PAID

Date of Notification (1)			-1							ij.		
03 / 02 /	10				ng Owner/Operator		ní					
			C	ooper Un	iversity Hospital	horaugu		I MAR	F	2018		
Agencies Notified Type Notified Sepa	fication		Stre	et Address		- 14	11	1417-77 :	- 19	2018	1	lad
☑ EPA	lad		3	Cooper P	laza						- Park	
☑ DOH Amend			City	State, Zip	Code	1		ACOLOR		erist.	in Ca	
☐ DCA ☐ Emerge	ency (includi	na na	C	amden, N	J 08103			Commence of the contract of th	1111	Энгана.		:00
(NJAC 5:23-8) justifica	ation)	9	Nam	e of Conta	ct		T	Telephone I	Number			2.477
☐ Cancel	lation		A	ndy Welsi	h		3.8	. 0.001.0110	ramboi			
			F	ACILITY II	NFORMATION							11
Name of Facility Where Abatement is	Taking Pla	ce (3)			W CHIMATION	Type of Facilit	1. (A	\				
Cooper University - ENR Lab	oratory					School (K-)				
Street Address						☐ Subchapte	r8 (Other than I	K-12)			
401 Haddon Avenue						Other (i.e.,	priv	ate and con	nmercial	buildi	ngs,	
City (5)						homes, etc		# 65				
Camden						Square Feet		# of Floors		Bldg.	Age	
County (6)			Col	inty Code /	7)(STATE USE ONLY)	50,000		6		70		
Camden			300	, Code (MOTATE USE ONE!	Current Use (F			nolished)		
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCN	1 No	Name of Abateme	Hospital L		ratory				
EHS Environmental, Inc.		(-/			Shade Enviro		0.00					
Street Address					Street Address	nmental, LLC	_				990v 11	
411 Southgate Court, Suite E					623 Cutler Av							
City, State, Zip Code						0						
Mickleton, NJ 08056					City, State, Zip Co							
Project Manager for Monitoring Firm		Tol	ephone	Ma	Maple Shade,	NJ 08052						
Jack Carney		I Common		I-0080	Telephone No.			License No				
	Scheduled (-11			856-755-0099			00842				
_03 / _13 / _18	03				Name of OSHA M	-C. (100 D D)				() () () () () () () () () ()	10164	
				10	EMSL Analyti	cal, Inc.						
Occupancy Status During Abatement Facility Closed/Vacated During Ent					Street Address							
Abatement Performed Outside of N	ire Period of	Abate	ment		200 Route 130							
Time of Abatement:AM	PM/	ly Hou PM	rs - Des -	AM	City, State, Zip Co							
					Cinnaminson	NJ 08077						
Scope of Work (Check all that apply)						76						
≥3 sf or ≥3 lf	⊠ Re	enovat	ion		☐ Mini-Encl	ainment with Ne	gativ	ve Pressure				
≥160 sf or ≥260 If	☐ De	emoliti	on		☐ Glovebag	Procedure						
					Non-Exen	npted (*) and No	on-F	riable Proce	edure			
Location of		s Loca Norma			=				A	baten	ent T	уре
Asbestos-Containing Material (ACN	n) Use	ed Sole	ely by	Ashes	Description of stos Containing Mate	oriol (ACM)		۸	70	ਹ	面	I III
TO BE ABATED	Ma	intena todial	nce/	(i.e.	, thermal systems in	sulation,		Amount (Specify	Remova	Repair	lcar	Clo
IN Facility (13)	Cus	(12)	Stall?		surfacing, VAT,	or		SF or LF)	Val	~	Encapsulate	Enclosure
(10)	Yes	No	N/A		other miscellaneo	us)					ate	W.
ENR Laboratory										1		
•				Transite				190 SF				
NR Laboratory				Pegboar	rd Drying Racks			69 SF		П		П
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									$ \parallel$ \parallel		Ш	
lame of Registered Waste Hauler			_									
Freehold Cartage			JDEP V auler ID	2757	Cubic Yards of Waste	Name of Regis						
			15939		5	GROWS N	orth	Landfill				
ity, State					Disposal Date	City, State					piczyl	
Freehold, NJ					03/14/2018	Morrisville	, PA	4	122			
ompleted By (Print or Type)	Title				Signature				Date			
Christina Lynch	Vice Pr	eside	nt of C	perations		()			3/2	10		
R-41					Ully				0/00	11		

THELMEL ETETENS HOUSE ON

Cubic Yerds

Disposal Date

3/2/18

Signa

of Wesle 2 1/2 c7

NJDEP Waste

Hauler ID No.

17109

Estimator

Name of Registered Warte Hanter

Best Removal Inc

J. Maiorano

ABB-41 (R-04-01)

Hackensack, N.J 07601

85LF

Mi lerva Enterprises, Lic

* Do not use it i for a first subselve l'accessure exempted autivitées.

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Check # 10279

Name of Building Owner/Operator (2), Date of Notification (1) Type Notification Agencies Notified Street Address EPA Initial City, State, Zip Code DEP Amended DOL. Amendment # **Emergency (including** Name of Contact Telephone Number DOH justification) ERet DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 0+-County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address City, State, Zip Code Telephone No. Telephone No. 609 758-3365 609 758-Scheduled Completion Date (11) Name of OSHA Monitor Mar 14 2018 EPC" Technologies Occupancy Status During Abatement (Check Only One) Street Address BOX P-0. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Full Containment with Negative Pressure Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ (i.e. thermal systems insulation, TC BE ABATED (Specify Remova Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)other miscellaneous) Yes No N/A 40 LF Kasement Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste Waste Management of PA 7000 Disposal Date City, State City, State Mornisvill Date President

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	PAII	NOT	IFICATIO	tate of New Jers N OF ASBESTOS t to NJAC 8:60 a	BABATE			CE			Control and and and an annual statements
Date of Notification (1) 03/01/2018				of Building Owner s Higgins	/Operato	r (2)	II M	AR s	201	8	U
Agencies Notified	Type Notification	1	Street A	Address			L			107 1 100	
EPA DEP DOL	Initial Amended Amendmer			ate, Zip Code ield, NJ 07060)	-20 A - 41	ASIL			CL& 	
DOH DCA	Emergency justification Cancellation)		of Contact s Higgins			Tele	phone Nur	mber		
Name of Equilibrith	Ab - 1 - 1 - 7 - 1	DI (6)	FAC	ILITY INFORMA	TION	1	' -				
Name of Facility Where House	Abatement is Taki	ng Place (3)				Type of Facility	(4)				
Street Address						School (K-Subchapte Other (i.e. etc.)	er 8 (Othe	r than K-12 commerci	2) al build	dings, he	ome
City (5) Plainfield						Square Feet N/A	# of N/A	Floors		ldg. Age I/A	3
County (6) Union			County (STATE	Code (7) USE ONLY)	_	Current Use (Pr House	rior if bein	g demolish	ned)		
Name of Monitoring Firm N/A	m Hired by Building	Owner (8)	ASCI	M No.		of Abatement Co Abatement, I		9)			
Street Address						Address cosengren Ave	nue				
City, State, Zip Code	88				City, S	State, Zip Code wa, NJ 07512					
Project Manager for Mo	nitoring Firm		Telepho	ne No.	Telepi	none No. 345-8685		License N 01311	0.		
Start Date (10) 03/12/2018		Scheduled Co 03/13/2018	ompletion	Date (11)		of OSHA Monitor Abatement					
Occupancy Status Durin					11 100000000000000000000000000000000000	Address osengren Ave	nue		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Abatement Perform Other – Describe:	ned Outside of Non	mal Facility Hou	ernent Irs		City, S	State, Zip Code wa, NJ 07512					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	Renov Demo			7000	Full Containm	nent with I				
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4-15 (2-2-2-1) (2-2-2-2-1) (2-2-2-2-1)		ST AR GERRAL	and Ca			ovebag Pro n-Exempte	cedure d (*) and Non-Fria	ble Pro	cedur	е	
Location of	T I	Locati Normal	ly		Description of				Abate		t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/	Asbe (i.e	estos Containing Materia e. thermal systems insula surfacing, VAT, or other miscellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
4	Yes	No	N/A					32		ate	Ге
Basement		X			Pipe Insulation		90 LF	X			
Furnace Room		Х			Pipe Insulation		30 LF	Х			
Furnace Room		Х			Boler Insulation		120 SF	Х			
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP Wa auler ID N		Cubic Yards of Waste TBD		Registered Landfil Management o				
City, State Totowa, NJ					Disposal Date TBD	City, Stat Morrisv					

Signature

Title

Project Manager

Ned Joksimovic

Completed by

Date

03/01/2018

	PAID		NOTII (i	FICATIO	State of Ne N OF ASE It to NJAC	BESTOS	ABATE	MEN 0)	т	/D)-I			2	17	
Date of Notification (1) 03/01/2018				Name Steve	of Building ens Instit	Owner/C	Operator Techno	r (2) ology	/		MAF	}	E	2010	7
Agencies Notified	Type Notification				Address								0 /	2018	-
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EPA DEP DOL	Amended Amendment	#		City, St	tate, Zip C	ode			ł.		1	1	1	104	E
	Emergency		g		ken, NJ	07030				- Jane	PERSONAL PROPERTY.	4		e , 	Trades a
X DOH X DCA	justification) Cancellation				of Contact Klich					Telepho	ne Num	ber			
					ILITY INF	ORMATI	ON								
Name of Facility Where Fraternity House	e Abatement is Takin	g Place	(3)			O TUNIZ T		Тур	e of Facility (4) School (K-12						
Street Address 805 Castle Point 1	errace								Subchapter 8 Other (i.e. pri	(Other tha	n K-12 nmercia) I buil	dings	, hom	es,
City (5) Hoboken								Squ N/A	are Feet	# of Floo N/A	rs	10.00	Bldg. A	Age	
County (6) Hudson	=				Code (7) USE ONLY)			rent Use (Prior aternity Hous		molish	ed)			
Name of Monitoring Fir Michael Hoodak	m Hired by Building (Owner (8	3)	ASCI 0004	M No. 4		Name D&S	of Aba	eatement Contratement, Inc	actor (9)					
Street Address 3 Crosswicks Stre	et						Street	Addr	Charles and the con-		11				
City, State, Zip Code Bordentown, NJ 0	3505		10				City, S	tate,	Zip Code NJ 07512						
Project Manager for Mo Michael Hoodak	nitoring Firm	71		Telepho	one No. 98-5520		Teleph 973-3	one l	No.	Lice 013	nse No				
Start Date (10) 03/12/2018		Schedu 03/16/			Date (11)		Name	of OS	SHA Monitor tement	010					
Occupancy Status Durin	ng Abatement (Check						Street								
Facility Closed/Val Abatement Perform	cated During Entire P	eriod of	Abaten	nent			11 R	oser	igren Avenu	ie					
X Other - Describe:	il control of the second	al Facilit	y Hours	5		_ [Zip Code NJ 07512						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Company	Renova Demolit				×	M Gl	ull Containmen ini-Enclosure lovebag Proced on-Exempted (dure				_	
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Locatio			Normal	ly		Des	cription	of					Ту	ре	
Asbestos-Containing TO BE AB			ed Sole aintenai		Asbest	tos Conta	aining M	ateria	al (ACM)	Amount		222		ш	_
In Fac	ility	Cus	todial S (12)	Staff?	(1.e.	thermal s surfac	systems ing, VA	insui T, or	ation,	(Specify SF or LF		Rem	Repair	ncap	indi
(13)			(12)			other m	iscellan	eous)			·	Remova	oair	Encapsulate	Enclosure
D-		Yes	No	N/A								17072		te	(b
Basem	ient		X			Pipe	Insulat	tion		240 LF		X			
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Name of Registered Wa				JDEP W		Cubic \			Name of Re	gistered La	andfill				
D&S Abatement, Inc). 			auler ID 0996	NU.	of Wasi			Waste Ma	anageme	nt of F	PA			
Fotowa, NJ						Disposa TBD	ai Date	1.	City, State Morrisville	e, PA					
Completed by Oliver Hegedis		Title Proje	ect Ma	nager		Sig	gnature	4	/		Date 03/0		018		\neg



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Date of Notification (1) 03/02/18			-5:30::-	Name	of Buildin	g Owne	r/Operato	r (2)		- ball	1417 11			2010		
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DEP X DOL	Amended				tate, Zip (-Y-1.25%		* 11gh-
	Amendmen Emergency			MIDL	DLE SEX	(NJ										
DOH DCA	justification) Cancellation		,	Name ALBE	of Contac ERT	t				Tel	ephon	e Num	ber			
Name of Facility Where At	notomont in Talli	- DI	0,	FAC	ILITY IN	ORMA	TION									
Name of Facility Where At	patement is Takir	ig Place (3)					Ту	pe of Facility	(4)						
Street Address	0							×	School (K- Subchapte Other (i.e.	r 8 (Othe	er than & comr	K-12) nercia	l buil	dings	, hom	es,
City (5)				1				Sq	etc.) uare Feet	# of	Floors	S	TE	Bldg. /	Age	
MIDDLESEX																
County (6) MIDDLESEX					Code (7) USE ONL	n			rrent Use (Pr OME	ior if beir	ng den	nolishe	ed)			
Name of Monitoring Firm H	lired by Building	Owner (8)	ASC	M No.				batement Co AD PROFE			 S				29/37/20
Street Address							Street 6 WH		ress E DOVE C	OURT			00200			
City, State, Zip Code							City, S	tate,	Zip Code							
Project Manager for Monito	ring Eirm			T-1- 1					OOD, NJ 0	8701						
	ning Filli			Telepho			732-6		No. -9078		Licen 1200	se No.				
Start Date (10) 03/12/18		03/15/	18	mpletion	Date (11)		# CONTROL (1997)		SHA Monitor AD PROFE		NALS					
Occupancy Status During A	Abatement (Chec	k Only Or	ne)				Street									-
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire F Outside of Norm	Period of A	Abater Hour	ment s					Zip Code	OURT			_			
						-	LAKE	EW	ODD, NJ 0	8701						
Scope of Work (Check All 1	hat Apply)															
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		Is	Locat	tion										Abate	ment	
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INTERIOR	<u> </u>						tsi			13	30If	>	2			
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NEWARK CARTING			100000	lauler ID 4509	110.	of Wa	iste		IESI							
City, State NEWARK, NJ						Dispo 03/1	sal Date 5/18		City, State		PA					
Completed by OSEPH PERLSTEIN		Title OWN	 ER	-			Signature					Date				
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Print Form



Date of Notification (1)			Nan	ne of Build	ing Owner/Operato	r (2)					
03/01/	18			lr. Matyas		(2)	•~~			7,	_
Agencies Notified Type Notif	fication		Stre	et Address				5	1	15	
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☑ DOLWD ☐ Amend			City	, State, Zip	Code		IN E	7	= [t	W	122
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☐ Cancel				r. Matyas			Telephone Nu	pber	E	201	d
				-	NFORMATION						
Name of Facility Where Abatement is	Taking Pla	ace (3)			M ORMATION	Type of Facility	ACC				
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Street Address						Subchapter Other (i.e., p	8 (Other than K-1 rivate and commo	2) ercial	buildi	ngs,	
City (5)						homes, etc.)					
Jackson						Square Feet	# of Floors		Bldg.	Age	
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Name of Monitoring Firm Hired by Bu	ilding Owne	er (8)	ASCN	1 No	Name of Abatom	Residence nent Contractor (9)					
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Street Address					Street Address	miracting, inc.					
1889 Rte. 9, Unit 61					1889 Route	0 Unit 64					
City, State, Zip Code					City, State, Zip C						
Toms River, New Jersey 0875	5					New Jersey 08	755				
Project Manager for Monitoring Firm		Те	lephone	No.	Telephone No.	New Jersey 08					
Nicholas Fernicola			732-349		732-349-9932	2	License No.				
Start Date (10)	Scheduled				Name of OSHA N		00624				
03 /14 /18				18	E.M.S.L. Ana						
Occupancy Status During Abatement					Street Address	ayucai					
□ Facility Closed/Vacated During Ent	tire Period o	f Abate	ement		1056 Stelton						
□ Abatement Performed Outside of N	Normal Facil	ity Hou	irs - Des	scribe	City, State, Zip C						
Time of Abatement:AM	PM/	PN	1	AM	73	ode New Jersey 088	554				
Scope of Work (Check all that apply)					· rooddway,	New Jersey 000	004			_	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	-	lenova emoliti			☐ Mini-End	g Procedure					
(ie)		s Loca	ation		□ Non-Exe	mpted (*) and Non	I-Friable Procedu				
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IN Facility		stodial	Staff?	(I.e	, thermal systems surfacing, VAT,	insulation,	(Specify SF or LF)	Removal	air	aps	Enclosure
(13)		(12)	1		other miscellane		SF OF LF)	<u>m</u>		Encapsulate	īe
interior	Yes	-	N/A							Ф	
interiol				popcori	n ceiling		1600 sf				
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Name of Registered Waste Hauler		14	L	N//	0.11.11						
Guardian Contracting, Inc.		11 124	NJDEP V Hauler IC 20223	No.	Cubic Yards of Waste 15	Name of Registe T.R.R.F.	ered Landfill			J	
	182-2				Disposal Date	City, State					
Toms River, New Jersey					03/21/18	The second secon	Pennsylvania				
Completed By (Print or Type)	Title				Signature	1	Da	te	1	-	
Nicholas Fernicola	Project	t Man	ager			10.	1	3	. 1	0	
R.41	Project	Man	ager			. + 2	1	3/	11	8	

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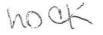
* Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT Check#2998 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 03 03 18 MVP Management LLC Agencies Notified Type Notification Street Address □ ЕРА ✓ Initial 28 Sicard Street **⊠** DOLWD Amended City, State, Zip Code Amendment # X DHSS New Brunswick, NJ 08901 Emergency (including □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Steve Dicke **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.) City (5) Square Feet # of Floors Bldg. Age New Brunswick, NJ 08901 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Middlesex 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 03 / 13 / 18 __03__ / __14__ / __18__ 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 Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Remova Asbestos-Containing Material (ACM) 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 X Basement Pipe insulation 125 LF 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 ewic Wenad 03/03/18 N.Jevtic Owner ASB-41

State of New Jersey

CK 4493

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Date of Notification (1) $Z - 28 - 2018$			Name of	Building O	wner/Ope	erator (2)			The second secon		MAR	6	20
Agencies Notified Type Notification			Street Ad	idress	-VE	2				14 14	-			_
□ EPA 💀 Initial				201000							ASS			7-21
□ DEP □ Amended		F	City, Sta	te, Zip Cod	е	70) 54	-	0	3	Pico	1.1		
DOL Amendment #_ ☐ Emergency (inc	luding	$ \lfloor$	FER	TH AT	MBOY	N	.J.	08	860		- 0, N, - 4400			
DOH justification justification ☐ DCA ☐ Cancellation	, admig		Name of	Contact	12					nhone Num	her			
L DCA L Cancellation				ALVE LITY INFO		ON			1/					
Name of Facility Where Abatement is Taking Plan	ce (3)		raci	DITT INT	JKWEYTI	ON	Туре	of Facility (4)			~		\neg
M. ALVES								School (K-1	2)					
Street Address		į						Subchapter S Other (i.e. p			buildir	es hor	nes et	tc)
City (5)							Square			Floors		Idg. A		
PERTH AMBOY							1.5	20	701		1	_	YRS	5
County (6)			County (nt Use (Prior	100		i)	• /	1.	
MIDDLESEX		1	(STATE U	USE ONLY)			RE	SIDEU	CE					
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCN	1 No.				ment Contr						
Street Address			<u> </u>					moval I	nc					
Steet Address							Address	b Div.a	C4			(6)		
City, State, Zip Code							tate, Zip	th Rive	r Stree	τ				\dashv
12						Had	kens	ack, NJ	07601					
Project Manager for Monitoring Firm			Telephor	ne No.			one No.	29-744	1	License N	388			
Start Date (10)	Schedule	d Comp	letion Da	ate (11)			100 mm	A Monitor		00	300			-
3-12-2018	3-	30 -	20	18		On	nega	Environ	menta	1				
Occupancy Status During Abatement (Check Only	One)						Address	1 04						
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fa	d of Aba	tement			-			yler Str	eet					
□ Abatement Performed Outside of Normal Fa □ Other - Describe: 7 AM - 5 PM	Cinty rio	uis			_	Sity, S	tate, Zip outh I	Tackens	ack. N	IJ 0760	6			
Scope of Work (Check All That Apply)														\neg
□ ≥3 sf or ≥3 If	E F	Renovati	on			6	Full	Containme	nt with N	egative Pre	ssure			
		Demoliti	on					ii-Enclosure vebag Proce						
						B	20 8757	-Exempted		Ion-Friable	Proced	lure		
200		Location Normall										Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Solely	y by	Ashes	Des tos Conta	cription		ACM)	Δ-	nount		П		
TO BE ABATED	E 0.000000	aintenan todial S		(i.e. ther	mal syster	ms insu	lation, si	urfacing,	(S ₁	pecify	Re	R	Ence	Enc
In Pacility (13)		(12)				AT, or niscellar	ieous)		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		ate	G.
2ND FLOOR			X	TOTAL	Compo	ומעט	PLA	STER	3:	800 51	= 1			
1 ST FLOOR			X	JOINT			1			110 5				
1 ST FLOOR			X	LINOLE					i	30 5	X			
EXTERIOR BUILDING FACADE			X	TEXT						50 57	1	X	X	
Name of Registered Waste Hauler		1	JDEP W	aste	Cubic Y	ards	N/	Name of						
Best Removal Inc		H	auler ID 171		of Wast			N	linver	va Ente	rnrise	es I	LC	
City, State			1/1	0)	Disposa			City, Stat		· a Ditto	P. 15			-
Hackensack, NJ 07601					3-3	0-Z	810	Wayı	nesbur	g, OH	1468	8		
Completed by	Title					gnature				D	ate		7- 1	8
Robert Veldran	E	stima	tor			T. 6.	elle	in		12	- 2	8-6	01	0



			(Pursuant	to NJAC	8:60 and	12:120)	Commence of the Commence of th	531			7	
Date of Notification (1)				Name o	of Building	Owner/Op	erator (2	2) [[[II MAR	^	0010		
	h 01, 2018				Seritag	je			III MAII	6	2018	-	U
Agencies Notified	Type Notification				Address								
EPA EPA	Initial				701 US			<u> </u>	ACCESTS:		t 2001		
DEP	Amended Amendment	#2		Anna Sana	ate, Zip C				A production of the contract o			o Ca	1
	Emergency (including			ing, NJ						* ***	T (44)	ř
DOH DCA	justification) Cancellation			Charles and the	f Contact				Telephone I	Number			
	Cancellation	70			Manage	er ORMATIO	NI.				-		
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILIT INF	ORIVIATIO		Type of Facility	v (4)				
Sears / Store Unit - 1	284 / Auto Cen	ter					Г	School (K	100 10				
Street Address								Subchapt	er 8 (Other than K	(-12)			
1640-1701 US-22									. private & comme	rcial bu	ildings	, hom	es,
City (5)							5	etc.) Square Feet	# of Floors		Bldg.	Age	-
Watchung, NJ 07060)							48,000	1		,	52	
County (6)	13				Code (7)		(SATE AND PROPERTY.	rior if being demo	lished)		-	_
Somerset				(STATE)	USE ONLY)			Vacant	t			
Name of Monitoring Firm	Hired by Building (Owner (8))	ASCN	A No.		Name of	Abatement C					
Omega Environmenta	al Services, Inc					T	he MA	CK Group,	LLC.				
Street Address							Street A	ddress					
280 Huyler St.						1	500 Kii	ngs HWY N	I, STE 209				
City, State, Zip Code						1	City, Sta	te, Zip Code					
S.Hackensack, NJ 07								Hill, NJ 080	34				
Project Manager for Mon	itoring Firm			Telepho		200	Telephor		License	No.			
Project Manager Start Date (10)		Cabadul		201-489				9 - 5000	00781				
2/28/18	,	Scriedui	ea Co		Date (11)			OSHA Monito					
Occupancy Status During	200	Only O	101	12/31/1	8		ne MA	CK Group,	LLC.				
									CTE 200				
Abatement Performe	ed Outside of Norm	eriod of all Facility	Abate / Hour	ment rs		_		ngs HWY N te, Zip Code	I, STE 209				_
Other - Describe:			1000000000					Hill, NJ 080	21				
Scope of Work (Check Al	l That Apply)						nicity i	iii, 140 000	J4				_
≥3 sf or ≥3 lf			Renov	ation			X	Eull Contain	ment with Negative				
≥160 sf or ≥260 lf		The state of the s	Demol				-	Mini-Enclosu		e Pressi	ure		
							Н	Glovebag Pr					
				ii				Non-Exemple	ed (*) and Non-Fria	DIE Proc		emen	
Location	of	7.555	Loca Norma									/pe	
Asbestos-Containing	Material (ACM)	Use	d Sol	ely by	Asbes		ription of ning Mat	erial (ACM)	Amount			T_	
TO BE ABA			intena todial	Staff?		thermal sy	ystems in	sulation,	(Specify	교	D D	Encapsulate	En
In Facili (13)	ty		(12)			other mis	ng, VAT, scellaned		SF or LF)	Remova	Repair	psu	Enclosure
VIII.			888					r		val	=	ate	ıге
		Yes	No	N/A							,		
Foundation	walls		X		r	nastic/wa	aterpro	ofing	TBD	X			
											-		
Name of Registered Was	te Hauler			NJ DEP W	/aste	Cubic Ya	ards	Name	f Registered Land	fill			
			11177	Hauler ID		of Waste		Name	r registered Land				
Newark Carting				450)9		BD		S / TRRF Land	dfill			
City, State						Disposal		City, Sta					
Newark, NJ Completed by		T(a) -					31/18	Tullytov					
		Title				Sign	nature	157/		Date			
Michael Cooper		Presid	ent			A STATE OF			3	/1/18			



Date of Notification (1)				Name o	f Building	Owner/	Operator	(2)		E	GF	7 1	14/	5/22 1/23	24
Febr	uary 26, 2018			SEARS		Komen data databa		1-7			(9)	. ij Heritinas	12	127	The same
Agencies Notified	Type Notification			Street A					III	9	ale:			-	
⊠ EPA	Initial			1701 U	S-22					-	MAR	F 2	2018	*	
DEP	Amended		Ī		ate, Zip C	ode			The lad	1			.010	-	
⊠ DOL	Amendment	#1	\		ing, NJ	07060									
₩ рон	Emergency justification)	(including			of Contact				-	FTel	ephone N	umber		. &	
DCA	Cancellation		I	Project	Manage	er				-	1.1000				10.0
					ILITY INF		ION			-		-			
Name of Facility Where	e Abatement is Takin	g Place (3	3)					Type of	Facility (4)					
SEARS								☐ Sc	hool (K-12	2)					
Street Address								Su	bchapter 8	(Othe	er than K-	12)			
1701 US-22								Ott etc		ivate 8	& commer	cial bui	dings	, hom	es,
City (5)								Square	1	# of	Floors		Bldg.	Age	
Watchung, NJ 0706	30							TI	3D		TBD			TBD	
County (6)					Code (7)					r if bei	ng demoli	shed)		טט	
Somerset				(STATE	USE ONLY)					Retail				
Name of Monitoring Fir	rm Hired by Building	Owner (8)		ASCN	M No.		Name	of Abater	nent Cont	ractor					-
AET, Inc.							1		roup, LL		3.0				
Street Address							-	Address	oup, LL						
907 Doolittle Drive	18						1500 k	(inas H	WY N, S	STF 2	209				
City, State, Zip Code								ate, Zip		71 - 2	.00				
Bridgewater, NJ 08	807								J 08034						
Project Manager for Mo	onitoring Firm			Telepho	ne No.			one No.	00001		License	No.			
Eric Houseknecht			(908) 2	18-1108	3	(973) 7	'59 - 50	000		00781				
Start Date (10)		Schedule			Date (11)		1	of OSHA			00101				
2/28/1	18		3	12/31/1	8		The M	ACK G	oup, LL	C					
Occupancy Status Duri	ing Abatement (Chec	k Only On						Address	p,	· ·				-	_
Facility Closed/Va	cated During Entire I	Period of A	Abaten	nent			1500 K	inas H	WY N, S	STF 2	09				
Abatement Perform	med Outside of Norm	al Facility	Hours	3				ate, Zip							
Other - Describe:			-						J 08034						
Scope of Work (Check	All That Apply)						, ,								
≥3 sf or ≥3 lf		Пв	Renova	tion				Full C	ontainmer	nt with	Negative	Dracen	ro		
≥160 sf or ≥260 If		promote and the same of	emolit					Mini-E	nclosure		ivogative	1 10330	16		
							H		bag Proce		Nas Friekl	- D	J		
		T .	4					INOII-E	xempted () and	Non-Friabl	e Proce	1000	emen	+
1			Locati Iormal											pe	ř.
Location Asbestos-Containin	g Material (ACM)	Use	d Sole	ly by	Ashes		scription taining M		CM)	Δ,	mount				
TO BE A	BATED		intena odial S				l systems				pecify	Z	-	Enc	m
In Fac		Cusi	(12)	otan :			cing, VA			SF	or LF)	Remova	Repair	aps	Enclosure
(10	1	-		T		other	miscellan	eous)				ova	air	Encapsulate	ure
	176	Yes	No	N/A										Ф	8840
Foundation	on walls		X		r	mastic/	waterpr	oofina		7	BD	X			
				1									1		
				-								-	-		\vdash
				-											
Name of Registered Wa	aste Hauler		1000	J DEP W		The Control of the Co	Yards	1	lame of R	egister	ed Landfi	11			
Newark Carting			1.7	auler ID 450		of Wa			DOME:	/ TD-)	C11			
City, State				431	19	Dieno	TBD sal Date		ity, State	IKH	RF Land	IIII			
Newark, NJ										ΠΛ					
Completed by		Title					2/31/18 Signature		illytown	PA		ate			
Michael Cooper		Presid	ant				Silame	1	/	-					
ondor occiper		1 16510	CIIL			-					2/2	26/18			

		ł		FICATION		ESTOS	BABATE		NT	T) B	G	and the same	-	1.77	139	6
			(1	Pursuant	to NJAC	8:60 ar	nd 12:12(0)	A Company of the Comp	リー	S. I	ing on other or			7	MI
Date of Notification (1)				Name of	Building	Owner	Operator ((2)	111	7)/	V1.175	-	-		711	
	ary 13, 2018			SEARS	K				t Li		MAR	5	20	10		III
Agencies Notified	Type Notification			Street A	ddress					i				10		2
EPA EPA	✓ Initial			1701 U	Control of the Contro					4	***************************************					March Street
DEP	Amended			City, Sta	ite, Zip Co	ode				select.	1	Ur:	1.7	F.L.8		Thursday
DOL DOL	Amendment : Emergency (i			Watchu		07060	1		27.60	Salah Carine Carine Carine			V zu	n=	-11 - TED	
DOH	justification)				f Contact					Tele	ephoneN	umb	er			
L DCA	Cancellation			Project						1	475					
Name of Facility Where	Abatement is Taking	Place (3	(1)	FACI	LITY INF	ORMAT	TION	Tv	pe of Facility	(4)						
SEARS	. Locatoment to Taking	11 1000 (0	7					1 9	•							
Street Address	•							H	School (K- Subchapte		ar than K	12)				
								X					build	lings,	home	s,
1701 US-22 City (5)									etc.)	- 1			1 5			
No. 1970								So	uare Feet	# of	Floors		В	ldg. A		
Watchung, NJ 07060	J			County (20d= (7)				TBD		TBD		1	Т	BD	
					Jode (7) JSE ONLY)			Ci	irrent Use (Pr	ior it bei		ishe	d)			
Somerset Name of Monitoring Firm	Hirad by Building C	hunor (0)		ASCM			Mana	05 1	\hatam==+ ^-	nton - t -	Retail					
	i filled by building C	wilei (o)		ASCIV	I NO.		Transaction and		Abatement Co		(9)					
AET, Inc. Street Address						-	_		CK Group, I	LC.			m-10-0		· · · · · · · ·	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							Street		2010/01/20							
907 Doolittle Drive City, State, Zip Code							-		gs HWY N	SIE	209					
	07								, Zip Code							
Bridgewater, NJ 088 Project Manager for Mor				Telephor	no No	14747-5			ill, NJ 0803	34	1.1	NI-				
Eric Houseknecht	illoring Film			Same and the			Teleph				License	NO.				
Start Date (10)		Schodule	ad Co	(908) 21 mpletion [1	_	9 - 5000 DSHA Monitor		00781					-
2/28/1		ochedule	eu co	5/31/18			ENSWERD TANKS									
Occupancy Status Durin		Only Or	16)	3/3 // 10			Street		K Group, L	LU.			_			
			F33						gs HWY N,	STE 2	200					
	ated During Entire P led Outside of Norma								e, Zip Code	SILZ	.09					
Other - Describe:				1070			954900		ill, NJ 0803	2.4						
Scope of Work (Check A	II That Apply)						Official	y 1 1	111, 140 0000	,4						
≥3 sf or ≥3 lf		П	Renov	ntion				X	Full Containm	ant with	Manakira	D		_		
≥160 sf or ≥260 lf			Demol				ľ		Mini-Enclosur		Negative	PIE	essur	е		
		No.					-		Glovebag Pro							
		1						_	Non-Exempted	(*) and	Non-Friab	ie P	-	Abate	mant	S.
27 (5)	A0	100	Loca	223										Ту		2
Locatio Asbestos-Containing		1		ely by	Aches		escription		rial (ACM)	۸.	mount					T.
TO BE AB		0.0000000		ance/ Staff?			al system:		The state of the s	1000	pecify	3	R		Enc	E
In Faci		Cus	(12)	1000 July 1000 J			acing, VA			SF	or LF)		Remova	Repair	aps	Enclosure
(13)						other	miscellar	ieot	19)				yval	air	Encapsulate	ure
		Yes	No	N/A									- 30 - 30		(D	
Foundation	n walls		X		r	nastic	/waterp	roc	ofing .	max 2	25,000 s	s/f	X			
			,								A					
			-									+				-
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						Mariana										
Name of Registered Wa	ste Hauler		11.1	NJ DEP W		4 323000	c Yards		Name of	Registe	red Landf	fill				
Newark Carting				Hauler ID 450		of Wa	aste 250		GROW	Q / TDE	DELong	1411				
City, State				430	17	Disne	osal Date		City, Sta		VL Fall	11111				
Newark, NJ							5/31/18		Tullytow							
Completed by		Title					Signature		1 Ully LOW	// FA		Date)	e de la		10.50
Michael Cooper		Presid	lent						19/1-				/18			
Cooper		1 10010	OIIL						a production of the last			110	110			

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Date of Notification (1)					Nom	o of Duildi		10 .		1) 13 (6		11.7	[3	1.00
2 /	28 /	18			1,000			wner/Operator	5.1	KI.		,	-	
Agencies Notified					_			LLC and Dai	ko Realty, LL	111 1640		р		
	Type Notific ☐ Initial ☐ Amende					et Address 5 US Hig		ny 22W		LI MAR	6.	2018	The Party of the P	U
☑ DOH	Amendm	355				State, Zip				ACCIO				
☐ DCA	☐ Emerger	ncy (ind	•	3				d, NJ 07061		Tomas and the second		i i stal	. E	
(NJAC 5:23-8)	justificat	and the second section			100000000000000000000000000000000000000	e of Contac	ct			Telephone I	Number	No. of Street, or		
- i	☐ Cancella	ation				eve Prat				5.				
Non- of E- in the					FA	CILITY	NFO	RMATION						
Name of Facility Where A		Taking	Place	(3)					Type of Facility					
Galloping Hill Center Street Address	er						1725-0		School (K-1	2) 8 (Other than I	V 12)			
1350 Galloping Hill	Road								Other (i.e., phomes, etc.	private and con		ouildin	gs,	
City (5)									Square Feet	# of Floors	; E	3ldg. A	ge	
Union									8,000	1		50		
County (6)					Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (P	rior if being der	molished)			
Union									commercia	I				
Name of Monitoring Firm	Hired by Buil	ding O	wner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)				
Vertex							1	Plymouth En	vironmental C	o., Inc,				
Street Address							Sti	reet Address						
700 Turner Way								923 Haws Av						
City, State, Zip Code								y, State, Zip Co						
Aston, PA 19014				-			-	Norristown, I	PA 19401					
Project Manager for Monit Dave Brown	oring Firm				lephone			lephone No.		License No).			
Start Date (10)		0 - 11-	1-10	1	10-558			310-239-9920	A Charles of the Control of the Cont	00398				
N. 1	18	4	/		etion Da			me of OSHA N Plymouth En	lonitor <mark>vironmental C</mark>	o., Inc				
Occupancy Status During							Str	eet Address						
☐ Facility Closed/Vacated	d During Entir	re Peri	od of A	Abat	ement		9	23 Haws Av	e.					
Abatement Performed Time of Abatement: 7:	Outside of No	ormal F	acility	Hou	ırs - Des	scribe	Cit	y, State, Zip Co	ode				-	
		141/		/1	Aivi		1	Norristown, F	PA 19401					
Scope of Work (Check all	that apply)						<u> </u>	М- " о	**************************************					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Rer □ Der					Mini-Encl Glovebage Gloveba						
					ation							batem	ent T	vne
Location of Asbestos-Containing M		,		orm	ally lely by			Description of				_		
TO BE ABAT		')	Mai	nten	ance/			Containing Mar ermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	,		Cust	odial (12	Staff?		5	surfacing, VAT,	or	SF or LF)	oval	=	nsd	Sur
(13)			Yes	No			ot	her miscellaned	ous)				late	О
1 st floor				\boxtimes		floor til	e an	d mastic		7,400SF		П	П	П
basement				\boxtimes		floor tile	е			325SF		-		
loading dock				\boxtimes		pipe ins	sula	tion		20LF				
Name of Registered Waste	Hauler				VJDEP V		Cul	oic Yards of	Name of Regis	tered Landfill			ш	ш
Newark Carting					Hauler II		Wa	ste	Grows Lan					
City, State					4509			oposal Date	City, State					
Newark, NJ								/30/18	Morrisville	DΛ				
Completed By (Print or Typ	ne)	Title						Signature	, mornsville	,	Det			
James M Kelly	/		e Pre	sid	ent			Signature			Date	101	10	1
SB-41				J. W				////			3/	+5/	18	

noUL

Date of N	lotification 2/28/	18		e of Building C e Milligan	wner	/ Operator (2)				
AgenciesNotif	ied Type of Not	fication		Address						
EPA		rgency Notifica		71441033						
DEP		Notification		State & Zip Co	nde					
X DOL		nded Notification		land, NJ 07						
X DOH	1,000	ellation	11000	of Contact	000				Tolophor	as Number
DCA	S 177	Challon		e Milligan					releprior	ne Number
507					- 73-2-5-5-5-6					
			50 1072	CILITY INF		SOLES SELECTION SOLES SELECTION SELE				
Name of Facili	ity Where Abater	ment is Taking int Residenc			Тур	be of Facility (4) School (K-12)				
Street Address	17,000,000				_	Subchapter 8 (Other than K	(-12)		
					l x	Other (i.e., priv			nas home	es etc
			l		_	uare Feet	# of Floors		Bldg. Age	COCHE INCOMONY
City (5)		County (6)	County C	Code (7)	-1041		62			
	squan	L. 27 31 31 31	County C	ode (1)		2,500	2			70+
IVIAIIA	isquan	Ocean				rent Use (Prior in	f being demo	olished)		
					_	sidence				
	toring Firm Hired	by Building O	wner (8)	ASCM No.		me of Abatement				
Environmen				N/A		bal Abatemer	nt Services	, LLC		
Street Address	*				Stre	eet Address				
64 Broad Sti					443	3 Schoolhouse	Road			
City, State & Z	•				City	, State & Zip Co	de			
Matawan, N.			21		Mo	nroe Townshi	p, NJ 0883	1		
	er for Monitoring	Firm	Telephone	Number	Tele	ephone Number		License N	Number	
Tom Geiger			732-290-2	10.05-1100	732	2-605-9062			00714	ļ
Scheduled Sta	rt Date (10)	Scheduled Con	npletion Date	e (11)	Nar	ne of OSHA Mor	nitor			
	/18		3/10/18		Glo	bal Abatemer	nt Services	, LLC		
Occupancy Sta	atus During Abat	ement (Check	only one)		Stre	eet Address				
X Facility C	Closed/Vacated [During Entire Po	eriod of Aba	tement	443	Schoolhouse	Road			
Abateme	ent Performed Or	itside of Norma	al Facility Ho	ours -	City	, State & Zip Co	de			
Describe	1		50000-00000000000000000000000000000000			nroe Townshi		1		
Other - D	escribe:						p, 110 0000			
Scope of Work	(Check all that	apply)								
Demolitic		X Renovati	ion			Full Cont	lainmant with	. Nonativa F	2	
Large Pr	5.1.3	A Iteliovati	1011			Mini-Enc	tainment with	i Negative r	ressure	
	is≥3 SF or≥ 3	15 4014								
						X Glovebag				
Quantity	is ≥ 160 SF or ≥	260 LF ACIVI					Non-friable)		
۸۵	Location of bestos-Containing		Is Location			escription of		Amount		ment Type
	Material (ACM)	ig	Normally U Solely b			estos-Containing aterial (ACM)		(Specify		y: Removal,
	TO BE ABATED		Maintenand			thermal systems		uare Feet or near Feet)		epair, sulation or
	in Facility		Custodial S			on, surfacing, VA		near reet)		closure)
	(13)		(12)		or oth	er miscellaneous	(3)			5105410)
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	Basement		N/A			TSI Pipe		110 LF	Re	moval
						· Or ripo		110 L1	110	inovai
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Name of Regis	tered Waste Hai	ıler	NJDEP Was	ste Hauler ID	#	Cu. Yds. of Wa	ste Nar	ne of Regist	tered Lan	dfill
Freehold Ca	rtage			18693		5	35.11.155 [H.J.)	mberland		100000 E
City, State).					Disposal Date		, State	,	
Freehold	i, NJ					3/11/18		vburg, PA		
Completed By	(Print or Type)	Title				Signature	1	3,		Date
Dominick		Manage	r			Dominick Tr	inaal:			2/28/18
		9				Domaine Jr	uyuu			
ASB-41 JUN 9	95 G4667									

			-	107						11 11 1	7.70	
Da	ate of Notifi	ication 2/27/	18	F	Name Bottle		ng Owner	/ Operator (2)		1 11		- Land to the series of the se
Agenci	esNotified	Type of Noti	fication	n		Address	·		1		- 111	
X	EPA	12/1		Notificati				Property of	MAR	6 2018		The state of the s
	DEP	X Initial	Notifie	cation	City, S	tate & Zi	p Code				1	
X	DOL	Amer	nded N	Notification	Control of the Contro		J 08540					State
X	DOH	Cano	ellatio	n		of Conta		-	ACUL		Tělephon	Number
	DCA	594500200				ainfort			A CONTRACTOR OF THE PARTY OF TH		10.001.101.1	5
					FAC	CILITY	INFORM	ATION				
Name o	of Facility V	Vhere Abaten					Тур	e of Facility (4)				
Stroot	Address	FOIIII	er bo	ttle King]		_	School (K-12)	O.I. II I	40)		
Oli CCl 7	Addi C33	775 U	S Hia	hway 20	6		l _x	Subchapter 8 (0 Other (i.e., priva			nas home	s etc
		7700	o i ng	iiway 20	0			The state of the s	# of Floors		Bldg. Age	3, 610.
City (5)	(Coun	tv (6)	County C	ode (7)	—	5,000	1.5			0+
, , ,	Princet	on	Merc			(.)	Cur	rent Use (Prior if				· .
		•		,,,,				sidence	being demo	iorica)		
Name o	of Monitorin	g Firm Hired	by Bu	ilding Ow	ner (8)	ASCM		ne of Abatement	Contractor (2)		
EHI		.9	<i>5</i> , <i>5</i>	manig Ov	1101 (0)	N/A	F 400 F 400	bal Abatemen				
Street A	Address					1		et Address				
665 we	est Shore	Trail					443	Schoolhouse	Road			
City, St	ate & Zip C	Code					City	, State & Zip Co	de			
	, NJ 0787						Mo	nroe Townshi	p, NJ 0883	I		
		or Monitoring	Firm		Telephone N		- 1 march 10 mm	phone Number		License I	Number	
	e Majka				973-729-56			-605-9062			00714	
Schedu	led Start D 3/14/18		Sched		pletion Date	(11)		ne of OSHA Mon				
Occupa	A STATE OF THE PARTY OF THE PAR		omont		3/21/18			bal Abatemen	t Services,	LLC		
X F	acility Close	During Abate ed/Vacated D	ement Ouring	Entire Pe	nly one) riod of Abat	ement		et Address Schoolhouse	Road			
		Performed Ou						, State & Zip Coo				
	escribe:							nroe Townshi		1		
0	ther - Desc	cribe:										
Scope of	of Work (Ch	neck all that a	apply)									
X D	emolition		- 1	Renovatio	n			Full Cont	ainment with	Negative	Pressure	
La	arge Projec	t						Mini-Enc	losure	· · · · · · · · · · · · · · · · · · ·		
X Q	uantity is ≥	3 SF or ≥ 3	LF AC	M				Glovebag	3			
Q	uantity is 2	≥ 160 SF or ≥	260 L	FACM				X Other: I	Non-friable			
		ocation of			Is Location			escription of		Amount	Abaten	nent Type
		tos-Containir	ig		Normally U			stos-Containing		Specify		: Removal,
		terial (ACM)			Solely by Maintenanc			aterial (ACM)		are Feet o		epair,
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		,							′			
		ain Floor			N/A			VAT		650SF	Rei	noval
	Во	iler Room			N/A		Tra	nsite panels		80 SF	Rei	noval
		Roof			N/A		Roo	f flashing/tar		589SF	Rei	noval
		ed Waste Hau	ıler	N	JDEP Was		r ID#	Cu. Yds. of Wa		e of Regis		Hill
City, Sta	Id Cartag	Je .				18693		Dianagal Data		oberland	County	
	ehold, N	J						Disposal Date 3/21/18		State burg, PA		
		nt or Type)	1-	Title				Signature	1100	~u.g, 1 F	•	Date
	inick Trir			Vlanager	•			Dominick Tr	inaali			2/27/18
		475		VI-50°					guille			

PAGE 02/27/2018 09:27AM 9736381778 State of New Jarrey NOTIFICATION OF ASBESTOS ABATEMENT 2018 Check#2997 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) ACE 02 Wymor Apartements Corp." Type Notification Agencies Notified Street Address | Initial TEPA Wymor Apartements, PO Box 1070 City, State, Zo Code Amended DOLWD 00 DH88 Amendment # Fort Lee, NJ 07024 Name of Contact DCA Emergency (Including Telephone Number (NJAC 5:28-8) justification) Cancellation Charles Febian **FACILITY INFORMATION** Name of Facility Where Abstement is Taking Place (3) Type of Fi ality (4) School (K- 2)
Subch: otel 6 (Other than K-1 2)
Other I. o., private and commercial buildings, Apartment bldg. Street Address homes etc.) 350 Elmora Avenue Square Fr st # of Floors Bldg. Age City (5) Elizabeth, NJ 07208 County Code (7) [STATE USE ONLY] | Current U is ('Hor if being demolished) County (B) Union Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contra: or B) ASCM No. Gr Tech LLC Streat Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Preject Manager for Monitoring Firm Telephone No. Telaphone No. 01 127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Deta (10) 02 / 28 / 18 03 / 01 / 18 Envirovision Consultant: ,Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Pariod of Abetement 20-21 Wagaraw Road, H dg # 35E Abatement Ferformed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abstement ____AM-Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and det wittmination with negative pressure Full Containment with Negative Pressure >8 af or >3 H > 100 sf or >260 H Renovation
Demolision Mini-Enclosure Glovebag Proced to Trent with Negative Pressure Non-Exempted (* an: Non-Frisble Procedure Demolition s Location Abetement Type Normally Location of Description of Repair Removal Encaperatate Used Solely by Asbestos Containing Material (ACM) Asbestos Containing Material (A: M) Amount TO BE ABATED Maintenance/ (Specify (i.e., thermal systems insulatio) . Custodial Staff? SIF OF LF) IN Facility surfacing, VAT, or (12)(13) · · · other misosilansous) No NA 8 9 LF Do Pipe insulation Garage Г П П П PUDEP Waste Haster ID No. Cubic Yards of Wester Name of Registered Landfill Name of Registered Waste Hauler T.R. LF Inc 0033785 TBD Gr Tech LLC City, State Discosel Date Wayne, NJ 07470 TED Tull :oun, PA Completed By (Print or Type) Dete Title Signature

Owner

* Do not use this form for ashestus licensure end

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02/27/18

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PAID

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

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Date of Notification (1) 2/27/2018					of Building N OF NO					S S S S S S S S S S S S S S S S S S S		3562				
	e Notification			W. S.	Address KENNE	DY BC	ULEV	ARD			AS	1	1			Č
EPA X DEP DOL	Initial Amended Amendment	#		City, St	tate, Zip Ci	ode				= f4. Ber	inter-sector-period	Mr _e .LX., VIV. +	87	++ = 17		
ĭ DOH	Emergency justification)	(including		Name o	of Contact		40 070			Te	lenhone	Numb	er			
DCA	Cancellation	<u> </u>			R HAM		ION									
Name of Facility Where Abate	ment is Takin	g Place (3)	FAC	ILIII INF	UKWAI	ION	Туре	of Facility	(4)						
VACANT RESIDENCE Street Address									School (K-							
off our Address									Subchapte Other (i.e. etc.)				build	dings.	, hom	es,
City (5) NORTH BERGEN								Squa	re Feet	# 0	f Floors	3	В	ldg. A	Age	
County (6) HUDSON					Code (7) USE ONLY)		Curre	ent Use (Pr	ior if be	ing dem	olished	4)			
Name of Monitoring Firm Hired	by Building (Owner (8)		ASCI	M No.				atement Co			TINIC	INI			
Street Address			-				Street			CON	IRAC	TING,	IIV	C.		
011 01 1 7 0 1									AND AV	/ENUE	Ξ					
City, State, Zip Code									ip Code , NJ 075	12						
Project Manager for Monitoring	Firm			Telepho	ne No.		Teleph 973-				Licens 0049	se No.				
Start Date (10) 3/13/2018		Schedule 4/3/20		mpletion	Date (11)				HA Monitor 5 (9) ABC							
Occupancy Status During Abat	ement (Checl	k Only Or	e)				Street			702						-
Facility Closed/Vacated D Abatement Performed Out Other – Describe: VACAN	tside of Norm	eriod of A al Facility	Abater Hour	ment s			City, St	tate, Z	ip Code							
Scope of Work (Check All That	Apply)					_										_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	enova					Mir Glo	I Containment- ni-Enclosure nvebag Production	e cedure					9	
		Is	Locat	ion						_ ()		TIGDIC I		Abate	ment	
Location of Asbestos-Containing Materi	al /ACM)		lorma d Sole)		scription						Т	Ту	pe	
TO BE ABATED In Facility (13)	ai (ACM)	Mai	ntena	nce/ Staff?		thermal surfa	aining M systems cing, VAT niscelland	insula F, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	5										te	Ф
			_		BUILI		TO BE		OED							
						AS A	SBEST	OS					-			-
Name of Registered Waste Hau TWO BROTHERS CONT			0.399	IJDEP W lauler ID		Cubic of Was			Name of I					-		
City, State	RACTING		1	8743		150	15.		WASTE		IAGEI	VIENI	G.	R.O	.W.S	5.
TOTOWA, NJ						4/3/2	al Date		City, State		E, PA					
Completed by /IVECA RAMOS		Title PROJ	ECT	COOF	RDINATO		ignature	1.2/	, A-	2	7.	Date 2/27/	20	18		
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Ch 5870		IITON I)	CATIO	NOE ASE	8:60 and	BAJE	MEN 0)	Т		E (1 [1	V	EF
Date of Notification (1) 3/05/18					Owner/O			of America	IK					
Agencies Notified Type Notification			Street	Address	ton Stree					MA	A-	6 2	2010	世
EPA Initial DEP Amended			City, St	ate, Zip C	ode	=1				ACREO	77.0	CON	T00	
X DOL Amendment X Emergency (_	Wild Control of	rk, NJ 0					L.	Chiritemen rose-	LICE	VSIN	i HO	_ & _
DOH justification) DCA Cancellation	_			of Contact McNight					Teler	nhone Ni	mber			
Name of Facility Where Abatement is Taking	n Place /3	2)	FAC	ILITY INF	ORMATIC	N	I =	- 15 99 11						
Prudential Insurance Company of A							П	e of Facility (4 School (K-12						
Street Address 213 Washington Street							×	Subchapter of Other (i.e. pretc.)	(Other			ldings	, hom	es,
City (5) Newark							10.5	are Feet 0,000	# of F	loors		Bldg. A	Age	
County (6) Essex				Code (7) USE ONLY	200	_	Offi	rent Use (Prio ice Space			hed)			
Name of Monitoring Firm Hired by Building C Accredited Environmental Technolo			ASC	M No.				atement Cont ces, LLC	ractor (9))				
Street Address 28 North Pennell Road				×		Street 303 I	2000	ess tional Road	d					
City, State, Zip Code Media, PA 19063						Exto	n, PA	Zip Code \ 19341					0	
Project Manager for Monitoring Firm Ron Khachadovian				91-0114		Teleph 484-8				icense N 1161	10.			
3/6/18	3/09/18	3	npletion	Date (11)		Name EMS		HA Monitor						
Occupancy Status During Abatement (Check			122		1.0	Street		ess e 130 North	,					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Hours	nent S			City, S	tate, Z	Zip Code						
Scope of Work (Check All That Apply)		-				Ollina	arriiri	3011, 110						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Mi Gl	ull Containmer ni-Enclosure ovebag Proce	dure	•				
	Is	Locati	on			Bind	2 140	on-Exempted) and i	NOII-FIIAL	T	Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Mai	lormal d Sole ntena	ly by nce/	Asbest (i.e.	Desc tos Contai thermal s	ription ning M	lateria	il (ACM)	Amo (Spe		70		pe E	ш
In Facility (13)		odial 9 (12)			surfacir other mis	ng, VA	T, or		SF or		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e e	
Second Floor Washington St side		X			V	/AT			1,200) SF	x			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Ya	ards		Name of Re	egistere	d Landfill				
Waste Management of New Jersey		177.77	auler ID	1000	of Waste	9		GROWS	0.200.000.000.000					
City, State Trenton, NJ					Disposal TBD	Date		City, State Morrisvill	e, PA	10				
Completed by Joe White	Title Projec	ct Ma	nager		Sig	nature		(1.166)		Da 3/0	te 05/18	3		

		7	\triangle		NOTIFICAT (PERSUA	TION OF A	SBESTOS AC 8:60-7 A	ABATEME	NT 1-7	(Lec	K#	3058
Date of Notification (1 01 / 03 /) =	7			TTU)	Name of	Building (Owner / Op	erator (2)		FC	F I	VFI
//		Ami		l feel		Street A			-	111)			
	ype of N			on		_	RRIS AVEN			1 pmg 5			
☐ EPA DEP		Initi	03	ad.			te, Zip Coo , NJ 07901	de			MAF	7 -6	2018
□ DOH				nent	2		Contact		-	Telepho		9	-010
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				ation			N. 1952 - 1951				ASBEST	ros con	ITROL &
					F	ACILITY II	NFORMAT	ION		Landananana	the Shanton or	OLIVOIT	9
Name of Facility When CELGENE CORPORA	re Abate TION - B	ment LDG.	is 1	Taking	g Place (3)			Facility (4)			6		
Street Address			_					School (F	<-12) ter 8 (Othe	r than K t	2)		- 1
535 MORRIS AVENUE									., private 8				
									omes, etc.				
	ounty (6	5)			County Code	(7)	Square F		# Of Floo	rs	Buildin	g Age	
SOMM	INION				1			,000		2	1	220	
			_					Use (Prior I		moiisnea	1	40+	
Name of Monitoring F	irm Hire	d by	Bld	g. Ow	mer (8)	ASCM NO		ON ATENIA	,				
					1.00								
WCD GROUP LLC	/ 1	EWM.	A					TAR CONT	RACTING	GROUP. I	NC.		
Street Address 23 RT 31 NORTH, STE B	26 / 1	100 M	STV	LANE	:		Street Ac	dress					
City, State, Zip Code	20 / 1	TOO IVI	311	LANE			32 William	ns Parkway	i				ì
PENNINGTON, NJ 08534	/ P	ARSII	PPAI	NY, N.	J 07054			te, Zip Cod					
Project Mngr. For Mor					Telephone Nu		1						- 1
MIKE GARAMBONE / Kev		and the later of the later of			609-730-0007 / 97			over, NJ 07	036				
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$\frac{-02}{\sqrt{-20}}$	18_		05	-/	//	18	073.8	84-8682			,	20000	
Occupancy Status Du	ring Aba	teme	ent (Checl	k Only 1)			OSHA Mor	itor			00860	
					tire Period of			TAR CONT	33.7.7.13 (km. to am. tr	GROUP. I	NC.		
Abatement	55 ES						Street Ad	ldress			grasses.		
					Normal Facility	e S		121					
Hours - Des Other - Des					0 pm			ns Parkway					
Duller - Desc	Lilbe	IVIOIN	1-F.F.	A.S.				e, Zip Codo over, NJ 07					
Scope of Work (Check	All Tha	t App	oly)				Luctrian	0101, 110 01	000				
5 B!!#i													
 □ Demolition □ ≥3sf or ≥3lf 			v		Renovation			ainment w	ith Negativ	e Pressu	re		
	260 If					□ .	Mini - En	ciosure Procedur	۵				
-						2		npted (*) a		able Proc	edure		
					·			- 12.41.	.50				
Location of Asbestos Contain	ina		ls cati			Descript				Abateme	nt Type	1-	
Aspestos Contain	ing	1557	orma		As	bestos - C Material (-		Amount	R	_	E	E
TO BE ABATED	2	2-07/525	Use		(1.6	e., thermal			Amount (Specify	E M	R	N C	N C
in Facility		S	ole	ly			facing, VA	Γ,	SF or LF)	0	P	A	Ľ
(13)			Ma				ellaneous)			V	Α	Р	0
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	- 1	1200027	stoo aff (72555						L	R	U	U
				N/A								+	R
S-2 THRU OUT			IJ.		PIPE FITTINGS	S			262 LF	2		-	
S-2 2ND FLOOR ROOF			Ø		DUCT CALK				260 LF	Ø			
S-2 1ST & 2ND FLOOR	S	_	_		FOAM MASTIC				2,442 SF	Ø			
S-2 BASEMENT Name of Registered W	lacte Us	2000	Ø		VAT /MASTIC	C l · ·	In.		862 SF	V			
NORTHSTAR CONTRA			P, IN	C.	NJDEP Waste Hauler ID No.	Yards		Registered S LANDFILI					
City, State						of Waste Disposal	City. State	2					
EAST HANOVER, NJ						Date	MORESV						
Completed by (Print or	r Type)				Title			Signature	1=	1		Date	
Steven Stiles					Project Manage	er		/	7	XI		03	/05/18

Location of	T	Is		Description of	1	Abateme	nt Type		
Asbestos Containing	L	ocat	tion	Asbestos - Containing		R	1	E	IE.
TO BE ABATED in Facility		lorm Use Sole	d	Material (ACM) (I.e., thermal systems insulation, surfacing, VAT,	Amount (Specify SF or LF)	E M O	R E P	N C	N C
(13)	te C	enan usto	ain- ice/ idial	or other miscellaneous)	or or Ery	V A L	A I R	P S U	O S U
			N/A					<u> -</u>	R
S-2 BASEMENT STAIRWELL		Ø		VAT/MASTIC	100 SF				
S-2 BASEMENT BANK AREA		2		VAT/MASTIC	750 SF	III		-	
S-2 BASEMENT LOCKER ARE	A□	Ø		VAT/MASTIC	900 SF				
S-2 BASEMENT		Ø		PIPE INSULATION	120 LF	Ø.			
S-2 ROOF		Ø.		FLASHING	780 If	Ø.			



D&S Proj. #: 18-50 Date of Notification (1)	U)			State		os Abatement 0 and 12:120)	Townson the Constitution of the Constitution o	3	CE ar - 6	<u> </u>			
10 2 / 2 8 / 1 8		ene o'neill	.g O	non-operator (2	-/		_	- Inches	dawn dawn a san a lan	rosprisoness	nurses.one		
Agencies Notified Type Notific	-4:	eet Address					-	ASBE	STOS C	TNO	ROL	&	+
☐ EPA ☐ Initial ☐ Amended			ī				Lance	THE STATE OF THE S			edom/Auch	CONTRACTOR OF THE PARTY.	
Amendment	#: City	y, State, Zip	Code	-	-								
DOL Emergence	, — 1	MENDHA	и ти	/P., NJ 0794	15								
DOH (including justification	Nan	ne of Contac						Telephor	ne Numbe	r			-
DCA Cancellation	11	irene o'neill											
				ILITY INFORM	IATIO	N.				_			
Name of facility where abatement	is taking place	e (3)		TETT THE OTHER			Type	of Facility ((4)				
irene o'neill	31	- (-)					'',		(K - 12)				
Street Address									apter 8 (0			(-12)	
ou oct than coo								Other Bldgs.	(Private/C 'Homes, e	omme	ercial		
0:1- (5)		(8)					Squa		# of Floo		В	dg. A	ge
City (5)	County	(6)				unty Code (7) ate use only)	_						
MENDHAM TWP.	MOR				(0.6	ate use only)	Curr	ent Use (P	rior if beir	ig den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner ((8)		ASCM No.		Name of Abatemer	t Contrac	tor (9)					
		0				D & S RESTOR	RATION	, INC.					
Street Address						Street Address							
City, State, Zip Code					_	20 California A				-			
ony, otato, zip oode						City, State, Zip Code							
Project Manager for Monitoring Firm	n	Phone	Numb	er	-	Paterson, NJ 0 Telephone Number	7503		License	Numi	oer		
300 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						973-345-8020)		- Carrier Control	1169	Jei		
Start Date (10)	Sched. C	ompletion D	ate (1	1)	-	Name of OSHA Mo	nitor						
03/01/18	03/30/1	8				D & S Restora	tion, Inc.						
Occupancy Status During Abateme						20 California A	venue						
Facility closed/vacated during Abatement performed outside	entire period	of abatemen	t.			City, State, Zip Code							
Describe: NORMAL F					_	D-4 NII O	7500						
Scope of Work (check all that appl					-	Paterson, NJ 0				_			
≥3 sf or >3 lf	Renovation					<u> </u>	Mini-enc	ainment w	negative	press	ure		
☐ ≥160 sf or ≥260 lf	Demolition						Gloveba	g procedur					
Location of	Is location no	ormally used	solely	,			Non-Exe	mpted (*)	and Non-	friable I R	proce		
asbestos-containing	by maintena staff(12)				n of a	sbestos-containing		Amount		е	e	E n	E n
material (acm) to be abated in facility (13)	Yes Yes			material (A		observed containing		(Specify SI LF)	For	m o	p a	c	C
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP 13506	Hauler ID#	- 1	ubic Yards of W	/aste	Name of Registered		m on n =	2011	<u> </u>		Ш	ш_
City, State			osal D	yds. ate		TULLYTOWN, City, State	KESUL	KCE RE	COVER	Y			
PATERSON, NJ 07503		100	02/18			TULLYTOWN	, PA						
Completed by (Print or Type)	Title			Signature					Date				_
BOGDAN JOLDZIC ASB-41	PRESIDEN		heete	s licensure exe	met-	La ativitic -			02/28/	2018			

D&S Proj. #: 18-52	94	3	Not (Pur	State fication of A suant to NUA	e of sbes C 8:	os Abatement 60 and 2:120)	DE	CE		\mathbb{V}		
Date of Notification (1)		Name of	Building Ov	vner/Operator (2	2)				MAR -	6 2	018	- 11	4
10 2 / 2 8 / 1 8		richard	d grant							22202			
Agencies Notified Type Notific	ation	Street Ac	Idress				-	- ASD	LOTES	CON	noi	. Q	
DEP Amended	- 11							Land construction of	LICEN	1211/16	in the second	-	
DOL Amendment		City, Stat	e, Zip Code		7001-07-0-								
DOH Emergence Cincluding			in lakes, n	j 07417									
justificatio		Name of (Contact					Telepho	ne Numb	er			
DCA Cancellati	on	marily	yn becker										
			FA	CILITY INFORM	IATIO	NO							
Name of facility where abatemen	t is taking p	lace (3)						Type of Facility					
richard grant								1 =	ol (K - 12				
Street Address							=		hapter 8 ((Private/)
								Bldgs	/Homes,	etc.	ercia		
City (5)	Cou	nty (6)			Co	ounty Code (7)	=	Square Feet	# of Floo	ors	E	Bldg.	Age
						tate use only)	- 1	Current Use (F	rior if hai	na do		20 d\	
franklin lakes	ber	gen				7.5			HOI II DEI	ng dei	HOHS	ieu)	
Name of Monitoring Firm Hired by	Blag. Own	er (8)		ASCM No.		Name of Abaten	nent	Contractor (9)					
Street Address					_	D & S REST	OR	ATION, INC.					
						Street Address							
City, State, Zip Code					-	20 Californi City, State, Zip C	-						
						Paterson, N							
Project Manager for Monitoring Firm	n	F	Phone Numb	per	-	Telephone Numb		303	License	Num	ner		
						973-345-80	020			1169			
Start Date (10)	Sched	. Comple	tion Date (1	1)	-	Name of OSHA		AREO.					
03/12/1818	03/30	0/18				D & S Resto	rati	on, Inc.					
Occupancy Status During Abateme				from participations		20 California	. Δ.	/Anua					
Facility closed/vacated during Abatement performed outside	entire perio	od of abat	tement.			City, State, Zip C		renue					
Describe:		racility noi	urs-										
Other-Describe: NORMAL F					-	Paterson, NJ	07	503					
Scope of Work (check all that appl								Full Containment w	/negative	press	ure		
2 ≤ 160 sf or ≥260 lf	Renovation							Mini-enclosure Glovebag procedur	_				
	Demolition							Non-Exempted (*)		friable	proc	edure	9
Location of asbestos-containing	by mainter	normally nance/cu	used solely stodial	1						R	R	Е	E
material (acm) to be	staff(12)			Description material (A	n of a	sbestos-containing	3	Amount (Specify S	For	m	e p	n	n
abated in facility (13)	Yes	No	N/A					LF)	. 0767	0 V	a i	a	L
BASEMENT		X		PIPE INSUL	ATI	ON		60 L FT		e	r		-
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Registered Waste Hauler	INUDE	D.U-		bl- V									
D & S RESTORATION, INC.	1350	P Hauler)6	Carried Taylor	ibic Yards of Wa	aste	Name of Registe		Landfill RESOURCE RE	COVER	v			
City, State			Disposal Da	ate		City, State	1, 1	ALSOURCE KE	COVER	ĭ			
PATERSON, NJ 07503 Completed by (Print or Type)			03/13/18		_	TULLYTOW	N,	PA					
BOGDAN JOLDZIC	Title PRESIDE	NT		Signature		(8)			Date				
			for asbesto	s licensure exen	npted	l activities.			02/28/	2018			

Ch 5869		ИОТП	ursua	OF ASE	BESTOS 0:60 ar	ABATE	MENT 0)	г				1		<u>U</u>
Date of Notification (1) 3/1/18				of Building eton Uni				of Princeton	Univers	State .	MAR		6 2	2018
Agencies Notified Type Notification EPA X Initial			Street /	Address cMillan						The same of the same	EST	OS (CON	TROL
DEP Amended Amendmen Emergency				ate, Zip C eton, NJ		4			BASCESPECOS	-			Olive	4
DOH justification;				of Contact Ortega					Telepho	ne Num	ber			
Name of Facility 148.			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Takin Stonyford Barn Street Address	ng Place (3	3)					Туре	School (K-12)	V 40				
860 Pretty Brook Road							×	Subchapter 8 Other (i.e. pri etc.)	vate & con	nmercia	l buile			es,
City (5) Princeton							4,08	are Feet 30	# of Floo	ors		ldg. /		
County (6) Mercer		8		Code (7) USE ONLY)			ent Use (Prior sidential	if being de	emolishe	ed)			
Name of Monitoring Firm Hired by Building TTI Environmental, Inc.	Owner (8)	<u>)</u>	ASC	M No.				atement Contres, LLC	actor (9)					
Street Address 1253 North Church Street						Street 303 l		ess tional Road						
City, State, Zip Code Morrestown, NJ 08057						100000000000000000000000000000000000000		Zip Code 19341						
Project Manager for Monitoring Firm Michael R. Keehn			Telepho 856-84	ne No. 40-8800		Teleph 484-8			Lice 011	ense No 161				
Start Date (10) 3/12/18	Schedule 3/16/18		mpletion	Date (11)		Name EMS		HA Monitor						
Occupancy Status During Abatement (Chec						Street 200 F		ss e 130 North				8		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe:	nal Facility	Hours	s		_	City, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)							<u> </u>							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Decoment)	enova emolit				×	Min	II Containment ni-Enclosure ovebag Proced n-Exempted (*	dure				e	
Location of	N	Locati	lly		Des	scription						Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial S (12)	nce/		tos Cont thermai surfac	aining M	ateria insula T, or		Amoun (Specif SF or LF	y	Remova	Repair	Encapsulate	Enclosure
First Floor	Yes	No	N/A		\/AT	9 Maa	41		140.01	_			ite	Ф
First Floor						& Mas			440 SI		K			
	X	_				ransite			40 SF		ĸ			
First Floor	X			(Glazing	Comp	ound	a	32 LF	2	K			
Name of Registered Waste Hauler Waste Management of New Jersey		1235	JDEP W auler ID	0.03325	Cubic of Was			Name of Re GROWS		andfill				
City, State Frenton, NJ					Dispos TBD	al Date		City, State Morrisville	, PA		The Street of the			
Completed by loe White	Title Project	et Ma	nager		Si	gnature	· . / .	1 .1.1		Date			1	

NOTIFICATION OF ASBESTOS ABATEMENT Check#2996 Cancellation (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 28 02 18 Peter Denio Agencies Notified Type Notification Street Address ☐ EPA ☐ Initial **⊠** DOLWD Amended City;-State, Zip Code X DHSS Amendment # Fair Lawn, NJ 07410 □ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact elephone Number'S CONTROL & LICENSING Peter Denio **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.) City (5) Square Feet # of Floors Bldg. Age Fair Lawn, NJ 07410 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 18 03 / 09 / 18 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/ 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 Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Asbestos-Containing Material (ACM) Repair 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 Basement X Pipe insulation 95 LF П П 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 Mewic Wenad N.Jevtic Owner 02/28/18

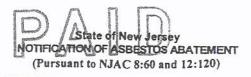
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Date of Notificat	ion (1)	-		٠		of Building Owners		20 (11)			M	AR	- (5, 20	
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Project Messager 8	or Monitoring	Pien		-	Tolepho	se No.	Hack	enss:k	NJ	07601					
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Date of Notification (1) 03 /	02 /	1	8					Owner/Operator Dept. of Treasu		onerty Ma	MAF			018	
Agencies Notified ☑ EPA ☑ DOLWD	Type Noti ☐ Initial ☐ Amend		1		Str	eet Addres 20 West S	s tate	e Street, 3 rd FI		-	SBEST	OS (TROL	
☑ DOH	Amend		#		- 01	y, State, Zi					The state of the s	endbissioners	W Carlonny	CHARAGE	OF PHINISCHE
DCA	☐ Emerg	ency (i	includ	ing				8625-0235							
(NJAC 5:23-8)	justific Cance					me of Cont David Pitt		1		Teleph	one Nun	nber			
N- 15					F	ACILITY	INF	ORMATION							
Name of Facility Where A NJ DOT Edgewater	batement i Park Maii	s Takir ntena	ng Pla	ce (3) ′ard					Type of Facilit		y-500, 411				
Street Address									Subchapte	12) r 8 (Other t	han K-1	2)			
1606 Mount Holly Ro	oad					050			☐ Other (i.e.,	private and	d comme	ercial	buildi	ngs,	
City (5)									homes, etc						
Beverly									Square Feet	# of F	loors		3ldg.	Age	
County (6)					Co	unty Code	(7)/9	STATE USE ONLY)	20,000	2			50		
Burlington							(7,)(3	STATE USE CHILY)	Current Use (F DOT Maint			shed)			
Name of Monitoring Firm H	irea by Bu	iilding (Owne	r (8)	ASC	M No.	١	Name of Abatem	ent Contractor (9	9)					
USA Environmental Street Address	wanagen	nent, i	inc.					Shade Enviro	onmental, LL(
344 West State Stree							S	Street Address							
City, State, Zip Code	τ							623 Cutler Av	/enue						
Trenton, NJ 08618							C	ity, State, Zip Co	ode						
Project Manager for Monito								Maple Shade	, NJ 08052						
John Duggan	ring Firm			1	ephon		T	elephone No.		Licens	e No.				
Start Date (10)		0 1 .				6-8101		856-755-0099		008	42				
03/19/	18	0	3	/ _3		ate (11) 18	-	ame of OSHA M EMSL Analyti							
Occupancy Status During A	batement	(Check	only	one)			_	treet Address							
□ Facility Closed/Vacated	During Ent	ire Per	iod of	Abate	ement		1	200 Route 13	0 North						
☐ Abatement Performed O	utside of N	lormal	Facilit	v Hou	rs - De	scribe		ity, State, Zip Co							
Time of Abatement:	AM	PN	/I/	PM		_AM	10000	Cinnaminson							
Scope of Work (Check all th	at apply)											10			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovat emoliti				☐ Mini-Encl	ainment with Ne osure Procedure npted (*) and No			0			
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Location of Asbestos-Containing Ma	terial (ACN	A)	Use	Norma	lly elv hv			Description of					_	T	
TO BE ABATE	D (ACIV	"	Ma	intena	nce/	Asbe	stos	Containing Mate	erial (ACM)	Amo		Removal	Repair	nc	Enclosure
IN Facility (13)			Cust	todial (12)	Staff?	(surfacing, VAT,	or	(Spec		ova	ai-	sqe	uso
(13)		t	Yes	No.	N/A	+	of	ther miscellaneo	us)	0. 0.	,	-		Encapsulate	Гe
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Maintenance Building E	xterior			\boxtimes			_	rface of Shing	des 9 CMMIN		<u> </u>				
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Freehold Cartage				Н	auler II	O No.	Wa		Name of Regist						
City, State	-				15939)		0 Donal Data	GROWS No	orth Land	TIII .	// 			
Freehold, NJ								posal Date 3/30/2018	City, State Morrisville,	PA				100 E - 100	
Completed By (Print or Type)		Title						Signature	7		Date				
Christina Lynch		Vic	e Pre	side	nt of (Operation	s	(hose		>		: 121	18		

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Date of Notification (1) 28-18	•		Na —		fing Owner/Operato		RISESASDES	TOS	CON	TRO	L &
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Project Manager for Monitoring Firm		Te	lephon	e No.	Telephone No.		License No.		ر ب	ے د	
Start Date (10) S	cheduled		etion D	ate (11)	Name of OSHA N		1 - 0004			-	-
Occupancy Status During Abatement (Check onl	-	- 4		Street Address	- NI	4				_
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Location of Asbestos-Containing Material (ACM)	Mai	d Solel ntenan	ice/		Description of os Containing Mate		Amount		П	ш	
TO BE ABATED IN Facility (13)		ustodia Staff? (12)	SI I	(i.e.,	thermal systems in: surfacing, VAT, o other miscellaneou	οr	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
C12:11	Yes	No	N/A		10.41.01+1		2250.6F			0	_
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Name of Registered Waste Hauler		IN	JDEP V	Vade	Cubic Yards	Name of Rec	istered Landfill		\perp		\dashv
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City, State	1, 5	-1-4			Disposal Date	City, State .	SAUTUILLE				
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Name of Facility Where			ace (3)		ACIDITI	a common	Type of Facil	ity (4)				
	tsideni	Œ					School (K	-12)				
Street Address							Other (i.e. homes, et	er 8 (Other than K- , private & commer tc.)	12) cial bu	ilding	ıs,	
City (5)	ANTIN	F					Square Feet	# of Floors	T	3ldg.	Age	
County (6) AT(A					ounty Code SE ONLY)	(7) (STATE	Current Use (Prior if being demo	lished			
Name of Monitoring Firm	The state of the s	g Owne	er	ASC	M No.	Name of Abaten	nent Contractor			_	_	-
(8)	NA					1 - 1	Transport of the Control of the Cont	INIC.				
Street Address	1					Street Address	S SPRL	OF AUF				
City, State, Zip Code						City, State, Zip C	ode			G.	-	=
Project Manager for Monit	toring Firm		Tel	ephon	e No.	Telephone No.	CE JA	License No.	1 ()8C	2	_
			1_			856-77		0041	14			_
Start Date (10) 3 - 12 - 18	Sch	eduled 3 - [Comple 9 _ /	tion D	ate (11)	Name of OSHA N	Monitor 4 / / A	Λ		le/ce/ce		
Occupancy Status During	Abatement (Ch	eck onl	y one)			Street Address	- NP	4	_			ᅱ
Facility Closed/Vacated Abatement Performed (1					
Other - Describe:	Juside of North	idi FaUii	ity Hou			City, State, Zip Co	ode					
Scope of Work (Check all	that apply)											ᅱ
≥3 sf or ≥3 lf 1 ≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure on-Friable Procedu	re			
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Location of	arial (ACM)	Used	Solely ntenano			Description of			-	Ту	ж	Н
Asbestos-Containing Mat TO BE ABATEL		C	ustodial			os Containing Mate thermal systems in	sulation,	Amount (Specify	R	70	Enc	E
IN Facility (13)		10.00	Staff? (12)			surfacing, VAT, other miscellaneou	or us)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste I	Hauler		1 NJ	DEP V	Vaste	Cubic Yards	Name of Regis	stered Landfill				\dashv
	INC		_ Ha	590		of Waste		UA.				
City, State MUPLE SHU	40E N.	7				Disposal Date	City, State	SAUTIVILLE	-			
Completed By	Title		アン			Signature	12 m	I Date	28-	-18		
MICHAEL CLON	1111	PIC	L 31			-1-Muld	1		00	٠, ۸		

DOH Q Emer	fication al nded ndment		Pon	Name Street	Southa	Muls	or (2) Ch /ego		D)-		Fall Call	11 NO1	20 NTR	OL &
Name of Facility Where Abatement is Ta	laina Di	(2)		FACI	Harre LITY INFOR	MATION								
L DC	king Pil	ود) ace سن		élement a			Type of	Facility (4)						
City (5)		/"	Por.				□ Su □ Ot	chool (K-12) behapter 8 (Oth her (i.e. private	er than & com	K-12) mercia	l build	lings, i	nomes,	etc.)
County (6) Mt. Law	d						Square F	eet #	of Floor	rs	T	Bldg.	Age	\neg
Name of Monitoring Firm Hired by Buildin			(S	ounty Co TATE US	de (7) E ONLS)		Current U	ise (Prior if bein	e demo	olished	j)			_
Building Full Affed by Building	ig Owne	er (8)	1	ASCM I	Vo.	Name o	of Abateme	nt Contractor (9		-				
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City, State, Zip Code	Rel	#	4-7	318		Street A	ddress	2/11/20/12	-14 1	1.10 \	su(1	11/27	11 /	4
Medford NT	2821					ا حديد عالما	IC, LID COD	ie .			<u>L</u>			
Project Manager for Monitoring Firm	100	2.2	Tel	phone N		1 The	11111	0 11.	To	Sit	(:7	(
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Start Date (10) 3/5-/18	Sch	eduled C	ompletio	n Date (I	1)	Name of	OSHA Mor	-0916	Ĉ.	10	72	,		-
Occupancy Status During Abatement (Check)			118				JOIL WILL	MOF						
Facility Closed Magazad During			en.			Street Add	ress					_		\dashv
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Scope of Work (Check All That Apply)						only, orace,	Zip Code							1
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Asbestos-Containing Material (ACM) TO BE ABATED	1	Ised Sole	ly by	As	Destos Contain	ription of	21.00 n					ype	IĘ.	
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V-7	-	(12)	Т		other mis	cellaneous)		SF or LI		Removal	Repair	Encapsulate	Enclosure	
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y, State		1 2	DT/	- 1	Disposal Da	te (City, State	of PA						
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	D)	NO	TIFICAT (Pursu	ION OF ASBESTO ant to NJAC 8:60	S ABAT	EMENT 20)	Chit. 2	12	58	}	
Date of Notification (13	18	TOTAL CONTRACTOR	Nam H5	e of Building Owner NATACH	or/Operato	OD 1 C N	ID. E. G	E [E	Γ
Agencies Notified Type Notification	n		Stree	et Address	<u> </u>	ONE		-	***************************************		
U EPA initial D DEP Amended Amendmen			City,	State, Zip Code			HILL MAR	-6	201		
☐ Emergence	(includi	ng		NTCLAIR	, N	0.070	49.4515	8			
DOH justification Cancellation		•	Name	e of Contact			Telephone(M	umbe	NTRO)L &	********
Name of Facility Where Abatement is Taki	ng Place	(3)	FA	CILITY INFORMA	TION	T		******			
		\-/				Type of Facil School	7417 PADET				
Street Address	333000					□, Subcha	pter 8 (Other than K- e. private & commen	12) cíaí bi	ıildina	s hon	ne
City (5)	~ ~		~	***************************************		etc.) Square Feet	# of Floors		Bldg.		
County (6)	0/	04		-		2000) 2			30	
			(STATE	y Code (7) E USE ONLY)		Current Use (Prior if being demolis	and the first			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		of Abatement (Contractor (9)			·	
Street Address					Street	Address		Marie and a series to the			
City, State, Zip Code					1	ate, Zip Code	814				
					Cir) Gnic	IGO NO.	0	88	57	
Project Manager for Monitoring Firm			Teleph	one No.	Telepho	a38x7	License N	0.			
Start Date (10)		led Co		Date (11)	Name o	of OSHA Monito		001	<u></u>		
Occupancy Status During Abatement (Chec	4	111	18	\$		DATED	1 INC				
A Facility Closed/Vacated During Entire P	eriod of	Abater	nent		Street A	ddress	814				
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hour	s		City, Sta	ate, Zip Code	e N.J. 0	00	7 6 -		
Scope of Work (Check All That Apply)	******		~~~~		CAN	15 11 69	e 1010, 0	22	07	-	_
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	le	Locati	ion			Non-Exempt	ed (*) and Non-Friab	le Pro	Cedur		
Location of	1	lormal d Sole	ly		cription o				Ty	oe I	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Ma	intenar Iodial S	nce/	Asbestos Conta (i.e. thermat	systems i	nsulation,	Amount (Specify	Re	70	Enca	1
(13)	L	(12)		other m	ing, VAT, iscellaned	or ous)	SF or LF)	Removal	Repair	Encapsulate	1
	Yes	No	N/A							8	_
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EXTERIOR DETCH			X	GX9 F	(00R	TILE	4100 S/F	X		+	-
3 SIDES ONLY GARAGE				<u>winno e</u>	· · · · · · · · · · · · · · · · · · ·		-0.00 3/1		-	\neg	***
Name of Registered Waste Hauler			DEP Wa			State of the state	Registered Landfill				-
NOVATED INC			1250	1 5			.R.O.W.S.	_	<u> </u>		
610 Britis N.J. 08	857			Dispose 21/12	ht+8	City, Stat	RispALLE	1	A.	n	
CARLOS AYEDA	Title)	(51	DEN!	Sig	nature (JAL	med. Date	(f 40)	1	18	-
ASB-41 (R-06-08)	9 -		20.0		Do not us	1	asbestos licensure	1	1		-

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Date of Notification (1)	22/18				wner / Operat	tor (2)		
	e Notification		ells Fargo		IK			SELVER
EPA	e Nouncation		eet Address		104			
	1 Initial		e South E					
DEP X	Initial Amended #1-3/2/1		, State & Z				III III MA	R -6 2018 U
1		1 11	iladelphia		19107			l-weer
□ DOH □	Emergency		me of Conta					Telephone Number
□ DCA □] Cancellation	An	mar Baba	n			ASSES	212-703-3647 CONTROL &
		F	ACILITY I	NEC	RMATION			JCENSING
Name of Facility Where	Abatement is Taking		AOILI I	141 0	Type of Faci	ility (4)	MATERIAL CONTRACTOR OF THE PROPERTY OF THE PRO	THE RESIDENCE OF THE PROPERTY
Wells Fargo NBOC		000 (0)			School			
Street Address						pter 8 (Other	rthan V 10)	
100 Fidelity Plaza								b t-\
100 I Idelity I laza							commercial buildi	
City (E)	10(0)	10	0 1 (5)		Square Feet		Floors	Bldg. Age
City (5)	County (6)		y Code (7)		75,00		2	45÷
North Brunswick	Middlesex	1			Current Use	(Prior if bein	g demolished)	
					Banking O	ffices		
Name of Monitoring Firm	Hired by Building Ow	vner (8)	ASCM	No.	Name of Aba	atement Con	tractor (9)	
Environmental Conne	ection				Bristol Env			
Street Address				200	Street Addre		,	
120 North Warren Str	eet				1123 Beave	er Street		
City, State & Zip Code					City, State &	Zip Code		
Trenton, NJ 08010					Bristol, PA			
Project Manager for Moni	itoring Firm	Telephor	ne Number		Telephone N		License I	Number
Rollie Jones		609-392			(215) 788-6		00509	Turno.
Scheduled Start Date (10) Scheduled Co	-			Name of OSI		10000	
3/5/18	,	3/6/18	a.o ()		Bristol Env		Line	
Occupancy Status During	Abatement (Check o				Street Addres		1110.	
Facility Closed/Va	acated During Entire I	Period of A	batement		1123 Beave	T-178		
	rmed Outside of Norm			m	City, State &			
Describe: 5:00		iai Tiours -	- ram to sp					
	During Abatement				Bristol, PA	19007		
Scope of Work (Check all					L			
coope of work (officer all	triat apply)					□ Full C	`ontoinment with N	Josefino Processo
≥3 sf or ≥3 lf		⊠ Re	enovation			The state of the s	Containment with N Enclosure	Negative Pressure
≥160 sf ≥260 lf			emolition				지원, 교육하다 프라마트	2
			HIOHHOH				Bag Procedures	F: 11 B
Location	n of	Is Loca	tion		Dogovintion	⊠ Non-E	exempted and Nor	n-Friable Procedure
Asbestos-Co		Normally	23/13/		Description Asbestos-Con	taining	(Specify	Abatement Type
Material (/		Solely		,	Material (A		SF or LF)	
TO BE AB		Maintena		(i.e., thermal sy		or or Li	R R E
in Facil		Custodial			ulation, surfac			Enclsourd ncapsula Repair
(13)	-	(12))		other miscella			Enclsoure Encapsulate Repair
		Yes No	N/A			*************************************		_ @
Mail Room			tnt		Pipe Insula	tion	10 LF	
Mail Room			+++-		Mastic			
man recom			+H-		Mastic		30 SF	
		HHH	+H-					
		무무	+					
			141					
(D)		ЩЩ						
Name of Registered Wast	e Hauler	100.00	JDEP Wast	1,000		Name of Re	gistered Landfill	
Complete Transport		1000	auler ID No	18000	Waste			
Service Transport Inc.	<u> </u>	20	0990		4 CU YD	Minerva L	andfill	
City, State					sposal Date	City, State		
New Castle, DE				3/	13/18	Waynesbu	ırg, Ohio	
Completed By (Print or Ty	pe)	Ti	tle	Sig	gnature	420	ľ	Date
Gino Pizzigoni		Pi	roject				1 :0	3/2/18
		M	anager	X	Jens 1/3	zegoni,	170	

Date of Notification (1)	Nam	e of Building	Owner / Op	perator (2)			// E	3 Pro-
2/22/18	Well	s Fargo B	ank	(-,	1153			711
Agencies Notified Type Notification EPA		et Address			III MA	R - 6 20	40	#
1		State & Zin				n 0 20	101	Land
DOLS 45 Amended		State & Zip a delphia, F			Annual Internal Property Country			
DOH&US° ☐ Emergency		of Contact			ASBES		ROL &	-
DCA Cancellation		ar Baban			ASSESSMENT OF THE PROPERTY OF	LICE Telepho		
						212-70:	3-364	1
Name of Facility Where Abatement is Tak	ing Place (3)	CILITYINE	ORMATIO					
Wells Fargo NBOC	ing riace (5)		Type of I	Facility (4) ool (K-12)				
Street Address					Other than K-12)			
100 Fidelity Plaza			Othe	er (i e priva	te & commercial bu	ildinas bans		
			Square F	eet	# of Floors			3.)
City (5) County (6) County C	Code (7)	_	000	2	Bldg. Age		
North Brunswick Middles	ex	* *			being demolished)	- 4	45+	
				Offices	cong demonstred)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.			Contractor (9)			
Environmental Connection	400500		Bristol E	nvironme	ental. Inc.			
Street Address	2000		Street Add	dress		-		
120 North Warren Street				aver Stree				
City, State & Zip Code Trenton, NJ 08010				& Zip Cod	е			
Project Manager for Monitoring Firm	Telephone N	lumbor	Bristol, F	PA 19007				
Rollie Jones	609-392-42		Telephone (215) 788			e Number		
Scheduled Start Date (10) Scheduled	Completion Date	The second secon		SHA Monit	00509			
3/12/18	3/13/18	(/		nvironme				
Occupancy Status During Abatement (Chec	k only one)		Street Add		rital filo.			
Facility Closed/Vacated During Entit			1123 Bea		t			
Abatement Performed Outside of No	ormal Hours – 7a	ım to 3pm	City, State	& Zip Code	9		Stations:	
Describe: 5:00PM to 1:30AM Facility Occupied During Abatement			Bristol, P.	A 19007				
Scope of Work (Check all that apply)								
reepe of trent (eneck all that apply)					ill Camtainna 1 111			
≥3 sf or ≥3 lf	□ Renov	ation		II Mi	ull Containment with ini-Enclosure	Negative Pr	essur	е
≥160 sf ≥260 lf	☐ Demoi	ition			ove Bag Procedures			
	_				on-Exempted and No		ooodi	uro
Location of	Is Location		Description	on of	Amount	Abaten		
Asbestos-Containing Material (ACM)	Normally Use Solely by	ed /	Asbestos-Co	ntaining	(Specify	1	T	T
TO BE ABATED	Maintenance	or (Material (A i.e., thermal	ACM)	SF or LF)	70	m	
in Facility	Custodial Staf		ulation, surfa	cina. VAT		Removal	Encapsulate	ncis
(13)	(12)	or	other misce	llaneous)		ova	sula	Enclsoure
	Yes No N/	A				-	te	(D
ail Room			Pipe Insul	ation	10 LF		П	П
ail Room			Mastic		30 SF		ITI	Ħ
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me of Registered Waste Hauler		1 10 10 10	hi- V	Te s				
mo or negistered waste natiler	Hauler		bic Yards Vaste	Name of	Registered Landfill		1	
rvice Transport Inc.	20990	10 1000 3	CU YD	Minerva	landfill			
y, State	12000		posal Date	City, State				
w Castle, DE			3/18		burg, Ohio			
mpleted By (Print or Type)	Title		nature	J. a.y 11001	9, 01110	Det-		_
no Pizzigoni	Projec) - (10.	Date		
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Date of Notification (1	70-18					Iding Owner/Operat		1000		7 193/IL-UA	Tist-induses	er with the		
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Agencies Notified PA DEP	Type Notific			1	Street Addre	SS			AMONG RD					
Z DOL	Amended Amendm				City, State, Zi	p Code		7						
⊠ DOH	☐ Emergen	cy (inch	uding	L		EGG HAV	RBOR	N.J	_(8	21	8		
□ DCA	justificati Cancellat			1	lame of Con	-		Telephone Nu	mber					
	1					TOM		609-	765	-7	49	8		
Name of Facility Where	Abotomonti- T	-1: D	t (F		FACILITY I	NFORMATION								
	ES IN LIN		lace (3)			Type of Fac							
Street Address	SIDON	<u> </u>					School (F	<-12) ter 8 (Other than K-	40:					
							Other (i.e	., private & commer	12) rcial b	zial buildings,				
City (5)							nomes, e	tc.)		aar buildings,				
	ARGATE	-					Square Feet	# of Floors		Bldg. Age				
County (6)				To	County Code	(7) (STATE	7200	(D====1)		7	0+			
ATLL	AWTIC			10	SE ONLY)	(17 0 1 1 1 2	Current ose	AC AW T	or if being demolished)					
Name of Monitoring Firm		ng Own	er	ASC	CM No.	Name of Abatem	nent Contractor	(9)		_	_			
(8)	1/A					_ KLU								
Street Address	7					Street Address	LWC.	CALC.						
						369	UCE AVE	10= W						
City, State, Zip Code						City, State, Zip C								
						MAPL	E SHK	ADE MI.T	ST080 T.W 3					
Project Manager for Moni	itoring Firm		Te	lephor	ne No.	Telephone No.		License No.	_			_		
			.			856-779	1-0472	200	141	4				
Start Date (10)	Sch	eduled	Comp		Date (11)	Name of OSHA N	Aonitor ,							
5-10-18		3-	[]-	-18			NIR	1						
Occupancy Status During			38			Street Address								
Facility Closed/Vacated														
☐ Abatement Performed ☐ Other - Describe:	Outside of Norm	al Facil	ity Ho	ITS.		City, State, Zip Co	ode	v.						
]		
Scope of Work (Check all	that apply)					□ Euf Cont	ainmont with No	egative Pressure						
≥3 sf or ≥3 ff		□R	enova	ion		Mini-Encl	osure	egative Pressure						
∑≥160 sf or ≥260 lf		X D	emolitic	on		Glovebag	Procedure							
		Is	Locati	· ·	T	IX NOTFEXE	mpted (*) and N	on-Friable Procedu	7			\dashv		
×		1,000	omali						1	Abate Ty	ment	- 1		
Location of	torial (ACM)	100000000000000000000000000000000000000	i Solei ntenan		Ashasis	Description of	rial (A ONA)		-	·		\vdash		
Asbestos-Containing Mar			ustodia			os Containing Mater hermal systems ins		Amount (Specify	20		En	m		
IN Facility	-		Staff?			surfacing, VAT, o	or	SF or LF)	Remova	Repair	aps	Co		
(13)		<u> </u>	(12)		1	other miscellaneous	s)		oval	alr	Encapsulate	Enclosure		
		Yes	No	N/A							6			
SIDING				X	T	RAWSITE	-	1250 51-	X					
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lome of Decire 4 Mar.	Maulas			DEP V	Vacto I /	Cubic Yards T	Name of Da					-		
lame of Registered Waşte				uler ID		of Waste	Name of Regis	stered Landfill						
	TNC		-11	79	04	10	A	CUA				_		
City, State			-1] [Disposal Date	City, State	. A			_			
MAPLE ST		N.	١.				- LIEWS	SANITUILLE		VI.	7			
ompleted Rv	Title		> 0.			Signature	101	Date	70	-18	7			
MICHAEZ KLEW	nm 2	UPE	LVCL	11)(2/(- Me	WIL		60			\pm		

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	MAR	-62	018	$\ U\ $

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Date of Notification (1) 3/3/18		g Owner/Operator (2)												
Agencies Notified Type Notified	ration	-	Street A	/ Merk		ASBESTOS CONTROL 8 LICENSING						1.8		
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X EPA X Initial Amend	ded	-	City, Sta	ate, Zip Co	ode									
	dment #	_	Seasi	de, New	Jersey	y 0875	1							
× DOH Lemerg	ency (including ation)	F	Name o	f Contact	Daniel Production			Te	lephone I	Numbe	r			
DCA Cance			Georg	je					y control to the first of the test of particles and the standards of the					
Name of Facility Where Abatement is	Taking Dlags (2)	`	FACI	LITY INFO	ORMATI	ON	T (F	(4)						
Merk Property	Taking Place (3))					Type of Facility	. ,						
Street Address				*			School (K-		er than K	(_12)				
							X Other (i.e.				uilding	s, hom	es,	
City (5)							etc.) Square Feet	1#0	f Floors		Blda	Age		
Seaside							1500	2	1110013		50+			
County (6)			County (Code (7)			Current Use (Pri	or if be	ing demo	lished)				
Ocean			(STATE I	USE ONLY			residence							
Name of Monitoring Firm Hired by Bui	lding Owner (8)		ASCM No. Name of Abatement Cor						(9)					
						Ace Insulation Co., Inc								
Street Address							Address							
City State 7in Code							Iontrose Rd							
City, State, Zip Code							tate, Zip Code Neck, New Je	orcov						
Project Manager for Monitoring Firm		1-	Telephor	ne No			one No.	cisey	License	. No				
Trajust manager for monitoring 7 mm	Ciopito	no mo.			294 1757		00029							
Start Date (10)	Schedule	d Com	pletion I	Date (11)			of OSHA Monitor							
3/12/18	3/19/18		***************************************											
Occupancy Status During Abatement	(Check Only One	e)				Street	Address			100				
Facility Closed/Vacated During E														
Abatement Performed Outside of X Other – Describe: 7am-7pm	f Normal Facility	Hours				City, S	tate, Zip Code							
					_									
Scope of Work (Check All That Apply)						_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				F	Full Containme Mini-Enclosure		Negativ	e Pres	sure			
	K 00	ciriona	On				Glovebag Prod	cedure						
			-			×	Non-Exempted	d (*) an	d Non-Fr	iable P	1100000	W. 67 - 5 - 5 - 5 - 5 - 5		
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Location of Asbestos-Containing Material (AC	M) Used	Solel	y by	Ashes		scription	of faterial (ACM)	۵	mount		T	Ť_		
TO BE ABATED	IVIAII	ntenan odial S			thermal	system	s insulation,		Specify	2	, ,	Enc	E	
In Facility (13)	Ousid	(12)	tair:		surfac	cing, VA niscellar	T, or	SI	or LF)	Zeilloval	Kepair	Encapsulate	Enclosure	
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State of New Jersey OF ASSESTOS ABATEMENT Parsuant to NIAC 3:50 and 12:120

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				Lunch B	Break	порегают	(2)		California (St. St. Walle of Pr	news to negative	TATION W	North Till
Date of Notification (1) Name of Building Owner/Operator (2) Name of Building Owner/Operator (2)			15	71 11	1 4				MAI) (115

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Date of Notification (1)		1		of Building Ow	ner/Operato	r (2)		lood lane. FVI F	111 (LCU	10	lacer		
3/3/18				h Break				ALCOHOLDS OF A	THE RESIDENCE THEORY	THE TAX HE COME	to representation and			
Agencies Notified Type Notification	n			Address Drs JAmes F	Ankan Di	1	-	ASBE	STOS C		ROL 8	ž.		
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DOH justificatio		ļ	Armio					. Telephon	e Numbe					
Samuel Samuel			FAC	ILITY INFORM	MATION									
Name of Facility Where Abatement is Tal	king Place ((3)				Type of Facility (4)								
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Street Address							Subchapte	r 8 (Other than	K-12)		1.0	ĺ		
109 Drs James PArker Blvd						×	Other (i.e. etc.)	private & comr	nercial bu	ildings	, hom	es,		
City (5)						Squa	are Feet	# of Floors	5	Bldg.	Age			
Red Bank	SOMETHING THE					300		3 50+						
County (6) Monmouth				Code (7) USE ONLY)			ent Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Buildin	a O	- 1				1		ed building						
wante of Monitoring Firm Fired by Buildin	g Owner (8)	ASC	M No.		e of Abatement Contractor (9) e Insulation Co., Inc								
Street Address			}			Ace Insulation Co., Inc								
		95 Montrose Rd						d						
City, State, Zip Code		City, State, Zip Code						e						
180 St 6							eck, New Jersey							
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph		(6)		se No.					
					1	294 1		0002				4.0800		
Start Date (10)		pletion	Date (11)	Name	of OS	HA Monitor					-			
3/13/18	8										1			
Occupancy Status During Abatement (Che	eck Only O	пе)			Street	Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: 7am-7pm	Period of a mal Facility	Abatem y Hours	ent		City, S	itate, Z	Zip Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demolitic			Page 1	- Min Git	ni-Enclosure ovebag Prod				re.	e el ferrendo y el freguese e com popular de		
	Is	Location	on					, ,	(Autorities and	ement			
Location of		Normall			Description	of				T	/pe			
Asbestos-Containing Material (ACM) TO BE ABATED		ed Solet iintenan		Asbestos C	Containing M	fateria	I (ACM)	Amount			_ m			
In Facility	Cus	todial S	laff?		mal systems infacing, VA		auon,	(Specify SF or LF)	Ren	Ro	lcar	ndl		
(13)		(12)			er miscellan		1	3, 2,	Removal	Repair	Encapsulate	Enclosure		
2	Yes	No	N/A	1			į		=		ate	o o		
Çont. from pg 1						Acceptance		1	1		\neg			
fireplace	The state of the s		Х	fire	place coa	atino		150 sf	- _X	1				
chimney		х		nney cau					1					
		^	UIII	iney tau	ming		100 lf	- X	-		A. Salah Paragaran			
Name of Registered Waste Hauler	l At	IDED IV	acte I C	hio Varda		l Nie	O-viet	100						
Ace Insulation Co., Inc	Ha	NJDEP Waste Cubic Yard Hauler ID No. of Waste 12086 10				Chris	Registered Lar	IGhil			in a librit some tripping the			
City, State Colts Neck, New Jersey	Disposal Date				City, State									
Completed by	3/21/18			Signature		Easton,	PA T	D-1			_			
Bree McGuire	etary T	reasu	гег	oignature			and the same of th	Date 3/3/18						

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Date of Notification (1)		N	OTIFICA (Purs	State of TION OF A uant to NJ	New Jer ASBESTO AC 8:60 a	SARAT	EMENT 20)	DE	G I	3 [\mathbb{V}	
3/1/18			PS	ne of Build SE&G		r/Operate	or (2)	11)	4R	- 6	201	8
EPA Initial	tion			eet Address 00 HADL		AD		Gord (un)			- feet 547 - 4	- Carry
DEP Amende Amendm	nent#	,	City SC	, State, Zip UTH PL	Code AINFIEL	D. NJ	07080	ASBE:		NSP		8 IC
DCA justificati	tion		Nan	ne of Conta	D AA	DUE	AND	Telephone			707	2
Name of Facility Where Abatement is Ta	aking Plac	ce (3)	F	ACILITY I	VFORMAT	TION	Type of Facili					
Street Address			2				School (
1 1 1	N S	ST.					Subchar	oter 8 (Other than K e. private & comme	(-12) ercial t	ouildir	igs, h	omes,
ENGLEWA	o N						Square Feet	# of Floors		Bld	g. Age	
	<u> </u>		Coun	ty Code (7)		13, 340	Prior if being demol		APP	x 9	YYRS.
Name of Monitoring Firm Hired by Buildin				TÉ USE ONL	Y)		Su B	STATION	ished)		
LIVER INCIDINITIES I ACTICS	ig Owner	(8)	00	CM No.		Name	of Abatement C	ontractor (9)				
Street Address			00				Address	MS OF AMERIC	CA			
64 BROAD STREET City, State, Zip Code					8		Address NHITEHEAD	AVE.				
MATAWAN, NJ 07747						City, S	tate, Zip Code					
Project Manager for Monitoring Firm			Telepi	none No.			TH RIVER, None No.	J 08882				
TOM GEIGER Start Date (10) 7 /			732-	290-2217			32-8350	License 01111	No.			
2/13/18	Sched	luled Co	ompletio	n Date (11)		Name o	of OSHA Monito	r				
Occupancy Status During Abatement (Che	eck Only	(/ex	6/	18		UNIQ	UE SYSTEM	S OF AMERIC	A			
Facility Closed (Vacated During Taking		177 	ment			Street A	Address VHITEHEAD	۸)/⊏				
Abatement Performed Outside of Nor Other – Describe: Mesessay	mal Facil	ity Hou	rs	į.	-	and the second second second second	ate, Zip Code	AVE.				
Scope of Work (Check All That Apply)	Tura	in	me	4		SOUT	H RIVER, N	J 08882				
33 05 0= >0 15	×	Renov	ation		7							
≥160 sf or ≥260 lf	-	Demol	ition			X	Glovebag Pro	cedure				
28		s Local					TVOI1-EXEMPLE	d (*) and Non-Friab	le Pro		re emen	
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	lv bv		Desc	ription of	f				ype	
TO BE ABATED In Facility	M	aintena stodial	nce/	Asbest (i.e.	tos Contai thermal sy	ning Mat	rerial (ACM)	Amount	_		ū	
(13)		(12)	otan.		surfacir other mis	Ig. VAT.	or	(Specify SF or LF)	Remova	Repair	тсар	nclo
	Yes	No	N/A		- unor mile	Collane	ius)		oval	air	Encapsulate	Enclosure
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ame of Registered Waste Hauler 'ASTE MANAGEMENT			JDEP W		Cubic Ya	rds	Name of R	Registered Landfill				
ty, State			auler ID 125	0.004000	of Waste	20		NORTH				
ly, State LIZABETH, NJ					Disposal I	Date	City, State					
ompleted by	Title				TB.			SVILLE, PA				
AROL RAIMO	N	CE MA	ANAGE	R	Sign	ature	10	Date 3	1		,	-
	1			`		(1)	and Pa	100- 3	1	01	10	>

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

w a		NOT	IFICATI	ON OF ASBESTO	SABATI	EMENT	FR	F	П	\// F	- Free
Date of Notification (1)				nt to NJAC 8:60 a		32	11D) <u>E G</u>	E		y [i	
1/30/18			Name	of Building Owner	/Operato	or (2)					100
Agencies Notified Type Notifical	ion		1 2 22	t Address			U-L MAR	- {	1 21	118	
EPA Initial				HADLEY ROA	AD						Lunard
DEP Amender X DOL Amender			City, S	State, Zip Code			ASBEST	OS C	ONT	ROL	8.
Emerger	cy (includir	ng		JTH PLAINFIEL of Contact	D, NJ	07080	LIC	CENS	SING	Becommon	nervenenana.
DCA justificati			100000000000000000000000000000000000000	4	1000	Ana N	Telephone No			99.	,
Name of Facility 144				CILITY INFORMA	TION	AND	732-4	27	10	// ~	
Name of Facility Where Abatement is Ta	king Place	(3)				Type of Facility	(4)				
Street Address			_			School (K	-12)				
City (5) ENGLEWOOD	2 (1	T				Other (i.e.	er 8 (Other than K- private & commerc	12) cial bu	ildina	s. hor	nes
City (5)	10 0	1 6				etc.) Square Feet	# of Floors		Bldg.		
County (6)	De					13,340		- 1		1000000	tyrs
BERGEN			County	Code (7) USE ONLY)		Current Use (Pr	for if being demolis	hed)	11/	. /	17/
Name of Monitoring Firm Hired by Building	a Owner (3)		M No. '	I No.	Sub	STATION)			
ENVIRONMENTAL TACTICS	ig Owner (t	٠,	004		UNIC	of Abatement Co	intractor (9) IS OF AMERIC	Λ			
Street Address						Address	O O AMERIC	A			
64 BROAD STREET					396 \	WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747				~		tate, Zip Code	3 2				
Project Manager for Monitoring Firm			Telenh	one No.		TH RIVER, N.					
TOM GEIGER				90-2217		ione No. 432-8350	License N 01111	o.			
Start Date (10) 2/13/18	Schedu	led Co	mpletion	Date (11)		of OSHA Monitor					
Occupancy Status During Abatement (Ch	00/100/100	/3	0/1	18			S OF AMERICA	A			
Facility Closed/Vacated During Entire						Address VHITEHEAD	A1/F		-67101		
Auditifient Performed Outside of No	rmal Facilit	L Haus	•			tate, Zip Code	AVE.				
Other - Describe: Mesessary	aperat	ors	and	1		TH RIVER, N.	J 08882				
Scope of Work (Check All That Apply)	4			7	II SECONDE SEC						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolif			F	Full Containme	ent with Negative P	ressu	ıre		
	₩,	Jenion	lion			Mini-Enclosure Glovebag Prod	edure				
					×	Non-Exempted	i (*) and Non-Friab	le Pro			
Location of		Locati Normal		5						ement /pe	ő
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole		Asbestos Cont	scription of aining Ma	atérial (ACM)	Amount				П
In Facility	50 50	todial S		(i.e. thermal	systems ing, VAT	insulation,	(Specify	Re	R	Enca	Enc
(13)		(12)		other m	iscellane	eous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u> </u>		ate	re
WINDOWS		X		ACM W	N DOWS	CALLE AL	350 SF	×			\neg
						- Nag	000 27				
											-
Name of Registered Waste Hauler			JDEP W	Cabio		Name of R	Registered Landfill				
VASTE MANAGEMENT			auler ID 125		e 20	100000000000000000000000000000000000000	NORTH				
City, State ELIZABETH, NJ				Disposa	al Date	City, State					
Completed by	T:U			TB			SVILLE, PA				
CAROL RAIMO	Title OFFI	CE M	ANAGI	=R Sig	gnature	1 10	, Date	11		,	
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Date of Notification (1)				1	me of Build	1 1 m	9									
03/	03 /	18		1				(2)	III II MAR	- 6	201	8				
Agencies Notified	Type Notific				/P Manag		LC						Lamina			
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☑ DOLWD	Amende	d			ourtland				ASSEST	IS OC IENSI	MIR MG	OL8	į.			
☑ DHSS	Amendm	ent#		Cit	y, State, Zi	p Code			The state of the s	M-19-01	5 1 15 2		-			
DCA	☐ Emergen	ncy (inclu	uding	Ne	w Brunsw	ick, NJ 0	8901									
(NJAC 5:23-8)	justificati	ion)		Na	me of Cont	act			Telephone Nu	mher						
	Cancellat	tion		Ste	ve Dicke				A 50 A 91 A 51 A 50 A 50 A 50 A 50 A 50 A 50 A 5							
				F	ACILITY	INFORM	ATION		973-229-2210)						
Name of Facility Where A	batement is T	Taking P	lace (3)		011101	ATTOR	Type of Facili	ti. (A)							
Private house								School (K								
Street Address								Subchapte	·12) er 8 (Other than K-1	21						
								Other (i.e.	private and comm	د، ercial t	uildir	ias.				
City (5)								homes, et	c.)			J -,				
New Brunswick, NJ 089	001							Square Feet	# of Floors	1	Bldg.	Age				
County (6)	701															
Middlesex				Co	unty Code (7) (STATE (JSE ONLY)	Current Use (Prior if being demo	ished)						
Name of Monitoring Firm I	Hirad hu D. II-	7.														
Than or Monitoring Firm P	nited by Build	ling Owr	ner (8)	ASC	M No.	Name	of Abatem	ent Contractor (9)							
Ctroot Add-						- 1	h LLC	,								
Street Address							Address					V-10				
City Otata 7: 0						576 Va	alley Rd #	‡283								
City, State, Zip Code						City, S	tate, Zip C	ode								
Desired M.			- 5			Wayne	, NJ 0747	70								
Project Manager for Monito	oring Firm		T	elephon	e No.		one No.		License No.							
0						973-63	8-1777		01127							
Start Date (10)	S	chedule	d Com	pletion [Date (11)	-	of OSHA N	lonitor	01127							
	18	03	_ /	14 /	18											
Occupancy Status During	Abatement (C	heck on	ly one				Address	nsultants,Inc								
	During Entire	e Period	of Aha	tement												
☐ Abatement Performed (Dutside of No	rmal Fac	ility He	ours - De	escribe	20-21 \	Wagaraw ate, Zip Co	Road, Bldg .#	35E							
Time of Abatement:	AM	PM/	P	M	_AM											
Scope of Work (Check all the	hat apply)					Fair La	wn, NJ 0									
	307 80					Н	Full Cont	and decontam	ination with negativ egative Pressure	e pres	sure					
>3 sf or >3 If ≥ 160 sf or >260 If		\bowtie	Renov Demol				Mini-Encl	osure								
			Deliloi	HUH		M	Glovebag	Procedure	Tent with Negative on-Friable Procedu	Pres	sure					
			Is Loc	ation	1	<u> </u>	TTOTI-LXCI	inpled () and N	T Procedu	_	1					
Location of	f 		Norn	nally		De	scription o	f		Ab	atem	ent T	ype			
Asbestos-Containing Ma TO BE ABATI	eteriai (ACM)		Jsec So Mainte	olely by nance/	Asbe	estos Cont	aining Mat	erial (ACM)	Amount	Re	Re	E	En			
IN Facility		c	ustodia	I Staff?	(i.e	e., thermal	systems in	nsulation.	(Specify	Removal	Repair	cap	cios			
(13)			(1)	2)		other n	cing, VAT, niscellaneo	or or	SIF or LF)	va	-	Encapsulate	Enclosure			
		Ye	s N	o N/A		W. T. W. C. T. C. L. M.		,43)				ate	1000			
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r Tech LLC			1					Name of Regis	stered Landfill							
City, State				00337	85	TBD		T.R.R.F. Inc								
						Disposal	Date	City, State				-				
ayne, NJ 07470						TBD	10	Tullytown, P.	A							
Completed By (Print or Type) [7	Title				Sign	nature /	J 1	Da	te .			-			
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B-41 AY 11	***************************************			.1.			//-		9 103/	03/18						
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City, State

Bridgewater NJ

A. Scott Higgins

Completed by

	U	NOTI	FICATION Pursuant	N OF ASI	BESTOS A C 8:60 and	12:12	MENT))	0/	200	A 1	172	10		
Date of Notification (1)			Name o	of Building	g Owner/Op	perator	(2)		ec		66	100	\supset	
3/2/18					ner Kond		1.		7) [GE	1	1//	E	Description .
Agencies Notified Type Notification	n		Street A	Address						- WD II		16)		
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× Emergence	y (including	9	41	of Contact	07109									Austria P
DCA justification Cancellation			and the second	topher	L.					ephone Nu		TROI	2	********
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Name of Facility Where Abatement is Tak	ing Place (3)					Туре	of Facility (4)					and the second
home								School (K-1	2)					
Street Address								Subchapter Other (i.e. p	8 (Othe	er than K-1	2)	lalia a a	h	
City (5)							e	etc.)	iiivale c	x commerc				ies,
Belleville								e Feet	2000	Floors	100	Bldg. /	Age	
County (6)			County	Code (7)			1300		2			80		
Essex				USE ONLY	y)	_	hom	nt Use (Prid	or it beli	ng demolis	nea)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	л No.		Name		ement Con	tractor	(9)				
2								onmenta)			
Street Address						Street	Addres	S						
City State 7in Code								Drive, PO	Box 4	483				
City, State, Zip Code							27	p Code	40	9				
Project Manager for Monitoring Firm		-	Telepho	no No	-			NJ 074	18		roc.			
, , , , , , , , , , , , , , , , , , , ,			relepho	ne No.		Teleph 973-7	764-2			License N 703	0.			
Start Date (10)	Schedul	ed Co	mpletion	Date (11)			a seemoon or	A Monitor		705		-	_	
3/13/18	3/27/1	8		070 08										
Occupancy Status During Abatement (Che	ck Only O	ne)				Street A	Addres	S		- 100				
Facility Closed/Vacated During Entire	Period of	Abater	ment											
Abatement Performed Outside of Nor Other – Describe: bsement & outside	mal Facility	/ Hour	S		(City, St	ate, Zip	Code						
Scope of Work (Check All That Apply)					_									
≥3 sf or ≥3 lf	×	Renova	stion				l		00 0252					
× ≥160 sf or ≥260 lf	-	Demoli					Full Mini	Containme -Enclosure	nt with	Negative F	ressu	ire		
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Asbestos-Containing Material (ACM) TO BE ABATED		d Sole intena		Asbes	tos Contai	ning Ma	aterial ((ACM)		nount			Ш	_
In Facility	Cus	todial	Staff?	(i.e.	thermal sy, surfacir			ion,		pecify or LF)	Ren	Re	ncap	ncl
(13)		(12)			other mis					/	Remova	Repair	Encapsulate	Enclosure
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basement			х		boiler i	nsulat	tion		30) SF	х			
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Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic Ya	ards		Name of F	Register	ed Landfill				
Tony's Cleanup & Hauling		H	lauler ID		of Waste				15	s Sanitar	ماير	ال الماد		
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Disposal Date

Signature

TBD

Title

President

City, State

Easton, PA

Date

3/2/18



Date of Notification (1) Valler J Schelbner V
Agencies Notified Type Notification
Street Address Stre
DEP Amended Amended Moorestown, NJ 08057 DOH
DOL
DOH DCA Emergency (including justification) Name of Contact Valter Valte
DOH
Name of Facility Where Abatement is Taking Place (3) Name of Facility Where Abatement is Taking Place (3) Normal of Facility Where Abatement is Taking Place (3) Normal of Facility Where Abatement is Taking Place (3) Normal of Facility Where Abatement is Taking Place (3) Normaling School (K-12) Scho
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Su
School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (
Street Address City (5) Nutley County (6) Essex Rome of Monitoring Firm Hired by Building Owner (8) City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State (10) Start Date (10) Start Date (10) Start Date (10) Street Address City, State (10) Street Address City, State, Zip Code City, Stat
City (5) Nutley County (6) Essex County Code (7) (STATE USE ONLY)
City (5) Nutley County (6) ESSEX Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address 4 E Gate Drive, PO Box 483 City, State, Zip Code Start Date (10) 3/8/18 Name of OSHA Monitor Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Start Date (10) 3/8/18 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State,
Nutley County (6) Essex Rame of Monitoring Firm Hired by Building Owner (8) Street Address Street Address City, State, Zip Code Start Date (10) 3/8/18 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Street Address City, State, Zip Code City, State
County (6) ESSEX County Code (7) Current Use (Prior if being demolished) home
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address 2 ASCM No. Street Address City, State, Zip Code 2 City, State, Zip Code Glenwood, NJ 07418 City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) 3/8/18 Name of OSHA Monitor 3/8/18 3/15/18 Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip Code City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Nom-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Nom-Exempted (*) and Non-Exempted (*) an
Street Address City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. 973-764-2276 703 Start Date (10) 3/8/18 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Aspects Contribute Metable (ACM) Aspects Contribute Metable (ACM)
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City, State, Zip Code City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. 973-764-2276 703 Start Date (10) 3/8/18 Occupancy 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) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Demolition Abatement Procedure Normally Used Solely by Aspecter Contraint Metals (ACM) Aspecter Contraint Metals (ACM)
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Project Manager for Monitoring Firm
Project Manager for Monitoring Firm
Start Date (10) 3/8/18 Occupancy 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) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Scheduled Completion Date (11) Name of OSHA Monitor Other Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM)
Start Date (10) 3/8/18 Occupancy 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) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Example 1 Security Hours Scope of Work (Check All That Apply) Street Address
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:
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 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM)
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Abatement Type
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Abatement Type Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM)
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Scope of Work (Check All That Apply) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM)
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Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM)
TO BE ABATED Maintenance/ Maintenance/ (i.e. thermal systems insulation (Specification)
TO BE ABATED In Facility Custodial Staff? Custodial Staff? Surfacing, VAT, or SF or LF
TO BE ABATED In Facility (13) Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Yes No N/A
basement x pipe insulation 400 L5
pasement x pipe insulation 100 LF x
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Freehold Cartage Hauler ID No. of Waste
City State
Freehold N.I. Disposal Date City, State
Completed by Title Signature

Signature

Date

2/28/18

Title

President

A. Scott Higgins

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

Clark 17420

Date of Notification (1)	ted ferrend		Name	of Building	Owner	Operato	or (2)		KLI	ch	11	1 -	to)
3/1/18			I	Mrs. Fr			n (2)		[m]	EC		Π	W		E
Agencies Notified Type	e Notification		Street	Address		34/34/1						и	U		H
X EPA X	Initial								IN)			_			
DEP × DOL	Amended Amendment #			ate, Zip C					ЦU;	MA:	H -	6	2010	}	
	Emergency (includ	ing		de, NJ C	8057										
DOH DCA	justification) Cancellation			of Contact mun Jen	kine				Tel	eshone	Numb			DL &	
	Caricellation		- 1000000000000000000000000000000000000	ILITY INF		ION		L	TALIS ON S				IG	UFA DAME	
Name of Facility Where Abates home	ment is Taking Place	e (3)	TAG	ILIT IN	OKWAI	ION	Туре	of Facility (4)						
Street Address								School (K-1							
								Subchapter Other (i.e. p				ouile	dings	, hom	es,
City (5)						-		etc.)					- 5		
Hillside							2100	re Feet	2	f Floors			ildg. / '3	Age	
County (6)			County	Code (7)				nt Use (Prid		na dema	olished	1	J		
Union			(STATE	USE ONLY			hom	е			Jilonot	.,			
Name of Monitoring Firm Hired	by Building Owner	(8)	ASCI	M No.				tement Con							
Street Address							t Addres	onmenta	Serv	ices, L	LC.				
The state of the s								ss Drive, PO	Box	483					
City, State, Zip Code								p Code	DOX	+00					
								, NJ 074	18						
Project Manager for Monitoring	Firm		Telepho	ne No.		100	hone No			Licens	e No.			-	
Start Date (10)	Coboo	dulad Ca	!!	D-1- (44)			-764-2			703					
3/6/18	3/15		mpietion	Date (11)		Name	of OSF	IA Monitor							
Occupancy Status During Abat	ement (Check Only	One)				Street	Addres	s							
Facility Closed/Vacated D	uring Entire Period o	of Abater	ment					a							
Abatement Performed Out Other – Describe: bseme	tside of Normal Faci	ility Hour	S			City, S	State, Zi	o Code				da.			
Scope of Work (Check All That															
	Apply)	220					77								0.22
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demoli				ř	Full	Containme -Enclosure	nt with	Negativ	e Pres	ssur	е		
								vebag Proc							
							J Non	-Exempted	(*) and	Non-Fr	iable l	-	-		
Location of		Is Locat Norma												ement pe	
Asbestos-Containing Materi		sed Sole	ely by	Asbest	De: os Cont	scription aining M	of Material	(ACM)	Δr	mount					
TO BE ABATED In Facility		Maintena ustodial S	DN75750	(i.e.	thermal	systems	s insulat	tion,	(S	pecify		Re	Z	Enca	Enc
(13)		(12)				cing, VA niscellar			SF	or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>n</u>	7	late	Ге
basement			X		fl	oor tile			60	0 SF	×	-			
									- 00	0 01	- 1	-			
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			-				·					_			
Name of Registered Waste Hau	ler	IN	JDEP W	aste	Cubic	Varde		Name of C) ogists	od I -	15:11				
Tony's Cleanup & Hauling		Н	lauler ID		of Was			Name of R Chrin Br	occu a tion and con-				4f:11		
City, State		1	7787		TBD	ol D-t				o odnil	lary l	_an	uIIII		
Bridgewater NJ					TBD	al Date		City, State Easton,							
Completed by	Title					ignature	1		1 //		Date				
A. Scott Higgins	Pre	sident					le	~			3/1/	8			
							No.								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 2/14/17 Rider University Agencies Notified Type Notification Street Address **EPA** ASBESTOS CONTROL & 2083 LAWRENCEVILLE ROAD LICENSING DEP \boxtimes Initial City, State & Zip Code X DOL 冈 Amended R#1-2/27/18 LAWRENCEVILLE, NJ 08648 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Walter Eddy 609-896-7780 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - Wright Hall School (K-12) Non-Subchapter 8 Street Address Subchapter 8 (Other than K-12) 2083 LAWRENCEVILLE ROAD Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) LAWRENCEVILLE MERCER Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Inc. Bristol Environmental, Inc. Street Address Street Address PO Box 365 1123 Beaver Street City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Proctor 856 656-2875 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure \boxtimes ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Remova Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement Tank Insulation 150 SF B Wing Linoleum 100 SF Exterior Window Sill Caulk 100 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Bristol Environmental Inc. 18706 Fairless Landfill City, State Disposal Date City, State Bristol, PA Fairless Hills, PA Completed By (Print or Type) Title Signature Gino Pizzigoni Project 2/27/18 Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Buil	ding Owner / Operator (2)	
2/14/17	Rider Unive	ersity	IN EGEIVE
Agencies Notified Type Notification	Street Addres	SS	
EPA	2083 LAWR	ENCEVILLE ROAD	
DEP Initial Amended	City, State &	Zip Code	UL MAR 6 2018
DOH2632 Emergency	LAWRENCE	EVILLE, NJ 08648	
 □ DOH 2634 □ Emergency □ DCA 2618 □ Cancellation 	Name of Conf		ASRES Telephone Number
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Walter Eddy		ASBES Telephone Number
Name of Facility Where Abatement is Tak	FACILITY	INFORMATION	FOR ARTERIA AND CONTRACT AND CO
Rider University – Wright Hall	arig Place (3)	Type of Facility (4)	0.1.1
Street Address		School (K-12) Non-	Subchapter 8
2083 LAWRENCEVILLE ROAD		Subchapter 8 (Other	r than K-12)
		Square Feet # of	commercial buildings, homes, etc.) Floors Bldg Age
City (5) County (6) County Code (7)	- Oquale Feet # 01	Floors Bldg. Age
LAWRENCEVILLE MERCE		Current Use (Prior if beir	
		Current Ose (Prior il peir	ig demolished)
Name of Monitoring Firm Hired by Building	Owner (8) ASCM	No. Name of Abatement Con	fractor (0)
Health & Safety Services Inc.		Bristol Environmenta	I. Inc
Street Address		Street Address	.,,,
PO Box 365 City, State & Zip Code		1123 Beaver Street	
Berlin, NJ 08009		City, State & Zip Code	
Project Manager for Monitoring Firm	TologhanaN	Bristol, PA 19007	
Jim Proctor	Telephone Number 856 656-2875	Telephone Number	License Number
Scheduled Start Date (10) Scheduled	Completion Date (11)	(215)788-6040 Name of OSHA Monitor	00509
2/28/18	3/6/18	Bristol Environmental	line
Occupancy Status During Abatement (Chec	ck only one)	Street Address	mc.
	re Period of Abatement	1123 Beaver Street	
Abatement Performed Outside of N	ormal Hours - 7am to 3p	m City, State & Zip Code	
Describe:		Bristol, PA 19007	
Facility Occupied During Abatemen	t		
cope of Work (Check all that apply)			
≥3 sf or ≥3 If	□ Renovation	⊠ Full C	ontainment with Negative Pressure
≥160 sf ≥260 lf	Demolition		Inclosure
		☐ Glove	Bag Procedures xempted and Non-Friable Procedure
Location of	Is Location	Description of	
Asbestos-Containing Material (ACM)	Normally Used	Asbestos-Containing	Amount Abatement Type (Specify
TO BE ABATED	Solely by Maintenance or	Material (ACM)	SF or LE)
in Facility	Custodial Staff?	(i.e., thermal systems insulation, surfacing, VAT	Re Re
(13)	(12)	or other miscellaneous)	Enclosure Clean Up Repair Removal
	Yes No N/A		
asement		Tank Insulation	150 SF 🛛 🗎 🗎
Wing		Linoleum	100 SF
terior		Window Sill Caulk	100 LF
me of Registered Waste Hauler			
me of Registered Waste Hauler	NJDEP Waste Hauler ID No.		istered Landfill
istol Environmental Inc.	18706	of Waste 2 Fairless Lai	ndfill
y, State	10700		nami
istol, PA		Disposal Date City, State Fairless Hill	Is PA
			10, 1 A
mpleted By (Print or Type)	Title	Signature	10.1
mpleted By (Print or Type) no Pizzigoni	Title Project	Signature	Date
		Signature Bimo Punyigani	

28 2018 17:23 NJ Asbestos Co	and or o	05,05	3,0004		page 1		ER	ſċ	n n	77 TF	=
2/28/2018 18:47 FAX	A	(Pu	CATION Irsuam	to NEAD !	STOSASATEMENT :50 End 12:120		+	- 6	201	8	A Company of the Comp
Date of Notification (1) 2/28/2018			Name of 1268	Building (Apartmen	Owner/Operator (2) t Corp.& FirstService	Fit aldist		103	Win	01.8	
Agencies Notified Type Notification			Street A	ddress on Road			1		. I C		47400
☐ EPA ☐ Initial ☐ DEP ☐ Amended ☐ DOL Amendment i ☐ Emergency in		_ [City, Sta Fort Le	te, Zip Cote, New Je	is ersay 07024			7	1	•	
	-			Comact Alejandr	0	- [_	Telephone N. 201/224-830	mbal :		1).	
Name of Facility Where Abatement is Taking	Diona /2		FACI	LITY INFO	RMATION				-		
Horizon House (spt. # 1909) Street Address 5 Horizon Road	3 riace (o				Type of Facilit School (K Subchapt Other (Le	-11) er 3 (Oth	ier than K-12) & commercial build	10.70	mae.		
Sty (5) Fort Lee, New Jersey 07024				-	Square Feet 30,000	-	# of Floors	В	ldg. A		
County (6) Bergen	***************************************		County (Code (7)	Current Use /	Pr or il be	sing demolished) a Apariment Bidd	1			
Seme of Monitoring Firm Hired by Building C Detail Associates Inc	Owner (8)	- 1	ASCM		Name of Abate Lilich Corpor	er ant So					-
Street Address 300 Grand Avenue					Street Address 806 McBride						-
Zity, State, Zip Code Englewood, New Jersey 07631	7,000	-			City, State, Zip Woodland Pr	n , h av	Jersey				1.
Project Manager for Monitoring Firm Anthony Valentine	·		Telephon 201-569		Telephone No. 973-225-840		License I 01104	US PRIS.	-		Free .
Stan Date (10) 03/02/2018	Schedule 03/09/20		pletion I	Date (11)	Name of OSH	A rie! Le	boratories, LLC	. 45	/1008. 		
Occupancy Status During Abatement (Check	S 50 50 1853				Street Address 2333 Route 2						,
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other - Describs: 8 AM					City, State, Zin	i odo	72	•			
Scope of Work (Check All That Apply) ES of or ≥3 if E 160 of or ≥250 if		lenovsi lamoliti	рп		☐ Mini	of nobleum	nent with Negstive re accedure / Limited C acd (*) and Non-Fris	contein:	rient 7 cadure	9	
Location of	1	Locati Iormali d Sole	У		Description of			-	Abate	men Pa	il T
Asbestos-Containing Material (ACM) TO BEABATED In Facility (13)	Ma	interner todial S (12)	100/	Asbes (i.e.	tos Containing Material thermal systems insulat surfacing, VAT, or other miscellaneous)	(CN)	Amount (Specify SF or LF)	Ramova	Repair	Encapsulate	
l.; , ,	Yes	No	N/A	l 						ate.	
sser 6, Conference Room		X			/rap & Cut TSI, Crit	als	3 LF	x			
iser 5, Conference Room	-	Х	-	D&M C	leanup Debris		120 SF	+	-	1	-
	-		-					+	-	-	1
Name of Registered Waste Hauler Lilich Corporation		H	JDEP W auler ID 18726		Cubic Yards of Waste 2		 Registered Landf s Landf	Я1.	karar S	Taria Taria Taria Taria	
			,		Disposal Date 03/09//2018	Sity, Sta	ite /Illa, PA		-	-11	
City, State Woodland Park, New Jersey					00100112010	41.00-10.100-0	1111			4	100

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



	-								-				
D	ate of Notif	fication 2/28/	18	Name of Adele N		wner	/ Operator (2)		m	EG	EII	VE	m
Agenci	esNotified	Type of Noti	fication	Street Ac		40000			11/1		A CONTRACTOR OF THE PARTY OF TH		$\exists HH$
1901101	EPA		rgency Notificat		uress	1			M				
	DEP	E	Notification		e & Zip Co	odo		-		MAR	-6 2(118	1111
Χ	DOL		nded Notificatio		id, NJ 07			i					
Х	DOH		ellation	Name of		000				4.00m/ser/	T. A. L.	- N	1
	DCA	J	Challott	Adele M	_			İ		ASBESTO LIC		ne)Nu	mber
					ITY INFO) DM	ATION	L): Из наказычкана	E-I C			- Joseph Marie S
Name	of Eacility V	Mhoro Abotor	ment is Taking F		-III IINFO								
ivaine (or actility v		nt Residence			Typ	e of Facility (4) School (K-12)						
Street A	Address			***		1	Subchapter 8 (0	Other th	an K.	12\			
						l x	Other (i.e., priva				nas hom	es et	
								# of Flo			Bldg. Age		<i>y</i> .
City (5)			County (6)	County Cod	o (7)	1040		# 01116					
, , ,	Manasq	uan	Ocean	Joodinty Cou	G (1)	0	2,500		2			70+	
	manasq	uan	Ocean				rent Use (Prior if	being c	iemoi	ished)			
Namo	of Manitaria	a Circa Hisad	h. D. Illian O	(0)		-	sidence						
Enviro	nmental	ig Firm Hirea	by Building Ow	and the second s	SCM No.		ne of Abatement						
	Address	ractics		N	/A		bal Abatemen	t Serv	ices,	LLC			
	ad Street						et Address						
Section of the sectio							Schoolhouse						
	ate & Zip C						, State & Zip Cod						
		or Monitoring	F: I				nroe Townshi	p, NJ 0	8831				
Tom G		or ivionitoring	- C-	Telephone Nui			phone Number			License			
	led Start D	ata (10)		732-290-221	The second secon	-	-605-9062				00714	4	
Scriedu	3/9/18		Scheduled Com	St. 625	1)		ne of OSHA Mon						
Occupa				3/10/18			bal Abatemen	t Servi	ces,	LLC			
Y F	ncy Status	During Abate	ement (Check o Juring Entire Pe	only one)		10-10-10-10	et Address						
						_	Schoolhouse						
	escribe:	renonnea Ou	tside of Normal	Facility Hours	-		, State & Zip Coo						
	ther - Desc	riha.				Mo	nroe Township	o, NJ 0					
930	Because memory	neck all that a	innly)										
	emolition	iook all triat t	Χ Renovatio	ND.			F. II O 1				_		
	arge Projec	+	A Iteliovatio	711			Full Conta		with	Negative	Pressure		
	275	3 SF or ≥ 3	LEACM				Mini-Encl						
							X Glovebag						
Q			260 LF ACM				Other: N	lon-fri					
		ocation of tos-Containin		Is Location	,		escription of			mount		ment	
		erial (ACM)	9	Normally Used Solely by			stos-Containing aterial (ACM)			Specify are Feet o	(Specif		
		BE ABATED	1	Maintenance o	rl (hermal systems			ear Feet)		Repair, osulatio	
	ii	n Facility		Custodial Staff	? ins	sulation	on, surfacing, VA	Т		our r cot)		closur	
		(13)		(12)			er miscellaneous)				1		*
	Ba	asement		N/A			TSI Pipe		1	10 LF	Re	emova	al
			•										
		d Waste Hau	ler N	JDEP Waste I	lauler ID #	ŧ	Cu. Yds. of Was	ste	Name	of Regis	tered Lar	ıdfill	
	ld Cartag	je		186	93		5	Reform 1					
City, Sta						5 Cumberland County Disposal Date City, State							
	ehold, N						3/11/18			burg, PA			
		nt or Type)	Title	····			Signature					Date	
Dom	inick Trin	igali	Manager	13			Dominick Tri	ngali				2/2	8/18
								0					
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Data shi sis si (i)	M 11	L	(P		to NJAC						'K	# 1	C	2	1		
Date of Notification (1) 3/1/18					of Building		Operator	r (2)		p-courses	\ F	(0)		П	7.77	Te-	
	vpe Notification			-	Koo Tru	Sī				lin) [5	16	占		W	E	
grang and	eni			Street A	adaress Durie Av	e				1	4						
EPA DEP	Initial Amended		ŀ	200000 (20)	ate, Zip Co		-				-	MIRT		-	0041		
DEP X DOL	Amendmen				er, NJ	000				111		MAH	120	O	2018	5	
X DOH	Emergency justification)		+		of Contact		Tracelline .			Tele	phone	Numbe	r				
DCA C	Cancellation		1								ASBESTOS CONTROL &						
Name of Equility When Al-				FAC	ILITY INF	ORMAT	ION			Lannana	NOT CALL DO NOT	- H	SE	HOP	G	50% Xx40000.4%	
Name of Facility Where Ab Abandoned former so			5)					Тур	e of Facility (4)					· · · · · · · · · · · · · · · · · · ·		
Street Address	shoci bidg. it	or Demo							School (K-12								
511 Durie Ave								X	Subchapter 8 Other (i.e. pri	vate &	comm	K-12) ercial b	uild	ings.	home	es.	
City (5)									etc.) Jare Feet					D.			
Closter								E 25	,000	# of Floors Bldg. Age 3 50÷							
County (6)				County	Code (7)			1 32 VA	rent Use (Prior	1 -	a demi	oliched	10000	<u></u>		110010-00	
Bergen					USE ONLY)			andoned Bi				ks				
Name of Monitoring Firm H	Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatemer												-				
n/a						Harmony Contracting Inc											
Street Address					Street Address												
5.75.750	n/a 360 Palisade Av																
City, State, Zip Code City, State, Zip Code City, State, Zip Code Garfield, NJ 07026																	
Project Manager for Monitor	ring Firm			Telepho	no Na								1000				
n/a				n/a	HE NO.		Teleph 9734		NO. 6026	- 4.5	Licens 0125						
Start Date (10)		Schedule	d Con	10000	Date (11)				SHA Monitor		0120						
12/23/17		5/31/18	3	Harmony Contracting						g Inc							
Occupancy Status During A	batement (Chec	k Only On	e)	Street Address										-			
Facility Closed/Vacate	d During Entire	Period of A	baten	ent					sade Ave								
Abatement Performed Other – Describe:	Outside of Norm DEMO	nal Facility	Hours	i			100		Zip Code		Sec. 1965/1		300.10				
Scope of Work (Check All T	hat Apply)						Gari	ield,	NJ 07026								
≥3 sf or ≥3 lf	,			tion.			P**	٩ _				(a. <u>12</u> (5)					
≥160 sf or ≥260 lf		(SMS477	enova emolit				East Seas	l N	ull Containmen lini-Enclosure	t with N	Negativ	e Pres	sure	?			
							×	G	lovebag Proce	dure	N	·		200000			
	***************************************	l _s	Locati				Ein	<u>a</u> 14	on-Exempted () and	Non-ri	nable F		bate			
Location of		88 0000	ormal	St. 11		Do	scription	of						Typ	20 D 70 D 2 P		
Asbestos-Containing Ma	aterial (ACM)		d Sole ntenar		Asbes	tos Cont	aining M	lateri	al (ACM)	Am	ount				m		
TO BE ABATE In Facility	<u>=D</u>		odial S		(i.e.		systems cing, VA		lation,		ecify or LF)	100		Re	Encapsulate	Enclosure	
(13)			(12)				niscellan)	01 (JI LI)	Kennova		Repair	osul	ınso	
	No	N/A								=	-		ate	ТӨ			
Basement of Origin		x	Cem	enitiou	s Ceili	ng F	Plaster	5,30	0 SF	×	+						
Basement of Origin		х		VAT	& Mas	stic		4.00	0 SF		\forall	7					
Basement Boiler		х	Е		ng Ins		on		SF	K	+						
Basement Boiler	х			Insulat			-) LF	κ.	1	+						
Name of Registered Waste Hauler NJDEP Waste							Yards		Name of Re								
Rovic Transport Hauler ID No. of Waste TBD GROWS Land																	
City, State							sal Date		City, State								
Riverdale, NJ TBD Morrisville, PA																	
Completed by		Title				S		,		-, . ,		Date					
Completed by																	