

CK# 1065

Date of Notification (1)				Name of	f Building	Owner/C	perato	r (2)	12 White Joseph		Company of the Park		ATT TO SAIL TO		t 18:30
03/06/2018				FDU					[[7]	EC		Ţ	7 6	3 (*)	
Agencies Notified	Type Notification			Street A	ddress							-101 100	100000000000000000000000000000000000000	711	
☐ EPA	× Initial			100 U	Iniversit	y Plz.`				AAAC				Total Control	
X DEP X DOL	Amended	ones			ate, Zip C					MAI	1-12	20	8	11	力
× DOL	Amendment Emergency		- [Hacke	ensack,	NJ 076	601		ļ	i diluna				10000	Table of the last
DOH	justification)			Name of	f Contact					Telepho	ne Nun	ber	C 0	1	- Charles
DCA DCA	Cancellation	1							20.0	1.1	mark.				
Name of Facility Where	Abatement is Takir	g Place (3	1)	FACI	LITY INF	ORMATI	ON	Type	of Facility (4	1			than de man		•
FDU		.ga.oo (o	7					_	7. 10						
Street Address									School (K-12 Subchapter 8		an K-12	١			
131 Temple Ave								×	Other (i.e. pr	ivate & con	nmercia	l buil	dings,	hom	es,
City (5)									etc.) re Feet	# of Floo	re	I P	ldg. A	OD.	
Hackensack								Oquai	01000	# 011100	113	-	nug. A	ge	
County (6)				County (Code (7)			Currer	nt Use (Prio	r if beina de	emolish	ed)			
Bergen				(STATE L	JSE ONLY)		830000000				/			
Name of Monitoring Firm		Owner (8)		ASCN	l No.		Name	of Abat	tement Cont	ractor (9)		10.000			
Environmental Des	ign, Inc						Ren	noval S	Safety LL0	C					
Street Address						Street	t Addres	s							
5434 King Ave							rosby /								
City, State, Zip Code	24.00					100 (m) (m) (m) (m) (m)	State, Zi								
Pennsauken, NJ 08						and the second tree		NJ 07502							
Project Manager for Mor Jay Murray	litoring Firm			Telephor		,		hone No		100	ense No).			
Start Date (10)		Schedule	1d Co.		16-9516		2000	-400-8		01	332				
03-13-2018		03-15-			Date (11)		232		IA Monitor nmental L	aborator	ioo II	0			
Occupancy Status During	g Abatement (Chec							Addres		aborator	ies, Li				
Facility Closed/Vac			20750	aont					te 22 Wes	st					
Abatement Perform	ed Outside of Norn	nal Facility	Hours	S			100000000000000000000000000000000000000	State, Zij	The comment of the						
Other – Describe:	dav shift					_		0.000	07083						
Scope of Work (Check A	II That Apply)								Automorphic States						-
≥3 sf or ≥3 lf		× R	enova	ition				Full	Containme	nt with Nea	ative P	essu	re		
≥160 sf or ≥260 lf		D	emoli	ion			-	Min	i-Enclosure						
									vebag Proce n-Exempted		n-Friabl	e Pro	cedur	e	
		Is	Locat	ion										ement	t
Location		N	Iormal	ly		Des	scription	n of					Ту	ре	
Asbestos-Containing TO BE AB			d Sole intena			tos Cont	aining N	Material		Amour				Ш	_
In Facil		Cust	odial S	Staff?	(I.e.	thermal surface	system cing, VA		tion,	(Specif SF or L		Ren	Re	ncap	ncl
(13)			(12)				niscella					Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		ate	e
Building	131			x	Rer	noval/d	lisposa	al of ca	aulk 3	3 front wi	ndo	x			
Building	131			х	Rer	noval/d	lisposa	al of ca	aulk	1 back wi	ndow				
Building	131			x	Rer	noval/d	lisposa	al of ca	aulk	2 front do	oors				
Name of Registered Was	te Hauler	IN	JDEP W	aste	Cubic	Yards		Name of R	egistered L	andfill					
Removal Safety LLC			2000	lauler ID 037007		of Was	ste		GROWS						
City, State							al Date		City, State			-7-			
Paterson, NJ						3/15/			Morrisvi						
Completed by		Title				·S	ignature	e/i	111	one state Code	Dat	e			
Lasko Veskov		Presi	dent			1	MAL	ho b	Paleon		03	/06/	2018	í	



CK# 1064

Date of Notification (1)				Managa	5 D. 11 11	0 16		- 10				-, (, .		1
03/06/2018				FDU	f Building	Owner/C	Operato	or (2)						
Agencies Notified Typ	pe Notification	7		Street A	ddress			_			and the second		C F	aner.	~
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EPA X	Initial		- }		ate, Zip Co	o monare				15	(a) (1.1)	energy water	ففسهجرر	711	
X DEP X DOL	Amended Amendment	#			1/5		201		liñ	$\langle $				-	
	Emergency		-		ensack,	NJ U/6	001		D. Creation		MAR		018		11
Ď DOH	justification)			Name o	f Contact					Li Tel	ephone N	Number		-	- 1
DCA D	Cancellation												a 1921	أحس	1
Name of Equility Where Abet		DI (6		FACI	LITY INFO	ORMAT	ION			AC		1000	$\mathbb{N}(\mathbb{A}$. lk	ľ
Name of Facility Where Abate FDU	ement is Takin	g Place (3	5)					T	ype of Facility	(4)	Lici			an appetent to	, a
									School (K-		Para No.				
Street Address									Subchapter	8 (Oth	er than K	-12)		1, 289,000	
139 Temple Ave								×	Other (i.e. petc.)	orivate	& comme	rcial bu	ildings	, hom	ies,
City (5)			-					S	quare Feet	# o	f Floors		Bldg.	Age	
Hackensack													3	3-	
County (6)				County	Code (7)			10	urrent Use (Pri	or if hei	ina demo	liched)			
Bergen					USE ONLY)		"	dirent ose (r n	or it be	ing demo	iisiieu)			
Name of Monitoring Firm Hire	ed by Building	Owner (8)		ASCN	A Nio		Nome		Abatement Cor		(0)		.07.20		
Environmental Design,		Owner (o)		ASCI	ii NO.		100000000000000000000000000000000000000				(9)				
Street Address	1110								val Safety LI						
5434 King Ave									ldress						
									by Ave						
City, State, Zip Code							and the same of the		e, Zip Code						
Pennsauken, NJ 08109							Pate	ers	on, NJ 0750	2					
Project Manager for Monitorin	ng Firm			Telepho	ne No.		Telep	hon	e No.		License	No.			
Jay Murray				856-6	16-9516	i	973	3-40	0-8711		01332	2			
Start Date (10)		Schedule	ed Cor	mpletion	Date (11)		Name	e of	OSHA Monitor						
03-13-2018		03-15-	2018	i.			Iris	En	vironmental	Labor	atories	, LLC			
Occupancy Status During Aba	atement (Chec	k Only Or	ne)				Street	t Ad	dress						
Facility Closed/Vacated	During Entire F	Period of 4	hater	nent			233	3 F	Route 22 We	st					
Abatement Performed C	outside of Norm	nal Facility	Hour	3			City. S	Stat	e, Zip Code						
Other - Describe: day s	shift								NJ 07083						
Scope of Work (Check All Tha	at Apply)						Oili	OII,	140 07000						
		[V] -					г	_	DELINIONS						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				F	-	Full Containm Mini-Enclosure		n Negativ	e Press	ure		
			Cition	don					Glovebag Pro						
									Non-Exempte		d Non-Fr	iable Pr	ocedu	ге	
		Is	Locat	ion										temen	it
Location of			Vorma			De	scription	n of					T	ype	
Asbestos-Containing Mate			d Sole intena		Asbes	tos Cont	taining I	Mate	erial (ACM)	А	mount	İ	ĺ	l m	
TO BE ABATED In Facility	2		odial		(i.e.				sulation,		Specify	Re	D Z	nca	l E
(13)			(12)				cing, VA niscella			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
				T		outor r	mooona		143)			/al	=.	ılatı	ure
		Yes	No	N/A										(D	
Building 139)			x	Remo	val/dis	posal	of	roof caulk		10LF	x			
									e roof				+	+-	+
		-		-	1 10	ont poi	110110	ıuı	le 1001				1	-	-
						- No		-10-0							
Name of Registered Waste H	auler		I	JDEP W	/aste	Cubic	Yards	-	Name of	Registe	ered Lanc	fill	1	1	
Removal Safety LLC			2.0	lauler ID		of Was			A 200 CONTRACTOR AND			H.00548			
*** 0.858			C	03700	7	1			GROW	3 NO	III				
City, State							sal Date	Э	City, Stat						
Paterson, NJ						3/15/	18	220	Morrisv	/ille, P	PΑ				
Completed by		Title				S	ignatur	e//	11	,		Date			
Lasko Veskov		Pres	ident			1	(00)	Cu	o Here	02		03/06	/201	8	

ーのインシー Print Form State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) March 9, 2018 NJDOT Agencies Notified Type Notification Street Address X 1035 Parkway Ave; P.O. Box 600 **EPA** Initial DEP Amended City, State, Zip Code × DOL Amendment # Trenton, NJ 08625 Emergency (including justification)
Cancellation Name of Contact DOH Telephone Number DCA Karl Bevans 609-530-3513 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJDOT - Route 280, Route 21 Interchange Improvements School (K-12) Street Address

Rt 21 / Rt 280									er than K-1		ildings	, hon	nes,
City (5) Newark						Square Feet N/A	# 0	Floors		Bldg.	Age		
County (6) Essex				Code (7) USE ONL			Current Use (I Bridge Stru	Prior if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.			of Abatement C ge Harms C	Contractor		Inc.			
Street Address						Street A	Address Howbrook F	Road					
City, State, Zip Code							ate, Zip Code II, NJ 07731						
Project Manager for Monitoring Firm			Telepho	one No.	-Set -State	Telepho 732-7	one No. 51-2089		License N 01055	lo.			
Start Date (10) March 19, 2018	March	30, 2		Date (11))	Name o	f OSHA Monito	or				-	
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Bridge Reconstructi	Period of A	Abaten Hours	nent s			Street A	ddress						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Pemolit				×	Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ure ocedure				e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	Locati lormal d Sole intenar odial S (12)	ly ly by nce/	Asbes (i.e	stos Cont thermal surfa	scription of taining Ma systems i cing, VAT, niscellane	terial (ACM) nsulation, or	(S	nount pecify or LF)	Remova		eme Encapsulate	Enclosure
	Yes	No	N/A		othern	niscellane	ous)			oval	air	ulate	sure
Bridge Abutments			X	Ast	oestos I	Roofing	Cement			Х			
Name of Registered Waste Hauler Recovery Environmental Services		H	JDEP W auler ID 2475	70.700	Cubic of Was		1.00000000	f Register Manag	ed Landfill ement				
City, State Augusta, NJ					1	al Date	City, Sta	ate rgyl, PA		-			
Completed by Sam Hahn	Title Projec	ct Eng	gineer		S	ignature Xww	/ Alla	/	Dat	te / 9 /	12019		
ASB-41 (R-06-08)						+0				1 1/	- (



				(Pu	rsuan	t to NJA	C 8:60 and 5:1	6)	FIE	C E		R.T.	1111
Date of Notification (1)					Name	of Building	Owner/Operator (2)	们分产	(0)		c.a.	
03/	09 /	18				vident B		,			V 320 0		
Agencies Notified	Type Notifica	tion			Street	Address				AAC 1	2	2018	\dashv
⊠ EPA							venue South						
☑ DOLWD	☐ Amended					state, Zip C			-	e. H		-	
☑ DOH	Amendme				0.50	in, NJ 08			ACO			*11.5	1.04
DCA (NJAC 5:23-8)	☐ Emergend justification		luding			of Contact			Telephone Nu	mhor		14 144	
(110/10/03.23-6)	☐ Cancellati					holas D'A			908-347-5				
					FAC	II ITY IN	FORMATION						
Name of Facility Where A	batement is T	aking	Place	(3)		, , , , , , , , , , , , , , , , , , ,	i Ortination	Type of Facility	(4)				_
Commercial				\- /				School (K-12					
Street Address								☐ Subchapter 8	(Other than K-				
7 Jackson Street								Other (i.e., p homes, etc.)	rivate and comn	nercial b	uilding	s,	
City (5)								Square Feet	# of Floors	I B	ldg. A	ne ne	-
South River												5 -	
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)	-		
Middlesex	(2)					,				**************************************			
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	A				
Bio Terra Solutions					0011	2	ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address				17,-10-17		
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Moni	toring Firm			Tele	phone i	No.	Telephone No.		License No.				
Rick Eustaquio				97	3-494	-3762	973-928-4888		1188				
Start Date (10)	100000000000000000000000000000000000000				tion Da	ALTERNATION OF THE PARTY OF THE	Name of OSHA M	lonitor	'				
03 /24 /	18	_0	4_ /	07	_ / _	18	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abatement (C	Check	only o	ne)			Street Address						
□ Facility Closed/Vacate							27 Outwater	Lane					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _ X Saturday		PIV		_PIVI-		AIVI	Garfield, NJ	07026					
Scope of Work (Check all	that apply)												
☐ ≥3 sf or >3 lf			☐ Re	novati	on		☐ Full Con	tainment with Neo losure	gative Pressure				
≥160 sf or ≥260 lf			☑ De				☐ Gloveba	g Procedure					
			le	Locat	ion		⊠ Non-Exe	mpted (*) and No	n-Friable Proce				
Location	of			lorma			Description of	nf.			batem	-	1
Asbestos-Containing I	Material (ACM)			ly by		stos Containing Ma	iterial (ACM)	Amount	Remova	Repair	E	Enclosure
TO BE ABA IN Facilit				intena odial	Staff?	(i.e	., thermal systems		(Specify	Nov	air.	aps	losu
(13)	.y			(12)			surfacing, VAT other miscellane		SF or LF)	8		Encapsulate	ıre
			Yes	No	N/A							e	
West, South, Front Entr	ance of Traile	er			\boxtimes	VAT/Ma	astic		450 SF				
											-	П	
											12	1	
										_ _	ЦЦ	Ш	
Name of Registered Was	te Hauler			235	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis	stered Landfill				
Century Waste, LLC / A	II Pro Manag	emen	t, LLC			7 / 989	As Needed	G.R.O.W.S. North	Landfill / Fairless La	andfill / IES	SI Bethle	hem L	.andfill
City, State					1		Disposal Date	City, State					
Elizabeth, NJ / Garfield	, NJ						TBD	Morrisville.	PA / Bethlehe	em. PA			
Completed By (Print or Ty	ype)	Title					Signature			Date			
Allen Monchik		Pi	roject	Man	ager		Allen	Monchik		3/9/1	8		
ACD 44													-



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

B & G proj. #: 2018-62B

15 152								Check	# 8857		m. 180		2
Date of Notification	(1)	111	Jame of Ri	uilding Owr	ner/Operator (2	2)	7.34	IN EG		123			
10 13 1/10 19]/[1]8]				a Associate:				For 63 125 according weakly from the		Transaction of the second	Proposition of the Control of the Co	
Agencies Notified	Type Notificati	on S	treet Addr	ess				MAD MAD	1 2 2018			Ш	
☐ EPA	X Initial			oute 34				UU MAN	1 2 2010		上	1	
X DOL	Amendr		ity, State, Wall, N	Zip Code IJ 07719				ASHURTO	ő Çavihő	8.1	<u>.</u> :	Eduporation 1	
X DOH		IN	ame of Co	ntact				- Telephon	e Number	a dilini mir	1-1-1 A.E.		
☐ DCA	☐ Cancella	ation	Kevin	Rothause	er			(732) 3	312-9800				
-				FAC	ILITY INFORM	MATION					R IHEA	W. Barrell	
Name of facility wh	nere abatement is	s taking pla	ace (3)					Type of Facility (
Vacant dwelii	ing							1 =	I (K - 12) apter 8 (Othe	r tha	in K-1	12)	
Street Address	1,00,00						78		Private/Comr Homes, etc.	nerc	ial		
10 2								Square Feet	# of Floors	T	Bldg	g. Ag	е
City (5)		Cou	nty (6)			11	nty Code (7)						
Jersey City, I	NJ 07306	Hu	dson			(Sta	te use only)	Current Use (Prince Residential	rior if being de	emol	ished	d)	
Name of Monitorin	g Firm Hired by I	Bldg. Own	er (8)		ASCM No.	7	Name of Abatemen	t Contractor (9)					
	,8				n/a		B & G Restora	ation, Inc.					
Street Address	£2						Street Address 105 Ryerson	Road					
City, State, Zip Cod	е						City, State, Zip Code						
Desired Manager for	Marketer Fire		15	N			Lincoln Park,		License Nu	mho	-		
Project Manager for	r Monitoring Firm		P	hone Numi	ber		(973)696-680		0037				
Scheduled Start Da	te (10)	Sched	d. Complet	ion Date (1	1)		Name of OSHA Mo						
03/19/2018		03/	31/2018				B & G Restora Street Address	ation, inc.					7/
Occupancy Status I			사업자는 100억대 1억대				105 Ryerson F	Road					
	d/vacated during erformed outside						City, State, Zip Code	е					
Describe: Other-Descri	be:						Lincoln Park,	NJ 07035					
Scope of Work (ch	eck all that apply	()					l						
✗ Demolition		Renovation	on			□F	ull Containment w/ne	egative pressure [Glovebag	prod	cedur	re	
$\square > 3 \text{ sf or } > 3 \text{ if}$	X	≥160 sf or	≥260 If				Mini-enclosure	[✗ Non-friable	le pr	oced	ure	
Location of				used sole	ly				R		R e	Е	Е
asbestos-cor material to be		staff(12)	enance/cu	Stoulai	Descript material		sbestos-containing	Amount (Specify S	SE or	n	р	n c	n c
abated in fac		Yes	No	N/A	material	(ACIVI)		LF)	, or o		a i	a p	L
throghout exter	ior walls			X	transite s	idina		1,800 sf	e X		-	$\overline{\Box}$	П
Roof	IOI Walls			X	roofing sh		:	750 sf	[X	_	Ħ	H	H
roof				×	felt pape		2	750 sf	X		ft	Ħ	Ī
						To Carles Services				ite	ΞŤ		
										1 [
Registered Waste F B & G Restora		NJD	EP Hauler 19563	ID#	Cubic Yards of 25	Waste	Name of Registere	ed Landfill n Resource & Re	ecovery Ca	ente	ar .		
City, State Lincoln Park, N				Disposal		0/19	City, State Tullytown		Joovery Ce	, iiie	.1		
Completed by (Prin		Title			Signature			I, FA	Date			Y	
Gordana Luna		Title Secreta	ry/Treas	surer	Oignature		Gordana Luna		03/09/2	018	3		



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

Suant to NJAC 8:60-7 and 12:120-7)

Check # 8858

	9.									CHECK	t # 0000				-
Date of Notification	1 (1)	111	Name of	Buildina Ov	vne	er/Operator (2)				many (71 N	[2]	22112 27	
10 13 1/10 19]/[1]8]					Associates			Tra		5 [-	1
Agencies Notified	Type Notificat	tion	Street Add				, , , ,		111		- 194. Care	_	-	111	₩
☐ EPA	X Initial		1800	Route 34	8) N	MAR 12	20	18	The state of the s	1
X DOL	Amend			e, Zip Code NJ 0771					П	lek					a division in
X DOH		1	Name of C		<i>9</i>				_	I Tolkalla	rd Nimbo	other team of the Land of	AC.	&	f
_	☐ Cancell										ne Numbe		, , att 20		E-S-V
☐ DCA			Kevin	Rothaus	sei	<u> </u>				(732)	312-980	00			
				FA	CI	LITY INFORM	IATIO	N							
Name of facility wh	nere abatement i	is taking pl	ace (3)					77	Type	of Facility	(4) ol (K - 12)				
Vacant dwelii	ing									=	hapter 8 (C		han K	-12)	
Street Address										X Other	(Private/C	omme		,	
									Sau	Bldgs are Feet	./Homes, e		BI	dg. A	\qe
City (5)		Cou	inty (6)					unty Code (7)							
Jersey City, I	NJ 07306	Hu	ıdson				(St	ate use only)		rent Use (F sidential	Prior if beir	g den	nolish	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		T	ASCM No.	Н	Name of Abatement						_	77
						n/a		B & G Restora	tion, In	C.					2
Street Address					=			Street Address 105 Ryerson I	Pood						
City, State, Zip Cod	9						_	City, State, Zip Code						-	
ony, orace, zip ood								Lincoln Park,		035					
Project Manager for	r Monitoring Firm	1		Phone Nun	nbe	er		Telephone Number	20		License		per	-	
								(973)696-686			00)378			
Scheduled Start Da	ite (10)	Sche	d. Comple	etion Date ((11)		Name of OSHA Mor B & G Restora		IC.					
03/19/2018		03/	31/2018	3				Street Address							
Occupancy Status I	-				advojieli.			105 Ryerson F	Road						-
Facility closed Abatement pe	d/vacated during erformed outside							City, State, Zip Code							
Describe: Other-Describ							-	Lincoln Park, I	NJ 070	35					
Scope of Work (ch		y)			_										<u> </u>
✗ Demolition		Renovation	on					Full Containment w/ne	gative p	ressure	Glove	bag pi	ocedi	ıre	
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	X	≥160 sf or	≥260 If					Mini-enclosure			₩ Non-f	riable	proce	dure	
Location of				ly used sole	ely					X COLORONIC		R	R	E	E
asbestos-con material to be		staff(12)	enance/c	ustodiai				asbestos-containing		Amount (Specify	SF or	m	e p	n	n
abated in faci		Yes	No	N/A		material	(ACIVI)			LF)	01 01	O V	a	a	L
2nd floor			1	X	7	VAT				650 sf		e X	-		1
Roof				×	ᅥ	roofing ma	ateria	ı		750 sf		X	H	片	卄
basement				×		water prod				750 sf		X	盲		市
Registered Waste H B & G Restorat		NJD	EP Haule 19563	er ID#	Cı	ibic Yards of \ 15	vvaste	Name of Registered Tullytown			ecovery	Cen	ter		
City, State Lincoln Park, N				Disposal 03/			/18	City, State Tullytown,				2011			-
Completed by (Print	t or Type)	Title			7	Signature					Date				
Gordana Luna			ary/Trea	surer				Gordana Luna				9/20	18		

05-1697 CK 1701 PAUL

21/01			NOTI	FICATIO	N OF ASBESTO at to NJAC 8:60 a	SABATI	EMENT (7)	EC	O E	7 W			
Date of Notification (1)				Name	of Building Owner	/Operato	or (2)	1				111	111
February 27, 2018					nship of Voorh			1 M/	(D) 6		102	Land	从
Agencies Notified	Type Notification	1		Street	Address		\$ 1 2 3 1 5 2 5 Cm	-	523	1		المردا	111
☐ EPA	☑ Initial			2400	Town Center		2.	EC	n l		1 9 72 24	M	111
DEP	Amended	1			tate, Zip Code		tri	1		· :	1. L. C	-	W
☑ DOL	Amendmen Emergency			Voorl	hees, NJ 0804	3	MUL			9-7	018	1	-
☑ DOH	justification)	g	Name	of Contact		1/17	Tel	none N				1
☐ DCA	Cancellatio	n		Dave	Archibald		1//		7.419.1			11.5	<u>نظ</u> ے نو
Name of Equilibritations	A5-1: =			FAC	ILITY INFORMA	TION	17	Trans.	+1 - 11		1.41.	i in	معم
Name of Facility Where Vacant Municipal E	Abatement is Takii	ng Place	(3)				Type of Facility	(4)	Ja-1,	1.15		استند مثلث	
Street Address							School (K-	-12)					
620 Haddonfield Be	orlin Door						Subchapte	er 8 (Othe	r than K-	12)		625	
	eriiri Road						Other (i.e. etc.)	private &	commer	ciai dui	idings	, non	nes,
City (5) Voorhees							Square Feet	# of	Floors		Bldg. /	Age	
County (6)				County	Code (7)		Current Use (Pr	ior if bein	n demoli	shed)	_		
Camden				(STATE	USE ONLY)	-	,		g domon	311007			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.		of Abatement Co Co Construction		9)				
Street Address						-	Address	- остр					
						282	Creek Road						
City, State, Zip Code							State, Zip Code					-	-
						-	mawr, NJ 0803	31					
Project Manager for Mon	itoring Firm			Telepho	one No.	Telepi	hone No.		License	No.			
						856.	466.6452		01339				
Start Date (10)					Date (11)	Name	of OSHA Monitor						
March 9, 2018		June :		18		Andi	rew Ricco						
Occupancy Status During				1.111)			Address		1	***************************************			
Facility Closed/Vaca	ited During Entire I	Period of	Abaten	nent		282	Creek Road						
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facilit	y Hours	S			state, Zip Code						
						Bellr	mawr, NJ 0803	31					
Scope of Work (Check Al	I I nat Apply)	2222					<u> </u>						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit			-	Full Containm	ent with t	Vegative	Pressu	re		
E-1 - 100 01 01 - 1200 11			Jemon	ion			Mini-Enclosure Glovebag Pro						
						×	Non-Exempte		Non-Fria	ble Pro	cedur	е	
		1 2 2	Locati									emen	t
Location Asbestos-Containing			Normal ed Sole			scription				-	1 y	ре	
TO BE ABA		Ma	intena	nce/	Asbestos Con (i.e. therma	taining N	faterial (ACM)	8 10-17-70	ount	_		Ш	m
In Facilit	СУ	Cus	todial S (12)	Staff?	surfa	cing, VA	T, or		ecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)		other r	niscellan	eous)			BAO	pair	sula	Sur
		Yes	No	N/A						-		ate	œ.
Interio	r			X	F	loor Tile	e	120	5 SF	Х			İ
Exterio	r			X	Roofi	ng Mat	erial	725	0 SF	Х			
Exterio	r			X	Parap	et Cau	lking	725	0 SF	Х			
100000										1			
Name of Registered Wast	e Hauler			JDEP W		Yards	Name of	Registere	d Landfil	- '			
Ricco Construction C	orp		100	28909	No. of Wa		Salem	County					
City, State Bellmawr, NJ						sal Date	City, State		1110-6				
Completed by		1 700			TB	_	Alloway	NJ	S1_2551				
Andrew Ricco		Title Own	er		9	ighature	1. 1	4:	1 233	ete	n. 0-	7 20.	10
		1	- 1		1	11-	7/10/1/1	V	_ -	ebrua	Iry ZI	,20	10



DA	ID	(P	ursuant	to NJAC	8:60 an	d 12:12	0)		. murricanon	F	<u></u>	antenna [m]	7 [7 [6	3 .
Date of Notification (1) 02-28-18	9 32			f Building ella Der			r (2)			5	<u>U</u>	A de est			
Agencies Notified Type Not	tification		Street A								MAR	1.2	20	18	
EPA I Initia		-		forest A					19 64	di di					-
DOL Ame	ended endment#			lanover		936				ASP				(_ <u>_</u>
DOH justi	ergency (including fication)	ı		f Contact						lephon	e Nur	nber			
DCA Can	cellation			Caravell	S	-			(9	73) 8	84-4	900			
Name of Facility Where Abatement Private Home	is Taking Place (3	3)	FACI	ILITY INF	ORMATI	ON		of Facility (0.000			-		-	
Street Address			*******	77/01			E	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than & com	n K-12 mercia	!) al build	dings,	home	es,
City (5) Paterson					11000		_	etc.) ire Feet	# 0	f Floor	S	В	ldg. A	ige	
County (6) Passaic			County (Code (7) USE ONLY)	_	Curre	ent Use (Pri	or if bei	ing de	molish	ed)			
Name of Monitoring Firm Hired by E N/A	Building Owner (8)		ASCN	/I No.		Name Delfa	of Aba	tement Cor	tractor	(9)					
Street Address							Addre 7th St								
City, State, Zip Code								ip Code / NJ 0708	7						
Project Manager for Monitoring Firm		Telepho	ne No.			none N 216-9			Lice 012	nse No).				
Start Date (10) 03-01-18	Schedule 03-07-		pletion (Date (11)				HA Monitor tracting L	LC						
Occupancy Status During Abatemen	nt (Check Only On	ne)				Street	Addres	ss							_
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of A of Normal Facility	Abatem Hours	ent			City, S		ip Code							
Scope of Work (Check All That App	ly)					Unio	II CILY	/ NJ 0708	-						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ R	enova emoliti					Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure		-			9	
	Is	Location	on									T	Abate	ment	
Location of Asbestos-Containing Material (A	1 2 2	lormall d Solel		Ashoo	Des tos Cont	scription		(4004)		mount			1 9	ре	-
TO BE ABATED In Facility (13)	ivial	intenar odial S (12)	73 (0.1) (2.2)		thermal surface		s insula T, or		(8	Specify or LF		Removal	Repair	Encapsulate	Enclosure
F. ". D	Yes	No	N/A											е	
Entire Property		Х		Dem	olition	Asbes	tos D	ebris				X			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of I	Renieta	red I a	ndfill				
Caravella Demolition Inc			auler ID 3568	No.	of Was	ste 30		1 22	ESI	icu Lo	a IGHH				
City, State E. Hanover, NJ 07936			9334		Dispos 03-02	al Date -18		City, State Bethleh		A					
Completed by Jaime Delgado	Title Proj.	Mana	ger.		Si	gnature	1	2/_			Dat 02-	e -28-1	8		

				**************************************		24000			-[P	rint Fo
PAID	N	TIFICAT (Purau	State of New . ION OF ASBES ant to NJAC 8:	TOS ABATE	MENT	- 1-man	EGE		1 17	1	
Date of Notification (1) 2/9/2018		Nen	e of Building Ov kensack Uni	versity Me	r (2)	HH	manufacture and the second		/	Total State of the	The second
Agencies Notified Type Notification EPA Initial Amended Amendment		Stre- 30	el Address Prospect Ave	ппе			MART	7	8	100	24
TY Standard Company		_ Had	State, Zip Čode kensaok, NJ	07601	lt.		ACELES .	UM		後	
DCA justification) Cancellation			e of Contact Donald Fern	ell			(551) 996				
Name of Facility Where Abatement is Taking	g Place (3)	F.	ACILITY INFOR	MATION	Type o	Fac lity	(4)			_	
St. John's Building Street Address 30 Prospect Avenue					80 5	iool (Ke	12) or 8 (Other than I	<-12)			
City (6) Hackensack	_				Square)	private & comm		Bldg.	100	108,
County (8) Bergen		Cour	nty Code (7)		75,000 Current Office	Jee (Pr	for if baing demo		95		_
Name of Monitoring Firm Hired by Building C LANGAN Environmental Services,	Owner (8) Inc.	AS	6CM No.	Name Skv	100	ieni Čo	ntractor (9)				
Street Address 300 Klmball Drive			2 - 001	Sireat	Address		Suite K				
City, State, Zip Code Parsippany, NJ 07054				City, S	tale, Zip	:odri	y 07470				
Project Manager for Monitoring Firm Vijay Patel			hone No. 3) 560-4900	Telept	one No.		Licens 00874				
Start Date (10) 2/12/2018	Scheduled 4/30/201	Completi	on Date (11)	Name	of OSHA Contrai	vior-itor			-		-
Occupancy Status During Abatement (Check Fédility Closed/Vaceted During Entire P	erion of Ah	atamoni		Street	Address		Suite K		_	_	
Abatement Performed Outside of Norm Other - Describe: Exterior Work, Undec	al Escilia, H	OL IPA		City, S	tate. Zip	QQ+	ey 07470				\neg
Scope of Work (Check All That Apply) Safer ≥3 ff 150 sfor ≥260 if		noition		F	Full	inta non	ent with Nagstly	e Pressu	ire		
		, someon			Glove	refi sur		ishia Dre	zedu	70	
Location of		roation		623 8 3		101. 213	23) and 1401141		Abet	ement ype	
Astestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used 5 Maint Custod	Solely by enance/ ial Staff? 12)	(I.e. the	Description Containing North mail systems surfacing, VA her miscelland	laterial (// Insulation	3M) I,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Endosum
	Yes I	NO N/A		101 111000437	auds)	-	72	100	1	riate	SAIRS
Perimeter Wall - Penthouse Level		×		Louver Ca	ulk		5 S F	×			
		1				-+		+		-	\vdash
Name of Registered Waste Hauler Service Transport Group, Inc.		NJOEP Hauler 20990	D No. of	ubic Yards Waste 3D			Registered Land				
City, State New Castle, Delaware		20030	01	Spocal Date		ty, Rat	a .				\dashv
Completed by Predrag Sarcev	Title Vice Pre	esident	7	Signature		> 18:		Date 2/9/201	10		\dashv

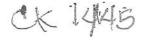
02-09-18 11:31 FROM-

T-101 P0002/0006 F-938

PAI								2.5	120 TUTO WELLOW	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O			rint Fe
,8, ,4, ,24,26			пои)	FICATIO	eiste of New Jeis On of Asbeston In to NJAC 3:80 2	ABATE	EMENT (0)	- Prometaure	DE	CE		<u>W</u> 7	E
Date of Notification (1) 2/9/2018				Name	of Building Owner	/Operato	(2)	-		MAR 1	0 0	A 1 (*)	111
Agencies Notified Ty	pe Notification				Address	sity Me	diçai Ç	e nter L		MAN I	2 3	018	9 100
E EPA	initia)				rospect Avanue	9				7	1		
EPA DEP DOL	Amended			City, S	itate, Zip Code				A. T.	+1	1	1 1 1 1 1 1 1	tioned Ex
	Amendment #_ Emergency (in	cludina	_		ensack, NJ 07	601			· · · · · · · · · · · · · · · · · · ·	()	,		Parazon e e a
DOH DGA □	justification) Cancellation			Mr. D	of Contact onald Ferreil					ne Numb 96-377			
Name of Facility Where Abate	ement is Taking i	Place (3	3)	FA	DILITY INFORMAT	TON						_	-
Strawbridge Building	- Transfer of the state of the	1000 (6	~/				1000	Facility (8			
Street Address	***************************************		-			-	1 S	ool (K-1	8 (Other tha	n K-12)			
30 Prospect Avenue								er(le.p	nivate & com	mercial t	ullding	s, hom	166.
Hackensack							Squere: 25,00	ee	# of Floor	TS.	Bkg. 75	Age	
County (6) Bergen				County	Code (7)		Current	Jan (Pri	or if being de	molished			
Name of Monitoring Firm Hire	d by Bullding Ow	ner (8)	\neg		M No.		Hosp	3					
LANGAN Environments	I Services, In	C.		000		Sky (or Abau: Contra:	ing, LL	(ractor (9)				
Street Address 300 Kimball Drive						Street	Addres:				_		\dashv
City, State, Zip Code Persippany, NJ 07054				-		City, S	tate, Zip	Road,			_		
Project Manager for Monitorin	n Eiran							Jeren	07470				
Vijsy Palel					560-4900	(973)	928-50	40	Lice 008	189 No.			
Start Date (10) 2/12/2018	50	chedule /30/20	d Co 118	mpletion	Date (11)	Name	of OSHA		^				-
Occupancy Status During Aba	tement (Check C	ng yin	a)	_		Andrew Control	Address	111E, LL					
Facility Closed/Vacated C Abatement Performed On Other - Describe: Roof, it	MEIOD OF MARMALI	English	MAIRE	nent a		1385		Royad, S	Buite K				
Scope of Work (Check All The		Ing Levi	91					Jersey	07470				
23 ef or 23 tf	(Арріу)	roi _			-	part							\neg
≥160 sf or ≥260 if			emoli iome			X	Mini-8	10% suns	nt with Nega edure				
0. 34/3/2004	T	lal	Locat	lon			Non-	cen plad	(*) and Non-	Friable P		re ement	
Location of		N	orma Sole	lly	De	no#dha:	of					/pe	
Asbestos-Containing Mater TO BE ABATED	rist (ACM)	Mair	ntena	noe/	Aspestos Com (i.e. merma)	aining Mi	eteriat (A	CM)	Amount	_		0	to
in Facility (13)		Quato	(12)	≱खिग्र	2 urfet	dng, VAT	gr	"	(Specify SF or LF)		Ropair	NG NG	Enclosuse
		Yes	Na	N/A	Othern	# SCEIIENE	eous)			182	2	Encapsulate	SUBC
Crawl Space below Mech			×		Pipa Jo	int Insu	lation	-+	5 each	×	+-		\dashv
Crawl Space below Mech	nanicel Rm		х		Pipa	Insulati	ion		12 LF	×	-		\dashv
Name of Registered Waste Har	olar.		-										
Bervice Transport Group,			H	JDEP Wauler ID					egistered La				
City. State			20	3990	TED				Enterprise	s, LLC			
New Castle, Delaware					TBD TBD	al Date	200	ly. State	ourg. Ohio	10			
Completed by Pradrag Sarcey		Field		-		gnatura	<u></u> :		Zig, Olio	Date			
regist colder		Vice P	resk	ient					-	2/9/20	18		



COSC COS CONSUMBLE					N OF ASE to NJAC		ABATE			EG	E	G I	(7 Vi	
Date of Notification (1) 3/6/2018					of Building			(2) NMENT AS	SOCIAT	ES 144	n 1	2 2	010	Company of the Control of the Contro
Agencies Notified Ty	pe Notification			Street A					111 1	MA MA	Ti_L	4 (018	and extraordinates
DEP DOL	Amended Amendment #				ate, Zip C 「H HAL!		NJ 075	508		ACCE.				, (x
☑ DOH ☐ DCA ☐	Emergency (ir justification) Cancellation	ncluding			of Contact				100	elephone Nu 73-427-25				
N				FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Abat VACANT RESIDENCE		Place (3	3)					Type of Fac	ility (4) (K-12)					
Street Address								Subch Other etc.)	apter 8 (Oth (i.e. private	ner than K-1 & commerc	2) ial buil	dings	home	es,
City (5) FRANKLIN LAKES								Square Fee	t # c	of Floors	E	Bldg. A	\ge	
County (6) BERGEN					Code (7) USE ONLY)	_	Current Use	(Prior if be	ing demolis	hed)			
Name of Monitoring Firm Hire N/A	ed by Building Ov	wner (8))	ASC	M No.			of Abatemen BROTHE			IG, IN	IC.		
Street Address							Street	Address REELAND			,			
City, State, Zip Code						City, St	tate, Zip Cod DWA, NJ (е	<u> </u>					
Project Manager for Monitorin	ng Firm			Telepho	ne No.		Teleph	one No. 956-8700		License N	No.			
Start Date (10) 3/17/2018		Schedule		npletion	Date (11)		Name o	of OSHA Mon		00404				
Occupancy Status During Ab	atement (Check	Only Or	ne)					Address	IDO V L					
Facility Closed/Vacated Abatement Performed C Other – Describe: VAC/	outside of Norma	eriod of A	Abatem Hours	nent			City, St	ate, Zip Cod	е					
Scope of Work (Check All Th														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit		15			Mini-Enclo Glovebag	osure Procedure	n Negative I			e	
			Locati										ement pe	
Location of Asbestos-Containing Mate	erial (ACM)	Use	Normal d Sole	ly by	Achee		scription	of aterial (ACM		Amount	-			
TO BE ABATEI In Facility (13)			intenar todial S (12)			thermal surface		insulation, Г, or	(5	Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									te	Ф
					BUIL	DING	ТО ВЕ	DEMOED						
						AS A	SBEST	os						
Name of Registered Waste H	auler		H	JDEP W auler ID)785		of Was				ered Landfill NAGEME		.R.C	.W.S	S.
City, State RIVERDALE, NJ 07457						Dispos 4/2/20	al Date		State RRISVIL	LE, PA				
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINAT		ignature	. A	Jana	Da	te 6/201	8		



Date of Notification (1)				Nama	of Duilding	. 0	10	(0)						
3/9/18					of Building Martino		Operator	(2)						
Agencies Notified	Type Notification		-		Address		_							
X EPA				Olicci	radicss									
EPA DEP	Initial Amended			City, St	tate, Zip C	ode								
X DOL	Amendment				erville, N		76							
□ DOH	Emergency justification)		3		of Contact				Te	elephone Nu	mher			
☐ DCA	Cancellation			Mark	Martino				"	SIGDITION CTTO	111001			
Name of Facility 145				FAC	ILITY INF	ORMA	TION							
Name of Facility Where A Residential Home	Abatement is Takir	g Place (3)					Type of Facility	y (4)					
Street Address								School (K						
Offeet Address										her than K-1 & commerc		المائم مناما		
City (5)								etc.)	. private	& commerc	iai bu	liulings	, non	ies,
Somerville								Square Feet		of Floors		Bldg.		
County (6)				O	0 - 1 - (7)			2500	4			70 +	-	
Somerset					Code (7) USE ONL	0		Current Use (P Residential		eing demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8		I ASC	M No.	5) Street	I Name							
Project Manager	Timed by building	Owner (6	,	ASC	IVI INO.			of Abatement C tages Abaten		r (9)				
Street Address								Address	HEIIL					
							97	N. Midland Av	Ve					
City, State, Zip Code							City S	tate, Zip Code						
								lle Brook, NJ	07663	}				
Project Manager for Mon	itoring Firm			Telepho	ne No.			ione No.		License N	0.			
							201-6	600-3184		01305				
Start Date (10)				npletion	Date (11)		Name	of OSHA Monito	r					
3/19/18		3/24/1	_											
Occupancy Status During							Street	Address						7
Facility Closed/Vaca	ted During Entire F	Period of	Abaten	nent										
Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	/ Hours	3			City, St	tate, Zip Code						
Scope of Work (Check Al	That Apply)													
_	тпат Арріу)						Ev.							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova Demolit				×	Full Containn Mini-Enclosu	nent with	n Negative F	ressu	ire		
								Glovebag Pro	ocedure					
		T						Non-Exempte	ed (*) an	d Non-Friab	le Pro	cedu	e	
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Location Asbestos-Containing			d Sole		Achon		scription				H	T '	pe	
TO BE ABA	TED	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	intena					aterial (ACM) insulation,	1 20	mount Specify	70		ш	ш
In Facilit (13)	У	Cus	todial 8 (12)	olali?		surfa	cing, VAT	Γ, or	SI	or LF)	Removal	Repair	caps	nclo
(10)				Т		other	miscellane	eous)			oval	활	Encapsulate	Enclosure
		Yes	No	N/A									e	
1st Fl			X				VAT		36	61 SF	x			
2nd Fl			Х				VAT		14	48 SF	x			
											1000			\vdash
														\vdash
Name of Registered Wast	e Hauler		l NI	JDEP W	lacte	Cubic	Yards	No.						
All Stages Abatement			11.0	auler ID		of Wa		1		ered Landfill				
	Y		00	36592	2	3		Grand	Centra	al Sanitary	Lar	dfill		
City, State Saddle Brook, NJ							sal Date	City, Sta						
						TBD		Pen Ar	gyl, P	4				
Completed by Richard Cristofol		Title Presi	dent			S	ignature	11/	//	Dat				
2.10.000		riesi	ueiil				16	Led hy	_	3/9	9/18			

OK 19949



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

D&S Proj. #: <u>18-57</u>		M.M.				0 and 12:120)		IN E C		W	la	100	
Date of Notification (1)		Name of B	uilding Owi	ner/Operator (2	?)			K	R 12	2010)		1
0 3 / 0 6 / 1 8		Street Addr		ci		10		ASBE -	S. V. Spillebows on Yolkes.		to actorizations.		
DOL Amendment #	,	Name of Co	ergen, nj (Telephon	e Numbe				.10
				ILITY INFORM	OITA								
Name of facility where abatement	is taking p	lace (3)				9		Type of Facility ((4) I (K - 12)				
rosemary zapoloski Street Address								Other (apter 8 (0 (Private/0 'Homes, e	ommo		(-12)	
City (5)	Cou	nty (6)				inty Code (7)	=		# of Floo			ldg. A	ge
north bergen		dson			(018	ac use only)		Current Use (P	rior if beir	ig den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatem D & S REST							
Street Address						Street Address 20 California							
City, State, Zip Code						City, State, Zip Co Paterson, N.		3					
Project Manager for Monitoring Firm	1	Ph	none Numb	er		773-345-80	er		License 0	Numl 1169			
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ity, State PATERSON, NJ 07503			Disposal Dis	ate		City, State TULLYTOW			COVEN	1			
ompleted by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature			, . 1	-	Date 03/06/	/2018	:		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 03/03/2018 Virginia Albanis Agencies Notified Type Notification Street Address x x **EPA** Initial City, State, Zip Code DEP Amended DOL Amendment # Whippany, NJ 07981 Emergency (including Name of Contact DOH Telephone Number justification) X DCA Virginia Albanis Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Whippany N/A N/A N/A County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Morris House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-8685 01311 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/19/2018 03/20/2018 **D&S** Abatement Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure * WAAP 3 CUT Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation. (Specify Enclosure Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X **Duct Insulation** 60 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste D&S Abatement, Inc. Waste Management of PA 20996 TBD City, State Disposal Date City, State Totowa, NJ **TBD** Morrisville, PA Completed by Signature Date Ned Joksimovic Project Manager 03/03/2018

State of New Jersey

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Agencies Notified Type Notification			Street A	Address				and the same		MA.	\R_	12	201	8					
X EPA X Initial Amended Amendmen	t #			ate, Zip C Hills, N		8				NS BES	W.C.E.	i ČG Milit	vTr:	01. ô	- Carterine				
Emergency justification) DCA Cancellation			Name o	of Contact Gonnella					ΙΤε	lenhone	the state of			W. #44.	an water				
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Name of Facility Where Abatement is Takir House	ng Place (3)					Type of I	acility	(4)										
Street Address	treet Address									School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.)									
City (5) Short Hills							Square F N/A		# 0 N/	of Floors	3	Bldg. Age N/A							
County (6) Essex				Code (7) USE ONLY)		Current Use (Prior if being demolished) House												
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City, State, Zip Code			City, State, Zip Code Totowa, NJ 07512																
Project Manager for Monitoring Firm			Telephone No. Telephone No. 973-345-8685							Licens 0131		э.							
Start Date (10) 03/15/2018	Schedul 03/16/		npletion	Date (11)	0 0 0 0	Name	of OSHA N	Monitor	r										
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Scope of Work (Check All That Apply)						Totowa, NJ 07512													
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D&S Abatement, Inc.		Н	auler ID 0996		of Was	ste				gemen		PA							
City, State Totowa, NJ					Dispos TBD	al Date		ty, Stat orrisv	te /ille, P	A					Ø.				
Completed by Ned Joksimovic	Title Signature Date 03/03/2018						018												

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

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Date of Notification (1) 03/03/2018		Name of Building Owner/Operator (2) Frank Ilaria MAR 1 2 2018													
Agencies Notified Type Notification Initial Amended Amendm Emergen	d ent # cy (including		Bellev	ate, Zip C	- Indiana	ASSESTED CONTROL & LICENSING Telephone Number									
DOH justification Cancellar			Frank	of Contact Ilaria					Te	lephone	e Nun	nber			
Name of Facility Where Abatement is Ta House	king Place (3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility	81.						
Street Address										er than & comr			dings,	home	es,
City (5) Belleville							N/A		N/			N	ldg. A	ge	
County (6) Essex			Code (7) USE ONLY)			rent Use (Pri ouse	or if be	ing den	nolish	ed)				
Name of Monitoring Firm Hired by Buildin N/A	ng Owner (8)	ASC	И No.				atement Con itement, Ir		r (9)					
Street Address						Street 11 R		ess ngren Ave	nue						
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		No. 8685		Licen 0131	ise No).			
Start Date (10) 03/14/2018	Schedul 03/15/		npletion	Date (11)				SHA Monitor tement							
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Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: occupied	ormal Facility	Abaten y Hours	nent			City, S	tate,	Zip Code NJ 07512							
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Basement	Yes	No X	N/A		Pipe	Insula	tion		1	15 LF	i i	Х		Ф	2003
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Name of Registered Waste Hauler D&S Abatement, Inc.	,	Н	JDEP W auler ID 0996		Cubic of Was TBD		3.3350	Name of I				PA			
City, State Totowa, NJ	-31100-1				Dispos TBD	al Date		City, State Morrisv		A					
Completed by Ned Joksimovic	Title Project Manager							The	/		Dat 03/		018		

Date of Notification (1)				3030	Name	of Building	Own	er/Operator (2	2)	m	1	1 O	0010						
03 /	05 /	18				phen Del			-/] MAR	12	2018		-				
Agencies Notified			_			23							-						
⊠ EPA	Type Notifica	tion			Street	Address					ACES		1477	. L. &					
⊠ DOLWD	☐ Amended				City C	tate, Zip C	'odo		1		Picasa	F	1		-15 o *+ ·				
⊠ DOH	Amendme	ent #_						, PA 19073		*J. 3005	The Court Street Street Street Street								
□ DCA	Emergend		luding			of Contac		, FA 13073		Тт	elephone Nu	mhar							
(NJAC 5:23-8)	justificatio				120000000000000000000000000000000000000	phen Del		0			elephone N	inibei							
	- Cariocilati	-					NFORMATION												
Name of Facility Where	Abatament is T	alrina	Diago	(2)	FAG	JILITY IN	FOR	Type of Facility (4)											
Name of Facility Where A	Abatement is 1	aking	Place	(3)					School (K-1										
Street Address									Subchapter		Other than K-	12)							
Street Address									Other (i.e., homes, etc		ite and comn	nercial b	uilding	js,					
City (5)									Square Feet	*	# of Floors	T F	Ildg. A	ne					
Cape May Point									1,900		2	1	70	90					
County (6)					Conic	div Code (7	VSTA	TE'LISE ONLY	Current Use (P	rior i		olished)			-				
Cape May					Journ	ity code (i	ДОТА	L OOL ONLI)	Residence		ii boilig doile	oneriou;							
Name of Monitoring Firm	Hired by Build	lina O	wner ((8)	ASCM	No	Nan	ne of Ahateme	ent Contractor (9		1								
Management & Env				8 20	100111				onmental, LLC										
Street Address	inoi conoun	9						et Address			4								
PO Box 341								23 Cutler Av	/enue										
City, State, Zip Code								, State, Zip Co							_				
Chesterfield, NJ 08	515							aple Shade											
Project Manager for Mon		**********		Tele	phone	No.		phone No.		T	License No.								
Bill Weisgarber				60	9-298	4070	8	56-755-0099			00842								
Start Date (10)	S	chedu	ıled C	omple	tion Da	te (11)	Nan	ne of OSHA N	Ionitor			73							
03/_14_/	_18	0	3_/	19		18	E	MSL Analyt	ical, Inc.										
Occupancy Status During	Abatement (C	Check	only o	ne)			Stre	et Address											
☐ Facility Closed/Vacate					nent		20	00 Route 13	0 North										
☐ Abatement Performed							City	State, Zip Co	ode										
Time of Abatement: _	AM	PM	1/	_PM-		AM	C	innaminsor	, NJ 08077										
Scope of Work (Check al	Il that apply)												-						
₩ >2 of oc >2 If			☐ Re					☐ Full Cont	tainment with Ne	egati	ve Pressure								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re					☐ Gloveba	g Procedure										
						,		Non-Exe	mpted (*) and N	on-F	riable Proce	dure							
. 150 Ed.				Loca								A	batem	ent T	уре				
Location Asbestos-Containing		\ İ		Norma d Sole		Ashe	etne (Description of Containing Ma			Amount	26	Repair	En	En				
TO BE ABA	ATED	'		intena			., the	mal systems	insulation,		(Specify	Kemoval	oair	aps	Enclosure				
IN Facili (13)	ity		Cus	todial (12)	Stail?			urfacing, VAT er miscellane			SF or LF)	8		Encapsulate	лrе				
(13)		Ī	Yes	No	N/A	1	Ott	ici misociiano	ous,					O					
Exterior			П			Siding			****		1,900 SF	×	П	П	П				
Exterior				-	Little-Silv	Olding				+	1,000 01								
			Ш							_		_	Ш	П	Ш				
							6												
Name of Registered Was	ste Hauler			I	JDEP \	Naste	Cub	ic Yards of	Name of Reg	ister	ed Landfill								
Freehold Cartage				F	auler II		Was		CMCMUA	Sa	nitary Lan	dfill							
City, State					15939			osal Date	City, State										
Freehold, NJ							3/	19/2018	Woodbin	e, N	J								
Completed By (Print or T	ype)	Title						Signature	X			Date							
Christina Lynch		Vi	ce Pr	eside	nt of	Operatio	ns	MX	2)	1		3/	5/18)					
Marie and the second se								VIV.		1		0.	[[

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New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES Must be submitted 10 days prior to the beginning of work. Please type of print legibly.

I. NOTIFICATION INFORMATION Date of Notification: 03 06 / 2018 ☐ Initial □ Amended Cancellation ☐ Emergency (must include justification) □ Renovation II. BUILDING INFORMATION Name of Building Owner/Operator: Catherine Brooks Street Address: City: Somerdale NJ State: Zip: Name of Contact: Catherine Brooks Telephone No.: III. FACILITY INFORMATION Name of Facility Where Work Activity is to Take Place: **Brooks Residence** Describe Facility Use: Residence City: Somerdale Street Address: 08083 State: Zip: County Name: Camden County Code (State Use Only): Scheduled Start Date: 03 16 1 2018 Scheduled Completion Date: 03 19 2018 Occupancy Status During Activity (check only one): □ Facility Closed/Vacated During Entire Activity ☐ Activity Performed Outside Normal Facility Hours—Describe: Other—Describe: Scope of Work (check all that apply):

	IV. C	CONTR	RACTOR INFORMAT	ION			
Company Name:	Shade Environn	nental	, LLC	Telephone N	c.:	856-75	5-0099
Street Address:	623 Cutler Avenue	City:	Maple Shade	State:	NJ	Zip:	08052
New Jersey Asbe	estos License Number (if applicable	e):	00842				
		_		2004 40 40			

225 SF

Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

Square Footage:

Square Footage:

V. SIGNATURE

Title:

Vice President of Operations

Percentage Asbestos:

Percentage Asbestos:

Signature: Date: March 6, 2018

Christina Lynch

Completed By

(type or print legibly):

☐ Mastic



PAID

Date of Notification (1)			_	Name	of Buildin	a Ou	ner/Operator ((2)	1	1							
03/07/	18				rilli Hom		men Operator ((2)	-	MAR	13	20,18	8-	K			
Agencies Notified Type Notific	ation			Street	Address					1 -)			
				186	Mantolo	oking	g Road			ACO.			&				
☑ DOLWD ☐ Amende	-				State, Zip (1		The second second in the second							
☑ DOH Amendm ☐ DCA ☐ Emerger				Bri	ck, NJ 08	3723											
(NJAC 5:23-8) justificat		Judini	3	Name	of Contac	t			7	Telephone Nur	nber						
☐ Cancella	tion			Pat	rick Bott	. Sistema i valinoci											
				FA	CILITY IN	IFOR	RMATION										
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility	y (4)								
Residence								School (K-1									
Street Address								Subchapter Other (i.e., homes, etc	priva	Other than K-1 ate and comm	2) ercial b	uildin	gs,				
City (5)								Square Feet	50	# of Floors	l E	Bldg. A	ae				
Belmar								2000		2		65	0				
County (6)		10		Cour	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (P	rior	if being demol	lished)						
Ocean								Residence	6								
Name of Monitoring Firm Hired by Buil	ding O	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	9)								
N/A						(Guardian Co	ntracting, Inc									
Street Address						Str	eet Address										
						1	889 Route 9	, Unit 61									
City, State, Zip Code						1 33	y, State, Zip Co										
			T					r, New Jersey 08755 License No.									
Project Manager for Monitoring Firm			Tele	phone	No.		ephone No.										
Start Date (10)	0-11	1-10	1				32-349-9932			00624							
03 /19 /18			Action of the second	tion Da	te (11)		me of OSHA N										
				_ ′ -	10		.M.S.L. Ana	lytical									
Occupancy Status During Abatement (Facility Closed/Vacated During Enti							eet Address										
☐ Abatement Performed Outside of N					cribe		056 Stelton	And British						- 10-			
Time of Abatement:AM	PM	1/	PM-		AM		y, State, Zip Co	ode New Jersey 01	005								
Scope of Work (Check all that apply)						1.	iscataway, i	New Jersey U	000	4							
				0.0000				tainment with Ne	egati	ive Pressure							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		∐ Re ⊠ De	novati molitic	on on			☐ Mini-Enc	losure g Procedure									
				17.01			Non-Exe ■ Non-Exe Non-Exe	mpted (*) and N	on-F	riable Proced	ure						
			Locat Norma					**			A	baten	ent T	уре			
Location of Asbestos-Containing Material (ACM	0	Use	d Sole	ely by	Ashe	stas	Description o Containing Ma			Amount	Re	Re	En	En			
TO BE ABATED	,		intena todial			., the	ermal systems	insulation,		(Specify	Removal	Repair	cap	Enclosure			
IN Facility (13)		Ous	(12)	otan:			surfacing, VAT, her miscellane			SF or LF)	a		Encapsulate	ure			
a > 5000 4 %		Yes	No	N/A		0.	nor micochano	040/					te				
exterior			\boxtimes		asbesto	os si	iding	7		2250 sf		П	lп	П			
											1						
			П	-					+				12	H			
		_	_						-		- -			ᆜ			
Name of Degistered Wests Hards					<u>. </u>												
Name of Registered Waste Hauler Guardian Contracting, Inc.			100	JDEP \ auler I[Cub	oic Yards of ste	and the second s									
City, State				20223	3	3		T.R.R.F.									
Toms River, New Jersey							posal Date 3/21/18	City, State Tullvtown	1. Pe	ennsylvania							
Completed By (Print or Type)	Title						Signature		., .	/	Date	- 1	-				
Nicholas Fernicola			Mana	ager			o.g.ididie		1		3/	7/1	8				
	1 8 8			-			Y 1	1			-1	1//	27				



	1		CATION	of New OF ASBE to NJAC 8	STOS	ABATE		NT i		EG	157	- MA -	11.7	100	2
Date of Notification (1) 3/7/18			Deptfo					Education		MAR	, France ,	2	2018		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Agencies Notified Type Notification EPA Initial			Street A 2022 (aaress Good Int	ent R	oad		1	1.4						broasa
DEP Amended Amendment #		- 1	70,000	te, Zip Coo					f.					1	A:======
☐ Emergency (ir justification)	cluding	1	Vame of	Contact				- E	Tel	ephone N	Numb	er			\neg
DCA Cancellation				heairs										18	
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFO	RMAI	ION	T	ype of Facility	(4)			100		-	
Lake Track School		,					School (K-	8 80							
Street Address							E	Subchapte	8 (Oth			1.			
690 Iszard Road				20000		X	Other (i.e. etc.)	orivate 8	& comme	rcial		\$ 1/2 22=====		s,	
City (5) Woodbury NJ 08096							1000	quare Feet 000 +	# o	f Floors		7.5	dg. A	ge	
County (6)				Code (7)				urrent Use (Pr	or if bei	ng demol	lishe	d)	Retu.		
Gloucester			(STATE USE ONLY)												
Name of Monitoring Firm Hired by Building O N/A	wner (8)	ASCM No. Name of Abatement Contractor (9) Pernaco Inc									G.				
Street Address			Street Address PO Box 329												
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091													
Project Manager for Monitoring Firm		Telephone No. Telephone No. License No. 856-753-9800 00727								9					
Start Date (10)	Schedule	ed Com	pletion l	Date (11)		Name	of	OSHA Monitor							
	3/30/1					Sam									
Occupancy Status During Abatement (Check						Street	Ad	dress							
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: After 3 Pm or Weeke	I Facility														
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				2		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					9	
		Location			1-70-10								Abate Ty	ment	
Location of		Normall ed Solel		A - I		escription					1		, ,		_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/		therma surfa		s in		(5	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		ate	е
Exterior Soffit			x Transit Panels							00 SF		x			
											-				
											_				
Name of Registered Waste Hauler		I NI	JDEP W	lacto	Cubi	c Yards		Name of	Regiet	ered Land	dfill				
United Roll Off		Н	auler ID 2459		of Wa			G.R.C	e transceriore	ereu Lan	um				
City, State EIm NJ					Dispo	osal Date 0/18	9	City, Sta Morris		A 1960)				
Completed by Anthony T Perna	Title Pres	sident				Signatur	6	2	and the second		Date	e 7/18			

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New Jersey Department of Health

Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

I. NOTIFICATION INFORMA	ATION
Date of Notification:	t include justification)
II. BUILDING INFORMATI	ION
Name of Building Owner/Operator:	esse Emple
	State: NJ Zip: 08003
	Telephone No.:
III. FACILITY INFORMATI	ION
Name of Facility Where Work Activity is to Take Place:	Emple Residence
	nce
	State: NJ Zip: 08003
	(State Use Only):
and the control of th	Completion Date: 03 / 09 / 2018
Occupancy Status During Activity (check only one):	
☐ Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe:	
Other—Describe:	
Scope of Work (check all that apply):	
☐ Floor Tile Square Footage: 65 SF	Percentage Asbestos: %
	Percentage Asbestos:
IV. CONTRACTOR INFORMA	ATION
Company Name: Shade Environmental, LLC	Telephone No.: 855-755-0099
Street Address: 623 Cutler Avenue City: Maple Shade	
New Jersey Asbestos License Number (if applicable): 00842	
Monitoring Firm (if applicable): MDG Environmental, LLC	Telephone No.: 856-755-9300
V. SIGNATURE	
Completed By (type or print legibly): Christina Lynch Title	vice President of Operations
Signature:	Date: February 27, 2018

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2)

	27 /	18			sse Empl	le		II MAR	12	2019	È	Acres de la company
Agencies Notified	Type Notification	n		Stree	t Address					r010	,	brona
⊠ EPA ⊠ DOLWD	⊠ Initial						-	A	7.50	4		
⊠ DOLWD	Amended Amendment	#		City,	State, Zip (Code	1	- No. 1.		21.5.	4.6	
DCA	☐ Emergency	· ·	- a	Ch	erry Hill,	NJ 08003					÷	1.1,
(NJAC 5:23-8)	justification)		3	Name	of Contac	at		Telephone Nu	mber			70
	☐ Cancellation	1		Jes	sse Empl	е						
				FA	CILITY IN	NFORMATION						
Name of Facility Where A	batement is Tak	ing Place	e (3)				Type of Facility (4					
Emple Residence							School (K-12)		40)			
Street Address	_						☐ Subchapter 8 ☐ Other (i.e., pri			uildin	as	
		- 5					homes, etc.)				3-1	
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
Cherry Hill							2,200	3		70		
County (6)	• • • • • • •	4		Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Camden							Residence					
Name of Monitoring Firm		g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
MDG Environmenta	I, LLC					Shade Enviro	onmental, LLC					
Street Address						Street Address	(2)					
1000 Maplewood Dr	ive, Suite 207					623 Cutler Av	/enue					
City, State, Zip Code					221112	City, State, Zip Co	ode					
Maple Shade, NJ 08						Maple Shade	, NJ 08052					
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.	Skill Western State	License No.				
Chris Macri			8	56-755	-9300	856-755-0099		00842				
Start Date (10)		eduled C	omple	tion Da	ite (11)	Name of OSHA M	Ionitor					
03/08/	18	03 /	_ 09	_ /	18	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Che	ck only	one)			Street Address						
□ Facility Closed/Vacate						200 Route 13	0 North					
Abatement Performed	Outside of Norm	al Facilit	y Hour	s - Des	cribe	City, State, Zip Co	ode				6 6	-
Time of Abatement:	AM	PM/	PM-		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)											
≥3 sf or ≥3 If		M Pa	novati	00			ainment with Nega	tive Pressure				
□ ≥160 sf or ≥260 lf			molitic			☐ Mini-Encl	osure Procedure					
							mpted (*) and Non-	Friable Proced	ure			
		1 0.7	Locat					Te .	Ab	atem	ent T	уре
Location of Asbestos-Containing N	of .		Norma ed Sole			Description o		72 2	20	Z	[ff]	m
TO BE ABA		1	intena	, ,		stos Containing Mar ., thermal systems i		Amount (Specify	Removal	Repair	ncar	1Clo
IN Facility	,	Cus	todial ((12)	Staff?		surfacing, VAT,	or	SF or LF)	\va	-	Encapsulate	Enclosure
(13)		Yes	No	N/A	1	other miscellaned	ous)				ate	"
Laundry Room			No ⊠		Linoleu	m, Floor Tile, an	d Mastic	65 SF				_
					Linoieu	in, rioor riie, ari	u Mastic	00 01	_	1		-
												L
												L
Name of Registered Waste	e Hauler		100	JDEP V		Cubic Yards of	Name of Registe	red Landfill				
Freehold Cartage			H	auler II 15939		Waste 1	GROWS No	th Landfill				
City, State				10000		Disposal Date	City, State					
Freehold, NJ						03/09/2018	Morrisville,	PA				
Completed By (Print or Type	oe) Ti	tle				Signature			Date			111111
Christina Lynch		Vice Pr	eside	nt of 0	Operation	/ / /	0		010	7 7	i d	
SB-41					**	IVINS			d.d	TI	8	

02-09-18 11:32 FROM-

T-101 P0004/0008 F-938

	PAID		NOTIF	CATIO	ilate of New Jers N OF ASBESTOR I to NJAC 8:50 ar	ABATE	MENT		C. C. Carrier	D)E	o E	- TANKE	11.7 11.7 11.7	
Date of Notification (1) 2/9/2018				Name of	of Building Owner, ensack Univer	Operator	(2)	os atr				27		-
Agencies Notified	Type Notification			Street	Address ospect Avenue						AR 1	7	2018	A Principal of the Party of the
X DOL	Amended Amendmen			City, St Hacks	ate, Zip Code ensack, NJ 071	501				ALGU	V		Hit.	i. å
DOH DCA	justification) Concellation			44000	of Contact onaid Ferrell			. .		Talephane t	Number		* - 22 u35 %	
Name of Facility Where	Abstement is Takir	n Place A	3/	FAC	ILITY INFORMAT	ION		-: <u>-</u> -						
Main Building	waterion is real	A curekt	3)						lity (4)					
Street Address 30 Prospect Avenue	В							S. ich Oler	.e. pri) : (Other than K vale & comme	-12) reial bu	idinga	, họm	#5 ,
City (5) Hackensack	m .						5qua 70,0	els) rei lee O(# of Floors 6	- 1	Bidg. / 95	Ago	
County (6) Bergen				County (STATE	Code (7)		Çите Ноз	et ind	(Prior	if being dema	ished)			
Name of Monitoring Firm LANGAN Environme	Hired by Building ental Services	Owner (8)		ASCI 0009		Name Sky (of Aba Contr	(di len a: ins	Contr	actor (9)				
Street Address 300 Kimball Drive						Street	Addre	12		uile K				
City, State, Zip Code Parsippany, NJ 070						City, 5 Wayt				07470		74.1		
Project Manager for Mon Vijay Patel	itering Firm			Telepho (973)	ine No. 580-4900	Teleph (973)				License 00874		-		
Star Date (10) 2/12/2018		4/30/2	018	npletlon	Date (11)	Name Sky (;				
Occupanty Status During Facility Closed/Vsod	Itad During Entire	Period of	∆haten	nent		Street 1385			id, Si	uite K				
Abatement Perform Miher - Describe: E	ad Outside of Norr	nel Facility	Hours	1		City, St				07470				
Scope of Work (Check Al	That Apply)			_	-				1447					
23 sfor ≥3 if ≥ 160 sfor ≥260 if			Renava Jenoili			Ē	Mir	V: Ded	Proce	t with Negative				
		In	Locati	DE .			1 140	J.: ROL	pted () and Non-Fri	able Pn		e smant	_
Location Assessos-Containing TO BE ABA In Facili	Material (ACM)	Use Ma	Vormal d Sole intensi hodia! S	ly ly by noe?	Asbestos Con (l.e. thema)	scription sining M systems sing, VA	insula	(P DM UC N		Amount (Specify SF or LF)	Remova		& Encapsulate	Enclosure
		Yas	No	N/A) other i	nieceilan	eous)			808304	Oval) Silv	ajens	Surg
Roof Level Stair	r Exit Door		×		Doo	r Caulk	ing		+	20 LF	×	\vdash		\dashv
Carpenter Shop	- Level B1		×		Win	low Ca	ulk		+	20 SF	×	-	-	-
Perimeter Wall	- Level B1		×		Vapor I	Barrier I	Masti	<u> </u>	\top	50 SF	×			\neg
Roof Le			х		Mastic on fib	erglass	pipa	ir sul	1	20 LF	ж			\dashv
Name of Registered Wast Service Transport Gr			H	JOEP W JOEP W		Yarde ste				gistered Landi Interprises,				
City, State New Castle, Delawar	8				TBD TBD	si Date			State nesb	urg, Ohlo				
Completed by Predrag Sarcev		Vica Vica	Presid	dent	3	gneture					2/9/20	18		

Date of Notification (1) 0 3 / 0 5 / 1 8 Agencies Notified	<u>*:</u>	forest gro Street Addr 1 univers City, State,	uilding Owneen manaess sity plaza Zip Code ack, nj (ner/Operator (2	besto 8:6	S Abatement 12:120)		before layer department of the service of the servi	MAR 12			Service Servic
☐ DCA ☐ Cancellation	n	joe scha	chter					646-52	9-3632			
			FAC	ILITY INFORM	IATIOI	N						
Name of facility where abatement forest green management cor Street Address 1 university plaza		place (3)					=	Subch Other Bldgs.	(4) bl (K - 12) napter 8 (Oth (Private/Con/Homes, etc. # of Floors	nmercial	(-12)	ge
City (5)	Co	unty (6)				unty Code (7)	-			_ _	177.0	
hackensack,	be	ergen			(Sta	ate use only)		Current Use (P	rior if being	demolish	ed)	
Name of Monitoring Firm Hired by Street Address				ASCM No.		Name of Abatem D & S RESTO		27. 50				_
						20 California	a Ave.					
City, State, Zip Code					=	City, State, Zip Co						
Project Manager for Monitoring Firm	n	Ph	one Numb	er	-	Paterson, NJ Telephone Numb 973-345-80	er	3	License No			
Start Date (10)	Sche	ed. Completic	on Date (11)	-	Name of OSHA N		vas				
03/20/18	03/3	30/18				D & S Resto Street Address	ration,	Inc.				
Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL I	nt (Check entire per of norma	only one) riod of abate	ment.			20 California City, State, Zip Co	ode					
Scope of Work (check all that appl					-	Paterson, NJ						
>3 sf or >3 f	Renovati Demolitio	on					Mini	Containment w i-enclosure vebag procedur i-Exempted (*)	re		edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		on normally utenance/cust				sbestos-containing	9	Amount (Specify S LF)	For 0	e e p	E n c a p	E n c L
ground floor		X		fireproofing				2,568 sq ft	E			
								2,500 34 11		러분	H	H
Registered Wasta Haules				T. V. I. A.								
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler II 506	- A 1947	ubic Yards of W 0 yds.	vaste	Name of Registe TULLYTOW			COVERV			
City, State			Disposal Da	ate		City, State	IV, ICE	GOORCE RE	COVERT		-	
PATERSON, NJ 07503			various			TULLYTOW	/N, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	DENT		Signature					Date 03/05/20	18		

Date of Notification (1) 0 3 / 0 5 / 1 8 Agencies Notified	abe Stree City, S eli: Name	(Purse of Building Over Iehman to Address State, Zip Code Zabeth, NJ 0 of Contact urdes, brewst	fication of Assuant to JAC		nt (O)		MAR 1	2 2 GON	TROL	
Name of facility where abatement is abe lehman Street Address City (5)	s taking place (3			County Code (7)		Other (Pr Bldgs./Ho		ercial		īge
elizabeth Name of Monitoring Firm Hired by E Street Address City, State, Zip Code	union Bldg. Owner (8)		ASCM No.	D & S RES Street Address 20 Califor	ement Contract TORATION To the contract of the		r if being der	nolish	ed)	_
Project Manager for Monitoring Firm Start Date (10) 03/15/18 Occupancy Status During Abatement Facility closed/vacated during et al. Abatement performed outside of Describe:	03/30/18 (Check only on entire period of a of normal facility	batement		City, State, Zip Paterson, Telephone Nur 973-345- Name of OSH D & S Res Street Address 20 Californ City, State, Zip	NJ 07503 nber 8020 A Monitor toration, Inc.	T T	icense Num 01169			_
≥160 sf or ≥260 lf [Location of			l .	Paterson, 1	Full Conta	ainment w/ne osure procedure npted (*) and	l Non-friable	proce R	dure	E
	Yes No		Description material (AC		(Amount Specify SF o F)	r	e p a i r	n c a p	
Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503	NJDEP Hau 13506			Traine of riogio	VN, RESOUE	RCE RECO	VERY			
BOGDAN JOLDZIC F	itle PRESIDENT to not use this fo	rm for asbestos	Signature			1,000	ate 3/05/2018			

Date of Notification (1)		NO	tradit .	State of ION OF A and to NA e of Buildi	1 1 1	1		NT					a J	1 2	Print
Agencies Notified Agencies Notified Type Notification Initial Amended Amended Amended			Stree City,	xis Van et Address State, Zip	Ostenb	ridge)r (2)			- Indian	AS	SBE			ONTE
DOL Amendm. Emergen justificatio Cancellat	cy (includi	ng	Name Alex	st Orang of Conta xis VAN	ge,NJ,0 ct				l Te	lenhor	na Niir	nher	/ - N		
Name of Facility Where Abatement is Ta PRIVATE HOUSE	king Place	(3)	FA	CILITY IN	IFORMA	TION	Tyr	e of Facility	v (4)						A 11-21-21
Street Address City (5)							×	School (k Subchapt Other (i.e etc.)	(-12) er 8 (Oth	er thai & com	n K-12 mercia) al bu	ilding	s, ho	mes,
West Orange							Squ N/	iare Feet A	# c	f Floor	s		Bldg. N/A	Age	
County (6) Essex			Count	y Code (7 E USE ONL) 		Cur	rent Use (P RIVATE H	rior if be	ing der	molish				
Name of Monitoring Firm Hired by Buildin N/A	Owner (8)	ASC	CM No.		Name EHV	of Ab	eatement Co	ontractor F LLC	(9)					
Street Address						Street 89 F		ess NKLIN ST	REET						
City, State, Zip Code						City, S	tate.	Zip Code ON,NJ ,0							
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	one N		7024	Licen 012	ise No				
Start Date (10) 03/21/2018	Schedu 03/22	led Co	mpletion	Date (11)	Name o	of OS	SHA Monitor ATEMEN	THE	012					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	Abata	nent s			Street A 89 FI City, St	Addre RAN ate, Z		REET						
Scope of Work (Check All That Apply)						IAIL	-110	ON,NJ,07	524						
≥3 sf or ≥3 If ≥160 sf or ≥260 If	×	Renova Demoli	ation tion			×	Glo	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure						
Loopling of		S Locat Normal							_ (/ una	740111	IIdbic		Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes	stos Conta	cription of	terial	I (ACM)	An	nount	ŀ		- 1)	ре	П
TO BE ABATED In Facility (13)	Cus	todial 8 (12)	Staff?	(i.e.	thermal . surfac	systems ing, VAT iscellane	insula , or	ation,	(Sp	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A									a	7	late	lre
FIRST FLOOR		X				VAT			85	OSF	}	2			
7 11.01 7 20011		X				VAT			250	OSF	}	2			
Name of Registered Waste Hauler		1	JDEP W	CVECE	Cubic Y			Name of F	Registere	ed Land	dfill				
EHW ABATEMENT LLC City, State			auler ID 037095		of Wast TBD	e		TRY ST				1			
PATERSON,NJ					Dispose TBD	al Date		City, State BRONX	C,NY						
Completed by VICTOR ESPIRITU	Title PRO	JECT	MANA	AGER	Sig	nature	1	11/1	1,1		Date 03/0	9/2	01		

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Date of Notification (1) 03/09/2018		Non	Name	State of New ON OF ASBE ant to NJAC 8	STOS ABAT	20)	г		E C	R 1	LI	Pfifit F
			Joh	n Monscha	uer							
- Type Hounda	ion		Stree	t Address			CONCERN.	A	SBES	TOS	CON	TROL
EPA Initial Amende Amendm	National Community			State, Zip Cod			Normal Distriction	Service activities and the second		ICEN	ISIN	G
DOH justificati	icy (includi on)	ing	Name	of Contact n Monschai				1=:-				
			1	CILITY INFO				_				
Name of Facility Where Abatement is Ta PRIVATE HOUSE	king Place	e (3)				Туре	of Facility	(4)				
Street Address				70			School (K- Subchapte	12) r 8 (Other than k private & comme	(-12)	I al lan a		
City (5) Clifton		1-0-0-		***		Squa	etc.) ire Feet	# of Floors	er ciai b		Age	
County (6)			Count	y Code (7)		N/A		N/A		N/A		
Passaic			(STATE	EUSE ONLY)		PRI	VATE HO	or if being demo OUSE	lished)			
Name of Monitoring Firm Hired by Buildir N/A	ng Owner ((8)	ASC	CM No.	Name EHV	of Aba	tement Co	ntractor (9) LLC				
Street Address					Street	Addres	SS					
City, State, Zip Code		-			and the second		KLIN ST	REET				
(90) (II) (II) (II) (II) (II) (II) (II) (I					PAT	etate, Zi ERSC	ip Code DN,NJ ,07	7524				
Project Manager for Monitoring Firm			Teleph	one No.	Teleph	one No 333-5	D.	License 01274			MINESSO	
Start Date (10) 03/20/2018	Schedu 03/21	uled Co 1/2018	mpletion	Date (11)	Name	of OSI-	IA Monitor					
Occupancy Status During Abatement (Ch	eck Only C	One)			Street			LLC				
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of	f Abatei ity Hour	ment		89 F	RANK	CLIN STF	EET				
10004544 0.113000					PATE	ERSO	N,NJ,07	524				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli			×	Glov	-Enclosure rebag Proc					
		s Locat						17 3110 11011 1 110	1010111		emen	t
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	ly by	Ashestos	Description of Containing Ma	of	1000		-	Ty	ре	\vdash
TO BE ABATED In Facility (13)		aintena stodial ((12)		(i.e. the	rmal systems surfacing, VAT her miscellane	insulat , or	ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Oti	ici illiscellarie	ous)			oval	air	sulate	sure
BASEMENT		Х		PIP	E INSULAT	ION		150LF	X		(b	
ame of Registered Waste Hauler									-			
HW ABATEMENT LLC		H	JDEP W auler ID 037095	No. of	ibic Yards Waste 3D	100		egistered Landfill				
ty, State ATERSON,NJ				Dis	sposal Date	-	City, State BRONX,					
ompleted by ICTOR ESPIRITU	Title PRO	JECT	MANA	GER	Signature	1	1 / /1	/ Da	te 3/00/	201		-

					24								
(JL 3U	3		FICATION Pursuan	OF ASSESTOR	ey ABATE 10 12:12	EMENT 0)		DE	C	EL	P	rifit I
	ate of Notification (1) 3/06/2018				of Building Owner/ Tejada	Operato	r (2)		L L	45/11	1 (U-150
	encies Notified	Type Notification		Street	Address		***************************************		ASE			ONI	
×	DEP DOL	Amended Amendment		City, Si Mapl	tate, Zip Code ewood,NJ,079	01			A THE PROPERTY OF THE PARTY AND ASSESSMENT AND ASSESSMENT ASSESSME	old voters	**************************************	n-200milion	SCHOOL STORY
×	DOH DCA	justification) Cancellation			of Contact Tejada						-		
				FAC	ILITY INFORMAT	ION						-	
Na	me of Facility Where	Abatement is Takin	g Place (3)		ALIT IN ORMA	1014	Type of Facility	(4)			-		
۲	RIVATE HOUSE						School (K						
	eet Address						Subchapte	er 8 (Oth	her than K-12 & commercia	2) al bui	ldings	, hom	ies,
N	y (5) laplewood						Square Feet N/A		of Floors /A		Bldg. / N/A	Age	
E	unty (6) SSEX			(STATE	Code (7) USE ONLY)		Current Use (P PRIVATE H	rior if be OUSE	eing demolish	ed)			An rosto
N	me of Monitoring Firm /A	Hired by Building (Owner (8)	ASC	M No.	Name EHV	of Abatement Co V ABTEMENT	ontracto LLC	r (9)				
	eet Address						Address RANKLIN ST	REET			0.0011.2		
	, State, Zip Code						State, Zip Code ERSON,NJ ,0	7524					
Pro	ject Manager for Moni	itoring Firm		Telepho	one No.		one No. 333-5144		License No 01274	Ο,			
	rt Date (10) 3/15/2018		Scheduled Co 03/16/2018	mpletion	Date (11)		of OSHA Monitor						
Occ	cupancy Status During	Abatement (Check	Only One)			Street	Address						2114-1-0
×	Facility Closed/Vaca Abatement Performe	ted During Entire P	eriod of Abater al Facility Hour	ment			RANKLIN ST	REET					
-	Other – Describe: pe of Work (Check All						ERSON,NJ,07	7524					
×		і тпас Арріу)	Property and the second			_	7						
Ï	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure			-	Δ	
		8	Is Locat	tion				,,-			Abate	ement	t
	Location		Norma		De:	scription	of				Ту	ре	
2	Asbestos-Containing I TO BE ABA In Facilit (13)	TED ` ´	Used Sole Maintena Custodial (12)	ince/ Staff?	Asbestos Cont (i.e. thermal surfac	aining M	laterial (ACM) s insulation, T, or	. (8	mount Specify or LF)	Remova	Repair	Encapsula	Enclosure

Location of	1	Locati Normal	ly		Description of					emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbe (i.	estos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneou	sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u>ai</u>	-	late	ire
BASEMENT		Х			PIPE INSULATION	NC	30	K			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Yards	Name of	Registered Landfil				
EHW ABATEMENT LLC			auler ID		of Waste		TATE TRANSF				

Title PROJECT MANAGER Disposal Date TBD

Signature

City, State PATERSON,NJ

Completed by VICTOR ESPIRITU

Date 03/06/2018

City, State BRONX,NY

no CK			NO			ON OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DE C	E		\mathbb{V}_{-}	
Date of Notification (1)					Nar	me of Buildi	ng Owner/Operator	(2)	HI MA	11	2 2	018	101
	27/	1	18		1	NJ DOT / S	Job #1707-5182	Check #9926	but box				
Agencies Notified Ty	ype Notif	icatio	n		Stre	eet Address			ASBES	raig r	CIMI	TRO	8,
	Initial				P	O Box 60	0			ICEN			
	Amend) City	, State, Zip	Code		lemaniamento adanestrono en 1937	CONTRACTOR OF STREET	- North Control of		NO COMPONENT OF
☐ DHSS	Amenda Emerge			/	3		J 08625-0600						
(NJAC 5:23-8)	justifica			ng		ne of Conta			Telephone Nur	nber			-
] Cancell				M	att Kolar			609-586-50				
					F	ACILITY II	NFORMATION						
Name of Facility Where Abat	tement is	Takir	ng Plac	ce (3)			T. O. M. M. T. T. O. M.	Type of Facility	(4)		_		
NJ DOT Paterson Plan								School (K-12					
Street Address								☐ Subchapter 8	Other than K-1				
Route 495 & Route 1 &	. 9							homes, etc.)	rivate and comme	ercial b	ouildin	ıgs,	
City (5)								Square Feet	# of Floors	IB	Bldg. A	Age	
North Bergen, NJ												-	
County (6)		-			Cot	unty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Hudson								Bridge					
Name of Monitoring Firm Hire	ed by Bui	ilding	Owner	(8)	ASCN	Λ No.	Name of Abateme						
M.E.C.S.							AbateTech, I						
Street Address							Street Address					-	
PO Box 341							30 Maple Ave	. PO Box 25					
City, State, Zip Code							City, State, Zip Co				-	-	
Crosswicks, NJ 08515							Lumberton, N						
Project Manager for Monitorin	g Firm			Tel	ephone	No.	Telephone No.		License No.				
William Weisgarber				-6	09-91	5-1140	609-265-2107		00529				
Start Date (10)		Sche	duled C	Compl	etion D	ate (11)	Náme of OSHA M	onitor					_
3 / 5 / 18	8	/	5/	/	/	18	EMSL Analyti	cal					
Occupancy Status During Aba	atement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated Du	uring Enti	re Pe	riod of	Abate		_	200 Route 130	0 North					
Abatement Performed Outs						scribe	City, State, Zip Co	de				****	
Time of Abatement:	_AM	PI	M/ <u>11</u> P	M- <u>5:3</u>	0AM	18	Cinnaminson						
Scope of Work (Check all that	apply)								1000				
☐ >3 sf or >3 lf			⊠ Re	novo	ion			ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			De				☐ Mini-Encl						
							⊠ Non-Exer	npted (*) and Non	-Friable Procedu	re			
				Loca Norma						Ab	atem	ent T	уре
Location of Asbestos-Containing Mater	rial (ACM	1)			ely by	Achae	Description of stos Containing Mat		Amount	Re	Re	m	m
TO BE ABATED		.,		intena		(i.e.	, thermal systems in	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todiai (12)	Staff?		surfacing, VAT,		SF or LF)	val		sula	sure
(13)			Yes	No	N/A	-	other miscellaneo	ous)				ate	-
Exterior						Transite	Pining		5,200 LF	12			
						Hansite	i ipilig	-	5,200 LF				
						-					Ш	П	Ш
Name of Registered Waste Har	uler			1000	JDEP		Cubic Yards of	Name of Registe	ered Landfill				
AbateTech, Inc.				1	18750		Waste 40	G.R.O.W.S.	Landfill				
City, State					.0100		Disposal Date	City, State				-	
Lumberton, NJ							5/4/18	Tullytown, P	PA				
Completed By (Print or Type)		Title	CS CS			-	Signature	1_	- Da		No.	2325	
Gwendolyn Trumbetti		0	perati	ons	Coord	inator		MULT	1	2/2	71	18	

A				;	State of N	lew Jersey		FR	r	7 П	17 5	- F
(D) (X		NOT				BESTOS ABA AC 8:60 and 5:1		ID) EG	E	<u> </u>	<u> </u>	
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)	1111			engoase	- 11
	18	_		11		od Johnson Hos	pital / Job #	1802- 5265 CI	neck	992	18	
Agencies Notified Type Notific	cation	\		Stree	et Address			The control of the co	mare bilegrand	COP // Mineso		土
☐ EPA ☐ Initial ☐ DOLWD ☐ Amende	. ^	()		Or	ne Robert	Wood Johnson	Place	ASBEST	OSC	ONT	ROL	&
☑ DOLWD ☑ Amende ☑ DHSS Amendm		1		City,	State, Zip (Code		L.	CENS	SINC	Walled Brand Street	-
□ DCA □ Emerger		- H	7	Ne	w Brunsv	wick, NJ 08901						
(NJAC 5:23-8) justificat	ion)	Juani	9	Name	e of Contac	t		Telephone Num	ber			
Cancella	ation			Kri	isten Bell			732-937-870				
			3	FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is	Taking	Place	(3)			2	Type of Facility ((4)				
Robert Wood Johnson Hospit	al						School (K-12))				
Street Address					71-0		Subchapter 8	(Other than K-12)			
One Robert Wood Johnson Pl	ace						homes, etc.)	ivate and comme	rcial bi	ullding	gs,	
City (5)							Square Feet	# of Floors	В	dg. A	ge	
New Brunswick												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)			
Middlesex				Ž.			Hospital	_				
Name of Monitoring Firm Hired by Buil	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Omega Environmental						AbateTech, II	nc.					
Street Address						Street Address						
280 Huylar Street						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode		-1900			
South Hackensack, NJ 07606				_		Lumberton, N	NJ 08048					
Project Manager for Monitoring Firm	/			ephone	1 1	Telephone No.		License No.				
Geiser Fajardo Start Date (10)				01-489	3 5	609-265-2107		00529				
/	3	/		etion Da	ite (11)	Name of OSHA M EMSL Analyti						
Occupancy Status During Abatement (Check	only o	ne)	- Contractor Contracto	/	Street Address				ALV-S		
Facility Closed/Vacated During Enti						200 Route 13	0 North					
Abatement Performed Outside of No	ormal F	acility	/ Hou	rs - Des		City, State, Zip Co	ode				12 1311	
Time of Abatement:AM	PIVI		_PIM		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)						☐ Full Cont	ainment with Nega	ative Pressure				
□ ≥3 sf or ≥3 lf	į	⊠ Rei		3531		☐ Mini-Encl	losure	ative i lessure				
≥160 sf or ≥260 lf	L	Dei	moliti	on		☐ Glovebag	g Procedure mpted (*) and Non	-Friable Procedu	·o			
		Is	Loca	tion			Impled () dild Hell	Thable Trocedu	1	atem	ent Ty	ne
Location of			lorma			Description of	f			_		
Asbestos-Containing Material (ACM TO BE ABATED	1)			ely by ance/		stos Containing Mat		Amount	(em	Repair	inca	incl
IN Facility				Staff?	(i.e.	 thermal systems i surfacing, VAT, 	nsulation,	(Specify SF or LF)	Removal	air.	apsı	Enclosure
(13)			(12)		1	other miscellaned		01 01 11)	-		Encapsulate	ē
		Yes	No	N/A							(D	
Exterior 2 nd Floor 58 Building	_				Window	Caulk/glazing		400 LF				
										П	П	П
Name of Registered Waste Hauler			1022	JDEP \		Cubic Yards of	Name of Registe	ered Landfill	1_			_
AbateTech, Inc.			H	lauler II 18750		Waste 12	G.R.O.W.S.					
City, State				10100	1	Disposal Date	City, State					
Lumberton, NJ						3/9/18	Tullytown, F	PA				
Completed By (Print or Type)	Title		-17-2-0	7		Signature		Da	te ,			
Gwendolyn Trumbetti	Ор	erati	ons	Coordi	inator		mt		3	1)1	8	

((1)	1	Table of the Control	NO	OTIF	ICAT	JUN OF A	I IVE	w Jersey ESTOS AE	3Δ	TEMENT								
	/A	, U		ال	(Purs	suant to N	JAC	8:60 and	5:1	16)		7	E (7 [7 1	// [FI
Date of Notification (1)	Basel				1	lame of Build	ding (Owner/Opera	tor	(2)	H	} -	<u> </u>	J L	2		<i>yj</i>	3
	7 /		18							/ Job #1802-5	270	Ch						Company of the compan
	Type Noti	ificatio	on		S	treet Addres	ss				Ш	L	- WA	R-1	2	-20	18	-111
	Initial					101 Egger	rts C	rossing Ro	oad	ı								-
☑ DOLWD [Amend		. "		C	ity, State, Zi		and the second second				Δ	SDEC	rese	01	MIT	201	
	Amend Emerg		-	ina		Lawrence	ville	, NJ 08648				^	SBES	LICE	NS	JNTI ING	HOL	&
(NJAC 5:23-8)	justific	ation)	(IIICIUU	ing	N	ame of Cont			_		T	elent	none N	THE STREET	INCAR-IS	of the contra	The Treatment of	CONTRACT AND
	Cancel	llation	ı			Bill McBri	de				- 1		-530-		-1			
						FACILITY	INF	ORMATION	ñ			-	-000-	150				
Name of Facility Where Aba				ce (3)					Type of Facility	(4)					3.DV G-6-4		
Sea Girt Training Cer	nter Buil	lding	#18							School (K-1								
Street Address										☐ Subchapter	8 (0	ther	than K	-12)				
1 Camp Drive										Other (i.e., phomes, etc.	orivat N	e an	d com	merci	al bi	uildin	gs,	
City (5)										Square Feet	-	f of F	loors		TRI	dg. A		
Sea Girt, NJ										0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	"	011	10013		"	ug. r	ige	
County (6)					To	ounty Code	(7)(S	TATE USE ONL	Y)	Current Use (P	rior if	hein	a dem	oliebo	\d\	_		_
Monmouth						•	(N -		'/	Military Tra			_	Olisiie	uj			
Name of Monitoring Firm Hir	red by Bu	ilding	Owne	r (8)	IAS	CM No.	IN	ame of Ahate	me	ent Contractor (9		y o	inter					
TTI Environmental		-						AbateTech		The state of the s	,							
Street Address								treet Address			_							
1253 North Church St	reet									. PO Box 25								
City, State, Zip Code					E-22.31 L		_	ity, State, Zip		the state of the s		-				-		
Moorestown, NJ 0805	7							Lumberton										
Project Manager for Monitori	ng Firm			Te	elepho	ne No.	_	elephone No.	Ø.,	0 00040	1	icans	se No.					
Mike Stocku				- 1		04-3969	752970	609-265-21			-	005						
Start Date (10)		Sche	duled			Date (11)	_	ame of OSHA		onitor		000	23		_			
3 / 19 / 1						/18		EMSL Anal										
Occupancy Status During Ab	atement	(Chec	k only	one)				reet Address				-						
☐ Facility Closed/Vacated D	uring Ent	ire Pe	eriod of	Abat	ement		100	200 Route 1	130	North								
☐ Abatement Performed Ou	tside of N	lorma	I Facili	ty Ho	urs - D	escribe		ty, State, Zip							_	-	-	
Time of Abatement:	AM	P	M/	P	Λ	AM	1	Cinnamins										
Scope of Work (Check all tha	t apply)						1		,		III S				_			_
☐ ≥3 sf or ≥3 if			⊠ n.							inment with Neg	ative	Pre	ssure					. 1
≥160 sf or ≥260 lf			⊠ Re					☐ Mini-Er		sure Procedure								
								☑ Non-Ex	kem	pted (*) and No	n-Fria	able	Proced	dure				
				Loca											Aba	ateme	ent Ty	vpe
Location of Asbestos-Containing Mate	rial /ACA	4)		Norm	ally lely by			Description						-				
TO BE ABATED	nai (ACIV)	<i>(</i> 1)	Ma	ainten	ance/	(i.e	estos e the	Containing Mermal systems	late	erial (ACM)		Amo		2	9	Repair	nca	nclo
IN Facility	-		Cus		Staff	, (surfacing, VA				(Spe	r LF)	1 2	Removal	₹	Encapsulate	Enclosure
(13)			Van	(12 No	1	_	ot	her miscellan	eou	us)			150				late	ø,
Throughout Building #18			Yes	INO	N/A		al El	loor Tile Ma		-			2.05		7			
0	14		_	-	-	IXesidu	aiii	ioor riie wa	1511	ic	-	5,032	2 SF	-	X			Ш
														1]			
Name of Registered Waste Ha	auler			100		Waste	1000000	oic Yards of	T	Name of Regist	ered	Land	dfill					
AbateTech, Inc.				1	1875	ID No. 50	Wa:	77.7		G.R.O.W.S.	Lan	dfill	ľ					
City, State								posal Date	+	City, State								\dashv
Lumberton, NJ							3,	/23/18		Tullytown,	PA							
Completed By (Print or Type)		Title	ij			A CONTRACTOR OF THE PARTY OF TH		Signature		A			Tr	ate		-		-
Gwendolyn Trumbetti		0	perati	ons	Coor	dinator		1 /An	10	1				9	31.	71	18	

ASB-41 MAY 11

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

Date of Notification (1)			Na	me of Ruild	ing Owner/Operator	(2)					
3 / 7 /	18				ommunications		01-5261 Check #	9	95	1	
Agencies Notified Type Notificati	on	-	Str	eet Address			15 M	5	17,	715	7 /
⊠ EPA ☐ Initial	011				wood Avenue			5 1			-11
☑ DOLWD ☑ Amended			-								
□ DHSS Amendmen	t # <u>1</u>			, State, Zip			III I MAR	12	201	8	
DCA Emergency		ing			n, PA 19046		hand have				-
(NJAC 5:23-8) justification			100	ne of Conta	758		Telephone Num	ber	er erseen	une production	
☐ Cancellation	1			lex Baylo			301583-004	ENSI		OL.	&
Name of Facility Where Abatement is Tak	ing Pla	ce (3)	F	ACILITY I	NFORMATION	TT	AND MICHIGAN PROPERTY OF THE PARTY OF THE PA			~~~	- Personal Control
Verizon- Pompton Lakes	ing i ia	ce (3)				Type of Facilit					
Street Address						School (K-	r 8 (Other than K-12	2)			
8 Hamburg Turnpike						Other (i.e.,	private and comme	rcial b	uildir	gs,	
City (5)						homes, etc	c.)				
Pompton Lakes, NJ						Square Feet	# of Floors	В	ldg. A	Age	
County (6)	11.7										
Passaic			Col	unty Code (7)(STATE USE ONLY)		Prior if being demolis	shed)			
						Offices					
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCN	I No.	Name of Abateme	ent Contractor (9)				
USA Environmental					AbateTech, In	nc.					
Street Address					Street Address						
8436 Enterprise Ave.					30 Maple Ave	. PO Box 25					
City, State, Zip Code					City, State, Zip Co	ode					
Philadelphia, PA 19153					Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Mark Jenkins				5-5810	609-265-2107		00529				
				ate (11)	Name of OSHA M	onitor					
		97-377	4_/	18	EMSL Analyti	cal					
Occupancy Status During Abatement (Chec					Street Address						
Facility Closed/Vacated During Entire Po	eriod of	Abate	ment		200 Route 130	North					
Abatement Performed Outside of Norma	I Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	de					
Time of Abatement:AMF	M/ <u>5</u> PM	- <u>1:30</u>	AM		Cinnaminson,						
Scope of Work (Check all that apply)									111111111111111111111111111111111111111		0
☐ >3 sf or >3 lf	⊠ n.						gative Pressure				
⊠ ≥160 sf or ≥260 if		enovat emolitic			☐ Mini-Enclo ☐ Glovebag						
		ATTO III U	J.,		☐ Non-Exem	npted (*) and No	on-Friable Procedure	9			
		Local						T -	atem	ent T	vne
Location of		Norma			Description of				_	_	1
Asbestos-Containing Material (ACM) TO BE ABATED	1	intena			stos Containing Mate		Amount	em (Repair	nca	ncl
IN Facility	100000000000000000000000000000000000000	todial	Staff?	(i.e.	, thermal systems in surfacing, VAT, or		(Specify SF or LF)	Remova	¥.	sde	Enclosure
		(12)	I		other miscellaneo		OF OF ELLY	_		Encapsulate	9
(13)		200000		1		100				w	
(13)	Yes	No	N/A		W 8						
(13)	×			Pipe Fit	ting Insulation		25 LF	\boxtimes		Ц	
(13) 2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment			-	Pipe Fit			25 LF 250 SF				
2nd Floor Mechanical Equipment End Floor Mechanical Equipment Production of Floor Lunch Locker Room	×			Duct Ins			Sec. 1990 - 1990				
2nd Floor Mechanical Equipment Rnd Floor Mechanical Equipment Rnd Floor Mechanical Equipment Rnd Floor Lunch Locker Room Rnd Floor Mechanical Equipment				Duct Ins	sulation		250 SF				
2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment 2nd Floor Lunch Locker Room 2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment			D D JDEP V	Duct Ins Pipe Fit Floor til	sulation ting Insulation	Name of Regis	250 SF 8 LF 150 SF	Ø			
2nd Floor Mechanical Equipment Rnd Floor Mechanical Equipment Rnd Floor Mechanical Equipment Rnd Floor Lunch Locker Room Rnd Floor Mechanical Equipment			D D JDEP V auler ID	Pipe Fit Floor til Vaste No.	ting Insulation e & Mastic Cubic Yards of Waste	Name of Regis	250 SF 8 LF 150 SF stered Landfill				
2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment 2nd Floor Lunch Locker Room 2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment			D D JDEP V	Pipe Fit Floor til Vaste No.	ting Insulation e & Mastic Cubic Yards of Waste 25	G.R.O.W.S	250 SF 8 LF 150 SF stered Landfill				
2nd Floor Mechanical Equipment Room Rnd Floor Mechanical Equipment Rnd Floor Lunch Locker Room Rnd Floor Mechanical Equipment Rnd Floor Mechanical Equipmen			D D JDEP V auler ID	Pipe Fit Floor til Vaste No.	ting Insulation e & Mastic Cubic Yards of Waste	G.R.O.W.S City, State	250 SF 8 LF 150 SF stered Landfill				
2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment 2nd Floor Lunch Locker Room 2nd Floor Lunch Locker Room 2nd Floor Mechanical Equipment 2nd Fl			D D JDEP V auler ID	Pipe Fit Floor til Vaste No.	culation ting Insulation e & Mastic Cubic Yards of Waste 25 Disposal Date 3/14/18	G.R.O.W.S	250 SF 8 LF 150 SF stered Landfill Landfill				
2nd Floor Mechanical Equipment 2nd Floor Mechanical Equipment 2nd Floor Lunch Locker Room 2nd Floor Lunch Locker Room 2nd Floor Mechanical Equipment 2nd Fl		□ ⊠ × H	D D JDEP V auler ID	Pipe Fit Floor til Vaste No.	ting Insulation e & Mastic Cubic Yards of Waste 25 Disposal Date	G.R.O.W.S City, State	250 SF 8 LF 150 SF stered Landfill Landfill PA				

	P			Contraction and Contraction of Contr	NOTIFICAT	ION OF AS	EW JERSE BESTOS A C 8:60-7 AN	BATEMEN'	r <i>Q</i> -	leci	k A	30	60					
Date of Notification (Name of Building Owner / Operator (2)														
			Street Add			11	DECELVEN											
Agencies Notified EPA				RIS AVENU e, Zip Code			1153											
☐ DEP		Initia Ame				SUMMIT,				MAR 1 2 2018 U								
☑ DOH ☑ DOL			ndme rgenc	_	1 / justification	Name of O JANOS Al				Telephone Number 908-897-4646								
		Cano	ellatio	on		A CIL ITY IN	FORMATIO	N		ASBESTOS CONTROL & LICENSING								
					F	ACILITY IN	FORMATIO	N	L	Armond when about no	LIUE	Nonio	PARTICIPANTE OF THE SHEET OF THE					
Name of Facility Who CELGENE CORPORA		ng F	Place (3)		Type of Fa		12)											
Street Address							School (K-12) Subchapter 8 (Other than K-12)											
535 MORRIS AVENU	E						Other (I.e., private & commercial											
C:6. (F)	C			_	0	(3)	0	bldgs., ho		c.)								
City (5) SUMMIT	County (6) UNION)			County Code	(1)	Square Fe 10.	et 000	# Of Floor	Floors Building Age								
							Current Us	se (Prior if	being dem	olished)	İ	40+						
Name of Manifesian	Firm Illiand	h DI	d- 0		(0)	IACOM NO	MECHANIC	CAL										
Name of Monitoring	Firm Hirea	ру Ві	ag. O	wne	er (8)	ASCM NO	1											
MC CABE ENVIRONM	//ENTAL						NORTHST	AR CONTE	RACTING G	ROUP. IN	C							
Street Address	·-						Street Add	Iress										
464 VALLEY BROOK AV	/E						32 William	s Parkway										
LYNDHURST, NJ 07071			32 Williams Parkway City, State, Zip Code															
Project Mngr. For Mo	onitoring F	irm			Telephone Nu	mber			227									
JOHN CHAIVIELLO Sheduled Start Date	mn	201-438-4839 letetion Date (1	1)	East Hano	ver, NJ 070	36	License Number											
03 // 19	/18	SCITE	05	mp	07	/				License Humber								
								4-8682		00860								
Occupancy Status D	Only 1) ire Period of		CONTROL CONTROL OF THE CONTROL OF TH	SHA Moni	tor RACTING G	ROUD IN	C											
Abatemen	ile i elloù ol		Street Add		CACTING C	11001 . 111	0.											
	ormal Facility																	
Hours - Describe: 7:00 am to 3:30 pm Other - Describe: MON-FRI							32 Williams											
Other - De					, Zip Code ver, NJ 070													
Scope of Work (Ched	ck All That	Apply	()					200000000000000000000000000000000000000										
☐ Demolition	n		7		Renovation		Full Conta	inment wit	h Negative	Pressure	•							
≥3sf or≥3	1101101111011		Mini - Enc	losure	0 150.													
							Glovebag			ble Brees	duro							
						~	NOII-EXCII	ipteu () an	u Non-Fna	riable Procedure								
Location of			ls			Descript				Abatement Type								
Asbestos Containing Location					As	sbestos - C Material		Amount	R E	R	E N	E N						
Normally TO BE ABATED Used					(1.	e., thermal		(Specify	М	E	C	C						
in Facility Solely					insu	lation, sur	facing, VAT, SF or I				Р	Α	L					
(13) by Main-					or	other misc	ellaneous)			V A	A	P S	o s					
tenance/ Custodial										l î	R	Ü	ŭ					
<u>Staff (12)</u>												L	R					
BOILER ROOM			NO N		GASKET				120 LF	V		+	-					
ROOF		Name and Address of the Owner, where	7	-	FLASHING/TA	R			175 SF	7	H	十片	1 =					
		-		_														
N				N IDED W	Icut:	Name of Desisters of Lawrence												
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.					NJDEP Waste Hauler ID No. 30534		Name of Registered Landfill FAIRLESS LANDFILL											
City, State						Disposal	City. State											
EAST HANOVER, NJ			Date	MORRISV	ILLE, PA													
Completed by (Print	or Type)				Title							Date	3					
Steven Stiles					Project Manag	er		Steen Stee										

ASB-41

no (V)	•		NOTI	TICATION	tate of New .	TOC	TEMEN			em traspor		Prir		
Onte of Notification (1)		to NJAC 8:6	0 and 12:	120)		MA	H	2	2018					
Agencies Notified Type N	ounde	rs, inc.			WW.50		r - v - consume							
X FPA	Street A	ddress	_ AS	DE9	108 10E	NSH	NTRO							
X DOI AT	City Stat	nond Drive	Expression and Province and Assessed	Positivatorio,		Mariotto de	total dissolutions							
IN DOW ☐ EM	Havertown, PA 19083													
DCA DCA Car	Name of	Telephon	Telephone Number											
					ve Smith			610-44						
Name of Facility Where Abatement Warehouse Building	is Taking I	Place (3)	FACIL	TY INFORM	ATION	Type of Fa	- ith de			-			
Street Address							1000	ol (K-12)						
200 (194 - 236, et al) Liberty	Street				_557.55	-	Subcl	napter 8 (Other than	K-12)					
City (5) Little Ferry							eic.)	(i.e. private & comm	nercial	buildi	ings, I	nomes,		
County (6)							Square Fee 30,000	# of Floors	# of Floors Bidg A					
Bergen			Co	ounty Co	le (7)			2 40+						
Name of Monitoring Firm Hired by Bu AET	riiding Own	er (8)			The second second		Warehou	Current Use (Prior if being demolished) Warehouse / commercial						
Sireel Address		(-)	- 1	ASCM N	SCM No. Name of Abatement Contractor (9)									
28 Pennell Road				ecoservices, LLC Street Address										
City, State, Zic Code					and the second second		3 National Road							
Media, PA 19063				City, Sta			late. Zip Code							
Project Manager for Monitoring Firm Customer Service	Tele	olo-b			PA 19341									
Start Date (40)					10-891-0114 484-8			72-8884 License No 01161						
3 13 18 Scheduled Complete Congression States De Co. 129 18					letion Date (11)			SHA Monitor						
Docupancy Status During Abatement (Check Only	Cool				EMSL								
TOURY CHISOMA / TOURS			emant			Street Address 200 Route 100 North								
Other - Describe:	Vormal Fac	ality Ho	urs	City, State, Zip Code										
cope of Work (Check All That Apply)						Cinnan	ninson, N.	ı						
≥3 sf or ≥3 lf						re Ocedure	ent with Negative Pressure e cedure d (*) and Non-Friable Procedure							
Location of		Is Loca					NoveExempl	ed (*) and Non-Fria	ble Pro	Abatement				
Asbestos-Containing Material (ACA)	U	Norma sed Sok	by by	1	Desc	ription of						ype		
In Facility	Cu	laintena stodial :	nce/ Staff?	Asb (i	estos Contai	ining Material (ACM) ystems insulation.		Amount	_		E			
(13)		(12)			surfacin	g. VAT. or cellaneous		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Con the c	Yes	No	N/A	1	1		•,		BAC	air	Sulat	sure		
See Attached						1			-		10	Ш		
						1			-					
45						,			\vdash	_	_			
of Registered Wasta Unit		NJ	DEP W	aste	Cubic Yard	is .	Name of I	Registered Landfill						
of Registered Waste Hauter ce Transport Group		na	orer ID	140,	of Waste 200			S Landfill						
ce Transport Group	and the second				Disposal D	ate								
ce Transport Group tate Castle, DE	******					City. State Morrisville, PA								
ce Transport Group tate Castle, DE	Tala	-			TBD			le, PA						
ce Transport Group tate Castle, DE	Title Sr. Pro	oject A	lanac	er				le, PA	١					

					-	_		_								
Chlose	10		NOT	IFIC	De 1101 Irsuar	tate of No.	ev Jersey BESTOS ABAT AG 8:60 and 5:10	FEMENT 6)	DEG	E						
Date of Notification (1)				Name	of Building	g Owner/Operator (2)	HI MAR	12	20	118	-11				
	18	-		INS	SPIRA ME	DICAL CTR		Break Break				-				
Agencies Notified	ication			Stree	t Address			ASBESTO			ROL	&				
⊠ EPA ⊠ DOLWD	led			333 IRVING AVE LICENSING												
☑ DOH	Amend Amend	ment #_			City, State, Zip Code BRIDGETON NJ											
□ DCA	ency (ind	cluding	J		ALTERNATION - CONTRACTOR STATE	0.00-0.00		I								
(NJAC 5:23-8)	justifica					of Contact OMAS JC		Telephone Number 215 593-9259								
					FA	CILITY IN	FORMATION					62-060				
Name of Facility Where A	batement is	s Taking	Place	(3)				Type of Facility (4	4)							
INSPRIA MED. CTR	CRISIS A	REA						☐ School (K-12)								
Street Address									(Other than K-12) vate and commerci	ial hu	ilding	10				
333 IRVING AVE						homes, etc.)	vate and commerci	ai bu	mume	, ,						
City (5)						Square Feet	# of Floors	Blo	Bldg. Age							
BRIDGETON					>50,000	4		50+								
County (6)					Cour)(STATE USE ONLY)	1880	or if being demolish	ed)							
CUMBERLAND		" " 0		(a) I		HEALTH CENTER										
Name of Monitoring Firm CRITERION LABS	Hired by Bu	ulding O	wner (8)	ASCM	No.	Name of Abatement Contractor (9)									
Street Address						DELTA/BJDS, INC Street Address										
400 STREET ROAD						1345 INDUSTRIAL BLVD										
City, State, Zip Code					<u> </u>		City, State, Zip Co						_			
BENSALEM PA 190	20						SOUTHAMPTON, PA 18966									
Project Manager for Monit			Tele	phone	No.	Telephone No.		License No.	-57	-						
ERIC WYSOCKI			21	5 244	-1300	215 322-2900	İ	00783								
Start Date (10)	Schedi				아이지막게 튀었다다면서	Name of OSHA Monitor										
	18	7	/	31	_ / _	18	EHS									
Occupancy Status During		10.0					Street Address									
☐ Facility Closed/Vacate☐ Abatement Performed					ariba		I GATE SUITE E									
Time of Abatement:	PN	N_/	_PM-	s - Des	AM	City, State, Zip Code MICKLETON, NJ 08056										
Scope of Work (Check all						• *****	MICKLETON,	NJ 08056								
	triat apply)							tainment with Nega	ative Pressure							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitio		☐ Mini-Enclosure ☐ Glovebag Procedure										
<u>⊠ ≥100 31 01 ≥200 11</u>			□ ре	montic	41				-Friable Procedure	ı						
	I.			Locat						Abatement Type						
Location of Not Used 3 Asbestos-Containing Material (ACM) TO BE ABATED Maint						Aabaa	Description o			R	Re	Щ	Щ			
					nce/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	icap	clos			
IN Facility Custodial (12)							surfacing, VAT, other miscellane		SF or LF)	val		Encapsulate	Enclosure			
(13)	Yes	No	N/A		outer thiscendile	ousj				te						
Crisis AREA 🗆 🛭						FLOOR	TILE & MASTIC		1,410							
									П	П						
											=		_			

Name of Registered Waste Hauler SERVICE TRANSPORT GRP City, State

Completed By (Print or Type)

CHRISTINE DEL VISCIO

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste Disposal Date

Name of Registered Landfill MINERVA LANDFILL

City, State

58 PYLES LANE NEW CASTLE DE 19720

ASST. ADMIN.

Title

Signature

WAYNESBURG, OH 44688

Check# 13050

P/	State	e of Ne	y Jers Pursua	sey - Notificant to N.J.A.C.	ation of Asbestos A 8:60-7 and 12:120-7)	bateme		: C	[]		5
GAC Project # 060-18	7. 2018	}			Name of Building Owner/C	perator (2) ATE UNI	VERSI	TY OF	NJ 2 1	2018	
Agencies Notified □ EPA	No EX	itification Initial N Amende	lotificati ed Notif	ication #	ENVIRONMENTAL F 74 STREET 1603, BI	HEALTH	& SAF	ETY DI	EPT. (F	REHS	8
□ DCA ☑ DOL ☑ DEP- No Longer REQUIRED ☑ DOH		Emerge justific Cancell	ation)	ncluding L	City, State, Zip Code PISCATAWAY, NJ 0 Name of Contact MICHAEL F. SMITH,	ENV.		one Nur 145-25			
				5400 (7) (1) [HEALTH & SAFETY						
Name of Facility Where Abatement GRADUATE SCHOOL OF	is Taking I SOCIA	Place (3) L WOR	K, BLD	FACILITY INFO	Type of Facility (4) School (K-12) Subchapter 8 (other than	K-12)					
Street Address COLLEGE AVENUE CAM	PUS	=			Other (i.e. private & com	nmercial buil of Floors:				ırs	
	nty (6) IIDDLE	SEX		Code (7) se Only)	Current Use (prior if being	demolished	d): ACA	DEMIC			
Name of Monitoring Firm Hired by E	lldg. Owne	er (8)	ASCM N		Name of Contractor (9)						
ATC Group Services LLC Street Address	<u> </u>		00098	3	GREENWOOD ABAT Street Address	EMENT (ONSU	LTANT	S, INC.	11001-000	
3 TERRI LANE					511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 080	16				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Firm	-	elephone N			Telephone Number		Licens	e Numbe	<u>er</u>		
BRIAN R. KEARNEY					973-492-0477		0084	0			
Scheduled Start Date (10) 03/09/18	0:	3/13/18		n Date (11)	Name of OSHA Monitor ENVIROVISION, INC	;.					
Occupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside	Entire Pe	eriod of A	batement	t	20-21 WARGARAW I	ROAD, BI	_DG# 3	5E			
Describe: Other- Describe: Schedule: WEEKENDS AS NEEDED)	5PM – 5A	AM Daily	/ (24 HC	OURS &	City, State, Zip Code FAIRLAWN, NJ 0741	0					
Scope of Work (Check all that appl	<i>(</i>)										-
□ ≥ 3 sf or >3 lf □ ≥ 160 sf or ≥ 260				☑Renovation ☐ Demolition	-	Full Conta Mini-Enclo Glove baç Non-Exen	osure p Procedi	ure / Wra	ip & Cut		lure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ion Normal y Maint./Ci 2) NO		Description of Ast (ACM) (i.e. therm VAT, or other mis	pestos Containing Material nal systems insulation, surfaci	Amo	unt cify SF	Abatem	nent Type Repair E		
1,2,3 Corridors	1.500	X	rone	VAT		15	00 SF	X			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
				- ID #	The state of the s	40.0%	T Name	of Regis	tered Lan	dfill	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	S	JDEP Was See Belov	v		Cubic Yards of Waste:	10 CY	G.R.	o.W.S.	North L	andfi.	II
Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509			- Butler, I	NJ 07405		03/13/2			City, State 100 New Rd. Morr 19067 215-736-	Ford N isville,	
Completed by (Print or Type) RAYMOND C. PEDALING		NIOR P		т	Signature Raymond C. Pe	Edatino	Feb:	ruary 2	27, 201	8	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120) Name of Building Owner/Operator (2) Date of Notification (1) PA of NY & NJ, Newark Liberty International Airport AR October 30, 2017 Street Address Type Notification Agency Notified 241 Erie Street ASDESTOS CONTROL & LICENSING ☐ Initial ☐ EPA City, State, Zip Code BET Not required per State Rep. 10/2004 ★ Amended Amendment # 02 ₩ DOL Jersey City, NJ 07310 □ Emergency (including Telephone Number Name of Contact iustification) M DOH Ralph Campione, Facility Supervisor, Asbestos OPS 973-961-6100 □ DCA ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, Bidges N57, N58, N59 & Untilities - FSA Demolition & Earhart Rd., Fuel Line Removal homes, etc.) Square Feet # of Floors Bldg. Age Underground 50+/-Fuel Lines Newark Current Use (Prlor if being demolished) County Code (7) (STATE USE County (6) ONLY) Abandoned Fuel Lines Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. B&N&K Restoration Co., Inc. N/A PA of NY & NJ Street Address Street Address 223 Randolph Avenue 241 Erie Street, Room 236 City, State, Zip Code City, State, Zip Code Clifton, NJ 07011 Jersey City, NJ 07310 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00120 973-478-4681 973-624-6898 Ralph Campione Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) EMSL Analytical, Inc. November 16, 2018 November 17, 2017 Occupancy Status During Abatement (Check only one) Street Address 200 Route 130 N ☑ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: Cinnaminson, NJ 08077-2892 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Renovation ≥ 3 sf or ≥ 3 lf ☑ Demolition ☐ Glovebag Procedure ≥ 160 sf or ≥ 260 If Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Encapsulati Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ Enclosure Remova (i.e., thermal systems insulation, (Specify Repair TO BE ABATED Custodial SF or LF) surfacing, VAT, or IN Facility Staff? other miscellaneous) (13)(12)Yes No 14" OD Tar & Tar Paper Pipe Insulation 960 In ft Along Earhart Road 2.080 In ft 12" OD Tar & Tar Paper Pipe Insulation Along Earhart Road 22,500 In ft 18" OD Tar & Tar Paper Pipe Insulation Along Earhart Road Name of Registered Landfill NJDEP Waste Hauler Cubic Yards of Name of Registered Waste Hauler Waste ID No. Minerva Enterprises, Inc. 1571 19551 Jimmy Byrne Disposal Date City, State City, State 11/13/2017 -Waynesburg, OH 1199 Randall Avenue, Bronx, NY 10474 11/17/2018 Date Signature Completed by Title 2/9/2018 Project Manager G. Roger Woodman

State of New Jersey

Check No.

To be determined

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DOH justification) Cancellation		ı										-		\dashv
	DI (2)		FACILI	TY INFORI	MATION		Type of Facility (4)						
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Residence						\dashv	Subchapter	8 (Oth	er than K-1	12)				
Street Address							Other (i.e. p	rivate 8	& commerc	cial bu	ildir	igs, h	omes	,
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Passaic						mo	of Abatement Cor	tractor	(9)		_			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.			s Tank Servic		(0)					
A. Seine Lighthouse Solutions							Address							
Street Address					27772		Liberty Avenu	ıe						
PO Box 354				7. T. T. T. T. T. T. T. T. T. T. T. T. T.			tate, Zip Code	1		-				
City, State, Zip Code							de, NJ 07205							
South Orange, NJ 07079				- 51		ALCOHOLD IN	one No.		License	No.		_		
Project Manager for Monitoring Firm			Telephon				162-7465		01316					
Sarah Calandra							of OSHA Monitor							-
Start Date (10)			mpletion D	Date (11)	A	Se	ine Lighthous	e Sol	utions					
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Occupancy Status During Abatement (Che					0.000		354							
Facility Closed/Vacated During Entire	Period of	Abater	ment				tate, Zip Code							
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Other – Describe:						-								-
Scope of Work (Check All That Apply)						Г	Full Containn	ont wit	h Negative	Pres	CHIFF	.		
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In Facility (13)	Cus	(12)			surfacing	g, VA	AT, or	S	F or LF)		Remova	Repair	sde	Enclosure
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Name of Registered Waste Hauler		1	NJDEP W	aste	Cubic Yar	rds	Name	f Regis	tered Land	dfill				
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City, State			.000		Disposal	Date	City, St	ate			_			
East Orange, NJ					Sioposai	A	Penn		e, PA					
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Alison Lamers	Office	е Ма	nager		1	T	MANIA			03/0		2018	}	

PrintForm

ADDITIONAL	#			State of N			Turnano (persylae		[] Sup) E	G	E	P	rint F
Ch 858L)		Pursuan	N OF ASI	8:60 an	nd 12:12	0)	I						<u> </u>
Date of Notification (1) 2/7/2018			Name Hack	of Building ensack	g Owner/ Univers	Operator sity Me	r (2) dica	l Center		No.	WAR	1	2 2(118
Agencies Notified Type Notification X EPA X Initial Amended			30 Pr	Address ospect /						ASE	BEST(OS C	ONT	ROL
DEP Amended Amendment Emergency				tate, Zip C ensack,		601			No.	- de incapitação	Charles and a service of the	-	THE PARTY NAMED	
DOH justification) Cancellation		g	190000000000000000000000000000000000000	of Contact onald F						none N 996-				
Name of Facility Where Abatement is Takir	g Place	(3)	FAC	ILITY INF	ORMAT	ION	Tvr	e of Facility (4)					
Trailer Building Street Address								School (K-12	50 C					
30 Prospect Avenue							×	Subchapter 8 Other (i.e. pr etc.)	Other to	han K- ommer	12) cial bu	ilding	s, hon	ies,
City (5) Hackensack							Squ 4,3	are Feet 00	# of Flo	oors		Bldg. 35	Age	
County (6) Bergen				Code (7) USE ONLY	0		Cur	rent Use (Prior ice Building	if being	demoli	shed)			
Name of Monitoring Firm Hired by Building LANGAN Environmental Services,	Owner (8 Inc.)	ASCI 0009	M No. 99		Name Sky (of At	patement Cont tracting, LL0	ractor (9)					
Street Address 300 Kimball Drive						Street	Addr	1 300						
City, State, Zip Code Parsippany, NJ 07054					0	City, S	tate,	Zip Code New Jersey						
Project Manager for Monitoring Firm Vijay Patel			Telepho	one No. 560-490	10	Teleph	one		Li	cense l	No.			
Start Date (10) 2/19/2018	Schedu 4/30/2	led Cor	2000 1000	Date (11)		Name	of OS	SHA Monitor racting, LL(7074				- C
Occupancy Status During Abatement (Chec						Street			,					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of al Facilit	Abater y Hour	nent s			City, St	tate,	ley Road, S Zip Code						
Scope of Work (Check All That Apply)					_	Wayr	ne, N	New Jersey	07470					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	M G	ull Containmen ini-Enclosure lovebag Proce on-Exempted (dure	-			re	
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	Yes	No	N/A								a		late	Гe
Roof		X		Ro	of & Fla			erial	4,300		х			
North Section	-	Х				or Tiles			3,000		х			
Perimeter Doors		X		D	oor Wir	ndow G	ilazi	ng	7 SF		х			
Name of Registered Waste Hauler Service Transport Group, Inc.	1	Н	JDEP W auler ID 0990		Cubic Y of Was			Name of Re	×					
City, State New Castle, Delaware					Disposi	al Date		City, State Waynesb						
Completed by Predrag Sarcev	Title Vice	Presid	dent			gnature	\geq	waynesb	arg, Of	Da	ate 7/201	18		

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Wh1355		NOTIF	TCAT/O	TALL OF NO TOF ASE TO NJAC	ESTION	ABATE	MENT 0)	г				C E		\mathbb{V}	
Date of Notification (1) 02-20-18				of Building Junty Se			(2)				ivi	AH	1-2-	2018	
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EPA Initial DEP Amended			City, St	ate, Zip C	ode	****						LICE	NSIN	VG	-
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DOH justification Cancellation)		Joe S	of Contact cirica						23) 74					
Non-off-Walan			FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Takir Private Home	ng Place (3)					Туре	e of Facility (4)							
Street Address								School (K-12) Subchapter 8 Other (i.e. pri- etc.)	(Othe				dings,	, hom	es,
City (5) Hamilton							Squa	are Feet	# of	Floor	S	E	ldg. A	Age	
County (6) Mercer				Code (7) USE ONLY)		Curr	ent Use (Prior	if beir	ng der	nolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	И No.				atement Contr otracting LL		(9)					
Street Address						Street 522									
City, State, Zip Code								Zip Code y NJ 07087	(F				-		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201				Licer 0120		lo.			
Start Date (10) 02-22-18	Schedul 02-26-		npletion	Date (11)		1		HA Monitor	1 C						
Occupancy Status During Abatement (Chec	ck Only O	ne)				Street	Addre	ess							-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facility	Abater y Houn	nent s			75.00	tate, Z	Zip Code							
Scope of Work (Check All That Apply)						Unio	n Cit	y NJ 07087							_
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Location of		Locat Norma	lly		De	scription	of						Abate Ty	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Mair Custo							al (ACM) ation,	(S	nount pecify or LF	,	Removal	Repair	Encapsulate	Enclosure
Carago 2nd floor	Yes								400	20.05				fe	
Garage 2nd floor Garage 1st floor	X	-		T	VAT	nel:		_	00 SF		X				
1st floor Kitchen	X				site pa	2014/06/07/09/2			0 SF		X				
Basement	-	X			-					0 SF		X			
Name of Registered Waste Hauler		JDEP W	/aste		Insula Yards	uon	Name of Re) LF	ndfill	Х				
Delfa Contracting LLC								Tullytown	0 - 000000				ery F	acili	ty
City, State Union City, NJ					177 1750 927 401 474	sal Date 27-18		City, State Tullytown	, PA		-				
Completed by Jaime Delgado	Title Proj.	Mana	ager.		S	ignature		J				ate 2-20-1	18		

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						CILITY IN		TION								
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									×	Subchapter Other (i.e. p etc.)	o (Otri	& comme	-12) rcial bui	ldings	, hom	es,
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	unty (6) ssex					Code (7)	y)		Cı	ırrent Use (Prid	or if be	ng demol	ished)			
Nar A.	me of Monitoring Firm Seine Lighthouse	Hired by Building Solutions	g Owner (8	3)	ASC	M No.				Abatement Con		(9)				
	eet Address D Box 354							Street	Add							
	y, State, Zip Code outh Orange, NJ 0	7079	3-3-3-					City, S	tate	, Zip Code NJ 07205						
Proj	ject Manager for Moni rah Calandra				Telepho	one No. 49-2666	,	Teleph	none	No.		License	No.	===		
	rt Date (10)		Schedu	led Co		Date (11)				2-7465 OSHA Monitor		01316				
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A	Asbestos-Containing I TO BE ABA			ed Sole intena			tos Cont	aining M	ater	ial (ACM)		nount			Ш	_
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	State t Orange, NJ						Dispos	al Date		City, State Penn Ar		DΔ				
Com	pleted by		Title				Is	ignature	7.	A A A A A	дую,		ate			
Alisc	on Lamers		Office	e Mar	nager			W	M	//			/2/18			

	9	State of N	ew Je	ersey - Notif	ication of Asbestos	Abatem	ent					
Ch3089	Ď		(Pur	Date A.J.A	c. 8 60- and 12:120-7	- 11	D)-E	E G E	-	V E		
Date of Notification (1) March 2, 2018			L.J		Name of Building Owne		2)	MAD 1	1 2 00	40		1
Agencies Notified		Notification	Туре		Bloomfield College Street Address	ge		MAR 1	2 ZU	lŏ	11-	2
区 EPA 区 DCA x DOL		Initial No Ame Emerg	tification ended Condension	Certification # 1 (including	467 Franklin Stree City, State, Zip Code Bloomfield, NJ		AS	BESTOS LICE	CONTI	ROL 8	<u>l</u>	-
X DOH		☐ Cance	cation)		Name of Contact Jack Mc Grane			phone Nui 3-748-6656				
X DOH		_ canoe		FACILITY IN	FORMATION			-740-0000				
Name of Facility Where Abate	ement is Ta	king Place (3)		7 MOIENT IN	Type of Facility (4)							
Bloomfield College-	Science	Hall Build	ing		School (K-12)							
Street Address					Subchapter 8 (othe							
171 Liberty Street					Other (i.e. private & co	ommercial bu	ildings, h	omes, etc.)) =0+ \(\sigma\)	0.00		
City (5)	County (6	1		y Code (7)	04.1 000	# 01 110018	. o Diu	J. Age.	50+ ye	ars		
Bloomfield	Essex		(State	Use Only)	Current Use (prior if beir	ng demolishe	d):					
Name of Monitoring Firm Hire	d by Bldg. (Owner (8)	ASCM	l No.	Name of Contractor (9)							
Envirovision, inc.					GREENWOOD ABA	TEMENT	CONSL	JLTANT	S, INC.			
Street Address			L		Street Address							
20-21 Wagaraw Road	, Bldg #	35E										
City, State, Zip Code					511 MAIN STREET City State, ZipCode		rul				-	
Fairlawn, NJ 07410					Butler, NJ 07405							
Project Manager for Monitoring Fred Larson	g Firm	Telephone N			Telephone Number		Licen	se Number				
		973-636-9	9145		973-492-0477		0084	40				
Scheduled Start Date (10)		Scheduled C		The state of the s	Name of OSHA Monitor		1000	+0				_
March 4, 2018		March 16	, 2018	3	EMSL Inc.							
Occupancy Status During At	atement (Check only or	ne)		Street Address							
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Other - Describe: No	n-Occu	nied			City, State, Zip Code							
		p.00			Piscataway, NJ 088	354						
Source of Work (Check all that	apply)											-
≥ 3 sf or ≥ 3 lf						x Full Co			egative l	Pressi	ure	
				Demolition	ion		nclosure	e Procedure				
) and Non-		Proced	dure	
						Wrap & C	ut					
Location of Asbestos-Containir Material (ACM) in Facility (13)		cation Normall		Description of Ast	pestos Containing Material	Amou	33555 LH	Abateme	nt Type	120		
material (Now) in Facility (13)	Staff	y by Maint./Cu ? (12)	stodiai	VAT, or other mis	al systems insulation, surfac	ing, (Spec	ify SF	Remove	Repair En	icap Er	nclose	е
D # 440 400	YES		NA			OI EI						
Rooms # 119-122		X		Accoustical D		2,00		X				
				VAT & Mastic Transite Fum		100	38	X				
				TSI	e noog	52 e		X				
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler		Cubic Yards of Waste:			of Registe	red Land	fili		\dashv
See Hauler Below # 1 & 2		See Below			40		Mead	dowfill La				
Hauler #1) Greenwood A NJ DEP # 125	batemen	t Consultar	nts, Inc	Butler, NJ 0	7405	Disposal Da			ity, State	DV 68		
Hauler #2) Newark Carti		Newark, N.I	04509	N.I DEP # 19551	=	March 1	0, 2018	Bri	idgeport,	WVA		
Completed by (Print or Type)	I	itle			Signature		Date	30)4-842-27	84		-
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	I IV	MANAGER			1 2 12 12 12 12 12 12 12 12 12 12 12 12	V &	Marc	ch 2, 20°	18			

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ch 2297	5		NOT	FICATIO	State of New IN OF ASBES Int to NJAC 8:	TOS ABAT	EMEN	NT	ID.	E C	E		\mathbb{V}	
Date of Notification (1) 3/2/2018				Name MIFT	of Building O	wner/Operato	or (2) ADE	MY		MA	R 1	2 2	018	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED
_	pe Notification	1		Street	Address					Maria de Calabara	SON HERE A MANAGE	an market proper	William .	
EPA DEP	Initial Amended				15TH STRE					ASBES L	TOS	CON	TROI	. &
X DOL	Amendmen Emergency		ıa .		ON CITY, N	J 07087				Francisco de Constitución de C	Name of Street	o-sume.co	TANA CINED	Converse
DOH DCA	justification Cancellation)	3		of Contact FIMAH YAN	NES			1016.045-53000	phone No -606-5				
Name of Facility Where Abate	omant in Takin	na Dlass	(0)	FAC	CILITY INFOR	MATION				000 0				
MIFTAAHUL ULOOM A	ACADEMY	ng Place	(3)				Typ	pe of Facility (1995 1995					
Street Address 501 15TH STREET							Ĥ	School (K-1 Subchapter Other (i.e. p	8 (Other	than K-	12) cial bui	Idinas	s. hom	ies.
City (5) UNION CITY, NJ							Squ	etc.) uare Feet		Floors		Bldg.	W 2577	
County (6) HUDSON					Code (7)		Cur	rrent Use (Pric	or if being	g demolis	shed)			
Name of Monitoring Firm Hire RJB ENVIRONMENTAL	d by Building L	Owner (8	3)	ASC	M No.			batement Con			IC IN	IC.		
Street Address 56 EAST BRIDGE STR	EET					Street	Addr			(ACTII	NG, 11	VO.		
City, State, Zip Code MORRISVILLE, PA 190	167					City, S	State,	Zip Code A, NJ 0751						
Project Manager for Monitoring RICK BEACH	g Firm			Telepho 267-9	one No. 91-9212	Telepi	none			License N	No.			
Start Date (10) 3/3/2018		Schedu 3/8/20		mpletion	Date (11)	Name	of OS	SHA Monitor S (9) ABO						
Occupancy Status During Aba						Street								
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	During Entire Futside of Norm	Period of nal Facilit	Abater y Hour	ment s		City, S	tate,	Zip Code						
Scope of Work (Check All Tha	t Apply)													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demoli			×	M G	ull Containmentini-Enclosure	edure					
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					DINATO	9/	XL	re	ca.	Ken	2-3/	2/201	8			

(Pursua MAR Date of Notification (1) Name of Building Owner/Operator (2) 3/5/18 Goodman Agencies Notified Type Notification Street Address ASBESTOS CONTROL & LICENSING × EPA Initial × DEP City, State, Zip Code Amended DOL Amendment # Highland Park, New Jersey Emergency (including Name of Contact DOH justification) DCA Cancellation Abe **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Goodman Property School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age Highland Park 1700 2 55+ County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Middlesex residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc. Street Address Street Address 95 Montrose Rd City, State, Zip Code City, State, Zip Code Colts Neck, New Jersey Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732 294 1757 00029 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/6/18 3/8/18 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: 7am-7pm Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Used Solely by Туре Location of Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, Enclosure (Specify Custodial Staff? Removal Repair In Facility surfacing, VAT, or SF or LF) (12) (13)other miscellaneous) Yes No NIA exterior side a X window caulking 35 If × utility closet Х flue packing 3sf X

NJDEP Waste

Hauler ID No.

1286

Secretary Treasurer

Title

Cubic Yards

Disposal Date

Signature

of Waste

3/8/18

1

Completed by

Bree McGuire

City, State

Name of Registered Waste Hauler

Ace Insulation Co., Inc.

Colts Neck, New Jersey

Date

3/5/18

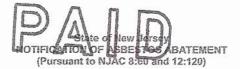
Name of Registered Landfill

Chrins

City, State

Easton, PA

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NI	7055
(, K-+4	



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Date of Notification (1)			Name	of Building Ow	ner/Operator	(2)	11 11 10	A111	1	CUIU	
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	ype Notification		Street	Address	#5-2	-/-	ASBE)L &
	h tawat		and a country		145				ENSI		-
EPA DEP	initial Amended		City, S	tate, Zip Code	2	,c	`				
D DOL	Amendment #_		15	0+11	· Plai	25 NJO 1.	Jersey				1
DA DOH	Emergency (inc justification)	luding	Name	of Contact	1,000	1000	7				
DCA	Cancellation		IAO	Mony							8
				CILITY INFORI	MATION					F	
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						School (K-1	2)				1
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Street Address					Street	Address		/			
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Project Manager for Monitor	ing Film		leleph	one No.	teleph	one No.	License N	0.	0		
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Occupancy Status During A	hatamant (Chash O	210	011	9		A 4.F					
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Facility Closed/Vacated Abatement Performed					City S	tate, Zip Code					
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Maine of Registered Waste	\(\)		Hauler II	D No. of	ubic Yards Waste	Name of t	Registered Landfill				
April Trial:	02 10. In		1208)(v	*	(h/	.n)				
City State		-			isposal Date	City, State	9 0				
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Date of Notification (1) 03 /	05 /	18						ner/Operator (745 ·	III WA	ß 1	2 20)18	A COLUMN
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Agencies Notified EPA	Type Notifica					Address Broadw	ay			ASBES	TOS C			&
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(NJAC 5:23-8)	justification		idding		Name	of Contac	t			Telephone Nur	nber			
	☐ Cancellat	tion			Tre	vor Heyo	lon (Belfor)		856-285-66	15			
					FA	CILITY IN	IFOF	RMATION						
Name of Facility Where A	Abatement is T	Taking I	Place	(3)		and the second second			Type of Facility ((4)				
Westville Post Office	e								School (K-12))				
Street Address									☐ Subchapter 8 ☐ Other (i.e., pr			iildina		
329 Broadway									homes, etc.)	ivate and comm	erciai b	ullullig	JS,	
City (5)								3.00	Square Feet	# of Floors	В	ldg. A	ge	
Westville									10,000	2	7	70		
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Prid	or if being demo	lished)			
Gloucester					1	0.00 W 0.00		70 p	Post Office					
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
Hillman Consulting							S	hade Enviro	onmental, LLC					
Street Address							Stre	eet Address						
309 Fellowship Roa	d, Suite 200)					6	23 Cutler Av	enue/					
City, State, Zip Code	ode													
Mount Laurel, NJ 08	8054						N	laple Shade	, NJ 08052					
Project Manager for Moni	toring Firm			Tele	phone	No.	Tele	ephone No.		License No.				
John Murphy				90	8-721	-2302	8	56-755-0099		00842				
Start Date (10)	S	Schedu	led C	omple	ion Da	te (11)	Nar	me of OSHA N	lonitor	-				
03 /17 /			- 2		_ / .	18		MSL Analyt	ical, Inc.					
Occupancy Status During	S							eet Address						× 8
☐ Facility Closed/Vacate☐ Abatement Performed						cribe	72.0	00 Route 13						
Time of Abatement: _						AM		, State, Zip Co						
							0	innaminson	i, NJ 08077					
Scope of Work (Check all	tnat apply)							☐ Full Cont	ainment with Neg	ative Pressure				
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			ls	Locat	on							atem	ent T	vpe
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Asbestos-Containing I TO BE ABA		1)		d Sole intena				Containing Ma rmal systems		Amount	Removal	Repair	nca	nclo
IN Facilit			Cust	odial S	Staff?	(1.6	S	urfacing, VAT,	or	(Specify SF or LF)	oval	=	Encapsulate	Enclosure
(13)				(12)	T	-	oth	ner miscellane	ous)				ate	(D
			Yes	No	N/A							-		
Work Floor & Bathroo	oms					Plaster				20 SF				
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Freehold Cartage		02		_ H	auler II 15939		Was	ste	GROWS No	orth Landfill				
City, State							Disp	oosal Date	City, State					
Freehold, NJ							0:	3/25/2018	Morrisville,	, PA				
Completed By (Print or Ty	/pe)	Title			Part House			Signature	1	[Date			
Christina Lynch		Vic	e Pr	eside	nt of (Operatio	ns	(MSL	e T		3/5	5/1	3	

no ck			ATION	OF A		ersey FOS ABA 7 and 12:1		NT		m	E	C			E		
Date of Notification (1)								Operator	(2)	K							
3 / 5 /18					et Add		JUHIVI	E CORP.			è	VAD	10	20	49		
Agencies Notified Type Noti	fication			_			ENUE	. P.O. BO	(2000, RY2	8-414	,	WLZ TALL	, ,				
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Name of Facility Where Abatement	11 1 11	NFORI	MATION	Type	of Facilit	lity (4)											
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MERCK SHARP & DOHME CORPOR						er 8 (Other ti											
Street Address				X	Other (ie. uare Feet	private & co	-	bldgs	_	-		-					
126 EAST LINCOLN AVENUE - BUIL	DING 80N							40,000	# of Flo	ors			g. Age 65				
City (5)	Coun	nty Cod	de (7)			ior if being o	demolis	hed)		-	3 33	1					
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Name of Monitoring Firm Hired by I ENVIRONMETAL HEALTH INVESTIG					AS	CM No.	Name of Abatement Contractor (9)										
Street Address	ATIONS,	INC.				104	PAR ENVIRONMENTAL CORPORATION Street Address										
655 WEST SHORE TRAIL							313 8										
City, State, Zip Code					State, Zip												
SPARTA, Project Manager for Monitoring Firm				_		V YORK 109											
WILLIAM S. KERBEL, CIH	ber			1	phone Num 369-7500	ber	Licens	se N	umbe	er							
Expected State Date (10)	Date ((11)			e of OSHA	Monitor	1101										
1 / 5 /18	15		18	1999		ORATORIE:	SINC		#	11480							
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Scope of Work (Check all that apply)	JRDAY 7A	M-3:30 PI	VI		X	Full Conta	 inmen		YORK, NE		RK 1	0016					
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1ST FLOOR CORRIDOR			FIRE	DOO	RS (40)			800 SF	>	<						
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		EP Waste er ID No.	Cubic	Yard	s of War	aste			red Landfill	N IDOC			- 0 4	IT OF			
825 HIGHWAY 33	935/65	15939			120				JNTY RESC R DRIVE/RO			NAGI	EIVIEN	II SE			
City, State			Dispo			10	City, S	State									
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title		11/29		1/15/18	3	MON	GOMERY	, PA 17752			,	,				
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		NOTIF	ICA	State of	SBES	STOS ABA	TEMEN	NT	(1)	X:	+	71	10	,4	
	-	(Pu	iisua			-7 and 12:1 Building C		2)							
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Agencies Notified Type Notification	on			126	E. LII	NCOLN AV	ENUE,	P.O. BOX	2000, RY28	414					
EPA Initial Not				3.0	City, State, Zip Code RAHWAY, NEW JERSEY 07065									118	
X DOL x Amended		cation	#2	IRAH	IWAY	, NEW JEF	RSEY		ł						
X DOH On Hold	1011			Nam	e of	Contact			Telephone I	NUMBE	EST(DS CY	MIT	ROI	
	NCY N	NOTIF	ICAT			A JOHNSO	N		732-594-22		LIC	DENS	NG	HOL	
			F	ACILITY II	VFOF	RMATION						and are dide.	NOT thereon, a	WHEREAL STATE	
Name of Facility Where Abatement is Ta	king F	Place (Туре	of Facility	(4)						
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MERCK SHARP & DOHME CORPORATION	N								er 8 (Other th						
Street Address									private & con					0.)	
126 EAST LINCOLN AVENUE - BUILDING	80N						Square Feet # of Floors Bldg. 40,000 1 65						ge		
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RAHWAY UNION				A	1000 1721 111	y Code (7) Current Use (Prior if being demolish USE ONLY) COMMERCIAL									
Name of Monitoring Firm Hired by Build			8)		A	SCM No.	Name of Abatement Contractor (9)								
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City, State, Zip Code							-	State, Zip	OCK ROAD					\dashv	
SPARTA, NEW	JERS	SEY 07	7871				13395	33 (5)	V YORK 109	01					
Project Manager for Monitoring Firm				Number			_	hone Num		Licens	e Nun	nber		\dashv	
WILLIAM S. KERBEL, CIH		973-7	29-5	649			845-3	69-7500		1101					
Expected State Date (10)	Sche	d. Cor	mple	tion Date	(11)		Name	of OSHA	Monitor			1			
1 / 5 /18 Month Day Year	Mo	11 /		15		/18	AMER	RISCI LAB	ORATORIES	INC		#114	80		
Occupancy Status During Abatement (Chec				Day		Year	Street	t Address						-	
X Facility Closed/Vacated During B			of A	batement				AST 30TH	STREET						
Abatement Performed Outside of					scrib	e:									
X Other - Describe: MONDAY				AM			City, S	State, Zip (0000			
SATURDA Scope of Work (Check all that apply)	AY /AI	VI-3:30	PM		V	Teul Conta	inmon		/ YORK, NE\ ative Pressur		K 100	116			
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TO BE ABATED		t/Custo		in		on, surfacir		г.	SF or LF	()			15	5	
in Facility (13)		aff (12	_			er miscella			7	´ }	1	ENCAPSULE	ENCLOSONE	<u>0</u>	
	Yes	No I	V/A								_	1	1	<u>n</u>	
1ST FLOOR CORRIDOR		>	K	ACM MAS	TIC				5,720 SF	×					
1ST FLOOR CORRIDOR		>	K	PIPE FITT	INGS	3		1	489 LF	×					
1ST FLOOR CORRIDOR		>	<	DUCT INS	ULAT	TION			400 SF	X					
1ST FLOOR CORRIDOR		>	<	PIPE SAD	DLES	3			6 LF	X					
1ST FLOOR CORRIDOR				DUCT SEA	AM M	ASTIC			12 SF	X					
1ST FLOOR CORRIDOR		>	<	PIPE INSU	JLAT	ON			250 LF	×					
1ST FLOOR CORRIDOR				FIRE DOC	RS (40)			800 SF	×					
N 22 12															
Name of Registered Waste Hauler		P Was	2000	Cubic Yard		Waste			red Landfill						
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	100000000000000000000000000000000000000	er ID N 15939	0.		120				JNTY RESO			AGEM	ENT	SE	
City, State	<u> </u>	10000		Disposal D	ate		City S	State	R DRIVE/RC	DIET)	-		-	
FREEHOLD, NEW JERSEY				11/29/17-1		18	MON	GOMERY	, PA 17752		j	11			
Completed by (Print or Type) Title BENJAMIN SANCHEZ	CTO	05.0	DEF	PATIONS	Sign	ature /	4	30		Date /	12	11	6		

		NOT	IFICA	State of	ASBE	STOS ABA	TEMENT	[Figure 1	E	P		1 17				
Date of Notification (1)		(1)	Pursu		me of	Building SHARP &			G	E L	<u> </u>					
11 / 28 /17						ddress			4	440	10					
	tification						/ENLIE DO B	OX 2000, RY28-4		NAN	16	201				
								OX 2000, RY28-4	14							
	ial Notificati					te, Zip Cod		ASBESTOS CONT								
	nended Noti	ticatio	n	IRAI	RAHWAY, NEW JERSEY 07065											
	ncellation Hold	21.4				_	ac vocaming	Annual Manager Application of Committee Control of the Control of								
		#1	EIO A			Contact		Telephone Nu								
BCAEN	IERGENCY	NOTI					DN	732-594-2257								
No. of the second				FACILITY I	NFO	RMATION										
Name of Facility Where Abatemen	t is Taking	Place	(3)				Type of Faci	lity (4)								
							School	(K-12)								
MERCK SHARP & DOHME CORPO	RATION						Subcha	pter 8 (Other than	K-12)							
								e. private & comm			omes,	etc.)				
Street Address							Square Fee	t # of Floors			g. Ag					
126 EAST LINCOLN AVENUE - BU		I					40,000	1			65					
City (5)	unty (6)			Cou	nty C	ode (7)	Current Use (Prior if being dem	olishe	d) -	355785					
100-000	ION			(STAT	E US	E ONLY)	COMMERCIA		171117111171	-/:						
Name of Monitoring Firm Hired by			(8)		A	SCM No.	Name of Aba	tement Contract	or (9)							
ENVIRONMETAL HEALTH INVEST	GATIONS,	INC.				104		NMENTAL CORF		TION						
Street Address							Street Addres									
655 WEST SHORE TRAIL							313 SPOOK I	ROCK ROAD								
City, State, Zip Code							City, State, Zi	p Code				_				
SPARTA	, NEW JER	SEY (07871					EW YORK 10901								
Project Manager for Monitoring Firm		Tele	phon	e Number			Telephone Nu		cense	Numbe	or					
WILLIAM S. KERBEL, CIH		973-	729-5	649			845-369-7500		01	Numbe	C 1					
Expected State Date (10)	Sch	10000000		etion Date	(11)		Name of OSH		01							
11 / 29 /17		11	/	15		/18	1	ABORATORIES IN	10	44	44400					
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Occupancy Status During Abatemen	t (Check on	ly one)				Street Addres	s								
X Facility Closed/Vacated D				Abatement			117 EAST 30									
Abatement Performed Ou	tside of Nor	mal Fa	acility	Hours - De	scrib	e:										
X Other - Describe: MO	NDAY -FRI	DAY 5	PM-1	AM			City, State, Zi	p Code								
SA	TURDAY 74	M-3:3	0 PN				The second of th	W YORK, NEW	YORK	10016	ò					
Scope of Work (Check all that apply)					X	Full Conta		gative Pressure								
Demolition	X Ren	ovatio	n		X	Mini Encl										
>3SF OR LF					X	Glovebag	Procedure									
X >160 SF OR 260 LF					X	Non-Friat	le Procedure									
Location of		Locat				iption of As			A	batem	ent T	vpe				
Asbestos-containing		mally		C		ning Materi		Amount				-				
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TO BE ABATED		nt/Cus		00005		on, surfaci		SF or,LF)	18	5	P	Ö				
in Facility (13)		Staff (1			or oth	er miscella	neous)	1 /	12		ENCAPSULE	ENCLOSURE				
	res	No	N/A					1 3	-	-	m	m				
1ST FLOOR CORRIDOR		-	Х	ACM MAS	TIC			5,720 SF	X							
1ST FLOOR CORRIDOR		-	X	PIPE FITT	INGS	3		/ 489 LF	Х							
1ST FLOOR CORRIDOR			X	DUCT INS				400 SF	X	_						
1ST FLOOR CORRIDOR			X	PIPE SAD				6 LF	X	-						
1ST FLOOR CORRIDOR		-		DUCT SEA	AM M	ASTIC		12 SF	X	-						
1ST FLOOR CORRIDOR			X	PIPE INSU		194.990		250 LF	X							
1ST FLOOR CORRIDOR				FIRE DOC	RS (4	40)		800 SF	X	-						
Name of Registered Wests Used	None of Decision of Marine															
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		EP Wa		Cubic Yard		vvaste	Name of Regis									
825 HIGHWAY 33	Inaul	er ID I			120		LYCOMING C	OUNTY RESOUR	CE M	ANAG	EMEN	IT SE				
City, State		15939	1	Diagram				ER DRIVE/ROUT	E 15							
FREEHOLD, NEW JERSEY				Disposal D		40	City, State			,						
Completed by (Print or Type)	Title			11/29/17-1			MONTGOMER		. , /	1_	~/					
BENJAMIN SANCHEZ	DIRECTO	R OF	OPF	RATIONS	Signa	ature //	\times	Dai	te / / .	121	X/I	1				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 15 /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 FPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 MAR DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON 732-594-2257 ASBES SCONTRO **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80N 40.000 1 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 29 /17 11 / /18 15 AMERISCI LABORATORIES INC Month #11480 Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY -FRIDAY 5PM-1AM City, State, Zip Code SATURDAY 7AM-3:30 PM NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation X Mini Enclo . >3SF OR LF X Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL ENCLOSURE Material (ACM) REPAIR ENCAPSULE solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR CORRIDOR X ACM MASTIC 5,720 SF X 1ST FLOOR CORRIDOR X PIPE FITTINGS 489 LF X 1ST FLOOR CORRIDOR X DUCT INSULATION 400 SF X 1ST FLOOR CORRIDOR X PIPE SADDLES 6 LF X 1ST FLOOR CORRIDOR DUCT SEAM MASTIC 12 SF X 1ST FLOOR CORRIDOR PIPE INSULATION 250 LF X 1ST FLOOR CORRIDOR FIRE DOORS (40) 800 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 120 LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date gity, State FREEHOLD, NEW JERSEY 11/29/17-11/15/18 MONTOOMERY , PA 17752 Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

PA		Commence	NÔT	TFICAT (Pursu	State of Ne TON OF ASB ant to NJAC	ESTOS ABA	TEMENT 120)	Vi A eh	U.	5.1	1A1)				
Date of Notification (1)	3/6/	18		Nam	e of Building	OwnerlOner	tor (2)	MEGI		W	E	-				
Agencies Notified	Type Notificatio			Stree	et Address	1		HALC		-		1				
CI EPA	A Initial			11	01.60	etThe	ard s	士U MAR	12	2018	Market School	L				
DEP DOL	Amended Amendmen	nt#		1	State, Zip Co			A2105 - 2102								
□ DOH	☐ Emergency justification	(includin	g	-	of Contact	1	0,J, 4	ASRESTOS Telephone		TROI	2					
D DCA	☐ Cancellatio			MR	JOSE	Ph	NUNE									
Name of Facility Where	Abatement is Taki	ng Place ((3)	\EA	ICILITY INFO	RMATION	Type of Faci	lity (4)				-				
Street Address .							☐ School	(K-12)								
Orece Madiess	1						Subcha	pter 8 (Other than I i.e. private & comme	(-12) ircíaí b	uilding	s, ho	me				
City (5)	10 company -	a t	$\overline{}$	C4 .	7 0 -	\cap	etc.) Square Feet			Bldg.						
County (6)	ABETH	10,).		720	人	2,500) [2		8	<u>'O</u>	-				
UN	SION			(STATI	y Code (7) E USE ONLY)	***************************************	Current Use	(Prior if being demo								
Name of Monitoring Firm	Hired by Building	Owner (8))	ASC	CM No.	1	e of Abatement	Contractor (9)	-							
Street Address						The state of the s	OVALE(o INC	-							
				c s		P		214								
City, State, Zip Code						City,	State, Zip Code	de Ni) - ()	99	57	_				
Project Manager for Monit	oring Firm		1	Teleph	one No.	Toler	phone No.	License								
Start Date (10)	1-	Schedule	od Cor	noition	Date (11)	1+5	1 438x		0.0	06						
3/15	/ i8 /	4	115		Sare (11)	Name	OVA LEC	to the								
Occupancy Status During			1			Stree	Address	814				-				
Facility Closed/Vacate Abatement Performed	ed During Entire P I Outside of Norm	eriod of A al Facility	baten Hours	ient	T.	City, 5	State, Zip Code	017								
Other - Describe:						010		2 P.D. (188	57						
Scope of Work (Check All	That Apply)						and the second)				-				
□ ≥160 sf or ≥260 lf	*		enova emoliti				Mini-Enclose Glovebag P	ment with Negative ure rocedure ted (*) and Non-Fria			e ·					
	r.		.ocatio						T	Abate						
Location of Asbestos-Containing Ma		Used	Solel	y by	Ashestos	Description	of faterial (ACM)	Amount	-	1		Γ				
TO BE ABAT In Facility		Custo	itenan dial S		(i.e. the	rmal systems unfacing, VA	s Insulation,	(Specify SF or LF)	Ren	Re	ncap	1				
(13)			(12)		oti	ner miscellan	eous)	0. 5. 2. 7	Removal	Repair	Encapsulate	1				
		Yes	No	N/A		WHAT			-		Ф	_				
With a second				V	D - 0	-1-16		1 2001	1	\vdash		_				
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lame of Registered Waste	Hauler			DEP W	aste Cu	ibic Yards Waste	1 - 1	Registered Landfill		Ll		-				
Novaledh	1100		1	250		3	6.6	1.0,W.S.	^							
oity, State OID Bridge	CN	088	35-		Di	sposal Date	City, Sta	te risville	P.T.							
completed by	AQE	Title)	-	7.5	i i	Signature	TINT	Da	te		12	-				
CINAON FILL		1 (6	OU	<u>DEN</u>	1	1/0	ary ch	IM CI	7	10	10	-				

Ch 3131

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

5 6		Print He	
MAR	12	2018	
	MAR	MAR 12	MAR 12 2018

Date of Notification (1)	1				of Building					T									
03/05/2018						UPPER	UPPER CAPE MAY ASBESTOS CO								CAL	DOL			
Agencies Notified	Type Notification	1			Address TUCKAH	OE ROA	ND.			L	A	ODE	LI(ENS	SING	HUL			
× EPA × DEP × DOL	Amended Amendmen				ate, Zip C SBURG,		70		W-144										
DOH DCA	Emergency justification Cancellation)			of Contact		······································		TO THE PARTY OF TH	1	lephone			T 24	4				
				FAC	ILITY INF	ORMAT	ION			_l			********						
Name of Facility Where OLD TOWN HALL	Abatement is Takii	ng Place (3	3)			Type of Facility (4) School (K-12)													
Street Address 1721 MOUNT PLEAS	SANT - TUCKAHO	E ROAD				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, ho									, hom	ies,			
City (5) TUCKAHOE								Square Feet # of Floors Bl						Bldg. Age 40+					
County (6) CAPE MAY					Code (7) USE ONL	n	Current Use (Prior if being demolished) VACANT									************			
Name of Monitoring Fire BRINKERHOFF ENVI				0100			Name of Abatement Contractor (9) PENNS CONTRACTING, INC.												
Street Address		Street Address																	
1805 ATLANTIC AVE		270 SPARTA AVENUE, SUITE 104, PMB 332 City, State, Zip Code																	
MANASQUAN, NJ 08			SPARTA, NJ 07871 Telephone No. License No.									******							
						3-2225 973-823-8890						se No 1							
Start Date (10) Scheduled Completion Date (03/19/2018 03/30/2018									SHA Monitor VALYTICAL, IN	VC.									
Occupancy Status During Abatement (Check Only One)						***************************************	Street	Add	ress		1000								
	cated During Entire								ITE 130 NORT	H									
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hour	S			1000		, Zip Code IINSON, NJ 08	3077									
Scope of Work (Check A	All That Apply)		-	***********	MMR-15-16-18-18-18-19-18-18-18-18-18-18-18-18-18-18-18-18-18-	***************************************	L												
≥3 sf or ≥3 if ≥160 sf or ≥260 if		management	enova emoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
		T .	Locat			***************************************			von-Exempled	() an	J IVOII-F	nable	Abatement						
Location	n of	N	orma	lly		Dag	ecription	of				1	Type						
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mai	d Sole ntena odial ((12)	4 4					eing, VAT, or			and the second second second second	Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A	***********			*****					-,		æ				
THROUGHOUT			Χ		F	INHOLE	CEILIN	VG T	TILE	18	00 SF		X						
THROUGHOUT F			Х			TAN 9X	9 FLOO)RT	ILE	28	00 SF		X						
BASEMENT COMM	MUNITY ROOM		X		CEN	IENTIOL	JS WAL	LP	ANELS	2	60 SF	1	Χ						
THROUGHOUT			Χ				FITTIN	GS			0 EA		X						
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.						Cubic of Was			Name of R										
WASTE MANAGEMEN	II OF NJ	N. N. S. S. S. S. S. S. S. S. S. S. S. S. S.	14	7273		80	Selection -		CAPE MA	Y CO	UNTY	LAND)FIL	L					
City, State VINELAND, NJ						Dispos 03/30/	al Date /2018		City, State WOODBI	NE, N	J								
Completed by PETAR BUBALO		Title	DENIT		***************************************	< s	<u> austric</u>	-	72.	-		Date							
PETAR BUBALO PRESIDENT							Si Dice					03/05/2018							

PAI	IF			OF ASB							0	3	2.	P		
Date of Notification (1) 2/21/18				f Building N TRES			(2)		In.	E (E		\mathbb{V}	E	In	
Agencies Notified Type Notification			Street A	ddress												
✓ EPA	#		City, Sta	ite, Zip Co H ARLI	ode NGTO	N N.I				MA	R 1	2	2018		L	
DOH Emergency (-	Name of	f Contact					To	ASPLE	KINGHA	201	ITRO	11 &		
DCA Cancellation			HELE		ODMAT	ON			Pariessa L						- National Street	
Name of Facility Where Abatement is Taking	g Place (3)	FACI	LITY INFO	JRIVIATI	ON	Туре	of Facility	(4)			-				
Street Address					-		School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) NORTH ARLINGTON, NJ							Squar 1200	e Feet)	1 1	f Floors			dg. A 50	ge		
County (6) HUDSON				Code (7) JSE ONLY)		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building (ASCM	No.		Name DIN/	me of Abatement Contractor (9) INAGO ENVIRONMENT LLC.										
Street Address						eet Address 9-LAFAYETTE STREET										
City, State, Zip Code	jū				, State, Zip Code EWARK, NJ 07105											
Project Manager for Monitoring Firm		Telephor	ne No.			none No 491-0			Licens 0124							
Start Date (10) 3-3-18	npletion [Date (11)		Name	of OSH	IA Monitor										
Occupancy Status During Abatement (Chec	e)				Street	Addres	s									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	3			City, S	state, Zi	p Code			-1							
Scope of Work (Check All That Apply)					_											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Z R	enova emolit				<u>~</u>	Min Glo	Containm i-Enclosur vebag Pro	e cedure					ro.		
	Is	Locati	on				1,01	r-Excripto	, a () an	u Non-1	Habic	ele Procedure . Abatanient				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Mai	lormall d Sole intenar odial S (12)	ly by nce/		tos Cont thermal surfa	scription taining M systems cing, VA	/laterial s insula .T, or		(5	mount Specify F or LF)		Remova	Repair	e. Encapsulate	Enclosure	
(13)	Yes	No	N/A		other r	niscellar	neous)					val	air	ulate	sure	
BASEMENT	res	X	IN/A		PIPE I	NSULA	NOITA		1	80LF.		X				
						7	34 - Winds	111								
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 4509		of Wa	Yards ste		Name of ISIS L			dfill					
City, State PO BOX 5670					Dispo	sal Date		City, Sta BETH	te LEHEI	M, PA						
Completed by CARLOS GOMES	NT			Signature	9.7	AND THE RESERVE OF THE PARTY OF	and the same of th		Date 2/2	1/18	3					