

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

D&S Proj. #: <u>18-53</u>			(Pursu	ant to NJAC	C 8:60	) and 12:120)		D)E	G E		117 11		
Date of Notification (1)		ne of Build		er/Operator (2)	)				MAR	S 2	018		U
Agencies Notified Type Notification		et Addres						ACO				8	
DEP Amendment #:	City	, State, Zi	p Code					the second second second	and the second se		e tel este		
			2	NJ 07040									
DOH (including		e of Cont	and the second sec	43 07040			and the second second	Telephone	e Number				_
DCA justification)		OUIS Z	APPO										
				LITY INFORM	IATION	4		-					
Name of facility where abatement is	taking place	(3)				1	Туре	e of Facility (4					
LOUIS ZAPPO								-	(K - 12)	thor th	an K	12)	
Street Address								Other (	apter 8 (C Private/C			12)	
								Bldgs./	Homes, e # of Floor	tc.		lg. A	00
City (5)	County	(6)			Cou	Inty Code (7)	Squ	are Feet	# 01 F1001	5	DIC	ig. A	ge
ar nave u o tau tar						ate use only)	Cu	rrent Use (Pr	ior if bein	g dem	olishe	d)	
MAPLEWOOD	essex	0			L,								
Name of Monitoring Firm Hired by E	sidg. Owner (	8)		ASCM No.		Name of Abatemen							
Street Address				-	_	D & S RESTOR	CATIO	N, INC.					
Street Address						20 California A	Ve						
City, State, Zip Code						City, State, Zip Code	COLUMN DISCOUTING						
						Paterson, NJ 0							
Project Manager for Monitoring Firm		Pho	ne Numb	er	_	Telephone Number			License		er		
						973-345-8020			0	1169		_	
Start Date (10)	Sched. C	ompletion	n Date (11	)		Name of OSHA Mo							
03/14/1818	03/30/1	8				D & S Restorat Street Address	uon, m	ic.					
Occupancy Status During Abatemen						20 California A	venue						
<ul> <li>Facility closed/vacated during</li> <li>Abatement performed outside</li> <li>Describe:</li> </ul>						City, State, Zip Code	9						
Other-Describe: <u>NORMAL He</u>	OURS				_	Paterson, NJ 0	7503						
Scope of Work (check all that apply	)							ontainment w	/negative	press	ure		
$\boxtimes >\underline{3} \text{ sf or } >\underline{3} \text{ lf}$	Renovation							nclosure bag procedur	°A				
$2 \ge 160 \text{ sf or } \ge 260 \text{ lf}$	Demolition							Exempted (*)			proce	edure	)
Location of	Is location n by maintena			1						Re	R e	E	E
asbestos-containing material (acm) to be	staff(12)	moe/cusic		Descripti material		asbestos-containing		Amount (Specify S	For	m	р	С	n
abated in facility (13)	Yes	No	N/A	material	(ACIVI)			LF)	219722.	v v	a i	a p	L
BASEMENT		~		PIPE INSU	II AT	ION		65 L FT		e	r -	Π	+-
BASEWIEN I				FIFE INSC	JLAI	ION		05 L I I		冊	H	H	片
				]						計	F	H	市
Registered Waste Hauler		Hauler ID		ubic Yards of	Waste								
D & S RESTORATION, INC.	13506			2 yds.		TULLYTOWN	, RESC	JURCE RE	COVE	₹Y			
City, State PATERSON, NJ 07503		Ľ	03/15/1			City, State TULLYTOWN	I. PA						
Completed by (Print or Type)	Title	[		Signature			.,		Date				
BOGDAN JOLDZIC	PRESIDEN	T							03/02	/2018	(	_	

		N	ΙΟΤΙ		TION	OF ASI	BEST	OS ABA		1.74008.0	5 m page 100		1.255.L-2578	11.7	5
D	ATT			(Pu	rsuan	t to NJA	AC 8:60	) and 5:1	6)	18-				19	
Date of Notification (1)	1 10 10 10				Name	of Building	g Owne	r/Operator	(2)	1 j	1		1.192572.44		
/	6 /	18			Gra	ce Cons	tructio	n Manag	ement Compan	5			0	2010	
Agencies Notified	Type Notifica	tion			Street	Address			]L			MAR	2	2010	
🗆 EPA	🛛 Initial				153	0 Glenn	Ave.							-	
ODLWD	Amended	10 22			City, S	tate, Zip C	Code				ACI		i en el ante Ser el ante	4,59	
					Mod	prestown	n, NJ 0	8057	ļ			internet and a second			
the second se			luaing		Name	of Contac	:t			Te	lepho	ne Num	ber		-
, , , , , , , , , , , , , , , , , , , ,					Joe	Barbara	1								
					FAC	ILITY IN	FORM	ATION							
· · · · · · · · · · · · · · · · · · ·		aking I	Place	(3)					Type of Facility	(4)			5	5-11-1-13	
138 Summerhill Rd.												14.40			
Street Address									Other (i.e. p	3 (Ot rivate	her the and	comme	2) rcial bu	ildina	19
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NAC 8:60 and 6:1)       Date of Notification (1)															
NOTHERCATION OF ASBESTO SABATEMENT (Pursuant to NJAC 8:60 and 6:16)         Date of Notification (I)       Image of Building Owner/Operator (2)         Grace Construction Management Company Agencies Notified       Image Notification (I)       Image of Building Owner/Operator (2)         Bit Bit Agencies Notified       Image Notification (I)       Street Address       Image of Building Owner/Operator (2)         Bit Bit Agencies Notified       Image Notification (I)       Street Address       Image of Building Owner/Operator (2)         Image Of Scality Where Abatement Is Taking Place (3)       Street Address       Telephone Number Bit Scality (4)         Summerhill Rd.       Image Of Scality (4)       Scality (4)       Image Of Scality (4)         Street Address       Scality (4)       Scality (4)       Image Of Scality (4)         Street Address       Scality (4)       Scality (4)       Image Of Scality (4)         Street Address       Scality (4)       Scality (4)       Image Of Scality (4)       Image Of Scality (4)         Street Address       Scality (4)       Scality (4)       Image Of Scality			Bl	dg. Ag	3										
	08816													45+	
					Coun	ty Code (7	)(STATE	USE ONLY)		or if	being	demoli	shed)		
									Vacant						
Name of Monitoring Firm	Hired by Build	ing Ov	vner (	8)	ASCM	No.									
Vertex					NA		Alli	ance Env	rironmental Sys	stem	าร				
NOTHERCATION OF ASEESTOS ABALTEMENT (Pursuant to NJAC 8:60 and 6:16)         Date of Notification (1)       Type of State 20 Colspan="2">Competition Management Company         Agencies Notified       Type Notification       Street Address       Street Address         DOA       Demography Notification       Street Address       Street Address       Acc         DOA       Demography Notification       Street Address       Acc         DOA       Demography Notification       Street Address       Acc         DOA       Demography Notification       Demography Notification       Demography Notification       Acc         Mame of Facility Where Abatement is Taking Place (3)       Task Street Address       Demography Notification (1)       Street Address       Street Address       Street Address       Door (4)       Street Address       Door (4)       Door (4) <thdoor (4)<="" th="">       Door (4)       Door (</thdoor>					Ī										
700 Turner Way							550	East Uni	ion St.						
City, State, Zip Code							City, S	State, Zip C	ode	- 2					1
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NAC 8:40 and 5:16)       Date of Notification (1)															
Project Manager for Monit	toring Firm			Tele	phone l	No.	Telepl	none No.		L	icens	e No.			
Don Heim				61	0-558	-8902	610	-701-900	D		005	08			
No. 1									Monitor						
Occupancy Status During	Abatement (C						Street	Address							
	사실 것은 것은 것은 가지 않는 것을 가지 않는 것		1000		ment		1000		Vav						
Abatement Performed	Outside of No	rmal F	acility	Hour		cribe									_
Time of Abatement: 7	AMPM	/ <u>3:30</u>	PM	/	٩M		- SSL.	and Succession							
Scope of Work (Check all	that apply)														-
								Mini-En Gloveba	closure ag Procedure				ıre		
														atem	e
													1	-	Т
		,	Ma	intena	nce/								ome	pai	
IN Facilit			Cust		Staff?	(	sur	facing, VA7	Г, or				val		
(13)		-	Yee		N/A	-	othe	r miscellane	eous)						
Front Porch Roof						Roofing	a				120	SF			ł
					-		<u> </u>	Sealant			2010				t
				-	-								-	-	t
				-						_	0.76 500			-	+
Name of Registered Was	te Hauler				1.2.2	Naste	Cubic	Yards of	Name of Regi	stere	dlar	ndfill			1
				1.63	lauler II	D No.	Waste	3					ity Laı	ndfill	
City, State			0000					-	City, State						
							TD	D	Birdehoro	DA					
							ID	D	Bildsbolo	, רא	•				
Phila., PA	ype)	Title						214	Dirusboro	, רא			ate /		

1 Lin D											and the second		- land
4(063		DTIFI		te of New Je OF ASBEST		TEME	NT	7 90% TO 1944			urranari 17 Ti		-,*
PAL	and the second se	(Pu	ursuant t	o NJAC 8:60	0 and 12:	120)						a   a	
Date of Notification (1)			Name of	Building Own	ner/Opera	ator (2	)	辺下		10 - 19 <del>1</del> 9 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	4	1	
03/06/2018			Reube	n Martinez	z				MAD	0.0	018		U
Agencies Notified Type Notifica	tion		Street Ac	Idress					MITTL	-) L	010		-
EPA Initial													
DEP Amende				te, Zip Code				سما ج			7 G	、依	
X DOL Amendr	nent # ncy (including	- L		field NJ 07	7003								1
X DOH justificat	tion)		Name of Reube					Te	lephone Nur	nber			
DCA Cancell	ation				MATION			e			_		_
Name of Facility Where Abatement is T	aking Place (3)		FAGIL		WATION	Т	ype of Facility (	(4)					_
Private Home						Г	School (K-1	12)					
Street Address							Subchapter	8 (Oth	er than K-1	2)			
							Other (i.e. p	orivate	& commerci	al build	lings, l	nome	s,
City (5)						S	Square Feet	# c	f Floors	B	dg. Ag	je	
Bloomfield													
County (6)			County C			0	Current Use (Pri	or if be	ing demolis	hed)			
Essex				ISE ONLY)									
Name of Monitoring Firm Hired by Build	ding Owner (8)		ASCM	No.			Abatement Co		r (9)				
							val Safety Ll	_C					
Street Address					1.00000		ddress						
City State Zin Code							sby Ave						_
City, State, Zip Code					1.11		te, Zip Code son, NJ 0750	12					
Project Manager for Monitoring Firm		-	Telephor	ne No			ne No.		License N	lo			
r reject manager for meritering r inn			relepitor	10 110.			00-8711		01332				
Start Date (10)	Scheduled	d Con	npletion [	Date (11)		20200 202	OSHA Monitor						-
03/19/2018	03/21/2				R	lemo	val Safety Ll	_C					
Occupancy Status During Abatement (	Check Only One	e)			Str	reet A	ddress						-
Facility Closed/Vacated During Er	ntire Period of Al	baten	nent		8	Cros	sby Ave						
Abatement Performed Outside of Other – Describe: 8:00am-4:30p		Hours	5			S 2	te, Zip Code						
					- P	Paters	son, NJ 0750	)2					_
Scope of Work (Check All That Apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enova emolii				Н	Full Containm Mini-Enclosur		h Negative	Pressu	re		
		enioin	uon			×	Glovebag Pro	cedure					
							Non-Exempte	ed (*) ai	nd Non-Fria	ble Pro	1	Common contractor	
	10023	Locat	(A.2.2.1)								Abate Ty		
Location of	Licos	orma i Soie	lly ely by	Ashastas	Descrip				Amount	-			
Asbestos-Containing Material (ACM TO BE ABATED	Iviair	ntena	nce/ Staff?				iterial (ACM)	1 1	Specify	Re		Enc	
In Facility (13)	Cusic	(12)	Stall?		surfacing, other misce			S	F or LF)	Remova	Repair	Encapsulate	
(13)			1	0		ellarie	ous)			val		late	
	Yes	No	N/A										
Basement			X		Pipe Ins	sulati	on	1	50 LF	x		Х	
Name of Registered Waste Hauler			JDEP W	/aste (	Cubic Yar	ds	Name of	l Regis	tered Landfi	11			_
Removal Safety LLC		H	Hauler ID	No. o	of Waste 2		GROV	8703				,	×.
City, State Paterson, NJ					Disposal D TBD	Date	City, Sta Morris		PA				
Completed by	Title				Signa	ature	1/1	t.	1	ate			
Lasko Veskov	Presi	ident	t		Xa	Elic	O Weste	Ter	(	03/06/	2018		

KIOLEZ			ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATEN							herein		
Date of Notification (1)				f Building	Owner/0	Operator	(2)	1	~ [	e C		-Lopez-	VI VI	5	and an and an
03/06/2018			and an and a second	Kerrs				1		50		2 			
Agencies Notified Type Notifica	ation		Street A	ddress				a contractor a contractor a contractor	<b>F</b> il				010		- and the second
EPA Initial DEP Amend	- 4	-	City Sta	ate, Zip Co	odo					MAR		) 2	018		And in the second second
DEP Amend DOL Amend				ood Par		07407		1	al see						-
Emerge	ency (including	,		f Contact	N, NO	01401			Tel	enhone N	Jumbe		111	in G	1
DCA justifica			John					-	1.						
			FACI	LITY INF	ORMAT	ION					1.5				-
Name of Facility Where Abatement is	Taking Place (3	3)					Туре	of Facility (	4)						
Private Home Street Address								School (K-1							
Street Address							× č	Subchapter Other (i.e. p	8 (Other	er than K- & comme	-12) rcial b	uildir	nas.	hom	
City (5)								etc.)							
Elmwood Park							Squar	re Feet	# of	f Floors		Bld	lg. Ag	je	
County (6)			County	Code (7)			Curro	nt Use (Prid	or if boi	na demol	lichod)				
Bergen			(STATE	USE ONLY	)		June	11 030 (FII	a ii bel	ng demoi	naneu)				
Name of Monitoring Firm Hired by Buil	ding Owner (8	)	ASCN	I No.		Name	of Aba	tement Cor	tractor	(9)					
(A) (3)		83				N		Safety LL		an sholl					
Street Address						Street	Addres	SS							
							osby .								
City, State, Zip Code								ip Code NJ 0750	2						
Project Manager for Monitoring Firm			Telepho	ne No		Teleph			2	License	No				
· · · · · · · · · · · · · · · · · · ·			relepite	10 110.		1 0.000 - 0.000 - 0.000 - 0.0000	400-8			01332					
Start Date (10)	Schedu	led Co	mpletion	Date (11)		100000000000		HA Monitor					1		
03/15/2018	03/17	/2018	3			Rem	ioval \$	Safety LL	.C						
Occupancy Status During Abatement (	Check Only O	ne)				Street	Addres	SS							-
Facility Closed/Vacated During E	ntire Period of	Abater	ment				osby .								
Abatement Performed Outside of Other – Describe: 8:00am-4:30p	Normal Facilit	ty Hour	s			and the second second second		ip Code							
Scope of Work (Check All That Apply)						Pate	erson,	NJ 0750	2						
	1.11	_				×									
<ul> <li>× ≥3 sf or ≥3 lf</li> <li>× ≥160 sf or ≥260 lf</li> </ul>		Renova Demoli				Ê	Fui	I Containme ni-Enclosure		n Negative	e Pres	sure	63		
						-		ovebag Proc				2	4		
				1		<u> </u>		n-Exempted	1 (*) an	a Non-Fri	Iable F		-	e men	
1 wheat should		s Locat Norma			-							7	Ty		
Location of Asbestos-Containing Material (ACI	Us Us	ed Solo aintena	ely by	Asbes		escription Itaining N		(ACM)	A	mount				m	
TO BE ABATED In Facility		stodial		(i.e		I systems acing, VA		ation,		Specify F or LF)			Re	Encapsulate	
(13)		(12)	1		other	miscellar	neous)		51	01 11 )		Demova	Repair	lusc	
	Yes	No	N/A	1							1	-		ate	
Basement			x		Pipe	e Insula	tion		3	35 LF	х	:		х	
Basement			x		Tile	es, Mas	stic		65	50 SF	х	:		х	
Name of Registered Waste Hauler			NJDEP V Hauler ID		Cubic of Wa	Yards		Name of	Registe	ered Land	dfill				
Removal Safety LLC			003700		3	1316		GROW	/S No	rth					
City, State					Dispo	sal Date		City, Stat		2.4					
Paterson, NJ Completed by					TBD			Morris	/IIIe, F		D /				,
Lasko Veskov	Title	eiden	+			Signature	/	1hal	. /		Date	6/0	010		
LUSIO VESIOV	Pres	siden	ι		07	×ad	6-27	Vaste	20-		03/0	0/2	018	0	

												Γ	Pri	nt Forn
PAID			ICATIO	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		т	Ch	eck #	2555	5	51.77	
Date of Notification (1) 3/7/2018			Name o	of Building	Owner/C	perator		Neill		<u>E ((</u>		11 11 11 11	<u>\}</u> 	
Agencies Notified Type Notification			Street A	Address						MA	AR.	9	2018	
X     EPA     Initial       DEP     Amended       X     DOL			City, St	ate, Zip Co	ode	Metuo	chen	, NJ 0884	0	ACGU				
DOH justification) DCA Cancellation		Ī	Name o	f Contact Chr	ris O'Ne				1	hone Nu				n - 2 - 2 - 2 - 2
Name of Facility Where Abatement is Takir	Diana //		FAC	ILITY INFO	ORMATI	ON								
Residential	ig Place (	3)					Тур	e of Facility (						
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other	than K-	12) cial buil	dings	, home	es,
City (5) Metuchen, NJ 08	840							are Feet 500	1 million (1 million (	loors 2		8ldg. / 90 +	-	
County (6) Middlesex				Code (7) USE ONLY,	)			rent Use (Pric			shed)			
Name of Monitoring Firm Hired by Building MECS	Owner (8)		ASC	И No.				atement Con Environme			Inc.			
Street Address PO Box 341						Street PO E								
City, State, Zip Code Chesterfield, NJ 085	15					- C. (2)		Zip Code n, NJ 0850	1					
Project Manager for Monitoring Firm Ryan Broadwater				98-4070	)	Teleph 609		No. 9688	1.22	License I 00493	No.			
Start Date (10) 3/20/2018		3	npletion /27/20	Date (11) 18		Name MEC	100 million (1990)	SHA Monitor						
Occupancy Status During Abatement (Chee	ck Only Or	ne)				Street PO E								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 am to 4 pm	Period of / nal Facility	Abater / Hour:	nent s			City, S	itate,	Zip Code eld, NJ 08	515					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf           ≥160 sf or ≥260 lf		Renova Demoli				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	U.			1275	
Location of	1	Locat	lly		Des	cription		on-Exempled	() and i	NON-F Na		Abate	e ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility Usec Main Custo						lateria	al (ACM) lation, )	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basedona	Yes	No	N/A										ate	0
Basement		Х		Th	ermal F	Pipe Ir	nsula	ition	21	0 lf	X			
Name of Registered Waste Hauler			JDEP W	10.0010203	Cubic ' of Was			Name of F			1			
Stevens Environmental Services City, State			18292		Dispos	5		Fairless City, State	/	11				
Allentown, NJ						/2018		Morrisvi						
Completed by Mahlon E. Stevens	Title Proje	ct Ma	anager		Si	gnature	M			D	ate 3/7/1	18		

	PATN		NOTIF (F	FICATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	MENT 0)		Ch	ieck #	255	54		2012/1011/101-10-10
Date of Notification (1) 3/7/2	018			Name o	f Building	Owner/0		(2) Schee	eper	$\overline{10}$	E				S
Agencies Notified	Type Notification			Street A	ddress					In					
× EPA	× Initial										LI M	AR	9	2018	
DEP	Amended	27		City, Sta	ate, Zip C	ode	20202	10	120000-000813						1
X DOL	Amendment Emergency (		_				Wen	ionah	n, NJ 080	90	L	91 de 191 de 21 e a 191 e 29			المسين
X DOH	justification)			Name o	f Contact					Tele	phone Ni	imber		la i she Ca	the CA
DCA	Cancellation					ris Sch				·7. 4				-a	All Consults A. C.A.
Name of Facility Where A	batement is Taking	Place (3	3)	FAC	LITY INF	ORMAT	ION	Type	of Facility (	(4)		_			
	Residential		- /					_	1000	- 50					
Street Address									School (K-1 Subchapter	8 (Othe	r than K-	12)			
									Other (i.e. p	orivate &	commer	cial buil	dings,	home	es,
City (5)					C				etc.) are Feet	# of	Floors	E	Bldg. A	ae	
	nonah, NJ 080	90						180			1		70 +	-	
County (6)					Code (7)			Curre	ent Use (Pri	or if bein	g demolis	shed)			
Gloud	cester			(STATE	USE ONLY	0									
Name of Monitoring Firm	Hired by Building (	Owner (8)	l.	ASC	/ No.				atement Cor				1.12		
MECS						_	Steve	ens E	Environme	ental Se	ervices,	Inc.			
Street Address	244						Street								
PO Bo	0X 341							30x 3							
City, State, Zip Code	Fold NI 0051	-					100000000000000000000000000000000000000		Zip Code						
	erfield, NJ 0851	5		-				17011001000000	, NJ 0850	)1					
Project Manager for Moni Ryan Broa				Telepho	ne No. 98-407(		Teleph	none N 259-9			License	No.			
Start Date (10)	uwater	Cabadul					1				00493				
4/2/2018		Schedule		mpletion 1/13/201	Date (11) 18		MEC		HA Monitor						
Occupancy Status During	Abatement (Checi			10/20	10		Street		ee.						
<b>—</b>								Box 34							
Abatement Performe	ted During Entire P ed Outside of Norm	eriod of / al Facility	Abater / Hour	ment 's			100.082.0175	0.000.000.000	ip Code	1					
X Other – Describe: 8	am to 3 pm						5		eld, NJ 08	515					
Scope of Work (Check Al	I That Apply)					- 201 - C			A	99 					
≥3 sf or ≥3 lf		×F	Renova	ation			×	E Ful	II Containme	ent with	Negative	Process	ro		
× ≥160 sf or ≥260 lf			Demoli				F	Mir	ni-Enclosure	9	Negative	110350	ie		
							F		ovebag Proc on-Exempted		Non-Eria	blo Pro	codur	0	
			1						//xemptet		NOT-1 TIA	DIE FIG		ement	
Leasting	-1		Locat			-								pe	
Location Asbestos-Containing		Use	d Sole	ely by	Asbes	tos Cont	scription aining N		I (ACM)	An	nount			_	
TO BE ABA	TED		intena todial	Ince/ Staff?		thermal	systems	s insula			pecify	Re	R	inca	Enc
In Facilit (13)	.y		(12)				cing, VA niscellan			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Procession of						al	-	late	Ire
A			INO	IN/A									-		
Attic		X				Ve	rmiculi	te		100	00 sf	X			
Name of Registered Wast	te Hauler			JDEP W	/aste	Cubic	Yards		Name of	Register	ed Landfi		1		
Stevens Environmen				Hauler ID	No.	of Was	ste		Fairless						
				18292	2		10		1	(					
							sal Date		City, Stát						
						a service and the service of the ser	3/2018	11	Morrisv	ille, PA					
City, State Allentown, NJ Completed by Mahlon E. Stevens		Title	at 14	anager		a service and the service of the ser	ignature	11	Morrisv	ille, PA		ate 3/7/			



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

PAI		NOT		ATION		BEST	FOS ABAT 60 and 5:16		) E C	<u> </u>	W7		
Date of Notification (1) 03 /	06 /	18					er/Operator (2 e Companie	- I.I.I	MAR	9 2	018	and a service second of	IJ
⊠ EPA ⊠ DOLWD ⊠ DOH	Type Notificat Initial Amended Amendmen Emergency	nt #	1	2 Br City, S	Address coad Stre tate, Zip C omfield, I	ode			Acacan	<u>5 - 7 1 1</u> - 1 1 1 1 1			
(NJAC 5:23-8)	justification	n)	,	Concernance of the second	of Contact				Telephone Nu				
	Cancellatio	n		-	ren Spra				973-429-7	900 ext.	205	_	_
		L' DI	(0)	FAC	ILITY IN	FOR	MATION	-	( A)				
Name of Facility Where At Commercial Street Address	Datement IS Ta	aking Place	(3)					Type of Facility School (K-12 Subchapter 8	) 3 (Other than K-				
169 Minnisink Road-	- Health Car	e Buildin	a					Other (i.e., p homes, etc.)		nercial bu	Idings	5,	
City (5) Totowa		• Panani	5					Square Feet	# of Floors	Blo	lg. Ag	е	
County (6)				Count	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Passaic													
Name of Monitoring Firm H	Hired by Buildi	ng Owner	(8)	ASCM N	No.			ent Contractor (9)					
Bio Terra Solutions								NAGEMENT L	LC				
Street Address						0.000.000.00	et Address						
P.O. Box 1224							Outwater						_
City, State, Zip Code Union, NJ			1			G	, State, Zip Co arfield, NJ						
Project Manager for Monit	oring Firm		100000	ephone 1 73-494-	1979 Barris - 19		phone No.		License No.				
Rick Eustaquio Start Date (10)		cheduled C	1		and the second sec	0.000	73-928-4888 ne of OSHA M		1188				_
03_ /15_ / _	18	/	_2	$\frac{5}{5}$ / _		A	LL PRO MA	NAGEMENT L	ĹĊ				
Occupancy Status During							et Address						
Facility Closed/Vacated Abatement Performed					cribe		State, Zip Co						
Time of Abatement:	AM						arfield, NJ	07026				35 -	
Scope of Work (Check all $23 \text{ sf or } \geq 3 \text{ lf}$ $2160 \text{ sf or } \geq 260 \text{ lf}$	that apply)		enova emoliti				☐ Mini-Enc Glovebag	tainment with Neg	79				
			s Loca Norm							Ab	ateme	ent Ty	уре
Location ( Asbestos-Containing M <u>TO BE ABA</u> IN Facilit (13)	ed So ainten	lely by ance/ Staff?		., thei s	Description of Containing Ma mal systems urfacing, VAT her miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Basement		Yes			Pine Ins	sulat	ion- Wrap a	and Cut	1,375 Sf		П	П	
1 <sup>st</sup> Floor					•		ion-Wrap a		675 LF				
Basement					Pipe Fit	tting	Insulation	·	130 LF				
1 <sup>st</sup> Floor			П		Pipe Fit	tina	Insulation		65 LF		П	П	
Name of Registered Wast	te Hauler						ic Yards of	Name of Regi	stered Landfill				
ATC/Century Waste, LLC/A		ent IIC		Hauler II		Was	ste		ses/G.R.O.W.S Nort	h Landfill/Fa	irless I	andfil	u/
City, State				011-24010		Dis	s Needed	City, State	14. Mo				
Shirley,NY/Elizabeth,NJ	//Garfield,NJ					T	BD	Waynesburg,C	H/Morrisville,PA	/Bethleher	n,PA		
Completed By (Print or Ty	/pe)	Title					Signature		,	Date			
Allen Monchik		Projec	t Ma	nager			Allen	Monchik	2	3/6/18	}		



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

							111-11-11-11-11-11-11-11-11-11-11-11-11		
	-		1	69 Minnisink Road- Health Care Buildi	ng	Abatemer	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Noi Main odi	al Stafi	Used by ce/Cust f (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m v a I	R e p a i r	E n c a p s u I	E n c l o s u r e
	Yes	No	N/A				-		
Basement			Х	VAT	1,000 SF	X			
	<u> </u>								
	-								
	-								
	<u> </u>								
	-								
	<u> </u>								
	<u> </u>				<u> </u>				
	<u> </u>	-							
	<u> </u>	-							
								<u> </u>	
								<u> </u>	
		-							
		-							
	-								
	-	-	-						
									<u> </u>
	-								
	-								
	-								
			1						

Allen Monchik 3/6/18		Title: Project Manage	Signature: Allan Monchik	Date: 3/6/18
----------------------	--	-----------------------	-----------------------------	-----------------

Karleg		1	ITON		TION	OF ASE	W Jersey BESTOS ABAT C 8:60 and 5:10			- 19 19 10 - 19 19 19 19 19 19 19 19 19 19 19 19 19	1 ( 2)	17 13 118	20.1
Date of Notification (1) 03 /	06 /	18			1		Owner/Operator ( state Companie	- C.D.	MA MA	Fi	<u>; /</u>	118	
Agencies Notified	Type Notifica	ation			Street	Address	et. Suite 400		ACCUL			1	- 62
	Amended Amendme					itate, Zip C			and a state propriet and a se				
	Emergend	cy (inc	luding			o successi cherry	NJ 07003						
(NJAC 5:23-8)	justificatio					of Contact			Telephone Nun		005		
		1011				rren Spra			973-429-79	00 ext.	205		
Name of Facility Where A	hotomont in T	okina	Diese	(2)	FAC	CILITY IN	FORMATION	T	10				
Commercial Street Address 169 Minnisink Road							s.	Type of Facility School (K-12 Subchapter Other (i.e., p homes, etc.)	2) 8 (Other than K-1 rivate and comme	2) ercial bu	ilding	s,	
City (5)								Square Feet	# of Floors	Bl	dg. Ag	ge	
Totowa							INTATE LINE CHILL	0					
County (6) Passaic					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Name of Monitoring Firm	2782	ling Ov	wner (	B)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	)						ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater						
City, State, Zip Code Union, NJ							City, State, Zip Co						
Project Manager for Moni	toring Firm			Tolo	phone I	No	Garfield, NJ Telephone No.	07026	License No.				
Rick Eustaquio	toning r inn			10100-0	73-494		973-928-4888		1188				
Start Date (10)	s	Schedu	led Co	1.00	tion Dat	Contraction and and	Name of OSHA M		1100	-			
/ /					5 /			NAGEMENT L	LC				
Occupancy Status During	Abatement (C	Check	only o	ne)			Street Address						
Facility Closed/Vacate							27 Outwater	Lane					
Abatement Performed Time of Abatement: _						cribe AM	City, State, Zip Co Garfield, NJ						
Scope of Work (Check all	that apply)						× Wrap ar						
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			□ Re ⊠ De				☐ Mini-Enc ⊠ Gloveba	g Procedure	<b>X</b> ()				
			le	Loca	lion		Non-Exe	mpted (*) and No	on-Friable Proced	-			
Location	of		٨	lorma	lly		Description of	of			1	ent T	<u> </u>
Asbestos-Containing <u>TO BE ABA</u> IN Facili (13)	TED	l)	Ma Cust	intena	Staff?		stos Containing Ma , thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes Ves						ulation- Wrap a	and Cut	400 LF				Г
alaranda -									35 LF				
1 <sup>st</sup> Floor					$\boxtimes$		ting Insulation				10		
1 <sup>st</sup> Floor 1 <sup>st</sup> Floor		_				VAT			100 SF				
1 <sup>st</sup> Floor 1 <sup>st</sup> Floor 1 <sup>st</sup> Floor							Roofing		and the second second second	_			
1 <sup>st</sup> Floor 1 <sup>st</sup> Floor 1 <sup>st</sup> Floor Center Roof Name of Registered Was	te Hauler					Built-Up	Roofing Cubic Yards of	Name of Regi	1,600 SF				
1 <sup>st</sup> Floor 1 <sup>st</sup> Floor 1 <sup>st</sup> Floor Center Roof Name of Registered Was		gemer				Built-Up Waste	Cubic Yards of Waste		and the second second second			ehem La	
1 <sup>st</sup> Floor 1 <sup>st</sup> Floor 1 <sup>st</sup> Floor Center Roof Name of Registered Was ATC/Century Waste, LLC		gemer				Built-Up Waste	Cubic Yards of		1,600 SF stered Landfill			ehem La	-
1 <sup>st</sup> Floor 1 <sup>st</sup> Floor 1 <sup>st</sup> Floor Center Roof	All Pro Mana					Built-Up Waste	Cubic Yards of Waste As Needed	Minerva Enterprises/G City, State	1,600 SF stered Landfill R.O.W.S North Landfill/Failte	ess LandfilM			ndfill
1 <sup>st</sup> Floor 1 <sup>st</sup> Floor 1 <sup>st</sup> Floor Center Roof Name of Registered Was ATC/Century Waste, LLC City, State	J/Garfield, NJ		nt, LLC			Built-Up Waste	Cubic Yards of Waste As Needed Disposal Date	Minerva Enterprises/G City, State	1,600 SF stered Landfill R.O.W.S North LandfillFalrle , OH/Morrisville,	ess LandfilM			ndfill



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

.99 <sub>6-</sub> .	AID	]	NOTI		TION	t to NJA	BES C 8:	TOS ABAT 60 and 5:10	6)	)	R	G	*******	0	W 2019	
Date of Notification (1) 03 /	06 /	18				and the second		ner/Operator ( e Companie	• •					0	2010	4 crawner
	-				1000000		stat	e companie	es	5		Assan and		Vee. 7	77.F. * * *	
Agencies Notified	Type Notifica	ation				Address					nco	409 17	CLE I Car N		THC	18
DOLWD	Amended	ł		ŀ				Suite 400	_		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		w		arauny.	-
DOH	Amendm					tate, Zip C		7002								
	Emergen		luding			omfield, of Contact		7003			Talashara					_
(NJAC 5:23-8)	justification					ren Spra					Telephone N 973-429-7			205		
									-		515-425-1	900	ext.	205		
Name of Facility Where A	hatomont in T	okina	Diago	(2)	FAC	ILI Y IN	FOR	MATION	1	Turne of Facility	(4)			_		_
Commercial	idatement is i	aking	Flace	(3)						Type of Facility ( School (K-12						
Street Address		2								Subchapter 8	Other than K					
169 Minnisink Road	- Power Ho		Ruildi	na						Other (i.e., pr	ivate and com	nercia	al bui	ilding	s,	
City (5)	i ower no	436 1	Junul	19	- 11 - 20 V				1	homes, etc.) Square Feet	# of Floors		PIA	lg. Ac	10	
Totowa									1	oquale reel	# 01 FI001S		BIC	ig. Ag	1c	
County (6)					Coun	ty Code (7	(STAT	TE USE ONLY)	1	Current Use (Pri	or if being dem	olishe	(be			
Passaic						,	N-111		1	- 200 10 10	e. It soning donn	510110	)			
Name of Monitoring Firm	Hired by Build	ding O	wner (	B) /	ASCMI	No.	Nam	ne of Abateme	er	nt Contractor (9)						
<b>Bio Terra Solutions</b>				· [						AGEMENT LI	LC					
Street Address								et Address								
P.O. Box 1224						27	7 Outwater	L	ane							
City, State, Zip Code	5						City	, State, Zip Co	00	de			-			_
Union, NJ							G	arfield, NJ	0	7026						
Project Manager for Moni	toring Firm			Tele	phone I	No.	Tele	phone No.			License No.					
<b>Rick Eustaquio</b>				97	3-494	3762	97	73-928-4888	B		1188					
Start Date (10)	2003				ion Dat		Nam	ne of OSHA N	Лo	onitor						
/ /	18	_0	5_/	25	_ / _	18	A	LL PRO MA	A/	AGEMENT LI	LC					
Occupancy Status During							Stre	et Address								
Facility Closed/Vacate							27	7 Outwater	L	ane						
Abatement Performed Time of Abatement:	Outside of No	ormal	Facility	Hours	s - Des	cribe AM	City	, State, Zip Co	00	de						
1			"				G	arfield, NJ	0	7026						
Scope of Work (Check all	that apply)								to	inment with Neg	ofivo Proseuro					
□ ≥3 sf or ≥3 lf			🗌 Rei	novatio	on			Mini-End			alive Plessule					
≥160 sf or ≥260 If			🛛 Dei	molitio	n			Gloveba			n Erichle Drees	duro				
			ls	Locati	on			EN NUI-EXE	-11	npted (*) and No	n-1 nable Proce	uure	623	atom	ent Ty	
Location	of		N	Iormal	ly			Description of	of						-	-
Asbestos-Containing I TO BE ABA		/1)		d Sole intena				Containing Ma			Amount		Removal	Repair	Encapsulate	Enclosure
IN Facili			1.10000000	odial S (12)		(i.e		mal systems urfacing, VAT			(Specify SF or LF)		ova	ir	lpsu	osur
(13)	(13)							er miscellane					-		late	9
	Yes								_							_
Roof						Built-U	p Ro	ofing			3,000 SF		$\boxtimes$			
Name of Registered Was	te Hauler				JDEP \	Naste	Cub	ic Yards of	_	Name of Regis	tered Landfill					
ATC/Century Waste, LLC/A		ment	uc			0 No. 32797/989	Was	ste		-	RO.W.S North Landfill/Fi	ilrless La	ndfilMie	SI Bethi	chem La	ndfill
City, State		inent,		S	vv-24310/	251211282		s Needed	-	City, State						_
								BD								
Shirley,NY/Elizabeth,NJ Completed By (Print or Tr									_	Waynesburg,OH/N	lorrisville,PA/Beth			-		
								Signature		7.1 1.1	,	Date				
ASB-41	hik Project Manager Allen Monchik										3/6	5/18				

CKRAlle	9												1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6394ram	er latratio	
CK24/L	D		NOTI		TION		BES	ersey TOS ABAT 60 and 5:10		MENT	) <u>E</u> C		terre.			
Date of Notification (1)	1				Name	of Building	g Owr	ner/Operator (	(2)		II MAI	7	9	2018	2	Ηb
03/	06 /	18			Met	ro Real I	Estat	e Companie	es							1
Agencies Notified	Type Notifica	tion			Street	Address	- 64				ACEERS			1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		1
I EPA	Initial				2 B	road Stre	eet, S	Suite 400		i					in a	
X DOLWD	Amended Amendme				City, S	State, Zip C	Code									
DCA	Emergend	1.0				omfield,		7003								
(NJAC 5:23-8)	justificatio	n)	-			of Contac					Telephone Nu	umbe	r			
	Cancellati	on			Warren Sprake         973-429-7900 ext. 205											
					FACILITY INFORMATION											
Name of Facility Where A	batement is Ta	aking	Place													
Commercial										School (K-12)		40)				
Street Address										Subchapter 8 Other (i.e., priv			al bui	Iding	s,	
169 Minnisink Road	- HRDI Build	ding								homes, etc.)						
City (5) Totowa									S	quare Feet	# of Floors		Bld	g. Ag	je	
County (6)					10-	h. 0-2-7-	VOTO		-				-			
Passaic					County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)											
Name of Monitoring Firm	Hired by Build	ing ()	wner (	8)	ASCM No. Name of Abstempt Contractor (0)											
Bio Terra Solutions		ing O	Which (	o,	ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC											
Street Address					ALL PRO MANAGEMENT LLC Street Address											
P.O. Box 1224					Street Address 27 Outwater Lane											
City, State, Zip Code								, State, Zip Co								_
Union, NJ							1000	arfield, NJ								
Project Manager for Moni	toring Firm			Tele	phone	No.		phone No.	10.02		License No.	3				-
<b>Rick Eustaquio</b>				97	3-494	-3762	9	73-928-4888	3		1188					
Start Date (10)	S	ched	uled C	omple	tion Da	te (11)	Nan	ne of OSHA N	Non	nitor	1					-
03 /5 /	18	0	5 /	25	_ / _	18	A	LL PRO MA	NA	AGEMENT LL	С					
Occupancy Status During	Abatement (C	Check	only o	ne)			Stre	et Address								
Facility Closed/Vacate							2	7 Outwater	La	ne						
Abatement Performed						cribe	City	, State, Zip Co	ode	e						
Time of Abatement: _		PN	w	PWI-		AW	G	arfield, NJ	07	7026						
Scope of Work (Check all $23 \text{ sf or } \geq 3 \text{ lf}$ $2160 \text{ sf or } \geq 260 \text{ lf}$	that apply)		□ Re ⊠ De					X Wrap an Full Con Mini-Enc Gloveba	tair clos	nment with Nega sure	ative Pressure					
										pted (*) and Non	-Friable Proce	dure				
1	of.			Locat Norma				Desister					Aba		ent Ty	ype
Location Asbestos-Containing I	Material (ACM)	)	Use	d Sole	ly by	Asbe	stos (	Description of Containing Ma		rial (ACM)	Amount	Í	Rei	Repair	Enc	Enc
TO BE ABA					I Solely by ntenance/ dial Staff?     Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or     Amount (Specify SF or LF)     To op an SF or LF)									Enclosure		
IN Facilit (13)	ly		040	(12) surfacing, VAT, or SF or LF) SF or LF)									ure			
			Yes	No N/A												
1 <sup>st</sup> Floor						Pipe In:	sulat	tion- Wrap a	and	d Cut	75 LF					
2 <sup>nd</sup> Floor						Pipe In:	sulat	tion- Wrap a	and	d Cut	250 LF					
1 <sup>st</sup> Floor						Pipe Fit	tting	Insulation			10 LF					
2 <sup>nd</sup> Floor						Pipe Fi	tting	Insulation			25 LF		$\boxtimes$			
Name of Registered Was	te Hauler			1.00	JDEP		0.000000	oic Yards of		Name of Regist Minerva Enterprise	ered Landfill	rih I -	odeu	Ealet	cc 1 -	den
ATC/Century Waste, LLC/A	All Pro Managen	nent,L	LC		auler II W-2431	D No. 0-32797/989	Wa	ste s Needed	i	IESI Bethelhem La	ndfill	rul La	nunnu	r airie	əə Lai	unit
City, State							Dis	posal Date		City, State			7 mm			
Shirley,NY/Elizabeth,NJ/Ga	arfield,NJ						Т	BD		Waynesburg,OH/I	Morrisville,PA/Be	ethleh	em,P/	4		
Completed By (Print or Ty	ype)	Title	-ignation Date													
Allen Monchik		Project Manager														
ASB-41								Allen Monchik 3/6/18								

	EC		W.	
	MAR	9	2018	
A	EGGG () A	(E)N	nai	

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

									1.22 A UNI	-
	_			169 Minnisink Road- HRDI Building		Abateme	nt Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main odi	ial Stafi	Used by ce/Cust f (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m v a I	R e p a i r	E n c a p s u l	E n c l o s u r e	
	Yes	No	N/A							
1st Floor Kitchen			X	VAT	150 SF	Х				
	-	1								
		1								
	<u> </u>									
	-									
	-									
	1								<u> </u>	
	-									
	-	<u> </u>								
		-								

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 3/6/18	
------------------------------------------------	--------	-----------------	-----------------------------	-----------------	--

PAT													Pri	nt Fo
TAL	.1		CATION	ate of New I OF ASBE to NJAC 8	STOS	ABATE		IT.		heck# EC	2555 E	6 11 7		1244 - + 24 14 - 14 - 14
Date of Notification (1) 3/8/2018			Name of	f Building (	Owner/C			ns, LLC			() () () () () () () () () () () () () (	Ne staare		194
Agencies Notified Type Notification           ×         EPA         ×         Initial           DEP         ✓         Amended			Street A	ddress		7002 B	Boule	evard East	and a second sec	MAR	C3	20 <b>18</b>		U
X DOL Amendment #	the second s	- L	0.5450	f Contact		Gutten	burg	g, NJ 0709			Artist	f.iC	- 8	
DOH justification) DCA Cancellation			Name of		Carval	ho						485		∿*≪
Name of Facility Whore Abstement is Taking	Diago (2		FACI	LITY INFO	RMATI	ON			4					
Name of Facility Where Abatement is Taking Residential	Place (3	5)					I J VE	be of Facility (						
Street Address								School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings,	home	is,
City (5) Metuchen, NJ 088	40							uare Feet 3500	# 0	f Floors 3		ldg. A 90 +,		
County (6) Essex				Code (7) JSE ONLY)			Cu	rrent Use (Pric		ing demolis sidential	shed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	1 No.				batement Con Environme			Inc.			
Street Address					22	Street PO E	1000							
City, State, Zip Code								, Zip Code n, NJ 0850	1					
Project Manager for Monitoring Firm			Telepho	ne No.		Telept 609		No. -9688		License I 00493	No.			
Start Date (10) 3/20/2018	Schedule		pletion 1 30/201	Date (11) I 8		Name MEC		SHA Monitor						
Occupancy Status During Abatement (Check	Only Or	ne)				Street PO E								
<ul> <li>Facility Closed/Vacated During Entire P</li> <li>Abatement Performed Outside of Normative</li> <li>Other – Describe:</li></ul>						City, S	State,	, Zip Code field, NJ 08	515					
Scope of Work (Check All That Apply)						one	otori		010					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoliti						Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
		Locati										Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	ed Solel intenar todial S (12) No	ly by nce/		os Cont thermal surfa		Mater s ins T, or		(\$	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		X		Th	ermal	Pipe Ir	nsul	ation	2	220 lf	X			
Basement		Х			Trar	site S	inks	;		2	X			
3rd Floor		Х				VAT			1	00 sf	X			
2nd Floor		x			Shee	et Floo	oring	1	1	80 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	JDEP W auler ID 18292	No.	Cubic of Wa			Name of Fairless		ered Landfi dfill	ill			
City, State Illentown, NJ					Dispos	sal Date 0/2018		City, State		A				
Completed by Mahlon E. Stevens	Title Proje	ect Ma	nager	1	S	ignatur	İK		/		ate 3/8/	18		

0K4985		NOT		ATIO	V OF AS	lew Jersey BESTOS ABA <sup>-</sup> AC 8:60 and 5:1		CEI								
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator					Щ					
3 / 2	/ 1	8				copal Church of	Cranford /	Job#1802-228	2018	hk	#498	0				
Agencies Notified Type I	Notification	1			t Address	•	11 11					-				
🖾 EPA 🛛 🖾 Init				12-2012-12		Avenue East										
	nended				State, Zip (			Sector de la companya								
	iendment # iergency (i	-	-		anford, N		1 	and the second								
	tification)	nciuain	g		e of Contac			Telephone Nun	nher							
	ncellation			Jo	hn Zebro	wski		908-358-42								
				FA		FORMATION										
Name of Facility Where Abateme	ent is Takin	g Place	e (3)			I ORMATION	Type of Facility	(4)				_				
TEDS School		•	. ,				School (K-1)									
Street Address							Subchapter	8 (Other than K-1)	2)							
205 North Avenue East							other (i.e., p homes, etc.	private and comme	ercial bu	uildin	gs,					
City (5)							Square Feet	# of Floors	BI	dg. A	ae					
Cranford							20000	2		50	ge					
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demol								
Union							TEDS									
Name of Monitoring Firm Hired b	y Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)								
Hillmann Environmental						Asbestos an	d Mold Service	es, Corp.								
Street Address						Street Address	os and Mold Services, Corp.									
1600 Route 22 East, 1 <sup>st</sup> Flo	oor					3859 Sylon B	Boulevard									
City, State, Zip Code						City, State, Zip Co	ode									
Union NJ 07083						Hainesport, N	IJ 08036									
Project Manager for Monitoring F	irm		Tele	phone	No.	Telephone No.		License No.								
Thomas Rubino					-7800	609-702-0400		00862								
Start Date (10)	Schee	duled C	Sec. 200		te (11)	Name of OSHA M	lonitor									
_4 / _2 / _18		4 /	5	_ ′ .	18	EMSL Analyti	ical, Inc.									
Occupancy Status During Abaten						Street Address										
Facility Closed/Vacated During	g Entire Pe	eriod of	Abate	ment		200 U.S. Rout	te 130 North									
Abatement Performed Outside Time of Abatement:AM	e of Norma	I Facilit	y Hour	s - Des		City, State, Zip Co	de									
	and the second sec	IVI/			AM	Cinnaminson	, NJ 08077									
Scope of Work (Check all that app $\square \ge 3$ sf or $\ge 3$ If $\boxtimes \ge 160$ sf or $\ge 260$ If	ply)	the second se	enovati			Mini-Enc		gative Pressure								
			monuc	11		Glovebag	procedure	n-Friable Procedu	Ire							
			Locat							atem	ent T	vpe				
Location of Asbestos-Containing Material	(ACLA)		Norma ed Sole			Description o			0.00	-	-	Ť.				
TO BE ABATED	(ACIVI)	Ma	intena	nce/	Asbes	stos Containing Ma	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	nclo				
IN Facility		Cus	todial 3 (12)	Staff?	(	surfacing, VAT,	or	SF or LF)	oval	=	psu	Enclosure				
Basement Bathborn	(Craw)	Yes	No	N/A	Dia i	other miscellaned	ous)	2 -	~		late	œ				
Basement Storage	Many			-	1 9 9	NULATION		9LF	X							
						le & Mastic		205 SF								
Basement Bathroom Crawl					Pipe Ins	ulation		15 LF		$\boxtimes$						
1 <sup>st</sup> & 2 <sup>nd</sup> Fl. Janitors CLoset				$\boxtimes$	Heat Sh	ield		2 SF	$\boxtimes$							
Basement Mechanical Room					Mastic o	on Mirror (Detac	hed)	32 SF								
Name of Registered Waste Haule	r		1000	JDEP V		Cubic Yards of	Name of Regis	tered Landfill								
Waste Management				auler II 17273		Waste 5	Grand Cen	tral								
City, State				11213		Disposal Date	City, State									
Lafayette, NJ						4/26/18	Penn Argy	le, PA								
Completed By (Print or Type)	Title	9				Signature		Da	ate							
Kimberly A. Trumbetti	0	ffice (	Coord	linator		AXI	_		3.0	2-1	8					
SB_41										80						



CK4979 PAD	)	лот		ATIO	OF AS	ew Jersey BESTOS ABAT					- C:	81.0 × 1		
			(P	ursua	nt to NJA	AC 8:60 and 5:1	6)	NECE		7	Lu7			
Date of Notification (1)				Name	e of Buildin	g Owner/Operator (	(2)				T			
3 / 2 /	18			NJ	M Insura	rance Company //Jop #1802-2279 Chk. #4979								
Agencies Notified Type Notified	cation			Stree	t Address			H MAR	3 20	)18				
🖾 EPA 🛛 🖾 Initial				30	1 Sullivar	n Way	1							
DOLWD Amende	Sector and the sector of the				State, Zip (				<u></u>	1.201	Sh.			
DHSS Amendr						on, NJ 08628		ASECUTOS	200781 191865		. Giù			
DCA Emerge (NJAC 5:23-8) justifica		luding	9		e of Contac		4. F	Telephone Num	her	1.7 <b>299</b> -3	APRILATA /	e. 1991 .		
				0.10020602000	ul Rosem			609-833-130		948				
								003-033-130	10 X 1	340				
Name of Facility Where Abatement is	Taking	Diaco	(2)	FA		IFORMATION	T. (5.11)				-			
NJM Insurance	Taking	Flace	; (3)				Type of Facility							
Street Address							School (K-12	2) 8 (Other than K-12	2)					
301 Sullivan Way							Other (i.e., p	rivate and comme	rcial bu	uilding	js,			
	an Way						homes, etc.)							
City (5) West Trenton							Square Feet	# of Floors		dg. A	ge			
							498,000	4		50				
County (6)				Cour	nty Code (7	)(STATE USE ONLY)		ior if being demoli	shed)					
Mercer							Office Build	0						
Name of Monitoring Firm Hired by Bui	Iding Ov	wner (	(8)	ASCM	No.	Name of Abateme								
Hillmann Environmental						Asbestos and	d Mold Service	es, Corp.						
Street Address						Street Address								
1600 Route 22 East, 1 <sup>st</sup> Floor						3859 Sylon B	oulevard							
City, State, Zip Code						City, State, Zip Co	ode							
Union NJ 07083						Hainesport, N	IJ 08036							
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.						
Thomas Rubino			90	08-688	-7800	609-702-0400		00862						
Start Date (10)	Schedu					Name of OSHA M	lonitor							
/ /	4	_ /	25	5 /	18	EMSL Analyti	ical, Inc.							
Occupancy Status During Abatement	(Check	only c	one)			Street Address								
Facility Closed/Vacated During Ent				ment		200 U.S. Rout	te 130 North							
Abatement Performed Outside of N	lormal F	acility	y Hou	s - Des	cribe	City, State, Zip Co	de							
OFF HUULS AND KAN	PM/		_PM-	2	AM	Cinnaminson								
Scope of Work (Check all that apply)	10.1	16 M	11				,							
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf	D	Re	₩¥ novati molitic	on	inn	Mini-Encl     Glovebag	Procedure	ative Pressure	nc 10	sup	U			
			Locat						-	atem	ent T	vpe		
Location of			lorma d Sole			Description o			-		1	T		
Asbestos-Containing Material (ACM TO BE ABATED	(1)		intena		Asbes	stos Containing Mai ., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility		Cust		Staff?	(1.0.	surfacing, VAT,		SF or LF)	ova	=	psu	bsur		
(13)	F		(12)		-	other miscellaned	ous)		1		late	e.		
Sectors Indus		Yes	No	N/A										
Wellness Center				$\boxtimes$	Floor Ti	le & Mastic		1660 SF						
	1													
		_	-	-								12		
Name of Registered Waste Hauler			1.124	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				4		
Waste Management			H	auler IE 17273		Waste 5	Grand Cen	tral						
City, State				11213		Disposal Date	City, State							
Lafayette, NJ						4/26/18	Penn Argy	le, PA						
Completed By (Print or Type)	Title			4		Signature			ate					
Kimberly A. Trumbetti		ice (	Coor	linator			_		3-2	-10	ł			
ASB-41						- CKI		0	1-01	13				

K1351											Pr	int Fo
PATD			ICATION	tate of New Je N OF ASBEST to NJAC 8:60	OS ABATE		T		E.	N. I.	E	
Date of Notification (1) 02-26-18				of Building Owr		r (2)		MAI	3 9	201	8	E
Agencies Notified Type Notification			Street A 133 S	Address outh 20th S	t.			Acding		i.	01.8	
DEP Amended DOL Amendment		[		ate, Zip Code ton, NJ 071	11			i a + co <del>m negativenerative vi</del>		60000 00.00 <b>4</b> 000		
DOH     DCA     DCA     Emergency (     justification)     Cancellation	including			f Contact Gonzaga				Telephone (918) 370				
			FAC	LITY INFORM	IATION			1, ,		-		
Name of Facility Where Abatement is Taking Commercial Building	g Place (	3)		- Northe Solo Andread		Тур	e of Facility (4 School (K-1)					
Street Address 125 Broad St.						-	Subchapter	8 (Other than k rivate & comme	(-12) ercial bui	dings	, hom	es,
City (5) Elizabeth						Squ	are Feet	# of Floors	E	Bldg. /	Age	
County (6) Union			County ( (STATE)	Code (7) USE ONLY)		Curr	ent Use (Pric	r if being demo	lished)			
Name of Monitoring Firm Hired by Building C $N/A$	Owner (8	)	ASCN	/I No.			atement Con ntracting Ll					
Street Address					Street 522							
City, State, Zip Code							Zip Code y NJ 0708	7				
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi 201	none l	No.	License 01206	0.0040082			
Start Date (10) 02-12-18	Schedul 04-20-		npletion	Date (11)			HA Monitor					
Occupancy Status During Abatement (Check	CONIY O	ne)			Street	Addre	ess					
Facility Closed/Vacated During Entire P     Abatement Performed Outside of Norm     Other – Describe:	eriod of al Facilit	Abatem y Hours	ient			state, 2	Zip Code					
					Unio	n Cit	y NJ 0708	7				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			u u	M G	ini-Enclosure lovebag Proc					
					Ľ		on-Exempted	(*) and Non-Fr	able Pro		e ement	
Location of		s Locati Normali	у		Description	of					rpe	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	(i.e. then su	Containing N mal systems urfacing, VA er miscellar	Aateria s insul T, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								C	
6th Floor		X		V	/AT + Ma	stic		4500 SF	x			
Name of Popietored Wests Useda				6.44 L C								
Name of Registered Waste Hauler Delfa Contracting LLC		1 200	JDEP W auler ID 3524(	No. of	bic Yards Waste 60		100.000/038	egistered Land		ery F	acili	y
City, State Jnion City, NJ					sposal Date -27-18		City, State Tullytow					
Completed by laime Delgado	Title		iger.		Signature	- /	1	1	Date 02-26-			

-1360										and the second	enter a constant		Pri	nt Fo
PAID	1		FICATION	ate of Nev I OF ASB to NJAC	ESTOS A	ABATE		D		CE	<u>n 1</u>			
Date of Notification (1) 01-30-18				f Building sonry W			(2)			MAR	9 2	018		케
Agencies Notified Type Notificati	on		Street A 133 So	ddress outh 20t	h St.				ACT				. č.	1000 - 100 - 1
DEP Amended DOL Amended	ent #			City, State, Zip Code Irvington, NJ 07111								•••		
DOH justificatio     DCA Cancellat				f Contact Gonzag	a					phone Nu 8) 370-1				
Name of Facility Where Abatement is Ta	king Place (;	3)	FACI	LITY INFO	ORMATIO	ON	Type	of Facility	(4)					
Commercial Building		-,						School (K-						
Street Address 125 Broad St.								Subchapte Other (i.e. etc.)	r 8 (Othe			dings,	home	es,
City (5) Elizabeth								re Feet	# of	Floors	E	Bldg. A	lge	
County (6) Union			County ( (STATE )	Code (7) USE ONLY	)		Curre	nt Use (Pr	ior if bein	g demolis	shed)			
Name of Monitoring Firm Hired by Buildin N/A	ng Owner (8)	)	ASCN	1 No.				tement Co tracting I		9)				
Street Address				۰.,			Addres 7th St				<u> Verselande</u>			
City, State, Zip Code								ip Code NJ 0708	87					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepi	none N 216-9	0.		License I 01206	No.			
Start Date (10) 02-12-18	Schedul 04-20-		mpletion	Date (11)		Name	of OSH	A Monitor						
Occupancy Status During Abatement (Cl	l neck Only Or	ne)				Street	Addres	ss						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of a comman Facility	Abate y Hou	ment rs			City, S		ip Code VNJ 070	87					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demol					Mir	l Containm ni-Enclosur ovebag Pro n-Exempte	e cedure		2		e	
		s Loca Norma											ement /pe	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	ed Sol	ely by ance/ Staff?		tos Conta thermal	system ing, VA	laterial s insula T, or		(S	nount becify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ite	e
Basement		x				Insula				00 LF	X			
Bsmt, 3rd, 4th, 5th, 6th, 8th&12		x		P	ipe Insu			ris		00 SF	X			
Bsmt,1st, 2nd, 10th& 13th floo	·	X				/ Ma				45 SF	X			
8th floor		X		laata		ing Ti	les			00 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC			NJDEP W Hauler ID 3524	No.	Cubic V of Was					ed Landfi ource F		ery F	acili	ty
City, State Union City, NJ					Dispos 03-15			City, Sta Tullyto		2				
Completed by Jaime Delgado			nager.	12	Si	ignature	Ä	1			ate 1-30-	18		
ASB-41 (R-06-08)	pléte	+	æl .	1,00	Net	* Do h	pot use t	his form fo	r asbesto	s licensu	re exer	mpted	activi	ties.

-			
_ U	rin	t 🛏	orm
	1111	L I .	UIIII

.

PAID			ICATIO	tate of Ne N OF ASB t to NJAC	BESTOS	ABATE		т.		C	kt	£10	0					
Date of Notification (1) 02/28/2018				of Building Anders		Operator	- (2)	1	(17)	EC	) E	fi l	17					
Agencies Notified Type Notification EPA DEP Amended Amendment			Street A City, Sta		ode	2		Annote (Practicularity) works in	Щ	MAI		20	18 18					
DOH     DCA     Emergency     justification)     DCA     Cancellation	N			of Contact Anderso					Te	éphone N	lumber	•	1.2					
			FAC	ILITY INF	ORMAT	ION			*1									
Residential Property Street Address	acility Where Abatement is Taking Place (3) tial Property ress											Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hom etc.)						
City (5) Elizabeth							Squ 1,8	are Feet	# o	f Floors		Bldg. / 1920	() ) <del></del>					
County (6) Union				Code (7) USE ONLY	) (		1	rent Use (Prio	r if bei	ing demoli	ished)		3	_				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	M No.	-			oatement Cont CONTRAC										
Street Address			a Maria di Sala			Street 240												
City, State, Zip Code						City, S	tate,	Zip Code n, NJ, 0720	6									
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one	10		License 01355	No.							
Start Date (10) 03/09/2018	Schedule 03/16/2		npletion	Date (11)				SHA Monitor onmental L	ohor	otorioo								
Occupancy Status During Abatement (Chec						Street			abon	atories								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abaten	nent			1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		ute 22 Wes Zip Code	t									
Other – Describe:						Unio	n, N	J, 07083										
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processo of	lenova Iemolit		IT		×××	G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure				e					
		Locati											ement vpe					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Mai Cust	lormal d Sole intenar odial S (12)	lý by nce/ Staff?		tos Cont thermal surfac	scription aining M systems cing, VA niscellan	lateria insu T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure				
Basement	Yes	No	N/A	Ack	too	Dine In	la	tion	40			-						
2nd Floor			X X	1		Pipe Ir Pipe Ir				84 LF 6 LF	X	-						
2nd Floor			X	7.91		VAT	isuic			0 LF	×							
											+	-						
Name of Registered Waste Hauler Century Waste	l	H	JDEP W auler ID	2000-000-000-000-000-000-000-000-000-00	Cubic of Was			Name of R		red Landfi	ill	1	L					
City, State Elizabeth, NJ		32	2797		4 Dispos TBD	al Date		City, State Morrisvil		Ą								
Completed by Jeymy Donneys	Title Owne	er			- Bardenser	gnature	UN	Die	$\sum$	D	ate )2/28/	2018						

Print	Form
	( Olite

	ΡΑΠ	N		CATION	ate of Nev I OF ASB to NJAC	ESTOS /	ABATEN				The TThesauthern	and the state of the	ي ورس المناسبة	When the second	10000000		
Date of Notification (1) 03-01-18	I CRAA	<i></i>		Name of	f Building	Owner/O	perator			D		<u>C</u>	<b>;</b> [] ;	117	10		
Agencies Notified Typ	e Notification			Street A		· · · ·					l M	AR	9 2	018			
EPA C DEP	Initial Amended Amendment #			City, Sta	ite, Zip Co alls, NJ	de					Aleria .						
	Emergency (i justification) Cancellation	ncluding		Name of	f Contact Burkart						ephone N 3) 256	lumber			8		
				FACI	LITY INFO	RMATH	ON			100	-,						
Name of Facility Where Abate Commercial Property B		Place (3)							of Facility (4 School (K-12								
Street Address 101 East Main St.								-	Subchapter Other (i.e. pr etc.)				ldings	, home	es,		
City (5) Little Falls								Squa	re Feet	# of	Floors		Bldg. A	Age			
County (6) Bergen				County ( (STATE U	Code (7) JSE ONLY			Curre	nt Use (Prio	r if beir	ng demo	lished)					
Name of Monitoring Firm Hire N/A	d by Building C	wner (8)		ASCM	1 No.			lame of Abatement Contractor (9) Delfa Contracting LLC.									
Street Address				1				treet Address 22 7th St.									
City, State, Zip Code	1								p Code NJ 0708	7							
Project Manager for Monitorin	ig Firm		Telephone No.					ephone No.         License No.           1 216-9603         01206									
Start Date (10) 03-12-18		Scheduleo 03-16-1		npletion I	Date (11)			Name of OSHA Monitor Delfa Contracting LLC									
Occupancy Status During Aba				ant				Street Address 522 7th St.									
Abatement Performed O Other – Describe: 7:00 a	utside of Norma	al Facility	Hours						p Code	Code 1J 07087							
Scope of Work (Check All Tha	at Apply)		-				onio	i ong	110 01 00								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		a management	enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		lel	ocati	0.0				110	Lingted	() and				emen			
Location of		N	ormal	ly		Des	cription	of	-				Ty	ype			
Asbestos-Containing Mate <u>TO BE ABATEE</u> In Facility (13)		Used Mair Custo	itenar	nce/	Asbes (i.e.	tos Conta thermal surfac	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or ther miscellaneous)				Amount (Specify SF or LF)			Encapsulate	Enclosure		
1st Floor	1st Floor					Pipe	Insula	ion		15	0 LF	x	-				
	X																
													-				
Name of Registered Waste H	auler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Land	Ifill	_	1	L		
Delfa Contracting LLC	-822 - <i>F.A</i>		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	lauler ID 35240	No.	of Maste			n Resource Recovery Facility								
City, State Jnion City, NJ			¥.			Dispos 03-1	al Date 6-18		City, State Tullytow		L.						
Completed by laime Delgado	ager.		S	ignature	A				Date 03-01	-18							

CK 1364

Pr	in	tF	on	m

PAI PAI	and the second s		ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		- * 4. - Fil		474404,444441,121411,21411,214	That is a second				
Date of Notification (1) 03-01-18				f Building Istein Pi			(2)	· · · · · · · · · · · · · · · · · · ·	TE	GE	2 (1) 2 (1) (1) (1				
Agencies Notified Type Notification	1		-	ddress ast Mair ate, Zip Co						MAR	9 20	18		Щ	
DOL     Amendmer     Emergency     justification     DCA     Cancellatio	(including)		Name or	Falls, NJ f Contact Burkart	07424	1				ephone N 73) 256-			 %		
			FAC	LITY INFO	ORMATI	ION				-/		8 - I - I - I	14-17 - 14 1	10	
Name of Facility Where Abatement is Taki Commercial Property Building # Street Address	ng Place (: Z	3)						of Facility School (K-	12)						
101 East Main St. City (5)							ĸ	Subchapte Other (i.e. ) etc.)	private	& commer	cial buil			¥S,	
Little Falls							Squa	re Feet	#0	f Floors	E	Bldg. /	Age		
County (6) Bergen				Code (7) USE ONLY	)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCN	/I No.				atement Co tracting L		(9)					
Street Address						0.000	et Address 2 7th St.								
City, State, Zip Code						4	State, Zip Code on City NJ 07087								
Project Manager for Monitoring Firm			Telepho	ne No.			ohone No.         License No.           216-9603         01206								
Start Date (10) 03-15-18	Schedul 03-25-		mpletion I	Date (11)		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		HA Monitor tracting L		1					
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street				N. S.					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 7:00 am- 5:00 pm	Period of a mal Facility	Abater y Houn	nent s			City, S		ip Code NJ 0708	37						
Scope of Work (Check All That Apply)								110 07 00							
■         ≥3 sf or ≥3 lf           ■         ≥160 sf or ≥260 lf	and the second se	Renova Demoli				x x	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e			
Location of		Locat Norma	015821 <sup>11</sup>		Do	scription	of						ement /pe		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	ed Sole intena todial ( (12) No	nce/	Asbestos Cor (i.e. therma surfa other		taining N	lateria s insula T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
1st Floor	Tes		IN/A		Dino	Insula	tion		0			-			
IST FIDDI		×			Pipe	Insula	luon		3	0 LF	X				
												-			
Name of Registered Waste Hauler			JDEP W			ic Yards Name of Registered Landfill									
Delfa Contracting LLC City, State			Hauler ID No. of Waste 35240 1				I ullytown Resource Recovery Facility				ty				
Union City, NJ	Title			Disposal Date City, State 03-20-18 Tullytown, PA											
Completed by Jaime Delgado	Mana	ager.		S	lignature	A	4			)ate )3-01-	18		1.1		

CK1364

		.1
NK	12	4
UN	OU	11
		1

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

Date of Notification (1) 03-01-18			ne of Building Owner/O benstein Propertie		(2)			,	<u>ц</u>	
Agencies Notified Type Notification		101	et Address I East Main St.				AAD	<u> </u>	018	
DEP Amended ✓ DOL Amendment # Emergency (i		Littl	State, Zip Code le Falls, NJ 07424	l.			(91.11.)	- 6	010	
DOH     DCA     DCA     DCA     DCA     Cancellation	nordanig	Dav	ne of Contact ve Burkart			Telephone (973) 25			i 	.&
Name of Facility Where Abatement is Taking Commercial Property Building # 4	Place (3)	F	ACILITY INFORMATI	ON	Type of Facility (					
Street Address 101 East Main St.						2) 8 (Other than rivate & comm		ildings	, home	es,
City (5) Little Falls					Square Feet	# of Floors		Bldg. /	Age	
County (6) Bergen			nty Code (7) TE USE ONLY)		Current Use (Prid	or if being dem	olished)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)	AS	SCM No.	1	of Abatement Cor Contracting L					
Street Address					Address th St.					
City, State, Zip Code					ate, Zip Code City NJ 0708	7				
Project Manager for Monitoring Firm		Telep	phone No.	A CONTRACTOR OF STATE	one No. 16-9603	Licens 0120				
	Scheduled 0 03-25-18	Completi	ion Date (11)		of OSHA Monitor Contracting L	LC				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po	75. 39			Street / 522 7	Address th St.					
Abatement Performed Outside of Norma • Other – Describe: 7:00 am- 5:00 pm	al Facility Ho	urs			ate, Zip Code n City NJ 0708	7				
Scope of Work (Check All That Apply)	percent of the second se	ovation		u u	Full Containme Mini-Enclosure Glovebag Proo Non-Exempted	edure	ative Pressure n-Friable Procedure			
	100 C	cation nally						Abat	ement /pe	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used S Mainte Custodi	olely by nance/ al Staff? 2)	Asbestos Cont (i.e. thermal surfac		aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
1st Floor		lo N/		l	1	-20015			ite	e
1st Fioor		(	Pipe	Insulat	ion	300LF	X	+		
Name of Registered Waste Hauler Delfa Contracting LLC	II	Hauler	P Waste Cubic r ID No. of Was 240 1	100		Registered Lan		very F	acili	y
City, State Union City, NJ				al Date 0-18	City, State Tullytov					
Completed by Jaime Delgado	Title Proj. Ma	nager		ignature	A		Date 03-01	-18		

D	fir	+	ε	0	~
-	1 4 4	14	4	OI	201

17101										L	Pri	18.84
CI361 PAI	()) n	OTIFICATION	tate of New J N OF ASBES to NJAC 8:6	TOS ABATI		NT				- Per annung		
Date of Notification (1)	i.	Name o	f Building Ow	vner/Operato	or (2)		1		3	$\frac{N}{R}$	1	
02-23-18			nstein Prop				IJŕ			4 - <sup>1</sup> - 4		
Agencies Notified Type Notificatio	n	Street A	ddress ast Main S	¥			M	MAD	9	2018		
EPA Initial DEP Amended			ast Main S ate, Zip Code		and the second			MAR	9	2010		
T DOL Amendmen			Falls, NJ 0			- Angeler -						l
DOH     Emergency     justification	y (including	Name o	f Contact				Tel	ephone Nu	mber	- <u></u>	<u></u> &	
DCA Cancellatio		Dave	Burkart			2	(9)	73) 256-6	644	i suu		Яđ
Name of Facility Where Abatement is Tak	ing Place (3)		ILITY INFOR	MATION	1 Tv	pe of Facility	(4)					
Commercial Property Building # 7						School (K-						
Street Address						Subchapte	r 8 (Oth	er than K-1	2)			
101 East Main St.					F	Other (i.e. etc.)	private	& commerc	ial buil	dings,	home	53
City (5)					Sq	juare Feet	#0	f Floors	B	Bldg. A	ge	
Little Falls			0.1.(7)									_
County (6) Bergen			Code (7) USE ONLY)		Cu	irrent Use (Pr	ior if bei	ing demolis	hed)			
Name of Monitoring Firm Hired by Building	g Owner (8)	ASC	И No.	Nam	e of A	Abatement Co	ntractor	(9)				_
N/A	-					ontracting I		.,				
Street Address					et Ado							-
					7th							
City, State, Zip Code						, Zip Code City NJ 0708	87					
Project Manager for Monitoring Firm		Telepho	ne No.		phone			License N	lo.			-
						6-9603		01206				
Start Date (10)		d Completion	Date (11)			SHA Monitor						-
03-05-18	03-09-1					ontracting I	LC			0.000		
Occupancy Status During Abatement (Che	eck Only One	=)			et Add							
Continue Classed Massaded During Calin	Deded of A			1 522	/in							
Facility Closed/Vacated During Entire Abatement Performed Outside of No					7th State	, Zip Code						-
Abatement Performed Outside of No • Other – Describe: 7:00 am- 5:00 pm				City,	State		87					
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply)				City,	State	, Zip Code	87					
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply) Scope of Work (Check All That Apply)	rmal Facility	Hours		- City, - Uni	State on C	, Zip Code City NJ 070 Full Containm	ent with	n Negative I	Pressu	re		
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply)	rmal Facility	Hours		- City, - Uni	State on C	, Zip Code City NJ 070 Full Containm Mini-Enclosur Glovebag Pro	ient with e cedure	õ				
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply) Scope of Work (Check All That Apply)	rmal Facility	Hours enovation emolition	1	- City, - Uni	State on C	, Zip Code City NJ 070 Full Containm Mini-Enclosur	ient with e cedure	õ		cedur		
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥160 sf or ≥260 lf	rmal Facility	Hours		- City, Uni	State	, Zip Code City NJ 070 Full Containm Mini-Enclosur Glovebag Pro	ient with e cedure	õ		cedur Abate		t
Abatement Performed Outside of No Other – Describe: <u>7:00 am- 5:00 pm</u> Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	Is I NUsed	Hours enovation emolition Location ormally t Solely by		- City, - Uni Descriptic	State on C	e, Zip Code City NJ 0700 Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	ent with cedure d (*) an	d Non-Frial	ble Pro	cedur Abate	ement pe	T
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of	Is I N Used Main	Hours enovation emolition Location ormally I Solely by ntenance/ odial Staff?	(i.e. the	- City, Uni	State on C	e, Zip Code City NJ 0700 Full Containm Mini-Enclosur Glovebag Pro Non-Exempte rial (ACM) sulation,	ent with cedure d (*) an A (S	d Non-Frial	ble Pro	Abate	ement pe	T
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply) ≤ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Is I N Used Main	Hours enovation emolition Location ormally I Solely by ntenance/	(i.e. the	- City, - Uni Descriptic s Containing ermal syster	State on C	e, Zip Code City NJ 0700 Full Containm Mini-Enclosur Glovebag Pro Non-Exempte Non-Exempte sulation, or	ent with cedure d (*) an A (S	d Non-Frial		cedur Abate	ement pe	T
Abatement Performed Outside of No Other – Describe: <u>7:00 am- 5:00 pm</u> Scope of Work (Check All That Apply) ≤ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is I N Used Main	Hours enovation emolition Location ormally I Solely by ntenance/ odial Staff?	(i.e. the	Descriptic s Containing ermal syster surfacing, V	State on C	e, Zip Code City NJ 0700 Full Containm Mini-Enclosur Glovebag Pro Non-Exempte Non-Exempte sulation, or	ent with cedure d (*) an A (S	d Non-Frial	ble Pro	Abate	ement	T
Abatement Performed Outside of No Other – Describe: <u>7:00 am- 5:00 pm</u> Scope of Work (Check All That Apply) ≤ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is I Used Main Custo	Hours enovation emolition Location ormally I Solely by ntenance/ odial Staff? (12)	(i.e. the	Descriptic s Containing ermal syster surfacing, V	on of Mate ns ins AT, o aneou	rial (ACM) sultation, or	ent with e cedure d (*) an A (\$ SF	d Non-Frial	ble Pro	Abate	ement pe	Т
Abatement Performed Outside of No Other – Describe: <u>7:00 am- 5:00 pm</u> Scope of Work (Check All That Apply) ≤ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is I Used Main Custo	Hours enovation emolition Location ormally I Solely by thenance/ odial Staff? (12) No N/A	(i.e. the	City, Uni Descriptic Containing ermal syster surfacing, V ther miscella	on of Mate ns ins AT, o aneou	rial (ACM) sultation, or	ent with e cedure d (*) an A (\$ SF	d Non-Frial mount Specify F or LF)	Removal	Abate	ement pe	Т
Abatement Performed Outside of No Other – Describe: <u>7:00 am- 5:00 pm</u> Scope of Work (Check All That Apply) ≤ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is I Used Main Custo	Hours enovation emolition Location ormally I Solely by thenance/ odial Staff? (12) No N/A	(i.e. the	City, Uni Descriptic Containing ermal syster surfacing, V ther miscella	on of Mate ns ins AT, o aneou	rial (ACM) sultation, or	ent with e cedure d (*) an A (\$ SF	d Non-Frial mount Specify F or LF)	Removal	Abate	ement pe	
Abatement Performed Outside of No Other – Describe: <u>7:00 am- 5:00 pm</u> Scope of Work (Check All That Apply) ≤ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is I Used Main Custo	Hours enovation emolition Location ormally I Solely by thenance/ odial Staff? (12) No N/A	(i.e. the	City, Uni Descriptic Containing ermal syster surfacing, V ther miscella	on of Mate ns ins AT, o aneou	rial (ACM) sultation, or	ent with e cedure d (*) an A (\$ SF	d Non-Frial mount Specify F or LF)	Removal	Abate	ement pe	Т
Abatement Performed Outside of No Other – Describe: <u>7:00 am- 5:00 pm</u> Scope of Work (Check All That Apply) ≤ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is I Used Main Custo	Hours enovation emolition Location ormally I Solely by thenance/ odial Staff? (12) No N/A x No N/A x NJDEP V	(i.e. the	Cubic Yards	State on C	rial (ACM) sulation, or	ent with e cedure d (*) an A (\$ SF	d Non-Frial mount Specify F or LF)	Removal X	Abate	ement pe	T
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply) ≤ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) 1st Floor	Is I Used Main Custo	Hours enovation emolition  Location ormally I Solely by ntenance/ yodial Staff? (12)  No N/A X  NJDEP V Hauler ID	(i.e. the	City, Uni Descriptic Containing ermal syster surfacing, V ther miscella	State on C	e, Zip Code City NJ 0700 Full Containm Mini-Enclosur Glovebag Pro Non-Exempte sulation, or Isulation, or Isulation, or Isulation, or Isulation, or	ent with e cedure d (*) an ( SF SF 3 Registe	d Non-Frial	Removal X	ZU CEDURAL STATE	ement pe Encapsulate	
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) 1st Floor Name of Registered Waste Hauler Delfa Contracting LLC City, State	Is I Used Main Custo	Hours enovation emolition Location ormally I Solely by thenance/ odial Staff? (12) No N/A x No N/A x NJDEP V	Vaste C O	Cubic Yards	State on C	e, Zip Code City NJ 0700 Full Containm Mini-Enclosur Glovebag Pro Non-Exempte rial (ACM) sulation, or IS) Name of Tullyto City, Sta	ent with e cedure d (*) an A (\$ SF 3 Registe wn Re	d Non-Frial mount Specify F or LF) 80 LF ered Landfil	Removal X	ZU CEDURAL STATE	ement pe Encapsulate	
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) 1st Floor Name of Registered Waste Hauler Delfa Contracting LLC City, State Union City, NJ	Is I Used Main Custo	Hours enovation emolition  Location ormally I Solely by ntenance/ yodial Staff? (12)  No N/A X  NJDEP V Hauler ID	Vaste C No. C O	Cubic Yards of Waste 2 Disposal Dat 03-09-18	State on C	A Zip Code City NJ 0700 Full Containm Mini-Enclosur Glovebag Pro Non-Exempte rial (ACM) sulation, or JS) Name of Tullyto	ent with e cedure d (*) an A (\$ SF 3 Registe wn Re	d Non-Frial mount Specify F or LF) 80 LF ered Landfil	Removal X	ZU CEDURAL STATE	ement pe Encapsulate	
Abatement Performed Outside of No Other – Describe: 7:00 am- 5:00 pm Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) 1st Floor Name of Registered Waste Hauler Delfa Contracting LLC City, State	Title	Hours enovation emolition  Location ormally I Solely by ntenance/ yodial Staff? (12)  No N/A X  NJDEP V Hauler ID	Vaste C No. C O	Cubic Yards of Waste 2 Disposal Dat	State on C	e, Zip Code City NJ 0700 Full Containm Mini-Enclosur Glovebag Pro Non-Exempte rial (ACM) sulation, or IS) Name of Tullyto City, Sta	ent with e cedure d (*) an A (\$ SF 3 Registe wn Re	d Non-Frial mount Specify F or LF) 30 LF ered Landfil esource R	Removal X	ery F	ement pe Encapsulate	

State of New Jersey MOTHICATION OF ASBESTOR SARTEMENT (Pursuant to NJAC 8:00 and 12:120)         Date of Notification (1)       Name of Building Owner/Operator (2) Rubenstein Properties       MAR       2018         Agencies Notified       Type Notification       Street Address       Image of Building Owner/Operator (2) Rubenstein Properties       MAR       2018         Body       Initial Amended # Amended # DOL       Initial Amended # Amended # DOL       City, State, Zip Code Little Falls, NJ 07424       Telephone Number (973) 256-6644         Name of Facility Where Abatement Is Taking Place (3) Commercial Property Building # 13       Type of Facility (4) School (4-12)       School (6-12) Storet Address         Street Address       Street Address       Did (4: pursue for an of a commercial buildings, homes. (2) (5)       School (6-12) School (6-12)         Street Address       Square Feet       # of Floors       Bidg. Age         County (6) Bergen       County Code (7) (5747E USE OKP)       Current Use (Pflor if being demolished)         Name of Monitoring Firm Hired by Building Owner (8)       ASCM No.       Name of Abatement Contractor (9)         N/A       State Address       Street Address       Street Address         State Address       Street Address       Street Address       O1206         State Address       Street Address       Street Address       O1206 <td< th=""><th>51261</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Pri</th><th>nt Fo</th></td<>	51261														Pri	nt Fo
02-23-18       Rubenstein Properties       MAR       2018         Agencies Notified       Type Notification       Initial       Stret Address       Initial       Initia				CATION	OF ASBE	STOS	ABATE		i ĵi			G			N.7	
Agencies Notified       Type Notification       Street Address       Image: Street Address								(2)		In		MAD		0	110	
DEP         Amended         Amended         Clip, State, Zp Code         Amended           DOU         Energency (including)         Energency (including)         Type of Facility (Amendent # Commercial Property Building # 13         Type of Facility (Amendent # Commercial Property Building # 13           Street Address         Subchapter 8 (Other than K-12)         Other (Lip private 8 commercial buildings, homes.           City (9)         State 1 and the stratup Place (3)         Subchapter 8 (Other than K-12)         Other (Lip private 8 commercial buildings, homes.           City (9)         State 1 and the stratup Place (3)         County (Code (7)         Current Use (Prior If being demolished)           Name of Matterss         South Street Address         State 2 and the stratup Place (3)         Delfa Contracting LLC.           Street Address         State 2 and the stratup Place (3)         Delfa Contracting LLC.         Street Address           Street Address         State 2 and the stratup Place (3)         Delfa Contracting LLC         Street Address           State Date (10)         Scheetuked Completion Date (11)         Date Contracting LLC         Street Address           State Date (10)         Scheetuked Completion Date (11)         Delfa Contracting LLC         Street Address           State Code (17)         State 2 and the stratup Place (3)         Delfa Contracting LLC         Street Address		n				St.						BUPALL.			<del>918</del>	a annound
DOH         Emergency (including Darketization)         Name of Conted Darke Burkart         Telephone Number (97) 256-0644           Name of Facility Where Abatement is Taking Piece (3) Commercial Property Building # 13         Type of Facility (4) Subchapter 8 (Other than K-12) Other (1.e. private & commercial Property Subchapter 8 (Other than K-12) Other (1.e. private & commercial Property Subchapter 8 (Other than K-12) Other (1.e. private & commercial Property Subchapter 8 (Other than K-12) Other (1.e. private & commercial Property Subchapter 8 (Other than K-12) Other (1.e. private & commercial Property Subchapter 8 (Other than K-12) Other (1.e. private & commercial Property Subchapter 8 (Other than K-12) Other (1.e. private & commercial Property Bergen         Bidg. Age           Name of Monitoring Firm Hired by Building Owner (8) NA         ASCM No.         Name of Abatement Contractor (9) Delfa Contracting LLC.         Bidg. Age           Street Address         Street Address         Street Address         Street Address           Street Address         Street Address         Street Address         Street Address           Street Address         Street Address         Street Address         Diffa Contracting LLC           Street Address         Street Address         Street Address         Diffa Contracting LLC           Street Address         Street Address         Street Address         Diffa Contracting LLC           Street Address         Street Address         Street Address         Diffa Contracting LLC           St	DEP Amended	nt #					ļ			1	ACC:					8
End         FACILITY INFORMATION           Name of Facility Where Abstament is Taking Place (3)         Type of Facility (4)           Commercial Property Building # 13         Street Address           Street Address         Subschapter 8 (0br than K-12)           101 East Main St.         Square Feet         # of Floors         Bidg. Age           County (6)         County Code (7)         Current Use (Pfor if being demolished)         Bidg. Age           Name of Monitoring Firm Hired by Building Owner (6)         ASCM No.         Name of Abstament Contractor (9)         Bidg. Age           NAme of Monitoring Firm Hired by Building Owner (6)         ASCM No.         Name of Abstament Contractor (9)         Bidg. Age           Name of Monitoring Firm Hired by Building Owner (6)         ASCM No.         Name of Abstament Contractor (9)         Delfa Contracting LLC.           Street Address         Street Address         Street Address         D1206           Start Date (10)         Scheduled Completion Date (11)         Delfa Contracting LLC         D1206           Obsequency Status During Entire Period of Abatement         Abatement Parformed Outside of Normal         Scient Address         S22 7th St.           Scient Address 302 pm         Scient Address         S22 7th St.         Cirk Status During Entire Period of Abatement           Abatement Parformed Outside of Normal Facil	E DOH justificatio	n)		Name of	f Contact					1					. 100 m	
Commercial Property Building # 13				FACI	LITY INFO	RMATI	ION			1	-,					
101 East Main St.       Image: Driver (1, e. private 3, commercial buildings, homes, etc.)         City (5)       Square Feet       # of Floors       Bidg. Age         County (6)       County (206 (7)       Current Use (Prior if being demolished)       Street Address         Street Address       Street Address       Street Address       Street Address         Street Address       Street Address       Street Address         Street Address       Street Address       Street Address         Start Date (10)       Schedule Completion Date (11)       Deffa Contracting LLC         Odo-6-18       03-09-18       Defra Contracting LLC         Start Date (10)       Schedule Completion Date (11)       Defra Contracting LLC         Start Date (10)       Schedule Completion Date (11)       Defra Contracting LLC         Occupancy Status During Abatement Deformed Cotside of Abatement       Start Address       Start Address         Start Date (10)       Schedule Completion Date (11)       Defra Contracting LLC       Defra Contracting LLC         Start Date (11)       O3-09-18       Street Address       Street Address       Street Address         Start Date (11)       O3-09-18       Street Address       Street Address       Street Address         Start Date (10)       Scheet Scote by       Street Address	Commercial Property Building #		)					Туре	School (K-1)	2)	er than	K-12)				
Little Falls County (6) Bergen County Code (7) Delfa Contracting LLC. Street Address Stree	101 East Main St.							ĸ	Other (i.e. p	rivate 8	& comm	nercial	build	ings,	home	s,
Bergen         (STATE USE ONLY)								Squa	are Feet	# of	f Floors		BI	dg. A	ge	
N/A         Delfa Contracting LLC.           Street Address         Street Address           Size Address         Size Address           Size Thist.         City, State, Zip Code           Union City NJ 07087         City, State, Zip Code           Start Date (10)         Scheduled Completion Date (11)         O3-06-18           O3-06-18         Scheduled Completion Date (11)         Name of OSHA Monitor           Occupancy Status During Abatement (Check Only One)         Street Address           Facility Closed/Vacated During Entire Period of Abatement Other Normal Facility Hours         State Zith St.           Other Describe: 7:00 am 5:00 pm         City, State, Zip Code           Union City NJ O7087         Scope of Work (Check All That Apply)           Image: State Scope of Work (Check All That Apply)         Image: State Scope of Work (Check All That Apply)           Image: State Scope of Work (Check All That Apply)         Image: State Scope of Work (Check All That Apply)           Image: State Scope of Work (Check All That Apply)         Image: State Scope of Work (Check All That Apply)           Image: State Scope of Work (Check All That Apply)         Image: State Scope of Work (Check All That Apply)           Image: State Scope of Work (Check All That Apply)         Image: State Scope of Work (Check All That Apply)           Image: State Scope of Work (Check All That Apply)         Image: State Scope				County ( (STATE U	Code (7) USE ONLY)			Cum	ent Use (Pric	or if bei	ng dem	olishe	d)			
522 7th St.         City, State, Zip Code         City, State, Zip Code         Telephone No.         Telephone No.         Completion Date (11)         O3-06-18         O3-06-18         Oscillate (10)         Oscillate (10)         Oscillate Completion Date (11)         Oscillate (10)         Oscillate Completion Date (11)         Oscillate (10)         Oscillate (10)         Oscillate Completion Date (11)         Oscillation Colspan= 5:00 pm         Street Address         Scope of Work (Check All That Apply)         Endity Closed/Vacated During Endity Hours         Colspan= Scope of Work (Check All That Apply)         Endity Closed/Vacated During Endity         Asbestos Containing Material (ACM)         And the interval         Asbestos Containing Material (ACM)		g Owner (8)		ASCM	/I No.						(9)					
Project Manager for Monitoring Firm       Telephone No.       201 216-9603       Uicense No.         Start Date (10)       Scheduled Completion Date (11)       Name of OSHA Monitor       01206         Gocupancy Status During Abatement (Check Only One)       Street Address       522 7th St.       Street Address         Abatement Performed Outside of Normal Facility Hours       Street Address       522 7th St.       Code         Cher – Describe: 7:00 am-5:00 pm       Felophone No.       Street Address       Street Address         Scope of Work (Check All That Apply)        Pailor Otage for Street Address       Street Address         23 sf or ≥31 f        Renovation        Full Containment with Negative Pressure Glovebag Procedure         Asbestos-Containing Material (ACM)       Normally       Vastestos Containing Material (ACM)       Abatement Type         1 st Floor       x       Pipe Insulation        Abatement Start?	Street Address								h.							
201 216-9603     01206       Start Date (10)     Scheduled Completion Date (11)     Name of CSHA Monitor       03-06-18     Delfa Contracting LLC       Occupancy Status During Abatement (Check Only One)     Street Address       Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours       Other – Describe: 7:00 am 5:00 pm     City, State, Zip Code       Scope of Work (Check All That Apply)     Image: Containing Material (ACM)       Image: State	City, State, Zip Code			-11 <del>79-114-1444</del>	<del>и (1177) (1177) (1177) (1</del> 77)					7						
03-06-18       03-09-18       Delfa Contracting LLC         Occupancy Status During Abatement (Check Only One)       Street Address         Abatement Performed Outside of Normal Facility Hours       Street Address         Other - Describe: 7:00 am 5:00 pm       Title         Scope of Work (Check All That Apply)       Image: Check All That Apply)         ≥ 35 or ≥36 lf       Image: Check All That Apply)         > ≥ 460 sf or ≥260 lf       Image: Check All That Apply)         Asbeetson-Containing Material (ACM)       Is Location Normally         Used Solely by Material (ACM)       Is Location Normally         In Facility (13)       Yes         Yes       No         Yes       No         NAR       Pipe Insulation         1st Floor       x         Yes       No         Name of Registered Waste Hauler       NJDEP Waste         Delfa Contracting LLC       Disposal Date         Ofty, State       Oisposal Date         Other Check Date       Disposal Date         Other Check Date       Signature         (horn-Friable Procedure       Name of Registered Landfill         Name of Registered Waste Hauler       NJDEP Waste         Delfa Contracting LLC       Disposal Date         Of Waste	Project Manager for Monitoring Firm			Telepho	ne No.											
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 7:00 am -5:00 pm       522 7th St.         Scope of Work (Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply)         Image: Check All That Apply)       Image: Check All That Apply)       Image: Check All That Apply) <t< td=""><td></td><td></td><td></td><td>npletion I</td><td>Date (11)</td><td></td><td></td><td></td><td></td><td>LC</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>				npletion I	Date (11)					LC						
Packing Closed Valuated During Entire Feriod of Additientity         Abatement Performed Outside of Normal Facility Hours         City, State, Zip Code         City, State, Zip Code         Union City NJ 07087         Scope of Work (Check All That Apply)	-															
Scope of Work (Check All That Apply)	Abatement Performed Outside of No	e Period of A ormal Facility	Hours	s		_	City, S	tate, Z	Zip Code	7						
Image: Second secon	Scope of Work (Check All That Apply)								y 113 07 00							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)       Is Location Normally Used Solely by Maintenance/ Custocial Staff? (12)       Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)       Amount (Specify SF or LF)       Adatement Type         1st Floor       x       Pipe Insulation       160 LF       x       Image: Custocial Staff? (12)         Yes       No       N/A       Pipe Insulation       160 LF       x       Image: Custocial Staff? (12)         Name of Registered Waste Hauler       NJDEP Waste Haller ID No. 35240       Cubic Yards of Waste 2       Name of Registered Landfill Tullytown Resource Recovery Facility         City, State Union City, NJ       Title       Signature       City, State Tullytown, PA								Mi Gl	ini-Enclosure ovebag Proc	edure	0				2	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)       Used Solely by Maintenance/ Custodial Staff? (12)       Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)       Arnount (Specify SF or LF)       To B P P P P P P P P P P P P P P P P P P P								1 110		() an		TIADIC		Abate	ment	
Yes     No     N/A       1st Floor     x     Pipe Insulation     160 LF     x       1st Floor     x     Pipe Insulation     160 LF     x       Name of Registered Waste Hauler     NJDEP Waste     Cubic Yards     Name of Registered Landfill       Name of Registered Waste Hauler     NJDEP Waste     Cubic Yards     Name of Registered Landfill       Delfa Contracting LLC     35240     2     Name of Registered Landfill       City, State     Disposal Date     City, State       Union City, NJ     Title     Signature     M	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Mai	d Sole Intena odial S	ly by nce/	(i.e. th	os Cont hermal surfa	taining N systems cing, VA	lateria s insul T, or	ation,	(5	Specify		Removal			Enclosure
Name of Registered Waste Hauler     NJDEP Waste     Cubic Yards     Name of Registered Landfill       Delfa Contracting LLC     NJDEP Waste     Cubic Yards     Name of Registered Landfill       City, State     Disposal Date     City, State       Union City, NJ     Title     Signature	4.4.51	Yes		N/A											te	
Delfa Contracting LLC     Hauler ID No. 35240     of Waste 2     Tullytown Resource Recovery Facility       City, State Union City, NJ     Disposal Date 03-09-18     City, State Tullytown, PA       Completed by     Title     Signature	1st Floor		X			Pipe	Insula	tion		16	50 LF		X			
Delfa Contracting LLC     Hauler ID No. 35240     of Waste 2     Tullytown Resource Recovery Facility       City, State Jnion City, NJ     Disposal Date 03-09-18     City, State Tullytown, PA       Completed by     Title     Signature																
Delta Contracting LLC     35240     2     Tullytown Resource Recovery Facility       City, State     Disposal Date     City, State       Union City, NJ     03-09-18     Tullytown, PA       Completed by     Title     Signature	Name of Registered Waste Hauler								Name of I	Registe	ered Lar	ndfill				<u> </u>
Union City, NJ     03-09-18     Tullytown, PA       Completed by     Title     Signature     Date			H			2			1		source	e Red	cove	ery F	acili	ty
	Union City, NJ					03-0	)9-18				Ą					
			Mana	ager.		S	Signature	1	2			1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		8		

r

		NOTIO	S	tate of Ne	w Jers	sey		_		1948 - 1948 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 -		illin Traves	narota a	-muse	
				N OF ASB t to NJAC				Ē.			G	E		17	
Date of Notification (1) 3/6/18			Name o Ameri	of Building itrust Re	Owne sider	r/Operator tial Ser	(2) /ices				MAR		(Å	2018	)
Agencies Notified Type Notificati	n	1.11		<sup>Address</sup> Piedmor	nt Rd	NE, Blo	lg 7, i	Suite 70			1417(1)		3	2010	)
DEP Amended	ent #			ate, Zip Co ta, GA 30											
DOH justification			Name o	of Contact					Tel	ephone 4-544	Numb	ber		2.7.1 d.	
Name of Facility Where Abatement is Ta	king Diago (	2)	FAC	ILITY INFO	ORMA	TION	-								
Name of Facility Where Abatement is Ta	king Place (	3)					Туре	e of Facility (	80.89.						
Street Address								School (K-1 Subchapter Other (i.e. p	8 (Othe			buil	dings.	, hom	es,
City (5) Pemberton							Squa 148	<u>etc.)</u> are Feet 4	# of	Floors		B	lldg. A	\ge	
County (6) Burlington				Code (7) USE ONLY)	)		Curre	ent Use (Pri 10	or if beir	ng dem	olished	d)			
Name of Monitoring Firm Hired by Buildin	g Owner (8	)	ASC	M No.				atement Cor D PROFE						11	
Street Address						Street 6 WH		ess DOVE CO	OURT						
City, State, Zip Code					1			Zip Code OD, NJ 0	8701						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 732-				Licens 1200					
Start Date (10) 3/16/18	3/20/1	8	mpletion	Date (11)		and the second second second		HA Monitor D PROFE	SSIO	VALS					
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of	Abater	nent s			City, S	HTE tate, Z	ss DOVE CO ip Code OD, NJ 0							
Scope of Work (Check All That Apply)								00, 113 0	0701						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova Demolil				×	Min	II Containme ni-Enclosure ovebag Proc n-Exempted	e cedure						
Location of	1	Locat	lly		D	escription			<u>1 ( ) and</u>	NON-I			Abate	e ement pe	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	d Sole intena todial \$ (12)	nce/	Asbest (i.e.	os Co therma surf	ntaining iv al systems acing, VA miscellan	lateria insula T, or	I (ACM) ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A						2000	40.3 40.0 TO 10		<u>a</u>		ate	re
INTERIOR					F	loor Tile	9		15	OSF	×	:			
Name of Registered Waste Hauler		N	IJDEP W	laste	Cubi	Yards		Name of F	Register	ed Lan	dfill				
NEWARK CARTING		H	lauler ID 4509	-CON-101-0	of Wa			IESI	,cgiolei		unn				
City, State NEWARK, NJ					Dispo 3/20	osal Date /18		City, State BETHLE		PA					
Completed by	Title OWN	IER				Signature					Date				

lig lot														Pr	int
			ICATION	ate of New OF ASBES to NJAC 8:	STOS	ABATE		іт	in and strange		Prostace 27-17-17	-1047161	-		
Date of Notification (1) 3/5/18	D		Name of	f Building Ov	wner/C					E (					-
Agencies Notified Type Notification			Street A 451 W	ddress /hitesville	Rd					MA	\Fi	0	2018	3	Public services
EPA Initial DEP Amended X DOL Amendment				ate, Zip Code on, NJ 085									ж., 4		
DOH Emergency ( justification) DCA Cancellation			Name of Charlie	f Contact e					Te	lephone 18-992	1		ian in Nationalise	E	
Name of Facility Where Abatement is Taking	a Place (2	2)	FACI	LITY INFOR	RMATI	ON	Tur								
Street Address								School (K- Subchapte Other (i.e.	12) er 8 (Oth				dings,	home	es,
City (5) Jackson							Squ	etc.) uare Feet	# 0	of Floors	3	В	ldg. A	ge	
County (6) Ocean			County ( (STATE L	Code (7) USE ONLY)				rrent Use (Pi Me	ior if be	ing dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	1 No.				batement Co AD PROF			5				
Street Address						Street 6 WH		ress E DOVE C	OURI	Г					
City, State, Zip Code								Zip Code DOD, NJ (	08701						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 732-6		No. -9078		Licen 1200	se No )	•			
Start Date (10) 3/15/18	Schedule 3/22/18		npletion [	Date (11)				SHA Monito AD PROFI		NALS	;				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abatem	nent			1 20020505	ITE	E DOVE C	OURT						
X Other – Describe:		/ Hours	5		-			Zip Code OOD, NJ (	08701						
Scope of Work (Check All That Apply) ⊇ ≥3 sf or ≥3 If × ≥160 sf or ≥260 If		Renova Demolit				XXXXX	FNON	full Containn Iini-Enclosu Glovebag Pro Ion-Exempte	e cedure					e	
Location of	1	Locati	liy		Des	cription	of							ement pe	t
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. th	s Conta Iermal surfac	aining M systems cing, VA niscellan	lateri insu T, or		(3	Amount Specify F or LF)		Removal	Repair	Encapsulate	Lindoadia
INTERIOR	Yes	No	N/A		0000	0.00	11			5005				ate	a
INTERIOR						orn cei insulat		2		50SF		x			-
EXTERIOR					<u></u>	siding				500SF		x x			-
A															
Name of Registered Waste Hauler NEWARK CARTING		H	IJDEP W lauler ID 4509	No. c	Cubic ` of Was 20			Name of IESI	Registe	ered Lar	ndfill				
City, State NEWARK, NJ					Dispos 3/22/1	al Date 8		City, Sta BETHL		/ PA					
Completed by JOSEPH PERLSTEIN	Title OWN	IFR			Si	ignature					Date	)			

.

	State of New	1.2			Chec	k #:	16	2001
E AN E E (Pursi	IFICATION OF ASB lant to NJAC 8:60	ESTOS <u>ABATEMENT</u> D-7 and 12:120-	7)	NEM	ninger C	117		
Pate of Notification (1) OBJOS/2018 Agencies Notified Type Notification []EPA [X]Initial Notification [X]DOL []Amended Notification [X]DOH []DCA []EMERGENCY []Cancellation Name of Facility Where Abatement is Takin Mathem PDWEU Street Address	Lant to NJAC 8:60 Name of Buildin Matth Street Address City, State, Zig MontCla Name of Contact Matthei	9 Owner/Operato	7) pr (2) 10 ( ) 10	Acci Acci Done Number Lity (4) (K-12) pter 8 (0th	er tha	117 2018	12)	
			cial 1	(i.e., priv	nomes,	etc	.)	
City (5) MONTCLAIT		INTY Code (7) TATE USE ONLY)	Square Feet	# of Flo	ors E	Bldg.	Age	3
	JUL A	LILE ODE ONEL)	Current Use	Prior if be	aing de	amol	ishe	d)
Name of Monitoring Firm hired by Building Owner (8) $N/A$		Name of Abaten						
Street Address	67	Street Address	ANAGEMENT	, Inc.				
			topher St					
City, State, Zip Code		City, State, Z						
ject Manager for Monitoring Firm Tele	phone Number	Telephone Numb	r, NJ 070					
N/Z	See a new rest of the second measurement of	(973)744-		E I	icense 0037		iber	
<u>Month Day Year</u> <u>Month Day Year</u> <u>Month Day</u> <u>Occupancy Status During Abatement (Check of</u> (NFacility Closed/Vacated During Enti- of Abatement []Abatement Performed Outside of Norm	nly one) Tre Period	Name of OSHA M N/A Street Address City, State, Z:						
Hours - Describe:«OffHours Descript []other - Describe:«Other Occupancy D			th code					
Scope of Work (Check all that apply)		[]]]		-				
[ ] <u>&gt;</u> 160 sf or <u>&gt;</u> 260 lf [ ]]	Renovation Demolition	X Mini-Er	ontainment wit nclosure ag Procedure table Procedur		Press	ire		
Location of Loc	Is ation mally	Description	of		Aba	teme	nt 1 E	
Material (ACM)     So <u>TO BE ABATED</u> By 1       In Facility     Cust       (13)     Staf:	sed   lely Main- ( ance/ insu	Asbestos-Conta Material (AC i.e., thermal s llation, surfac other miscell;	M) Systems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAHR	H C A A A A A	ENCLOSUR
Basement	XPI	De Insula	ation	90LF	X		•	<u> </u>
x								
						_	_	
	ID NO. of W		Name of Regist		11			
Montclair, NJ 07042		osal Date	ity, State Morrisvill		906	7		
Completed By (Print or Type) Title Constantine Vivian President		Signature )	faithine /	inanf	ate 03	1051	18	>

1			51	Lave v.	L TIGM	Dersey			L	CHECK	# 1	0194	
NO KK		NOTI	FICAT	CION OI	F ASBI	STOS ABATEMENT							
Date of Notificatio	- (1)	Pursu				)-7 and 12:120-		and a second	ERT	Л Г	9 (ř	a 9.4	-
2/20/2018	n (1)		1 1 1 1 1 1 1			g Owner/Operato <b>pson</b>	or (2)	1Dr				7	
Agencies Notified	Type Notificat:	on	Stre	et Add	ress				1115				
[]EPA	[X]Initial								MAR	9 20	18	L	2
[ ]DEP	Notificat	ion	Citre	Ctat	0 71	o Code		_					
[X] DOL	[Amended Notificat	ion				,NJ,07040			ASISET	- Charle	- C.L.	8	
[X] DOH			Name	of Co	ntact			Telephor	le Number				
[]DCA	[]EMERGENCY []Cancellatio	on	Li	nda	Sim	oson			-				
				FAC	ILITY	INFORMATION							
Name of Facility Whe Linda Simpson	ere Abatement is	Takir	ng Pl	ace (3	)		Type	of Facil	ity (4)		- 4. 1		
							11 5 5	]School	Contraction of the second s	22			
Street Address									ter 8 (Oth i.e., priv				1
									homes, et		Jonnac		A da
<u></u>							Square	e Feet	# of Flo	ors B	ldg.	Age	
City (5)		inty (	(6)			unty Code (7)	11						
Maplewood	Es	sex			(S	TATE USE ONLY)	Currer	nt Use ()	Prior if b	eing de	moli	shed	L)
Name of Monitoring F	irm hired by Bui	lding	ASC	CM No.		Name of Abate	ment Co	ontractor	(9)				
Owner (8) N/A						AZTECH M							
Street Address						Street Addres							
						86 Chris	S	er St					
City, State, Zip Code	2		1-2012-0						•				
-1,, - <u></u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City, State, Montclai			12				
Project Manager for Manager	Monitoring Firm	Tele	ephon	e Numb	er	Telephone Num	ber			License	Num	ber	
		N/2	A			(973)744	-8800	0		0037	11		
Scheduled Start Date 03- 06- 18			8.2.5 C	Date 18	(11)	Name of OSHA N	Monitor						
Month Day Ye		0	S. av	Year		N/A							
Occupancy Status Duri [X] Facility Clos	Ing Abatement (C ed/Vacated Durir	heck d	only	one)		Street Address	3						
of Abatement [ ]Abatement Per		f Nor	a lem	'acilit	w	City State 5	tin God						
	ibe:«OffHours De	scrip	t»		-1	City, State, 2	sib Code	5					
Scope of Work (Check						11							
[X]>3 sf or 2 []>160 sf or	<u>≥</u> 3 lf	100.000		vation lition		[X]Mini-] [ ]Glove-	Enclosu -bag Pro	re ocedure	h Negative	Press	ure		
			Is			[ ]Non-Fi	clable 1	Frocedur	e	Aba	teme	nt T	wpe
Location			catio rmall			Description						Ε	E
Asbestos-Cont Material (A		τ	Used	-		Asbestos-Cont Material (A	이야 같은 것이 같이 많이 아파 아이에 빠지?		Amount	RE	RE	N C	N C
TO BE ABAS		By Mai	ntena	ance/		(i.e., thermal		s	(Specify SF or	M	P	A P	LO
In Facili			todia			sulation, surfa	cing, V	AT,	LF)	VA	A I	SU	SU
(13)		Yes	No	N/A	3	or other miscel	laneous	5)		L	R	L	R
Basement				x	Duc	t Work			120 SF	X			<u> </u>
Name of Registered Wa	ste Hauler		EP Wa			oic Yards			tered Land:			3	
AZTECH MANAGE	MENT, INC.		ler I 040	D No.	of	Waste 0.75	Min	lerva	Enterpi	rise	INC	2	
City, State		- /			Dis	posal Date	City,	State					1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
Montclair, NJ	07042				3	/9/18	Way	nesbu	rg, Ohi	0 44	688	3	
Completed By (Print o	r Type) Title					Signature	1		-/	Date			
Constantine Vi		iden	t			1 10	1.	1	1. in	2/20/	2018		
						1 Onst	G MT	Tele,	1,0160	5			
	1					Cury		V				6	

11 11000				State of New Jers	sev		UIA FAX	K		
the 4212 PA	ID	NOT	ificat (Pursu	ION OF ASBESTO	SABAT	EMENT 20)	Ch# 42	72	-	
Date of Notification (1)	s of Notification (1)									
Agencies Notified Type Notification	n		Stree		<u> </u>					
D, DEP D Amended			City,	State, Zip Code	ea	an-me 	III MAK	9 20	118	and
	4272     ADD     NOTIFICATION OF REALTENENT (Pursuant to NUAC 3:58 and 2:120)     Chill 4272       of Notification (1)     5     Norm of Building Owner(2)     Chill 4272       of Notification (1)     5     Norm of Building Owner(2)     MAR     9 2018       Dep Orthogonal (1)     Anne of Contract     Street Address     MAR     9 2018       Dep Orthogonal (1)     Emergency (Including)     Norm of Building Owner(2)     MAR     9 2018       Dot Orthogonal (1)     Emergency (Including)     Name of Contract     1176/24/24     1176/24/24       Norm of Building Owner (8)     Name of Contract     1176/24/24     1176/24/24       Norm of Building Owner (8)     ASCM NO.     176/24     1176/24/24       Address     ESCHOR (N-1)     State Algonal (1)     176/24       State Algonal (1)     State Algonal (1)     176/24     1176/24/24       Of Pacility Where Abstament is Taking Place (3)     Type of Facility (4)     1176/24/24       Charles Ch     No     State Algonal (1)     176/24       State Algonal (1)     County Code (7)     Current Use (Prior II) Baild, Age (1)       Norme of Abstement Contractor (8)     ASCM NO.     Name of Costat (1)       Address     Street Address     Charles (1)     10/24       Of Monitoring Firm Hired by Building Owner (8)     ASCM NO.									
DOH justification	1)		. 1/-		BAN	ino .	Telenhone Ni	1000100	4	4
Name of Facility Where Abatement is Tak	ing Place	(3)					<u>,</u>			Million A
		. (0)								
Street Address				k		D Subchap	iter 8 (Other than K-	12) cíaí bu	ulding:	s, h
City (5)							•		0.000	
HARRIGON N County (6)	<u>. Ci</u>		<u> </u>	A A A A A A A A A A A A A A A A A A A					7.	5
ESSEX			(STATI	EUSEONLY)		Current Use (F				
Name of Monitoring Firm Hired by Building	Owner (	8)	ASC	CM No.			ontractor (9)	<u> </u>		
Street Address										
City State Zin Code	********						814			
						Bid	GR NID.	08	85	7
Project Manager for Monitoring Firm		1	Teleph	one No.	1		License N	lo.		
Start Date (10)	Schedu	Iled Cor			Name	of OSHA Monito	ιr ,	00	-16	
	k Only C		2	18	NO		to inc			
Facility Closed/Vacated During Entire	Period of	Abatem	l nent		P.0		814		20	
<ul> <li>Abatement Performed Outside of Norr</li> <li>Other – Describe:</li> </ul>	nal Facili	ty Hours	)			ate, Zip Code	· NO. 0	25	20:2	1
Scope of Work (Check All That Apply)					VIE	Such		$\omega$	2-2-1	ι
a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf						Mini-Enclosu	re	ressu	re	
		~ l				Non-Exempte	ed (*) and Non-Friab	le Pro		
		Normall	y						Ty	pe
TO BE ABATED	Ma	aintenan	ice/	(i.e. thermal :	systems	Insulation,	(Specify	Re	R	Enca
		(12)					Sridi Lrj	noval	pair	osulau
	Yes	No	N/A							
151 FLOOR KITCHEN			X	Floor Til	E		2 100 SF	X		
ame of Registered Waste Hauler	J		DEP W			Name of	Registered Landfill	L	1	
Novatech inc	_		uler ID 125	31	3		2.0.6.5		÷	
OD Bridie MD.	089	857		Dispose Li C		City, Stat	ZIBOTHE_	G	14	-1
pmpleted by	Title	)		Sig	mature	ZAD	/ Date		5	1
ARIOS AMEIDA	1	1.E.	NIJE		al.	() WATH	yes in	31	<u> </u>	H

÷.

. ( /	<b>a</b> <i>i</i>					27		- -				
0644	56				State of I	New Jersey	in	ECEL	\ <u>\</u> ?	En3		
		AID	N	(Pursua	TON OF AS	C 8:60 and 12:120	P IDI	MAR 9	2018	A second s	IU	
	Date of Notification (1)	-61-18		Na		ing Owner/Operator	SH DU	LDER				and the second
	Agencies Notified	Type Notification	л.	St	reet Addres			Je		1.8		i
· · ·		X Initial		Ci	y, State, Zip	Code	4.645					34
	DOL DOH	Amendmen Emergency justification	(including		me of Conta	HADDON FI	FUD M.	T 080				
						OM						_
					ACILITY IN	FORMATION	Type of Facilit	v (A)				
	Name of Facility Where	RESIDEN	ICE	(3)			School (K-	12)	10			
	Street Address						Other (i.e.,	r 8 (Other than K-12 private & commercia		dings		
	City (5)	A					homes, etc Square Feet	# of Floors		dg. A		_
	County (6)	IVALON	1	10	ounty Code	(7) (STATE	1000 Current Use (F	Prior if being demolis	-	00		_
	. CIAv				SE ÓNLY)			LANT				_
	Name of Monitoring Firm (8)	Hired by Building	Owner	ASC	M No.	Name of Abatem						
	Street Address	ļ				Street Address 369 S	SPRU	CE AVE				
	City, State, Zip Code					City. State, Zip Co MAPLO			280	25	2	_
	Project Manager for Mon			Telephor		Telephone No. 856-77		License No.	44			_
	Start Date (10) 3 - 19 - 18	2	eduled Co	6-	Date (11)	Name of OSHA M	N/A					_
	Occupancy Status During	g Abatement (Ch	eck only o eriod of A	ne) batement		Street Address	÷.					
	Abatement Performed	Outside of Norm	al Facility	Hours		City. State, Zip Co	xde					_
	Scope of Work (Check al	I that apply)	Ren	ovation		Mini-Enc	losure	egative Pressure				
	≥160 sf or ≥260 ff		Derr	Notition		Non-Exe	g Procedure mpted (*) and N	on-Friable Procedur		bater	2001	_
		ter	Non	cation maily		<b>D</b>				Тур		
	Location o Asbestos-Containing M	f aterial (ACM)	Mainte	Solely by enance/ todial	Asbes	Description of tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify	R	-	Enc	Ē
	TO BE ABATI IN Facility	ED	Sta	aff? 2)	(1.0.	surfacing, VAT, other miscellaneou	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	(13)			NO N/A	1				al		ate	e
	SIDIN	G		X	1	TRANSIT	E	1000 SF	X		_	
	010174										-	-
									$\vdash$			
	Name of Registered Wast	e Hauler			Waste	Cubic Yards of Waste		istered Landfill				
	KLEMCO	INC		Hauter	04	Disposal Date	C. M	C. M.D.	A	<u>,</u>		_
	City. State MAPLE S	HANE	N.J	•				ODBINE	1			_
	Completed By	Title	SUV	2		Signature _	1076	Date 	4-	18		
	MICHAEL KL	chim	-01						-			

.

ON							<u></u>				
CE		<b>1</b> 24		State of New Jer			Check #	0	01	0	
	PAIL		NOTIFICAT	TION OF ASBESTO	SABATEME	NT	#	101	_O`	P	
	Date of Notification (1)			ant to NJAC 8:60	10850 1	·	• .				
	3-6-	18	Nan	ne of Building Owne		· · · · · · · · · · · · · · · · · · ·	CEP	71	C	7 13	а Станції Станції
	Agencies Notified Type Notification	<u> </u>	Stre	et Address	C	hts	+ Donsi	LL	C		1
1	🗆 EPA 🔀 Initial			P.0	, Box	36	35	+ +1	- (6.5	tila en	
	DOL Amended	t#	. City,	State, Zip Code		AIT	I U MAP	1	20	18	
	DOH Emergency		Nam	TRe/	1700	NJ	0863			1 (A)	
	DCA Cancellation			Equal	Right	S	367-	. 87 . and	Walt Hat	13	
	Name of Facility Where Abatement is Takir	ig Place (3	F.	ACILITYINFORMA		pe of Facilit	ورد الدينيا بالمتحدثات الجرد الدارية				and the second second
	Dingle fam	ilv		llins		School (H		- */ -			
	Street Address	1		,)		Subchapt	ter 8 (Other than H	(-12)			
	City (5)				~	etc.)	. private & comme	ercial bu	ulding	s, hon	nes,
	Ewing NJ	r c	)861	8	Sq	uare Feet	# of Floors		Bldg.		
5	County (6)		Coun	ty Code (7) · TE USE ONLY)	Cu	rrent Use (F	Prior if being demo	lished)	(s	-0 t	
	Name of Monitoring Firm Hired by Building	Owner (8)		CM No.							
	EPC Technolo	Sie		N/A	Name of A	batement C	ontractor (9)		e	T	
	Street Address	27			Street Add	A100	chaola	Jie	9	JI	16
	City, State, Zip Code	27			<b>P.O</b>	and the second s	1057				
	New Equat	N <sub>2</sub>	- O1	3533	City State,	Zip Code	IN SAL	50	0	52	2
	Project Manager for Month rid ge Firm			hone No.	Telephone	No.	License	No.			0
	Start Date (10)	Scheduler	d Completio	758-3365				0.	54	4	
	Mar 16,2018	Ma	RIG	Z018		SHA Monito	hnologie	T	_	•	
	Occupancy Status During Abatement (Ched	k Only One	e)		Street Addr	ess	~	5 4	nc		
	Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of At	batement Hours				. 337		_		
	U Other – Deccribe:				City, State,		ALT	na	53	2	
	Scope of Work (Check All That Apply)					Sipi	/\	00-	5-	2	
	PK ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		novation			ull Containn	ent with Negative	Pressu	ire		
	i na seconda de la companya de		mondon		∑K G	lini-Enclosur lovebag Pro	cedure				
Ī		Isl	ocation			on-Exempte	d (*) and Non-Fria	able Pro		re ement	
	Location of	No	solely by	De	scription of					/pe	
	Asbestos-Containing Material (ACM) TO BE ABATED	Main	tenance/	Asbestos Con (i.e. therma	taining Materia systems insu	al (ACM) lation	Amount (Specify	71		Ē	m
	In Facility (13)		dial Staff? (12)	surfa	cing, VAT, or niscellaneous	3.5	SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No N/A	-	insociatie ous,	/		val	4	ulate	sure
Ē	Basement	X		10	c. ladi		1201-				
F				- ipe in	salatic	5	100 LF	X	-		
F											
F											
F	Name of Registered Waste Hauler	II	NJDEP N			Name of	Registered Landfi	II II			
	EPC Technologies		Hauler II	0 No. of Was	and a	Wast	<i>e</i> Manage	ment	4	P	A
	City, State	UJ .		Dispos	al Date	City, Stat	e		01		
	Completed by	Title			ignature	Morn		PA			
	Steve Schenker	Pres	ident		Steere	sch	h	3.	-6	-18	3

Print Form

14	1	1	
			1.5

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

ni		
4	(#	1528

1

Date of Notification (1)					Building Owner	Operator	(2)	•	172 <i>(</i>	a		6		
3/3/18				Lumaj	Builders			(r)	E (	л		10 Y		25
Agencies Notified	Type Notification			Street Ad	idress oute 17 Sout	h				and that an	- • · · · · · · · · ·	-1		
EPA DEP	Amended				e, Zip Code				M	AR	0.9	018		
X DOL	Amended Amendment	:#			Saddle Rive	r. NJ			WI/	ALI	92	010	- Contraction of the second	
	Emergency		-	Name of				-	Telepho	one Nu	mber			
	justification) Cancellation		-						ACCE		11.182.000.004		a dan dan dan dan dan dan dan dan dan da	
	1		L	FACIL	ITY INFORMA	TION			1	n in Test in Atomic and				
Name of Facility Where		ng Place (3)					Type of F	acility (4)						
Residential House								ool (K-12)						
Street Address								chapter 8 ( er (i.e. priv				dinas	home	ae
							etc.)						_	
City (5)							Square F	eet	# of Flo	ors		ldg. A	ge	
Cresskill							2000		2		-	50+		
County (6)				County C (STATE U	lode (7) ISE ONLY)			lse (Prior I ntial Hou		lemolis	hed)			
Bergen Name of Monitoring Firm	- Uirod by Building	Ouror (9)		ASCM	No	Nomo	of Abatem		Sector and					
n/a	n nired by Building	Owner (6)		n/a	NO.		nony Col							
Street Address				100			Address	in aoung	1110					
n/a						10000	Palisade	Ave						
City, State, Zip Code						City, S	State, Zip C	ode						
n/a						1 7 2 2 2	field, NJ (							
Project Manager for Mor	nitoring Firm			Telephon	e No.	Telep	none No.		Lic	ense M	No.			
n/a				n/a		973	460.6026	i	01	1255				
Start Date (10)		Scheduled	d Corr	pletion D	Date (11)	Name	of OSHA N	lonitor						
3/12/18		3/20/18					TIONY CO	ntracting	Inc		- 14-512-12			
Occupancy Status Durin	ig Abatement (Che	ck Only One	e)				Address	•						
Facility Closed/Vac							Palisade							
Facility Closed/Vac Abatement Perform Other – Describe:		nal Facility	Hours				State, Zip C							
						Gar	field, NJ	07026						
Scope of Work (Check A	All That Apply)	Forma		30		r	٦				2.5			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the second	enova			t		ntainment nclosure	with Ne	gative	Pressu	re		
						Ģ	Gloveb	ag Proced						
							Non-Ex	kempted (*	) and No	on-Fria	ble Pro		e ement	
× *		10 17.7	_ocati ormal										pe	•
Location Asbestos-Containing			I Sole		[ Asbestos Co	escription		CMC	Amou	int		1		1
TO BE AB	ATED		ntenar odial S		(i.e. them	al system	s insulation		(Spec	ify	Re	2	Enca	En
In Faci (13)			(12)			facing, VA r miscella			SF or	LF)	Remova	Repair	Encapsulate	Enclosure
(,		Yes	No	N/A	0010						al	-	late	Ire
			NO	+										
Exteri				×	Irar	site Sh	ingles		1,500		<			
Basem		_		X		VAT			250 \$		<			
Lower Bas	sement			x		VAT			250 \$	SF	<			
							<del></del>							
Name of Registered Wa			10.332	JDEP Wauler ID	가장 전 전 가장	ic Yards /aste	1	ame of Re			11			
Harmony Contracti	ng INc		1.255	33085	TB		0	ROWS	Landfi	11				
City, State						osal Date		ity, State						
Garfield, NJ					TB			/lorrisvill	e, PA					
Completed by		Title				Signatur					late		199-2188	
E. Cirovic		Secre	etary			Z.Ci	win	/		3	3/3/18			

16 Ko	A	ille i		100
1300	12	- 85	100	- 259
÷	Acres 1	( D)	153	100

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

Date of Notification (1)				N	(D.11.1)			Chec	K	(11)	51	5			
3/5/18					of Building ( DeHass	Owner/Oper	rator	(2)		600.000	entrante a	Theorem .	27.9% C 1 1 1 1		
Agencies Notified	Type Notification				Address			11	H L	6		109 10	10		
EPA	× Initial							1			8.19C311.1				
DEP	Amended		Ī		tate, Zip Coo	de				MAR	n	2018			
X DOL	Amendment Emergency		—	Clifto				العلم أ	1-6	ALVE ALL		2010			
DOH DCA	justification) Cancellation				of Contact rt Krupins				l Tel	enhone	Numbe				
					ILITY INFO		<u>.</u>			2		1.11	. A		
Name of Facility Where A	Abatement is Takir	ng Place (3	3)	1740		MIATION		Type of Facility	2011 (Street)	14050					
Home								School (K-	12)						
Street Address								Subchapte Other (i.e. etc.)	r 8 (Othe private 8	er than k & comme	(-12) ercial b	uilding	s, horr	es,	
City (5)								Square Feet	# of	Floors		Bldg.	Age		
Clifton								2200	2			73			
County (6) Passaic				County (STATE	Code (7) USE ONLY)		-	Current Use (Pr home	ior if beir	ng demo	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name of Abatement Contractor (9)								
Street Address								Environmenta	al Serv	ices, L	LC				
						10.00		Address Sate Drive PC	Box	183					
City, State, Zip Code							4 E Gate Drive, PO Box 483 Dity, State, Zip Code								
							- C	wood, NJ 074	418						
Project Manager for Moni	toring Firm		Telepho	one No.			one No. 764-2276		License 703	e No.					
Start Date (10)		Schedule	ed Con	npletion	Date (11)			of OSHA Monitor		703					
3/15/18		3/23/18	3	."											
Occupancy Status During	Abatement (Chec	k Only On	ie)			Str	reet A	Address							
Facility Closed/Vaca Abatement Performe X Other – Describe: b	ed Outside of Norm	Period of A nal Facility	Abatem Hours	ient		Cit	ty, St	ate, Zip Code							
Scope of Work (Check All	That Apply)						-								
≥3 sf or ≥3 lf		X R	enova	tion			X	Eull Cartaine			-				
× ≥160 sf or ≥260 lf		and the second s	emoliti					Full Containm Mini-Enclosur		Negativ	e Press	sure			
								Glovebag Pro Non-Exempte		Non-Fr	iahla P	rocedi	ro		
	1	ls	Locati	on					a ( ) and				temen	t	
Location			lormall d Sole			Descrip	tion	of			-	Т	уре		
Asbestos-Containing I <u>TO BE ABA</u>	Material (ACM) <u>TED</u>	Mai	ntenar	nce/	Asbesto (i.e. th	os Containin hermal syst	ng Ma tems	aterial (ACM)		nount pecify	7		Б	m	
In Facilit (13)	У	Cust	odial S (12)	staff?		surfacing,	VAT	, or		or LF)	Kemova	Repair	caps	Enclosure	
(10)		Yes	No	N/A	-	other misce	ellane	eous)			oval	air	Encapsulate	sure	
baseme	nt			x		floor	tilo		05	0.85					
				^		11001	ule		60	0 SF	X				
Name of Registered Wast	e Hauler		N	JDEP W	laste	Cubia Vard	da	NI-	D						
Tonys Cleanup & Ha			H	auler ID	No.	Cubic Yard of Waste	15	Name of							
City, State	9		17	7787		TBD		Chrin E		s Sanit	ary L	andfil	I		
Bridgewater, NJ						Disposal Da TBD	ate	City, Stat Easton							
Completed by		Title	0.5			Signat	ture		, 1 A		Date				
A. Scott Higgins		dent				3/5/18									

0



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

GAC Project # 060-18	3		No. of Concession, Name					12							
Date of Notification (1)	19 mil		and the	21	Name of Building Owner										
March 6,	2018				RUTGERS, THE S	TATE UN	VERS	HTY C	FNJ						
Agencies Notified		Notification			Street Address ENVIRONMENTAL	14 17 17	1171		7 121		I E II				
		<b>X</b> Initial	Notifica	ation	ENVIRONMENTAL	HEALTH	& SA	FETY	DEPT	. (RE	HS)-				
EPA EPA		□ Ameno	led Not	ification #	74 STREET 1603, E	3LDG 411	6-LIV	INGS	TON C	CAMF	PUS III				
DCA DCA		<b>D</b> Emer	iency (	including	City, State, Zip Code	1	TH								
X DOL					PISCATAWAY, NJ	08854		MA	ιH	9 20	18 11				
DEP- No Longer REQUIRED	n I		cation)			00034					V loop				
IN DOH		Cance	lled		Name of Contact			phone I			1				
					MICHAEL F. SMITH			-445-2		1999) - 1993 1997 - 1997 - 1997 1997 - 1997 - 1997	diameter de la constante de la				
					HEALTH & SAFET	Y	1	ACC LAL	11. 1	신 문화	101 <b>. &amp;</b>				
				FACILITY IN	FORMATION	1	-2 1. <del>101</del> 100			1. 1. 1.	and the state of the second				
Name of Facility Where Abatemen		ing Place (3)			Type of Facility (4)			20	10						
LOREE GYM, BLDG# 83	21				School (K-12)			0.0							
					Subchapter 8 (other tha	n K-12)									
Street Address					Other (i.e. private & co		diana h		1.1						
DOUGLASS CAMPUS															
					Sq. Feet: N/A	t of Floors:	Z BID	g. Age	00+	years	à				
	unty (6)			Code (7)					-						
NEW BRUNSWICK	MIDDI	LESEX	(State I	Jse Only)	Current Use (prior if bein	g demolished	i): AC	ADEMI	С						
Name of Monitoring Firm Hired by	Plda O	wpor (0)	10011	No	Name of Ocation in (0)		10.10-120-5-								
	Blug. O	wher (8)	ASCM		Name of Contractor (9)										
ATC			0009	8			0.10								
					GREENWOOD ABA	TEMENT	ONSU	JLTAP	NTS, II	1C.					
Street Address					Street Address										
3 TERRI LANE															
				511 MAIN STREET											
City, State, Zip Code				City State, ZipCode											
	016				BUTLER, NJ 07405										
Project Manager for Monitoring Fir	the set of the set of the set of the	Telephone I	lumbor												
BRIAN R. KEARNEY	<u> </u>	609-386			Telephone Number License Number										
DRIAN R. REARINE I		609-386	-8800		973-492-0477 00840										
Scheduled Start Date (10)		Cabadulad	Completie	Data (11)	973-492-0477 00840										
03/16/18				on Date (11)	Name of OSHA Monitor										
		03/19/18			ENVIROVISION, INC.										
Occupancy Status During Abate					Street Address										
Facility Closed/Vacated Durin	g Entire	Period of A	batemen	it	20-21 WARGARAW ROAD, BLDG# 35E										
Abatement Performed Outside	e of Nor	mal Facility	Hours -												
Describe:					City, State, Zip Code				ingen Gammen af a						
Other- Describe: Schedule:	5PM -	5AM Daib	(24 HC	S 29IIC	FAIRLAWN, NJ 074	10									
WEEKENDS AS NEEDED)	01 101	SAM Bang	(24110		-										
WEEKENDS AS NEEDED)															
A															
Scope of Work (Check all that app	ly)														
					C	Full Contair	ment w	ith Neg	ative P	ressure	e				
X≥ 3 sf or >3 lf				K Renovation		Mini-Enclos									
□ > 160 sf or > 260	lf			Demolition	E	Glove bag	Procedu	ure / W	ran & C	ut					
				Bernondon							ooduro				
Location of Asbestos-Containing		ation Normal	ly Llocal	Description of A-		Non-Exem					Leudre				
Material (ACM) in Facility (13)		/ by Maint./Ci			bestos Containing Material nal systems insulation, surfaci	Amou (Spec	nt ify SF	Abate	ement Ty	the					
material (roll) in radiity (ro)	Staff?		13100101	VAT, or other mis		or LF		Remo	ve Repa	ir Enca	ap Enclose				
	YES		NA												
040 04 1 H			1000 C												
016 Stairwell		X		VAT		120	SF	X							
								1							
Nome of Day Master Hart	L	NUDEDIN	1.11.1	- 10 #			1.51	1							
Name of Reg. Waste Hauler		NJDEP Was			Cubic Yards of Waste:	10 CY		of Reg							
See Hauler Below #1 & 2		See Belov	V				G.R.	0.W.S	. Norti	n Lan	afill				
Hauler #1) Greenwood Abatemen	t Consu	Itants. Inc -	Butler 1	NJ 07405		Disposal Da	ite	1	City, S	tate					
NJDEP # 12561			succes 1	10 0/100		and boot De				ew For	d Mill				
Hauler #2) Newark Carting, Inc.,	Newarl	. NJ 04509				0240400	10			orrisvil					
NJ DEP # 4509						03/19/20	10		19067		8				
									215-73	36-1700	0				
Completed by (Print or Tune)	1 -	itle			Cianatura		Dete								
Completed by (Print or Type)				T	Signature	-	Date		0040						
RAYMOND C. PEDALING	1 1 5	ENIOR P	RUJE		Raymond C. Pe	11.	War	ch 6, 1	2018						
	- L.S.	ANAGER			Daymond O. De	aanno	2011/242202								

nock		NOTII (	FICATI	State of New ON OF ASBE ant to NJAC 8	STOS	ABATEMEN	Т					•	
Date of Notification (1) 03/06/2018			Name Hunt	e of Building C erdon Healtl	Owner/ hcare	Operator (2)	1		Greck#	1039	W	G	
Agencies Notified Type Notification				t Address Westcott D	riure			3F		ayorini roador			+
□ EPA ⊠ Initial ⊠ DEP □ Amended									MAR	9 2	018		U
I DOL Amendment #			Flem	State, Zip Coo ington, New	Jerse	ey 08822							
☑     DOH     justification)       ☑     DCA     □	ncluding			of Contact raum					lephone Ni 08-237-55			.&	1990-144 
			FA	CILITY INFO	RMAT	ION						a / 6	
Name of Facility Where Abatement is Taki Hunterdon Healthcare	ng Place	(3)				Type of Fa	cility (4)			0			
Street Address 2100 Westcott Drive						Subch	l (K-12) lapter 8 (Of	ther than	n K-12) nercial build	linge		ata	
City (5)						Square Fe							) .
Flemington, New Jersey 08822						30,000	el	2	of Floors		3ldg. / 50+		
County (6) Hunterdon				y Code (7) E USE ONLY)		Current Us	e (Prior if b Me	eing der dical Fa	molished) acility				
Name of Monitoring Firm Hired by Building Briggs/H&R Environmental Services In	Owner (8 าด	3)	ASC	CM No.		Name of Ab Lilich Corp	atement C oration	ontracto	r (9)			-14 - 45	
Street Address 3 Crosswicks Street						Street Addr 606 McBri	ess de Ave						
City, State, Zip Code Bordentown, New Jersey 08505	10					City, State, Woodland	Zip Code Park, Nev	w Jerse	v				
Project Manager for Monitoring Firm Douglas Ferry			Teleph 609-2	one No 98-5520		Telephone I 973-225-8-	No.		License N 01104	No.			4000E
Start Date (10) 03/16/2018	Schedu 03/21/2	led Cor 2018	npletior	n Date (11)		Name of OS Iris Enviror	HA Monito	r			49. 1. 1.	11-	
Occupancy Status During Abatement (Chee	k Only O	ne)				Street Addre		aborato	nes, LLC				
Facility Closed/Vacated During Entire I	Period of	Abatem	ent			2333 Route	e 22 West	t					
Other – Describe: <u>Weekdays 4PM S</u>	al Eacility	Hours		Start		City, State, 2 Union, N	Zip Code J 07083			17.			98 (ani - 199 - 19
Scope of Work (Check All That Apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renoval Demoliti				L Mi Z GI	ni-Enclosu ove Bag Pr	re ocedure	Negative F / Limited C d Non-Friat	ontain	ment	&Ten	t
		s Locati					in Exempte		u Non-Friat		Abate		
Location of Asbestos-Containing Material (ACM)	Use	Normali ed Sole	v bv		Des	cription of				-	Ту	pe	F
TO BE ABATED In Facility (13)	Ma Cus	todial S (12)	ice/ itaff?	(i.e. th	ermal : surfac	aining Materia systems insul sing, VAT, or iscellaneous)	ll (ACM) ation,	(S	mount pecify f or LF)	Removal	Repair	Encapsulate	Enclosure
t	Yes	No	N/A	1		,				/al	7	late	i iii
th Floor Construction Area			X	Asbestos	Duct	TSI-Wrap 8	Cure	300 S	F		x		
th Floor Construction Area			X			TSI -Wrap &		200 LI		+	X		-
rd Floor Offices			Х			nsul-Tent/0				x	^		
2.							ere sug	-0 11					
Name of Registered Waste Hauler	<u>.                                    </u>	1 State	JDEP V		Cubic Y		Name of	Registe	red Landfill			$\left  \frac{\mathcal{V}_{\zeta}}{\mathcal{V}_{\zeta}} \right _{1}$	
Lilich Corporation			auler ID 8724	No. 0 3	of Wast	te	Fairless			<u>.</u>		, √ %`≏\ 9**	
Woodland Park, New Jersey				0	)isposa )3/21/2	al Date 2018	City, Stat Morrisvi	te Ile, PA					1.4
Completed by Adriana Olejarova	Title Pre	sident			Sig	ature	$(\mathbf{d})$	R	Dat 0	te 3/06/2	018	-2	""" - """ - "
ASB-41 (R-06-08)					-C		his f				1		

CK# 876	3							1	EC		] []	7 5	> Pri	nt Forr
			CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 and	ABATE		and Ramon	巛	MAR	7	20	10		A CONTRACTOR DURING
Date of Notification (1) 3/6/1	8		Name of PSE&	f Building Owner/C G	perator	- (2)		1	WI/\f\		-20	10		1
Agencies Notified Type Notificati	on		Street A 4000 H	ddress HADLEY ROAI	C			1	ASSES /	17 () 1940)	Nea (f) Sa (a		ê	
EPA Initial DEP Amended X DOL Amendme				ate, Zip Code H PLAINFIELD	). NJ (	)708	0			<u>9.4. 5.4</u>				
	cy (including on)			f Contact					Telephon 973			-8	10	,
Name of Facility Where Abatement is Ta	king Place (3	3)	FACI	LITY INFORMATI	ON	Тур	e of Facilit	y (4)						
PSE+G							School (I		0	. 14 40				
GO MIDDLE R	OAD					X	Other (i.e	ter 8 ( e. priv	(Other that ate & com	mercia	l build			s,
City (5) Summit							iare Feet		# of Floor	s		ldg. /	Age 95	•
County (6) UNIOW				Code (7) USE ONLY)		Curi	rent Use (I	Prior i	f being der BUA		ed)			
Name of Monitoring Firm Hired by Buildir ENVIRONMENTAL TACTICS	ng Owner (8)		ASCN 0045		100000000000000000000000000000000000000		patement (	Contra				~~		
Street Address 64 BROAD STREET			1		Street 396		ess TEHEAI	D AV	Έ.					
City, State, Zip Code MATAWAN, NJ 07747							Zip Code RIVER,	NJ 0	8882					
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 90-2217	Telepl 732-		No. •8350	2	Lice 011	nse No 11	).			
Start Date (10) 3/21/18	Schedul	-	pletion	Date (11)			SHA Monit		OF AME	RICA				
Occupancy Status During Abatement (Cl	<u></u>	ne)			Street		ess TEHEAI		۲ <u>–</u>					
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: <u>Out Dook</u>	ormal Facilit	Hours		OFERATORS	City, S	State,	Zip Code RIVER,							
Scope of Work (Check All That Apply)		6	501,	, <u>, , , , , , , , , , , , , , , , , , </u>	000				0002					
≥3 sf or ≥3 lf ≤160 sf or ≥260 lf		Renova Demoliti					ull Contair Iini-Enclos Ilovebag P	ure	with Nega lure	ative Pr	essui	re		
		1			X	N N	lon-Exemp	ited (*	) and Non	-Friable			re ement	
Location of		Locati Normali	ly	De	scriptior	n of	8					Ty	ype	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/			is insu AT, or	ulation,		Amoun (Specify SF or LF	4	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										6	
Roo F		$\times$		ACM Lo.	oFine	9 1	NATERIA	1	2250	0 5F	X			
Name of Registered Waste Hauler		   N	JDEP W	Vaste Cubic	Yards		Name	of Re	gistered L	andfill				
WASTE MANAGEMENT			auler ID 125	APPY	- 60		F	air	RLE.					
City, State ELIZABETH, NJ	8			Dispo	BD BD	9	City, S	tate	VILLE, P					
Completed by CAROL RAIMO	Title OFF	ICE M	IANAG		Signature	e La	lK	ai	mo	Dat	e /6	1	18	