O. BO  City, State, Zip Code	337	- ^	06	-33	City State, Zip C	Code	111	08	53	3	
Project Manager for Modificial	+ NO	Tel	lephone	No.	Telephone No. 609 758-	336	License No.	3	94		
Start Date (10)	Schedule	ed Compl	etion Da	58-3365 ate (11) 2017	Name of OSHA	Monitor	mologies	In	<u> </u>		
Occupancy Status During Abater	nent (Check Only On	ne)	nt		Street Address	Box	337				-
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	de of Normal Facility	Hours	×		City, State, Zip New E		NJC	185	33		
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	b 1	Renovatio Demolitio			☐ Mini-	-Enclosure	nt with Negative P edure (*) and Non-Friab				
		s Locatio							Abatem Type		_
Asbestos-Containing Materi TO BE ABATED In Facility (13)	us (ACM) Us	Normally ed Solely aintenan stodial S (12)	by cel	Asbestos Cor (i.e. therma	escription of ntaining Material al systems insulated acing, VAT, or miscellaneous)	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Pine 7	nsulation	"	100 LF	X			
Basement	X			TIPE				+			
		-	-				Designand Land	ill			
Name of Registered Waste Ha	uler - looies	N F	JDEP V lauler ID	Vaste Cub O No. of V	vaste 2	Was	Registered Lands te Manage site nisuille	men	+ 0 6	9	4
EPC Technocity, State New Egy	+ NJ	- ,	<i>↓ / ≃</i>	Dis	posal Date	17-Mor	nisville	PA	^=	,	
New Egy	Title		A 1		Signature	SAV		3-	27-	1 7	t

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

. ..... . .....

W 012		NOTII	FICAT Pursu	TON OF	of New Jers ASBESTOS JAC 8:60 a	SABATE	MENT 0)	A company of the comp			<u> </u>		
Date of Notification (1)			Nan	ne of Bui	lding Owner truction C	/Operator	r (2)	To the control of the	L MAH 3	U 2	017	1 1	7
03-24-17 Agencies Notified T	ype Notification			eet Addre Hermo				emanded at a very second	ASBESTOS LICE			L&	
EPA DEP	Initial Amended Amendment #_		City	, State, a	Zip Code NJ 07105				The transfer of the transfer o				
DOL DOH	Emergency (indiginal justification) Cancellation	cluding	Na	me of Co					Talanhone Numbe	er		- 1	
□ DCA  L	Caricellation			FACILIT	Y INFORMA	TION	1 =	of Facility (4)					$\dashv$
Name of Facility Where Ab Private Home Street Address	atement is Taking	Place (3)						School (K-12)	(Other than K-12) rate & commercial	building	js, ho	mes,	
City (5)								re Feet	# of Floors	Bldg	. Age		
Roselle County (6)				ounty Coo			Сигге	nt Use (Prior	if being demolishe	d)			
Union  Name of Monitoring Firm	Hired by Building O	wner (8)	1	ASCM N		Nan	ne of Aba	tement Contr tracting LL	actor (9) C.				
N/A Street Address						Stre	eet Addres	SS					
City, State, Zip Code						City	, State, Z		•		-		
Project Manager for Moni	toring Firm		T	elephone	e No.	Tel	ephone N	10.	License No	).			
		Scheduled	Com	oletion Da	ate (11)	Nai	1 216-9 me of OS	HA Monitor					
Start Date (10) 04-06-17		04-10-17	7				elfa Cor eet Addre	ntracting LL	_C				
Occupancy Status During Facility Closed/Vaca	ated During Entire F	Period of Ab	ateme	ent		52	22 7th S	St.					
Abatement Perform Other – Describe:	ed Outside of Norm	nal Facility I	Hours			Cit	nion Cit	Zip Code ty NJ 0708	7				
Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	JII That Apply)	Re r De	enovat	tion on			HM	Mini-Enclosure	ent with Negative F edure d (*) and Non-Friab	ole Proc		ment	
			Locati	2000		Descri	ption of				Ту		
Locatio Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Used Mai	d Sole ntena odial s (12)	ly by nce/	(i.e. th	s Contain ermal sys	ing Mater stems ins g, VAT, or cellaneou	r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Ro	of & Ro	of Flasi	hing	4,250 SF	X			
Roo			X		110		AT		400 SF	X			
Storage	KOOM												-
						0.11.17	a ed c	Name	f Registered Landf	ill			
Name of Registered W Delfa Contracting L			14.	NĴDEP V Hauler ID 3524	No.	Cubic Ya of Waste 20	e )	Tullyto	wn Resource I	Recov	ery	Faci	lity
City, State Union City, NJ						Disposa 04-14-		City, Sta Tullyto	own, PA	Data			
Completed by Jaime Delgado		Title Proj	. Mar	nager.		Sig	nature	A		Date 03-24	-17		

										a r.a	пп	7	FILL.	+FUI
Ch 914	NC	(Pur	ATION C	NJAC 8:	STOS ABA	2:120	)		E (		0 20	47		A CONTRACTOR OF THE PARTY OF TH
Date of Notification (1) 03-24-17				Building O nstructio	wner/Oper on Corp	rator	(2)		191	AII V	0 20	17	1	
Agencies Notified Type Notification		1 -	treet Add	U40300330				To the second se	ASBES	STOS (	CONT	HOL	8	
EPA Initial Amended Amendment #				e, Zip Cod , NJ 07				Re-market reported		L 3 L / L	1111111111			
Emergency (ii DOH DCA Emergency (ii justification) Cancellation	ncluding	13.50	lame of 0	Contact Espinos	sa				I =	L b t				
Stored			FACIL	ITY INFO	RMATION		-	-5 F1114 · /A	\				-	
Name of Facility Where Abatement is Taking Private Home	Place (3)							of Facility (4 School (K-12						
Street Address							$\sqcap$	Subchapter & Other (i.e. pr	(Other	than K-1 commerc	l2) cial buil	dings,	home	s,
City (5)								etc.) re Feet	# of F	loors	E	ldg. A	ge	
Roselle									if hairs	damalia	abod)	- Company		
County (6) Union			County Co STATE US	ode (7) SE ONLY)		-	Curre	nt Use (Prio	rnbeing	demons	sileu)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	No.				tement Cont tracting LI		9)				
Street Address			1000		Addre									
City, State, Zip Code	3/W					ip Code	7					120- SIT		
During Manager for Manitoring Firm		- 17	Telephon	e No			n City none N	/ NJ 0708		License	No.		-	
Project Manager for Monitoring Firm			•		- 2	201	216-9	603	(	01206				
Start Date (10) 04-10-17	Schedule 04-14-1		pletion D	Date (11)	1	Delfa	Con	HA Monitor tracting LI	_C					
Occupancy Status During Abatement (Check					1 -		Addre 7th S	T-100						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	batem Hours	ent			City, S	State, Z	ip Code y NJ 0708	7					
Scope of Work (Check All That Apply)														57.55
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 1	enoval emoliti					Mi	ill Containme ni-Enclosure ovebag Proc	edure					
	1						- No	on-Exempted	(*) and	Non-Fra	able Pr		e ment	
Location of	N	Locati Iormali	у		Desci	riptio	n of					T	/pe	_
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/		tos Contain thermal sy surfacir other mis	ning l ystem ng, V/	Materia ns insu AT, or	lation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			Roof			2 2!	50 SF	X	+		
Roof	×			Chimne			g		5 SF	X	+			
Basement Basement		X			Pipe II					10 LF	X			
2500110113														
Name of Registered Waste Hauler Delfa Contracting LLC		IJDEP W lauler ID 3524	No.	Cubic Y of Waste 20	е		Name of Tullyton				very	-acili	ty	
City, State Union City, NJ									e wn, PA					
Completed by Jaime Delgado	Title Proj.	Mana	ager.		04-14-   Sig	gnatu	re	4			Date 03-24	-17		

Ch 2973		NOT	FICATIO	State of New Jen ON OF ASBESTO nt to NJAC 8:60 a	SABATI	EMENT 20)	A Commence of the Commence of	E C			// [	
Date of Notification (1) 3/24/2017			Name	of Building Owne	r/Operato	or (2)	The second secon	MAR	3 0	20	17	and the same of
Agencies Notified Type	Notification			Address			trial Live	0.00000000			, ,	1200
EPA X DEP X DOL	Initial Amended Amendment #		City, S	State, Zip Code	2		AS	BESTO	S CI	ONT IMG	ROL	8
DOH	Emergency (includin justification) Cancellation	ng	Name	of Contact t Dagostino			Tol	onhone N	ımber			
Name of Facility Where Abaten Residence	nent is Taking Place	(3)	FA	CILITY INFORMA	TION	Type of Facilit	y (4)					
Street Address City (5)						School (k Subchapt Other (i.e etc.)	ter 8 (Othe	er than K- & commer	12) cial bu	ilding	s, hor	nes,
Plainfield						Square Feet 1500	# of 2	Floors		Bldg. 85	Age	
County (6) Union			County (STATE	Code (7) USE ONLY)		Current Use (F	Prior if beir	ng demolis	shed)			
Name of Monitoring Firm Hired I A. Seine Lighthouse Solu	by Building Owner (8 tions	3)	ASC	M No.	Name Brink	of Abatement C s Tank Servi	ontractor	(9)			-	
Street Address PO Box 354					1000000	Address Liberty Aver	nue					
City, State, Zip Code South Orange, NJ 07079					City, S Hillsi	tate, Zip Code de, NJ 07205	5					
Project Manager for Monitoring F Sarah Calandra	irm		Telepho 201-3	one No. 49-2666	Teleph	none No. 462-7465		License N	No.			
Start Date (10) 4/10/2017	4/14/2	017	mpletion	Date (11)		of OSHA Monito ine Lighthous	r					
Occupancy Status During Abater  Facility Closed/Vacated Dur					Street .	Address ox 354						
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ide of Normal Facility	y Hours	nent S		City, St	tate, Zip Code n Orange, NJ	07070					
Scope of Work (Check All That A	pply)				Codti	Totalige, No	0/0/9					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renova Demolit			X	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				°a	
Location of	1	Locati Normal	ly	Do	scription					Abate	emeni /pe	t
Asbestos-Containing Material <u>TO BE ABATED</u> In Facility  (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbestos Con (i.e. thermal surfa	taining Ma	aterial (ACM) insulation, Γ, or	(Sp	ecify or LF)	Remova	Repair	Encapsulate	Enclosure
D	Yes	No	N/A						-		ate	9
Basement		X		pi	pe wrap	)	12	20lf	X			
Name of Registered Waste Hauler		l N.	JDEP W	aste Cubic	Varda	Nome	Danists	d1 - 15"				
Newark Carting		Ha	auler ID 509	0,000		f	Registere Manage			I		
City, State East Orange, NJ				Dispos	al Date	City, Stat Penn A	e rgyle, P	A				
Completed by Alison Lamers	Title Office	Man	ager	S	ignAtore		3	Da	te 24/20	17		

10:24051485147	1		CATION	ate of Nev I OF ASB to NJAC	ESTOS A	ABATE		т					<u>// [5</u>	The second second
Date of Notification (1) 03/21/17				f Building as Limo		perator	(2)			MAR	<i>d</i> (	20	17	
Agencies Notified  Type Notification    X   EPA   X   Initial			Street A	ddress				or the same of the	A	SBEST	OS C	TMC	ROL	8.
DEP		- [	River I	ite, Zip Co Edge, N		1		ř.			2E14C	1: 63.3		
X   DOH   justification)     X   DCA   ☐ Cancellation	3		Name of	f Contact					Tel	ephone N	umber			
Name of Carilla Marca Abatanashia Talian	DI (0	`	FACI	LITY INFO	ORMATIO	NC	T	f Filit	(4)				77.	
Name of Facility Where Abatement is Taking Nicholas Limozinere	Place (3	).					1 yp	e of Facility						
Street Address							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Othe	er than K- & commer	12) cial bu	lding	s, hom	es,
City (5) River Edge							Squ	iare Feet	# of	Floors		Bldg.	Age	
County (6)				Code (7)	E.		Cur	rent Use (Pr	ior if bei	ng demoli	shed)			
Bergen County			7.	JSE ONLY,										
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	I No.				patement Co tement	ntractor	(9)				
Street Address						Street 1009		ess th Street S	Suite A	4				
City, State, Zip Code								Zip Code ergen, NJ	07047					
Project Manager for Monitoring Firm		1	Telephor	ne No.		Teleph 201-		No. -6305		License 01223	No.			
	Schedule 04/17/1		pletion (	Date (11)				SHA Monitor		G LLC				
Occupancy Status During Abatement (Check	Only On	e)				Street			T 01 11	TE 407				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal					-			UTE EAS Zip Code	51 501	1E 107				
Other – Describe:						UNIC	I NC	NJ 07083						
Scope of Work (Check All That Apply)						_	7							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	× R	enovat emoliti	tion on			×	N G	ull Containm lini-Enclosur llovebag Pro lon-Exempte	e cedure				ıre	
	Is	Location	on									Aba	temen	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	lormall d Solel intenar odial S (12)	y by nce/		tos Conta	systems ing, VA	Materi s insu T, or		(S	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								=		ate	, e
Basement					VAT			10	00 SF	х				
												_	1	
											-	-		
None of Decistored Wests Having		LN	JDEP W	lasta	Cubic `	Vordo		Nama of	Pogiato	red Landf	SII			
Name of Registered Waste Hauler NEWARK CARTING	Н	auler ID 1509		of Was			5 200 200 200 200		IAGEME		3RO	WS N	١.	
City, State HILLSIDE, NJ					Dispos	al Date		City, Sta MORR		E PA				
Completed by Bryan Parra	Title Proje	ct Ma	nager		Si	gnature	141	in Pa	MA		Date 03/21	17		

h5457	NO		CATION	te of New OF ASBE o NJAC 8	STOS	ABATEN				C E		<u> </u>				
Date of Notification (1) 3/27/17				Building C Brodsky		perator	(2)	-		MAR 3	0 2	017	1	IJ		
Agencies Notified  Type Notification  EPA DEP Amended Amendment		(		dress e, Zip Coo ord, NJ		)		-		ESTOS LICEI	ISIN		L &			
Emergency (justification)  DCA  Emergency (justification)  Cancellation			Name of 0 Ethan	Contact					l Told	enhone Nur	nber					
Name of Facility Where Abatement is Takin Rutnerford  Street Address	g Place (3)		FACIL	ITY INFO	RMATI	ON		of Facility (4) chool (K-12) ubchapter 8 other (i.e. pri	) (Othe	er than K-12	2)	lings	homo			
City (5) Rutherford		18						tc.)		Floors		ldg. A		-		
County (6) Bergen			County C	ode (7) SE ONLY)			Currer	nt Use (Prior	if bei	ng demolish	ned)					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS									
Street Address						6 WH	Street Address  6 WHITE DOVE COURT  City, State, Zip Code									
City, State, Zip Code						LAKE	EWOC	D, NJ 08	701							
Project Manager for Monitoring Firm			Telephon			732-	one No 668-90	)78		License N 1200	10.					
Start Date (10) 4/6/17	Scheduled 4/7/17		pletion D	)ate (11)		AAA	LEAD	A Monitor PROFES	SSIO	NALS						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab	atem				6 WH	tate, Zi	OVE CO	53476588							
Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	ACCOUNTS TO THE PARTY OF THE PA	noval moliti				×	Min Glo	Containmel i-Enclosure vebag Proce i-Exempted	edure	(		cedur				
Location of	10.0000	ocati			De	scription	of					Abate Ty	ement pe			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	tenar	nce/		tos Con therma surfa	taining N I system cing, VA miscellar	Material s insula T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
INTERIOR	Yes	No	N/A		Pipe	e Insula	ation		3	0 LF	х					
						10.00										
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W lauler ID 4509		of Wa			IESI		ered Landfi	I					
City, State NEWARK, NJ					Dispo 4/7/1	sal Date 7		City, State BETHLE		ЛРА						
Completed by	Title OWNE	1					ignature Date									

'H 5457	NOT		ATION O	of New J F ASBES NJAC 8:6	TOS	ABATEN		Г		EG	E		W	E	
Date of Notification (1) 3/27/17				suilding Ov		perator	(2)			MAR	10	0	201	7	
Agencies Notified Type Notification			treet Add					THE CONTRACTOR OF	-	SBEST				IOL	&
EPA   X Initial   Amended   Amendment	±			, Zip Code od, NJ 0				Ĺ		LI	CEI	VSII	VG		-
Emergency (i		N	ame of C	Contact					Tel	ephone Nu	ımbe	r			=
DCA Cancellation		1,4		TY INFOR	MATI	ON								-	
Name of Facility Where Abatement is Taking Lakewood  Street Address	Place (3)							School (K-1: Subchapter Other (i.e. p	2) 8 (Oth	er than K-1	12) cial b	uildir	nas, h	omes	
City (5)							Squ	etc.) uare Feet		f Floors			g. Ag		
Lakewood				- 1 - (7)			Cur	rent Use (Pric	or if he	ina demolis	shed	)			-
County (6) Ocean			ounty Co	SE ONLY)				me	) II DC	ing demons	31100	,			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.		Name	of Al	batement Cor AD PROFE	tracto	r (9) NALS					
Street Address						Street 6 WI		ress E DOVE CO	DUR"	Γ					
City, State, Zip Code								, Zip Code OOD, NJ 0	8701						
Project Manager for Monitoring Firm		Т	elephone	e No.		Telep 732-		No. -9078		License 1200	No.				
Start Date (10) 4/6/17	Scheduled 4/7/17	Com	pletion D	ate (11)		Name	of O	SHA Monitor AD PROFE	SSIC	ONALS					
Occupancy Status During Abatement (Chec	k Only One)					Street		ress E DOVE C	JI IR	г					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm  Other – Describe:	Period of Ab nal Facility H	ateme lours	ent		_	City, S	State	, Zip Code							
Scope of Work (Check All That Apply)						1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti					-	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedur	9				9	
	ls L	ocatio	on									1	Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	y by nce/	Asbest (i.e.	os Cor therma surf	escription ntaining al systen acing, V miscella	Mate ns ins	erial (ACM) sulation, or us)		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	) 						100005	_				
EXTERIOR						Siding	9			1800SF	-	X			
												-			
Name of Registered Waste Hauler		TN	JDEP W	/aste	Cub	c Yards		Name o	f Regi	stered Land	dfill				
NEWARK CARTING		7000	lauler ID 4509	No.	10	/aste		IESI	-1-						
City, State		Disposal Date 4/7/17						City, State BETHLEHEM PA							
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signatu	ıre				Date 1/2	e 4/17	7		

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

			23	(				,	权!			111	Щ			
Date of Notification (1)				١			Owner/Operator (2	2)	MAR 3	812	112					
03/	27 /	17			Jaco	bs Dem	olition	· ·	L MAR 9	9(5)	10	1				
Agencies Notified  EPA	Type Notification	on		5		ddress Box 9			ASBESTOS C	CONT	ROL	. &				
□ DOLWD	☐ Amended			(	City, Sta	ate, Zip C	ode		LICEN							
DOH	Amendmen		-		Mana	asquan,	NJ 08736									
DCA	☐ Emergency justification		ng	1	Name o	f Contact			Telephone Numbe	r						
(NJAC 5:23-8)	☐ Cancellation	5.00			Lind	а							,1			
					FΔC	II ITY IN	FORMATION									
Name of Facility Where	Abatement is Tal	king Plac	ce (*	3)	1 70		Ordination	Type of Facility (	4)							
Residence	Abatement is 1 a	King i iac	00 (1	<i>J</i>				School (K-12)								
								Subchapter 8	(Other than K-12)	انبط اما	dinac					
Street Address								Momes, etc.)	ivate and commerci	ai buii	amgs	1				
O:t- /5)								Square Feet	# of Floors	Bld	g. Age	9				
City (5)								800 sf	1	6						
Manasquan					Count	v Code (7	)(STATE USE ONLY)		or if being demolish	ed)						
County (6)					Count	y Code (r	MOTATE OOL ONE TY	Residence								
Monmouth	- Hi b. D. ildis	Own	- /0	1 1	SCM N	lo.	Name of Ahateme									
Name of Monitoring Firm	n Hirea by Buildir	ig Owne	1 (0	, [	(SCIVI I	<b>V</b> O.	Name of Abatement Contractor (9)  Guardian Contracting, Inc.									
							Street Address									
Street Address				1889 Route 9	Unit 61											
Old Clab To Code							City, State, Zip C									
City, State, Zip Code								New Jersey 08	755							
				Talas	. h . n . h	la	Telephone No.				-					
Project Manager for Mo	nitoring Firm			reiep	hone N	NO.	732-349-9932	,	License No. 00624							
		cheduled			ian Dat	0 (11)	Name of OSHA Monitor						-			
Start Date (10)							E.M.S.L. Ana									
04 /06		04			_ ′ -			ily trout					_			
Occupancy Status Duri							Street Address									
☐ Facility Closed/Vaca	ated During Entire	Period	of A	bater	nent	arib o	1056 Stelton									
Abatement Performe	ed Outside of Not AM-	rmai Fac	ility	PM-	s - Desi	AM	City, State, Zip C		0.5.4							
Time of Abatement.							Piscataway,	New Jersey 08	004							
Scope of Work (Check	all that apply)						☐ Full Cor	tainment with Neg	gative Pressure							
≥3 sf or ≥3 lf			Rer	novati	on		☐ Mini-En	closure								
≥160 sf or ≥260 lf				nolitio			☐ Gloveba	g Procedure	n-Friable Procedur	e						
			1.			Т	⊠ Moll-Ex	empled ( ) and rec	ni-i nabio i roccari	-	ateme	ent T	vne			
L'a saki				Locat Iorma			Description	of					1			
Location Asbestos-Containing				d Sole		Asbe	estos Containing M	aterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure			
TO BE A	BATED	1 1		ntena	nce/ Staff?	(i.e	e., thermal systems surfacing, VA	insulation,	(Specify SF or LF)	ova	=	psu	unsc			
IN Fac (13		"	Juot	(12)			other miscellan		0. 0. 2. /	-		late	(D)			
(10	<i>'</i> /	Ye	es	No	N/A			***								
exterior			1	$\boxtimes$		ashest	tos siding	82-1-1-1	800 sf							
exterior			-		+						П	П	П			
										+=	1		1			
												Ш	Ш			
			7	П	П											
Name of Registered W	laste Hauler		_		JDEP '	Waste	Cubic Yards of	Name of Regi	stered Landfill							
Guardian Contract					lauler I	D No.	Waste	T.R.R.F.								
30000 AUGUST 100 AUGUS					20223	3	3 Disposal Date	City, State								
City, State	Launcer						04/10/17	Carlo Company	, Pennsylvania							
Toms River, New		T =						, any court		ate /		1				
Completed By (Print or		Title					Signature	· /	1 /	21	71	1-				
Nicholas Fernico	la .	Proj	ect	Man	ager		l	1.	tet !	10	7/	1	7			

2010/1	(Pu	ATION rsuant	OF AS to NJA	lew Jersey BESTOS AB C 8:60 and 1			DE	CE	VE	-	A COLUMN TO THE PARTY OF THE PA
e of Notification (1)  encies Notified  EPA  Initial  Initial		Street A	Buildin Address bate, Zip	MC	erator (2	war/	1 1 1 1 A 5 + L	MAR 3 0	2 3C	3	The state of the s
DOH  DOH  DOH  Amended  Amendment #  Emergency (included justification)  Cancellation	ling	Eric I	of Control Placki	S	110	<u> </u>	T T	olenhone Niimi	nar	-	
DCA L		FAC	CILITY	INFORMATION	ON	Type of	Facility (4)				
ame of Facility Where Abatement is Taking Plac	ce (3)					□ Sc	hool (K-12)	ther than K-12 e & commercia	) il buildings	, hom	es,
treet Address	_					Square	Feet #	of Floors	Bldg.		
Dity (5) Prince ton		T -	L. Code	(7)		Curren	Use (Prior if	being demolish	ned)		
County (6) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		(STA	ty Code	ONLY)		1	(one	has (0)			
1 1 1 1 1 1	or (8)	I AS	SCM No	),	Nam	e of Abate	ement Contrac	CIOL (a)			
Name of Monitoring Firm Hired by Building Own	iei (o)					et Addres	stries Inc.				
					Stree	D. Box 9	915				
Street Address					City	State Zi	p Code				
City, State, Zip Code					Bri	ick, Nev	Jersey 08	723	No		
		Tale	ephone	No.	Tele	ephone N	0.	License 01196	NO.		
Project Manager for Monitoring Firm		1610	Spirone		(7:	32)899-	7499	01100			
	Scheduled	Comple	etion Da	te (11)	Nar	me of OS	HA Monitor				
Start Date (10)	41	111	1/1		Str	eet Addre	ess				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal			nt		Cit	ty, State,	Zip Code				
Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	i⊠ R€	enovatio	on n				Aini-Enclosure	ent with Negativ			
≥3 st 01 ≥3 ti ≥160 sf or ≥260 if		emonuo	11			H	Non-Exempted	edure I (*) and Non-F	riable Prod	Abate	ment
										Ту	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Locatio lormally d Solely intenan todial S (12)	/ y by ce/	(i.e. the	Contair ermal sy	ription of ning Mate stems ins ng, VAT, o scellaneou		Amount (Specify SF or LF)	Removal	Repair	Encapsulate
(13)	Yes	No	N/A			1 1 0		7016	X		
				OSDEST	70	MIA	(	2017		1	
				Much	Mork	insl	Mahon			1	
	-	-		- Colon						+	1
			-						- 4511		
		1	NJDEP	Waste	Cubic \			of Registered L	anaiii		
Name of Registered Waste Hauler	35	1	Hauler I	D No.	of Was		GRO	WS Inc.			
Brick Industries Inc.		2	21602		Disnos	sal Pate	City, S	tate			
2.101					171	2117	PA		F Port Vision Comment	71	
City State				1	-111	XIII		2/	Doto t	210	1
City, State Brick, New Jersey	Title				5	Signature	011		Date /	3/2	7/1

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

Date of Notification (1) 3/27/17					of Building ( Termina				npany			VAR	3 0	201	7			
Agencies Notified  X EPA	Type Notification				Address Central A	venue					ASBE				OL 8			
DEP X DOL	Amended Amendmen			City, Sta Kearn	ate, Zip Co ny, NJ	de						LICE	NS	NG				
DOH DCA	Emergency justification) Cancellation				of Contact	)				T-1-	-bana N	lumher						
					ILITY INFO		ON		<del>///</del> /									
Name of Facility Where A River Terminal	batement is Takir	ng Place (	3)						of Facility (	2)								
Street Address 100 Central Avenue	to the second se	5-0-1000-p assertip						×	Subchapter Other (i.e. p tc.)	8 (Othe rivate &	comme	-12) rcial bu	lding	s, hom	es,			
City (5) Kearny								Square 3000	e Feet	# of 2	Floors		Bldg. 70	Age				
County (6) Hudson					Code (7) USE ONLY)			Currer	nt Use (Prid	or if beir	ng demol	ished)						
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASC	M No.				ement Contractor (9) conmental Services, LLC									
Street Address								Address 3ox 483, 4 E Gate Drive										
City, State, Zip Code	City, State, Zip Code							City, State, Zip Code Glenwood, NJ 07418										
Project Manager for Monit		Telepho	ne No.		9.6	one No 764-22			License 703	No.								
Start Date (10) 4/6/17		Schedul 4/30/1		npletion	Date (11)		Name	of OSH.	A Monitor									
Occupancy Status During	Abatement (Ched	k Only O	ne)				Street	Address	3									
Facility Closed/Vacat X Abatement Performe Other – Describe:	ted During Entire d Outside of Norn	Period of a	Abaten / Hours	nent		_	City, S	tate, Zip	Code									
Scope of Work (Check All	That Apply)		17.1				X	1 Wra	p & Cu	t								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit				×	Full Mini Glov	Containme -Enclosure rebag Proc	ent with edure				re				
			Locati			_		Non-Exempted (*) and Non-Friable Pro					Aba	temen ype	t			
Location of Asbestos-Containing M TO BE ABA' In Facility (13)	Material (ACM) TED	Use Ma Cus	d Sole intena todial S (12)	ly by nce/ Staff?		os Conta thermal :	systems ing, VA	laterial ( insulat T, or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure				
		Yes	No	N/A				Secretary Co.		100,000		_		(D				
1st & 2nd F	loors	-		X			insulat	tion			5 LF	X						
п и	<del></del>			X		tr	ansite			10	0 SF	×						
Name of Registered Waste Freehold Cartage	e Hauler		Н	JDEP W auler ID 5939	Value of the same	Cubic Y of Was TBD			Name of F Westerr	<u> </u>			-					
City, State Freehold, NJ					Disposal Date TBD					Date City, State Birdsboro, PA								
Completed by A. Scott Higgins	dent			Si	Signature Signature				Date 3/27/17									

Ch 4491	N		ATION	OF ASBE to NJAC 8	STOS	ABATE				o 0	20	17	And the state of	
Date of Notification (1) 03/27/2017			Name of	Building (	Owner/C	perator)	(2)		MAIT	3.0	20	11		
Agencies Notified Type Notification			Street Ad					1	ASBEST(	OS CO	TMC	ROL	. &	
X EPA X Initial Amended Amendment #			City, Sta	te, Zip Coo	de			manus albeida d	LIC	DENS	ING		_	
Emergency (ir			1620 169	Contact				Tel	ephone Nur	mber		-	A	
X       DOH       justification)         X       DCA       □ Cancellation		5		Kim@sı				_						
Name of Facility Where Abatement is Taking	Place (3	)	FACII	LITY INFO	RMATI	ON	Type of Facility	(4)						
Paramus							School (K							
Street Address							Subchapt Other (i.e etc.)	er 8 (Oth . private	er than K-1: & commerci	2) ial build	ings,	home	s,	
City (5) Paramus NJ 07652							Square Feet 5000	# 0	f Floors	50 50	dg. A	ge		
County (6)				Code (7) JSE ONLY)			Current Use (F	Prior if be	ng demolis	hed)				
Name of Monitoring Firm Hired by Building O Confidence Environmental Services			ASCM	1 No.		5.00.0000000000000000000000000000000000	of Abatement C			n.				
Street Address	*					Street Address								
391 Ocean Avenue							North 13th S	treet						
City, State, Zip Code Jersey City NJ 07305						1997, 1980, 1980	state, Zip Code ark NJ 07107	7	y					
Project Manager for Monitoring Firm Jude Ulokameje			elephoi 20189	ne No. 25090			none No. 1902416		License N 01335	10.				
Otal Care (1-1)	Schedule 04/30/2		pletion I	Date (11)			of OSHA Monitor		vices Cor	р				
Occupancy Status During Abatement (Check	Only Or	ne)					Address North 13th S	troot						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Abatem Hours	ent			City, S	State, Zip Code ark NJ 0710					-11-11-11-11		
Scope of Work (Check All That Apply)			War and the			New	ark NJ 07 10	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Secretary Co.	Renovat Demoliti				>	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure	A			e		
	1000	Location										ement pe		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel iintenan todial S (12)	y by ice/		tos Con therma surfa		Material (ACM) s insulation, AT, or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									Ф		
Main roof		Х					of front para	20	SQFT	x				
main roof		Х		black fl	ashing	patch	es on roof p	40	SQFT	x				
							Duese.	-		-				
Name of Registered Waste Hauler		I N	JDEP V	/aste	Cubic	Yards	Name	of Regist	ered Landfi	11				
Newark Carting Inc		Н	auler ID		of Wa		li ee	100	e facility					
City, State					Dispo	sal Date	City, S	tate						
Newark NJ 07102  Completed by	Title presi	idont				Signatur	e Ann	1		ate 3/27/2	2017			
Chika Onwukaife	hies	ueill				1	- 11.	2	"	MARKET SCOOL	CALL DESCRIPTION			

Ch 84708	NO		ICATION ursuant	ate of New OF ASB to NJAC	ESTOS 8:60 an	ABATE		Lancott Lancott		<u> </u>			201	<u>G</u>	
Date of Notification (1) 03/27/2017				f Building n Patter		Operator	(2)			MA	η	V	201		
Agencies Notified Type Notification  EPA Initial			Street A	ddress ompton	Road				AS	BEST	TOS ICEI			OL 8	Š
EPA Initial DEP Amended DOL Amendment	#			ite, Zip Co e, NJ 07				-							
Emergency ( justification)  DCA  Cancellation	including		Name of Karl Pe	f Contact ettit					Tel	enhone	Num	<u>be</u> r			
			FACI	LITY INFO	DRMATI	ON		_							
Name of Facility Where Abatement is Taking William Patterson University  Street Address	g Place (3)						Type of Faci	(K-1	2) 8 (Oth					T. No. of the Control	
300 Pompton Road							Other (i etc.)	i.e. p	rivate	& comm	nercia	l buil	dings,	nom	es,
City (5) Wayne, NJ 07470			•				Square Feet 91,500		- Secretary	f Floors 3	VE	100	ildg. A	.ge	
County (6) Passaic			County ( (STATE L	Code (7) JSE ONLY)			Current Use University		r if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building ( TTI Environmental	Owner (8)		ASCN N/A	l No.			of Abatement Environme								
Street Address 1253 N Church Street							Address 2 Queens F	Plaza	a Sou	ıth					
City, State, Zip Code Moorestown, NJ 08057							tate, Zip Code Island City		Y 11	101					
Project Manager for Monitoring Firm Jeff Seaman		- 1	Telephor 856-88	ne No. 89-5182			none No. 349-0900	50415		Licens 286					
Start Date (10) 05/20/2017	Scheduled 10/20/20		npletion [	Date (11)			of OSHA Mon n McRea	itor							
Occupancy Status During Abatement (Check							Address Kennedy Bl	vd.		**************************************					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Normal Hours 7:00ar	al Facility H	ours	ient			City, S	tate, Zip Code	}							
Scope of Work (Check All That Apply)				-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Rer Der	nova	tion ion			×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Proc	edure	0.50				e	
	Is Lo												Abate	Control of the Control	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	enar	ly by nce/		os Cont thermal surfac		laterial (ACM) s insulation, T, or		(S	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	, to
Basement	•	X			Pipe	Insula	tion	-	3,5	75 LF		X			
Name of Registered Waste Hauler ATC		H	JDEP Wa auler ID I 1310		of Was 30 Ya	te				red Lar rprise:					
City, State Shirley, NY 11967		1			Dispos 05/23	al Date /2017	City, S Way			OH 4	1468	8			
Completed by Ann A. Ali	Title Complia	anc	e Admi	n	S	ignature		>			Date 03/		017		

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

	· ·					A.C. 0.	oo ai	14 14 1	20)		MABLE	H	281	786
Date of Notification (1) 3/20/17						ng Owne	r / Oper	ator (2)				-	-	
Agencies Notified Type Notifi	cation				nc.					ASB	ESTOS	00	NTB	OL 8
EPA	cation	100			ddress	nth Stre	of				LICE			
☐ DEP ☐ Initi	al	_				p Code	CL							
	ended					H 45202	2							
	ergency	N	Vam	e of	Conta						Telep	hone	Nun	nber
☐ DCA ☐ Car	cellation	T	آia ۱	Wer	rich									
			FA	CIL	ITY II	VFORM	ATION				T.			
Name of Facility Where Abatem	nent is Taking Pla	ce (3)	)				e of Fa	cility (4)						
Macys Store Street Address						$\Box$		ol (K-12)						
180 Route 35							Subch	apter 8 (	Other than	K-12)				
Too Route 33							Other	(i.e. priva	ate & comm				, etc.	)
City (5)	County (6)	Cou	ntv	Cod	e (7)	—— Squ	iare Fe	et	# of Floors		Bldg. A	\ge		
Eatontown	Monmouth	000	iiiy	Cou	e (7)	Cur	ront I lo	o (Drior is	l f being dem	- I' - L - D				
- 100 Att 100 5 Att 105 5 5 7 1	Moninouth					Ret		e (FIIOI I	i being dem	olisnea)				
Name of Monitoring Firm Hired I	by Building Owner	(8)	-	IA:	SCM N			natement	Contractor	(0)				
Pennoni Associates, Inc.		(-)							ental, Inc.					
Street Address							et Addr		, , , , , , ,		37242			
515 Grove St. City, State & Zip Code								er Stre						
Haddon Heights, NJ 08035								& Zip Co						
Project Manager for Monitoring F	irm Te	eleph	one	Nur	nher			<b>4 19007</b> Number		Tree	A1			
Joe Anello		56-65					5) 788-			License 00509	Numbe	r		
Scheduled Start Date (10)	Scheduled Compl	etion	Dat	te (1	1)			SHA Mon	itor	00000			-	
3/21/17		/22/1	7		(5)				ental Inc.					
Occupancy Status During Abater	ment (Check only	one)	A I				et Addre		ace in					
Facility Closed/Vacated [  Abatement Performed Out	utside of Normal	od of	Aba	atem	ent			er Stree	1000					
Describe: 10PM to 7AM	iside of Normal	Hours	s –					Zip Coo	le					
Facility Occupied During	Abatement					DIIS	toi, FF	19007						
cope of Work (Check all that ap	ply)													
≥3 sf or ≥3 lf	_	7 -	_					F	Full Contain		Vegative	e Pre	ssure	9
≥160 sf ≥260 lf				ovati olitic				Section 2	Mini-Enclosu	1000				
	L	7 .	Jeili	OIILI	71.1				Blove Bag P			. D	2000000 <b>1</b>	
Location of		ls Lo	catio	on	Т	De	scriptio	n of	Non-Exempt	Amount		e Pro atem		
Asbestos-Containing	l No	ormal				Asbes	tos-Cor	ntaining		(Specify	Ab	T	T	уре
Material (ACM) TO BE ABATED	Ma	Sole inten					terial (A			SF or LF)	70		m	ш
in Facility	Cu	stodia	al St	taff?		insulation	n. surfa	systems cina VA	т		Remova	Repair	cap	nclo
(13)		(1:	2)		1			laneous)			oval	air	Encapsulate	Enclosure
	Ye			N/A				850					te	(D
hroughout						Pipe	Insula	ation		40 LF				
		1	4	Н										
		++	+	H				er en						
		+	+	H										
		1	1	H								H	H	님
ame of Registered Waste Hauler		1	JJD	EP \	Vaste	Cubic Ya	ards	Name o	of Registere	d Landfill		Ш		Ш
untino Transport I.			Haul	ler II	No.	of Waste	Э		978	- Lundilli				
y, State			2	2099	90	1/2/ C			ra Landfill					
y, State w Castle, Delaware						Disposal		City, Sta						
mpleted By (Print or Type)		1-	"i+1-			3/22		wayne	sburg, OF		,			
no Pizzigoni			itle	ect		Signatur	/ 1		/ 0		Date			
J~			100	age	r	YUM.	ofur	Magar	4/ ()	K	3/20/	17		
17070				9 -		-		10	- 0					