MOQUALIC Date of Notification (1)	0509	04	NO	TIFIC.	ursu	on of	New Jersey ASBESTOS A JAC 8:60 and	5:	((di) E (C E		V	ß
Agencies Notified	7		3			My eet Addre	ding Owner/Oper	ator	(2) 0H			R 1	erra veza	40.10 % (20%)	Navana sa ka
☐ EPA ☑ DOLWD ☑ DOH	☐ Initial ☐ Amen	ded				, State, Z				/r***** cons	ASBE	LICE	NSIN MSIN	HIA(3. J.C
DCA (NJAC 5:23-8)	justific	cation)		g g	Nan	W e	st Ora	MS	e, No		705				
	☐ Cance	ellation					Walcott			Telsp	mone Nu	mber			
Name of Facility Where	Abatement i	is Takin	g Place	2 (3)	F,	ACILITY	INFORMATION	1	1=						
Street Address									Type of Facilit School (K- Subchapte	12) r 8 (Other	than K-1	2)			
City (5)									homes, etc	private ar ;.)	nd comm	ercial			
West County (6)	Oran	nge		_ /			17052		Square Feet 1944		Floors 2		Bldg.	Age 4	
Esse,	X				000	inty Code	(7)(STATE USE ON	LY)	Current Use (F	rior if bei	ng demoi	ished)			
	Hired by Bu	uilding C	Owner ((8)	ASCN	No.	Name of Abat	eme	ent Contractor (9	dent:					
Street Address						,	Street Addres	s (Molly C Passaic	10 mg	sany				
City, State, Zip Code			M				City, State, Zir	Co Co	de ld , 1						_
Project Manager for Monit	oring Firm			Telep	hone	No.	Telephone No		/	Licen	se No	,			
Start Date (10)	18	Schedu 3	uled Co	mpleti 12	on Da	ate (11)	Name of OSH	A Mo	72 - 33/1						
Occupancy Status During A Pacility Closed/Vacated Abatement Performed C Time of Abatement:	Abatement I During En	(Check tire Peri	only or iod of A	ne) (batem	ent	a oriba	City, State, Zip	Cod	Beine 2 Box 3	54					2
cope of Work (Check all t				_' '''-		-CIVI	Dou Th	0	range,	NJ	0	70	79	7	
D≥3 sf or ≥3 lf B≥160 sf or ≥260 lf	орруу	4	_	ovatior nolition	-		Full C Mini-E	onta nclo	inment with Ned	gative Fire	ssure				
Location of	f			ocation ormally							. 100000		atem	ent T	vpe
Asbestos-Containing Ma <u>TO BE ABATI</u> IN Facility (13)	aterial (ACN ED		Used Main Custo	Solely itenanc dial Sta (12)	by ce/	Asbe (i.e	Description estos Containing I e., thermal system surfacing, VA other miscellar	Mate is in: T. c	sulation,	(Sipe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Kitchen + S	tairwe	-		_ '	₽	Surfa	cing Mater	41	Plaster	63	36	M			
				_			50 								
		- [_ _	_ [
ame of Registered Waste	1	L		NJD Hau	EP V	Vaste No.	Cubic Yards of Waste		Name of Regist		1-				
y, State Fair Field, mpleted By (Print or Type	NJ		y 004	10		651	Disposal Date		Fair City, State	1 100000	,	:11 A			
Gary Tari	,	Title			, ,	i Enese	Signature		,,,,,,		Dat	- /			

hade :

NOTIFICATION OF ASBESTOS ABATEM IN (Pursuant to NJAC 8:60 and 5:16)

	· [E	C		\mathbb{V}		7
IH	101	-10		X18		
<u> </u>	Wight.	egr/h	- A3	ITROL	8	
1	/100	101	NOIN	CHICAL		

Date of Notifica	Non (1)	(Pursuant to NJAC 8:60 an	ABAIEN EN	find bank [
2	7	Blance Committee and all	4 5:16)	1 1000
	-1-178	Name of Building Owner/Ope	refor (2)	ASBESTAS ONTROL &
Agencies Notifie	d la	Street Address Wa	1 1~,	LICENSING
☐ EPA	. the Motincation	Small Hill W	alcot!	LIOTAGING
B OOLWD	☐ Initial	Street Address		MANAGED BOOK
№ OOH	☐ Amended	1	1	MANA ACCOUNT
	Amendment#	City, State, Zip Code		M. of the same of
□ DCA		any, state, zip Code		
(NJAC 8:23-8)	Emergency (including justification)	West nr.		
1	I I I I I I I I I I I I I I I I I I I	Name of Contact	mse, NJ	07152
	☐ Cancellation	Name of Contact Shows W. L. Tt	,	Telescope
N.				Telephone Number
Name of Facility V	Vhere Absternant is The	FACILITY INFORMATION		1
	Where Abatement is Taking Place (3)	INFORMATIO		N
Street Address			Type of Facility (,
			91 200 114 44	
			一	Other than K-12) (8th and commercial buildings,
City (E)			Clier la	Other than K-12)
11/2			(The Deta)	and commercial buildings
To voe	+ Orange	NJ 17152		
County (6)		0 / 0 . 3 0	odes i Libi	# of Floors Bidg. Age
1 2 50	0.0	County Code (TKSTATE USE ONL	1124	of Floors Bidg. Age 74
Name of Montage	Firm Hired by Building Owner (8)	INGTATE USE ONL	n Currei LU: e (Print	2 74
a monitoring	Firm Hired by Building Owner (8)	I A d To i	2.5%	il baing demoliched)
	WA	ASCM No. Name of Abote	Imeni Coli aci x (9)	47.4/
Street Address		NIA		
1		H	Mo!'x Co	
City, State, Zip Code		Street Address	. 7.50	Maria Caral
- 1.7. State, 215 Code		1 174	Pasisaic	.0
		City. State, Zip	143,54,6	Ktuenne
Project Manager for i	Mackada Bi	-113. 01213, 245	Code , ,	
	Tel	phone No. Telephone No.	tielo Nº	17/11/
David D.		phone No. Telephone No.	Field No	21004
Stan Date (10)	Rehadulada		702 3311	icinas No
1 -51-8	Scheduled Comple	tion Date (11) Name of OSHA	3511	01330
Occupancy Every	2/10	S I I S I SOIM	Monitor	
Status Du	ring Abatement (Gheck only one)		Soins	h thouse Solutions Les
adility Closed/Vac	ated During Entire Period of Abates	Street Address	= 4.9	That so Solutions 11
LI Abaiement Perform	ned Dutaide of Name I S	nent	B	2010 18117 200
nemeted to omit	ated During Entire Period of Abates and Dutaide of Normal Facility Hound AMPMPMPMPMPMPMPMPMPMPMPMPMPMPMPMPMPMPMPM	- Describe	1.0 1 -1 -5	
Scare eller	PMPM-	ARA TOTAL CONTRACTOR	ode	
OF WORK (Check	all that apply)	20176	an.	15 07079
23 st or ≥3 H 2160 at or ≥280 H			144 3 C K	J 07170
160 at or >280 W	Renovatio	- AFTUIL COM	tertenes	10/7
	Demolition	. U Mini-Enc	tainment rith Negative	Pressure
		Glowba	- D	
	le Locatio	□ Non-Exe	mpted (*) and Non-Fria	
Aspertos Control	Normally		THE MOUTH	Dic Procedure
Asbestos-Containing	MALOTHAI (ACM) Used Solato	Dengrinden		Abatement Type
1000	Maintenand	Madestos Containing sens	4-1-1 (0.00	
(13)	""Y Custostial car			Arrount Repair Enclosu Enclosu Enclosu Enclosu Enclosu
(15)	(12)	surfacing VAT	A- 1	Specify 중 B B B D D
	Yes No	N/A other miscellaneo	ug) S	ForLF)
Kitchen +	S4 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- VIA		Ar ount Specify F (Ir LF)
The state of the s	Stairwell D D &	2 / 7		6
		- Vrtacing Material	Plante 6	26 1000
			111111111111111111111111111111111111111	-6 3000
			_	DEL
		3		
Name of Registered Was				
The state of the s	In Hauler	P Waste Cubic Yard- of		
C101 57010	Have	PriD No. Waste	Name : 5	
City, State	Ly Company House	Wasie	Name of Registered Li	nefill
F. C	, , , ,	100	Fri-luce	1.15.
Tairt eld	NJ 07004	Disposal Date	City, Stil B	Land Fill
Completed By (Print or Tv		TBD	- J	
6.	Pe) Title		Mirris V.1	le PA
Gary Ti-	10/10 10	Signature		
1AN 13	1181801	Manage-	(======================================	Date
13	• ^			3/2/5
	and use this for	m for asbestos licensure exempled		-17/18
		- Tribura exempled	activity a	

Jh 2525	hearthroppedamon.	D	TIFICATION (Pursua	State of N DN OF AS Int to NJAC	W Jersey ESTOS ABATE 8:60 and 12:12	EMENT	DEC		204		Print F
Date of Notification (1) 3-3-2017			Name	of Building	Owner/Operato	r (2)	$\frac{1}{1}$	R 14	201	8	11
Agencies Notified Type Notificatio				r Denio			Industrial Section		eritera para de		
_ _	11		Street	Address			ASBES	TOS CO	NTR	OL &	
EPA Initial Amended			City, S	State, Zip C	ode		THE PERSON NAMED IN COLUMN 2 I	LIOLIYO	ING	UNIVERSION .	
X DOL Amendmen				Lawn, N.							
□ DCA □ Emergency justification □ Cancellation	1)	ig	10.4	of Contact r Denio			Tolonhor	a Numba)		
Name of Engility Manage About			FA	CILITY INF	ORMATION	-	<u> </u>				
Name of Facility Where Abatement is Taki Residential	ing Place	(3)				Type of Fac	ility (4)				
Street Address		-				School	(K-12)				
						Subcha Other (apter 8 (Cither than i.e. private & com	n K-12) mercial bu	ildina	s hom	200
City (5)						etc.)			10.00		103,
Fair Lawn, NJ 07410						Square Feet 1838	# of Floor		Bldg. 85+	Age	
County (6)			County	Code (7)			(Prior if being der		00+		
Bergen			(STATE	USE ONLY)	3,1, 000	(nonaneu)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.	Name	of Abatement	Contractor (9) nental Services	: II C			
Street Address						Address		J, LLO			
City, State, Zip Code					235	Virginia Ave	enue				
ony, orate, zip code						state, Zip Code					
Project Manager for Monitoring Firm			Telenh	one No.		ey City, NJ					
			relepit	me No.		none No. 333-8855	Licer 011	ise No.			
Start Date (10)	Schedu	led Co	mpletion	Date (11)		of OSHA Mon		4			
3-5-2018	3-5-20)18		10 10		e as above	1.01				
Occupancy Status During Abatement (Chem					Street	Address					
 Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 	Period of mal Facilit	Abate y Hou	ment rs		City, S	tate, Zip Code					
Scope of Work (Check All That Apply)					_						
× ≥3 sf or ≥3 lf	×	_			_	1		X			
≥160 sf or ≥260 lf	_	Renov Demol			×	Full Contai Mini-Enclo	nment with Negat	ive Pressi	ure		
			Í		×	Glovebag I	Procedure				
		s Loca				I Non-Exem	pted (*) and Non-	Friable Pro	. roomaning		
Location of		Norma	ally :		D					ement /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sol aintena		Asbest	Description os Containing M	aterial (ACM)	Amount		T		Г
In Facility		todial	Staff?	(i.e.	thermal systems surfacing, VA	insulation,	Specify	Re	R	Ence	Enc
(13)		(12)			other miscellan	eous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u> </u>		late	lге
Basement		Х			Pipe insulat	ion	90 LF	x			
									-		
									-		
	1		-						-		
			NJDEP W	/aste	Cubic Yards	I NI	-(D1				
lame of Registered Waste Hauler			Hauler ID	No.	of Waste	100	of Registered Lar				
lame of Registered Waste Hauler reen Environmental Services,			024000			1 71131/					
reen Environmental Services, ity. State			034889		2			III			
reen Environmental Services, ity. State ersey City, NJ			034889		Disposal Date	City, S	tate				
reen Environmental Services, ity. State	Title	0	034889 nager			City, S		Date			





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

II 0330

Date of Notification (1) 3/7/18			of Building ON YARL		Operator	(2)			E	CE		\mathbb{V}	
Agencies Notified Type Notification Initial		Street A	Address						M	IAR 1	Д	2018	
DEP Amended Amendment #		City, St. WES	ate, Zip Co TFIELD,	de NJ				last town	ASRI	ESTOS	CON	TROL	. &
DOH justification) Cancellation	noidunig	NICO	MADELESSI					Telep		Number			
Name of Facility Where Abatement is Taking Street Address	Place (3)	FAC	ILITY INFO	DRMAT	TION	So	f Facility (4) chool (K-12 ubchapter 8) 3 (Other					
City (5) WESTFIELD						Square 500			Floors	ercial bu	Bldg. +50	Age	es,
County (6) MIDDLESEX			Code (7) USE ONLY)				t Use (Prior DENTIAL		g demo	olished)			u sur
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.		Name DINA	of Abate AGO E	ment Contr NVIRON	ractor (9 ME:NT	LLC				
Street Address					SRCHE 640	Address AFAYE	TTE ST	REET					
City, State, Zip Code					City, S NEW	tate, Zip VARK,	Code NJ 07105	5					
Project Manager for Monitoring Firm		Telepho	ne No.			one No. 491-08	377		License 0124				
Start Date (10) 3-16-18	Scheduled C 3-20-18	ompletion	Date (11)		Name	of OSHA	Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Abate	ement ırs				Address tate, Zip							
Scope of Work (Check All That Apply)			1100										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	✓ Reno Demo	vation dition			_	Mini- Glove	Containmer Enclosure ebag Proce Exempted (dure				ıre	
	Is Loc					14011	Lxempted	/ emu i	14011-11	lable 1 1	Aba	temen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	lely by lance/ I Staff?		os Con therma surfa	escription staining M I systems acing, VA miscellan	laterial (/ s insulation T, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
1FL./BASEMENT	X		FL	OOR	TILE/ N	MASTIC		50	00	Х			
Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP W Hauler ID 04509	324 314 san	Cubic of Wa	: Yards iste		Name of Re				FILI	-	
City, State P O box 5670, Newark, NJ 07105	- L			Dispo	sal Date		City, State 2335-Ap	plebut	tter R	d. Bet	hleh	em,P/	4
Completed by Carlos Gomes	Title Presider	nt		5	Signature	1/1				Date 3/7/1	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Check 2255

			Name of the last o	CONTRACTOR OF THE PARTY.			,			C E		W [BI
Date of Notification (1)		Name	of Bu	uilding	Owner / Operat	or (2)			Pin II	UB II-	<u>U</u>	W L	=
3/7/2018		Pegg	y Ga	rjian									
Agencies Notified Type Notification			Addr						MA	IR 1	1 20	118	
□ EPA □ □ I=111-1		0''									7200		Limites
DEP Initial DOL Amended		100		& Zip (Code			2 Tarr Amelian	Some a succession	u other between	- HART TEL INGOL	-	1
DOH ☐ Emergency			Bran	ntact					ASBES				
DCA Cancellation	- 1		y Ga					frid any materia	-	elepho	new	umbe	er
None of Facility (Allege Alexander A			CILIT	Y INF	ORMATION								
Name of Facility Where Abatement is Taking F Residence	lace (3)			Type of Fac								
Street Address							Other th	an K-12)					
					Other (i				huilding	e hom	166 E	tc)	
					Square Feet		# of Flo			ldg. Ag		,,,,	
City (5) County (6)	Co	unty (Code ((7)	1000			1		99	50+		
Long Branch Monmouth					Current Use		being c	demolishe	ed)		-		
					Residentia	The reserve of	J		,				
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASC	M No.	. Name of Ab	atement	Contra	ctor (9)					
					Alpha Env		ntal Se	ervices					
Street Address					Street Addre		_	2					
City, State & Zip Code					3525 Quak			<u>d</u>					
City, State & Zip Code					City, State 8 Trenton, N								
Project Manager for Monitoring Firm	Teler	phone	Numb	per	Telephone N		3	Lic	ense Ni	umber			
					609-847-29			2.0	01100 141	0122	22		
Scheduled Start Date (10) Scheduled Co	mpletio	on Dat	te (11))	Name of OS	HA Mor	itor						
2/26/2018 3/12/2018					EMSL Ana	lytical							
Occupancy Status During Abatement (Check o	nly on	e)			Street Addre								
Facility Closed/Vacated During Entire F					107 Haddo								
Abatement Performed Outside of Norm Describe:	аі но	urs –	am to	3pm	City, State &								
Facility Occupied During Abatement					Westmont	, NJ 08	108						
Scope of Work (Check all that apply)													
(\boxtimes	Full Cor	ntainm ent	with Ne	egative	Pres	sure	
≥3 sf or ≥3 lf	\boxtimes	Ren	ovatio	n			Mini-En	closure		8			Ì
≥160 sf ≥260 lf		Den	nolition	ח			Glove B	ag Proce	dures				
							Non-Exe	empted a	nd Non-	-Friable	Pro	cedu	re
Location of		Locati			Description				ount	Aba	ateme	ent Ty	ype
Asbestos-Containing		nally L			Asbestos-Cor				ecify				
Material (ACM) TO BE ABATED		olely b tenan			Material (A (i.e., thermal s			550	r LF)	R	70	nc	E
in Facility		odial S		i	insulation, surfa					Remova	Repair	aps	Enclsoure
(13)	Yes	(12)			or other miscel	laneous	i)			Val.	¥	Encapsulate	ure
	No	N/A									Ø		
Throughout		\boxtimes			Accoustical	Ceiling	3	1000sf					
Name of Registered Waste Hauler		1 00000000	DEP V	Vaste	Cubic Yards of Waste	Name	of Reg	istered La	andfill				
ALPHA ENVIRONMENTAL		1	03333		2	Grov	s Land	dfill					
City, State					Disposal Date	City, S							
Trenton, NJ					Various	Morr	isville,	PA					
Completed By (Print or Type)										Date			
Rod Richardson		100000000000000000000000000000000000000	oject inage	er	Red Rich	andre	Mr.			3/7/2	201	В	

CKOUT		NOTIF	ICATIO Pursuar	State of All DN OF ASS at to NJAC	Jersey BESTOS A 8:60 and	ABATE	O)	г		E	ا تو	E	P	int Form
Date of Notification (1) 03/06/2018				of Building Shwartz		perato	r (2)			MΑ	R	14	201	8
Agencies Notified Type Notification Initial DEP Amended Amendment			City, S	Address tate, Zip C						ASELS	LICE	S CC ENSI	NTR NG	OL&
Emergency justification) DCA Cancellation	(includin	g	Name	of Contact Shwartz	Covered Constants				elepho	ne Num	her			
Name of Excility Massa Abstance in Table	- 51	(0)	FAC	CILITY INF	ORMATIC	N								
Name of Facility Where Abatement is Takir House	ng Place	(3)					Тур	e of Facility (4)					
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Cither tha	an K-12) nmercia	ı I buil	dings	, hom	es,
City (5) Teaneck							Squa N/A	are Feet	# of Floo N/A	ors		Bldg. /	Age	
County (6) Bergen				Code (7) USE ONLY)	_	Curr	ent Use (Prid JSE	or if being de	emolishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.		Name D&S	of Aba	atement Cor tement, In	tractor (9) C.					
Street Address			'			Street 11 R		ess gren Aver	nue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-			Lice 013	ense No.	•			
Start Date (10) 03/21/2018	Schedu 03/22/		npletion	Date (11)				HA Monitor ement					,	
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addre	ss						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: occupied	Period of nal Facilit	Abaten y Hours	nent			City, S	tate, Z	gren Aven ip Code IJ 07512	ue 					
Scope of Work (Check All That Apply)						10101	wa, i	13 07312					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				e	
Location of	- 1	s Locati Normal	- Table		Dana	ription						Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	rce/	Asbest (i.e.	tos Contai thermal sy surfacir other mis	ning M ystems ng, VA	ateria insula F, or	(ACM) ation,	Amoun (Specify SF or LF	/	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		DiI								ate	Tê
Dascinett	+	^			Pipe Ir	isulat	ion		90 LF		X			
							X							
Name of Registered Waste Hauler	4	N	JDEP W	/aste	Cubic Ya	ards		Name of R	egis:ered La	andfill	y.			
D&S Abatement, Inc.			auler ID 1996	No.	of Waste			Waste M	lanageme		PA			
City, State Totowa, NJ					Disposal TBD	Date		City, State Morrisvil						
Completed by Ned Joksimovic	Title Proje	ect Ma	nager			nature	>	A/		Date 03/0		.018		

Ch 152		D UD THE (P	A TIO	tate of New N OF ASBE t o NJAC 8	v ersey	BATE 12:120	MEN ⁻	г	B-	E C	7 [- Pri	int For
Date of Notification (1) 03/06/2018				of Building C ne White	Owner/Op	erator	(2)			MA	n -	4	2018	3
Agencies Notified Type Notification EPA Initial	1		Street A	Address					- A	SBES	TOS	CO NSI	NTRO	DL&
X DEP Amended X DOL Amendmen				ate, Zip Coo Hills, NJ					<u> </u>				10	MARKET
■ Emergency justification DCA Cancellatio)			of Contact le White					Talenhor	e Niiml	her	7		
Name of Facility Where Abatement is Taki	Dl (FAC	ILITY INFO	RMATIO	N					,			
House	ng Place (3)					Тур	e of Facility (4						
Street Address							×	School (K-12 Subchapter Other (i.e. pretc.)	8 (Other tha	n K-12) imercial	build	dings,	home	es,
City (5) Short Hills							Squ N/A	are Feet	# of Floor	rs	1,000	ldg. A	\ge	
County (6) Essex			County (STATE	Code (7) USE ONLY)		_		rent Use (Prio use	r if being de	molishe	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI	M No.				atement Cont tement, Inc						
Street Address					100	Street 11 R		ess igren Aven	ue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.	1.5	Teleph 973-3		No. 8685	Lice 013	nse No. 11	9		12	
Start Date (10) 03/22/2018	Schedul 03/23/		npletion	Date (11)	1,000			HA Monitor tement						
Occupancy Status During Abatement (Che	ck Only O	ne)				Street			22402					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied	Period of mal Facilit	Abaten y Hours	nent			City, S	tate, 2	igren Aven Zip Code NJ 07512	ue 					-
Scope of Work (Check All That Apply)						1010	7V CA, 1	10 0/012						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M Gl	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure				9	
Location of	1000	Locati Normal			Danas	ription			() 4 14 11611	, , ido, id		Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/	(i.e. ti	os Contair hermal sy surfacin other mis	ning M stems g, VA	ateria insu T, or	lation,	Amount (Specify S)F or LF	/	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		D: 1								ate	œ.
Dasement	-	^			Pipe Ir	isula	tion		80 LF		X			
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP Wauler ID	No.	Cubic Ya of Waste TBD			50.00.00.00.00.00	egistered La lanageme		PA			
City, State Totowa, NJ					Disposal TBD	Date		City, State Morrisvil						
Completed by Ned Joksimovic	Title Proje	ect Ma	nager		Sign	nature		AV		Date 03/0		018		

				_	6	prosent			[p. mag				Pı	rint F
102451643107	3	NOTIF (F	CATIO Ursuan	tate of Ne N DI-ASE t of NJA	ew Jerse BESTOS 8:50 an	A	MEN 0)	т		E C	<u>E</u>		\mathbb{V}	E
Date of Notification (1) 03/06/2018			Name Chris	of Building Fleisch	g Owner/0 man	Operato	r (2)			MAF	1	4 2	018	-
Agencies Notified Type Notification	I		Street	Address					A	SBEST	OS (CON	TRO	
X EPA X Initial Amended Amendment				tate, Zip C						L	GEN	SINC	3	-
■ DOL Amendment ■ Emergency □ justification)	(including	-	1	field, NJ of Contact					- alanha	one Nur	nhor			
DCA Justilication)			Chris	Fleisch	man				l clebiii	Diffe (Viii	-			
Name of Facility Where Abatement is Takir	ng Place (3	3)	FAC	ILITY INF	ORMATI	ON	Тур	e of Facility (4	1)					
House Street Address								School (K-1			20			
ou oct Address							×	Subchapter Other (i.e. p etc.)	8 (Other th	an K-12 mmercia	?) al buil	dings	, hom	es,
City (5) Westfield							Squ N/A	are Feet	# of Flo N/A	ors		Bldg. A	Age	
County (6) Union				Code (7) USE ONLY	n			rent Use (Prio USE	r if being d	emolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.				atement Con atement, Inc						
Street Address						Street 11 R		ess ngren Aven	110					
City, State, Zip Code						City, S	tate,	Zip Code NJ 07512	<u></u>					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	one l	No.	1.2000	ense No).			
Start Date (10) 03/20/2018	Schedule 03/21/2		npletion	Date (11)			57/01/27/2015	SHA Monitor tement						
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addre	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Cher – Describe: occupied	Period of A nal Facility	Abatem Hours	nent			City, S	tate, 2	Zip Code	ue ————					
Scope of Work (Check All That Apply)						10101	wa, i	NJ 07512						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	previous party and a second	enova emolit				×	Ft M Gl	ull Containmen ini-Enclosure lovebag Proce	edure					
	le	Locati	on				No	on-Exempted	(*) and No	n-Friable		cedure Abate		1
Location of Asbestos-Containing Material (ACM)	N	lormali d Sole	ly	W		cription							ре	
TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	rice/	Asbes (i.e.		systems ing, VA	insul T, or	lation,	Amour (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		other m	iscellan	eous,				val	air	ulate	sure
Basement		Χ			Pipe	Insulat	tion		100 L	F	X			
lame of Registered Waste Hauler		1	IDEE:											
&S Abatement, Inc.		H	JDEP W auler ID)996		of Was			Name of R Waste M			PA			
City, State otowa, NJ					Disposa	al Date		City, State Morrisvill	- Δ				C112(-1	
Completed by led Joksimovic	Title Proied	ct Ma	nager		The second	gnature		AI C	C, T A	Date		018		

PAID

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

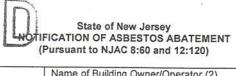
Kitchen Kitchen X Floor tile 150 SF X Mame of Registered Waste Hauler Tonys Cleanup & Hauling Tity, State Bridgewater, NJ No N/A X Floor tile 150 SF X Floor tile 150 SF X Mame of Registered Landfill Cubic Yards of Waste TBD City, State TBD City, State TBD City, State Faston, PA	Completed by A. Scott Higgins		Title Pres	ident			S	ignature		1			ate 3/8/18			
Agencies Notified Size Address S	Bridgewater, NJ		*				93	sal Date								
Agencies Notified	Tonys Cleanup & Ha			Н	auler ID		of Was	ste		Chrin B	rother			ndfill		
Agencies Notified Type Notification Street Address Street Address City, State, Zip Code Summit NJ 07901 Scheduled Completion Date (11) Street Address Street Add	Name of Registered Was	te Hauler			IDEC !	/oot-	0.11	V- 1		T.V.		Links of American				
Agencies Notified Type Notification Street Address Street Address City, State, Zip Code Summit NJ 07901 Scheduled Completion Date (11) Street Address Street Add							2									
Agencies Notified Type Notification Street Address	den & stairs to	basement			Х		fl	oor tile			18	30 SF	х			
Agencies Notified Agencies Notified Type Notification Street Address Street Address DoL	kitche	n			Х		fl	oor tile	-		15	50 SF	х			
Agencies Notified Agencies Notified Type Notification Agencies Notified Type Notification Name of Facility Where Abatement is Taking Place (3) Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 3 (Other than K-12) Other (16, private & commercial buildings, homes, etc.) Other (16, private & commercial buildings, homes, etc.) Other (16, private & commercial buildings, homes, etc.) Clay (5) Square Feet 2200 2 65 County (6) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ASS Environmental Services, LLC Street Address For Box 483, 4 E Gate Drive City, State, Zip Code City, State, Z			Yes	No	N/A										ate	e
Agencies Notified Agencies Notified Type Notification FACILITY INFORMATION Name of Contact Ms. Leppore FACILITY INFORMATION Name of Facility (4) Street Address Street Address FACILITY INFORMATION Name of Facility (4) Street Address Street Address FACILITY INFORMATION Name of Contact Ms. Leppore FACILITY INFORMATION Name of Contact Ms. Lepore FACILITY INFORMATION Name of Contact Ms. Lepore FACILITY INFORMATION Type of Facility (4) Subchapter 3 (Other than K-12) Subchapter 4 (Subchapter 4 (Other than K-12) Subchapter 4 (Subchapter 4 (Other than K-12) S	Asbestos-Containing TO BE ABA In Facili	Material (ACM) ATED	Use Ma	Normal ed Sole iintenai todial S	ly ly by nce/		tos Cont thermal surfa	taining M systems cing, VA	of lateria s insula T, or	I (ACM) ation,	A (S	mount Specify		Abate Ty	ement pe	Enclosure
Agencies Notified Agencies Notified Agencies Notified Type Notification EPA	≥3 sf or ≥3 lf	I That Apply)	-					×	Min	ni-Enclosure ovebag Proc	edure	3			e	
Agencies Notified Agencies Notified Agencies Notified DEP DEP DOL Amended A	Abatement Performed Other – Describe: _	ed Outside of Norm	al Facilit	y Hours	S			City, S	tate, Z	ip Code						
Agencies Notified					· ont			Street	Addre	SS						
Agencies Notified Type Notification Street Address City, State, Zip Code City, State, Zip Code County Code (7) County (6) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC City, State, Zip Code County Code (7) C			3/23/1	8		1.										
Agencies Notified Agencies Notified Agencies Notified Type Notification Initial Amended Amended Amended Amended Amended I Emergency (including justification) DCA DOL Emergency (including justification) DCA Name of Facility Where Abatement is Taking Place (3) Home FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 3 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Summit County (6) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Coniractor (9) ABS Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Glenwood, NJ 07418			Schedul					973-	764-2	2276		DOMESTIC CONTROL				
Agencies Notified Agencies Notified Type Notification Initial DEP DOL Amended Amendent # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3) Home Street Address Type of Facility (4) School (K-12) Subchapter 3 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Summit County (6) Union Name of Monitoring Firm Hired by Building Owner (8) AscM No. Name of Abatement Contract (9) AscM No. Name of Abatement Contract (9) Ass Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive	Project Manager for Mon	itoring Firm			Telepho	ne No.					18	License	No.			
Agencies Notified Agencies Notified Type Notification Agencies Notified Type Notification Street Address	City, State, Zip Code								- Santa	The state of the s	ate D	rive				-
Agencies Notified Agencies Notified Type Notification Street Address	Street Address							Street	Addre	ess			× 10.00			
Agencies Notified Agencies Notified Type Notification Street Address	Name of Monitoring Firm	Hired by Building (Owner (8)	ASC	M No.							С			
Agencies Notified Agencies Notified Type Notification Street Address Initial					(STATE	USE ONLY			hon	ne			nica)			
Agencies Notified Agencies Notified Type Notification Initial DEP Amended Amendment # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3) Home Street Address Telephone Number FACILITY INFORMATION Type of Facility (4) School (K-12:) Subchapter 3 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5)	and the second s				County	Code (7)						na demolis		35		
Agencies Notified Type Notification Street Address Initial DEP Amended Amendment # Emergency (including justification) DCA Name of Facility Where Abatement is Taking Place (3) Home Street Address City, State, Zip Code Summit NJ 07901 Name of Contact Ms. Lepore FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 3 (Other than K-12)									Squa		# o	f Floors	Е	Bldg. A	ge	
Agencies Notified Agencies Notified Type Notification Street Address Initial DEP Amended Amendment # Emergency (including justification) DCA City, State, Zip Code Summit NJ 07901 Name of Contact MS. Lepore FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Home	Street Address		3							Subchapter	3 (Oth			dings	home	es,
3/8/18 Agencies Notified Type Notification Street Address Initial DEP Amended Amendment # Emergency (including justification) DCA DOA City, State, Zip Code Summit NJ 07901 Name of Contact Name of Contact MS. Lepore FACILITY INFORMATION	Home	and above the second							FINNE		ente ente					
3/8/18 Agencies Notified Type Notification Street Address Initial DEP Amended Amendment # Emergency (including justification) DOH DOH Crescenzo Lepore Street Address City, State, Zip Code Summit NJ 07901 Name of Contact Name of Contact Telephone Number	Name of Facility Where	Abatement is Taking	p Place (3)	FAC	ILITY INFO	ORMAT	ION	Type	of Facility /	4)		1-M	4	i	
3/8/18 Agencies Notified Type Notification Street Address Initial DEP Amended Amendment # Emergency (including Emergency (including										AC	Tel	ephone Nu	ımber ۇ		Strate Land	
3/8/18 Crescenzo Lepore Agencies Notified Type Notification Street Address Initial DEP Amended City, State, Zip Code				-		and the second	7901								4	
3/8/18 Crescenzo Lepore	DEP			-	City, Sta	ate, Zip Co	ode				MAF	7 1 1 2	n10		$\frac{111}{111}$	
	Agencies Notified	Type Notification			Street A	Address		•		TIKI		100 000	1 Ty	=	1	
								Operator	(2)	117) [) [5]	11.7			
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	Data dalare e da	PAL			ursuant	t to NJAC	8:60 an	d 12:120	0)	Cle	ch	17	44	8		



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

Date of Notification (1) 3/8/18			400	Name of Tesi D	Building (Owner/C	perator	(2)	A A A A A A A A A A A A A A A A A A A	沙片	<u> </u>		yn -tig-selb	4 4 4 4 4 4 7 4 4		
	Notification			Street A	ddress					111	MA	R 1	<u> </u>	2018		1
PROPERTY.	nitial mended				Ocean A te, Zip Co				1	le-		4 -	a		3 . 3	
X DOL A	mendment # mergency (ir		_	Sea Br	right NJ				ţ.		A California	1 1				
× DOH jı	stification)			Name of Virgina	Contact Tesi				ì	ARTON TO A PARTY OF	7-968-					
Name of Facility Where Abateme	ant is Taking	Place (3)		FACI	LITY INFO	RMATI	ON	Type	of Facility (4)						
Name of Facility Where Abateme	ent is Taking	riace (5)						(mm)	School (K-1							
Street Address								×	Subchapter Other (i.e. p etc.)	8 (Oth				ings,	home	s,
City (5) Red Bank									re Feet	# 01	Floors		BI	dg. A	ge	
County (6)				County (Code (7)				nt Use (Prid	or if bei	ng demo	olishe	ed)			
Monmouth				100	JSE ONLY)			hom					70			
Name of Monitoring Firm Hired b	y Building O	wner (8)		ASCM	1 No.		100000000000000000000000000000000000000		tement Cor D PROFE		4					
Street Address								Addres	ss DOVE CO	DURT						
City, State, Zip Code									ip Code OD, NJ 0	8701						
Project Manager for Monitoring F	irm			Telephor	ne No.		Teleph	hone N	0.		Licens 1200	e No				
Start Date (10) 3/14/18		Schedule		pletion (Date (11)				HA Monitor	SSIO	NALS		-			
Occupancy Status During Abate							Street	Addres	ss							
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:							City, S	State, Z	DOVE CO							
Scope of Work (Check All That A	Apply)		2011254			 5	LAK	EWO	OD, NJ 0	8701						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	enova emoliti			ψ.	>	Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
			Locati						=	()					ment	
Location of Asbestos-Containing Materia	al (ACM)	Used	ormali d Sole	ly by	Asbes		scription		I (ACM)	А	r ount			' '		
TO BE ABATED In Facility (13)	,	1,175,755,00	ntenar odial S (12)			thermal surfa	system cing, VA niscellar	s insula AT, or	ation,	(5	Specify or LF)	10 mm - 1 mm 10 mm	Removal	Repair	Encapsulate	Enclosure
INTERIOR .		Yes	No	N/A											Ф	
INTERIOR						- F	loor Til	ie		3	S1SF		х		_	
Name of Decision 111				IDEE:	/a-4-	0	Vari		I No	D	e sel 1	JE!				
Name of Registered Waste Haul NEWARK CARTING	er		Н	IJDEP W lauler ID 4509		of Wa	Yards ste		Name of IESI	registe	arad Lan	IUIIII				
City, State NEWARK, NJ			1,550			Dispo 3/15/	sal Date	•	City, Stat BETHL		1 PA					
Completed by JOSEPH PERLSTEIN		Title OWN	ER			5	Signatur	е				Dat	е			



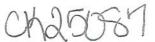


Check # 25557

Date of Notification (1) 3/8/2	2018			Name	of Building				mes, LLC	Pro-) [F	: P) [c	· n	<u>[]//</u>
Agencies Notified	Type Notification	1		Street	Address				,	- []		<u>, (Lr</u>			/4/
▼ EPA							23 Re	vere C	ourt		4				
DEP	Initial Amended			City, S	tate, Zip C	ode						MA	7 7	A	ania
X DOL	Amendmen						Princeto	on June	ction, NJ	08550		10175		11	601 0
⊠ DOH	Emergency justification		g	Name	of Contact		- 100 - 100 -			Telepho	ne Nur	nber			Karansa vi t
DCA	Cancellation	n			Ton	n Rock	off			609	275-	530	0	CON	TROL
Name of Facility Where	Abatement is Takir	a Place	(2)	FAC	CILITY INF	ORMAT	ION	-		a serious	WINDLE AREA	Maritanina.	A Complete	412:74	3
Tvame of Facility vinere	Residential	ig Flace ((3)					Type o	f Facility (4)						
Street Address									chool (K-12) ubchapter 8		n V 10	2)			
								X O	ther (i.e. pri	vate & com	merci	al buil	dings	, hom	es,
City (5)								Square		# of Floo	re		Bldg.	۸۵۵	
1310070 1510M	ceton, NJ 0854	40						5000		2	15		70 -	(1)	
County (6)				County	Code (7)			Current	Use (Prior		molish			5	
Merc	er			(STATE	USE ONL	n				Residen		.00/			
Name of Monitoring Firm		Owner (8)	ASC	M No.		Name	of Abate	ment Contra	actor (9)					-
MEG	CS						Steve	ens En	vironmen	tal Servi	ces, I	nc.			
Street Address	244							Address							
РО Во	X341							322 30x							
City, State, Zip Code	s, NJ 08515							tate, Zip							
Project Manager for Moni				T-1				ACCOUNT STORE OF	NJ 08501						
Bill Weisgart				Telepho	one No.			one No. 259-968	38	004	nse No	0.			
Start Date (10)		Schedul	ed Co	mpletion	Date (11)		20-20-00-000		Monitor	1304					
3/20/2018				4/20/20			MEC		ivioriitoi						
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Address				101007011			-
× Facility Closed/Vaca	ted Durina Entire F	Period of	Abate	ment			POB	ox 341							
Abatement Performe	ed Outside of Norm	nal Facility	y Hou	rs			City, St	ate, Zip	Code	-					
Other – Describe: _						_	Ches	terfield	, NJ 0851	15					
Scope of Work (Check All	That Apply)						Articles -								
≥3 sf or ≥3 if × ≥160 sf or ≥260 if		-	Renov				×		ontainment	with Nega	tive P	ressu	re		
× ≥160 sf or ≥260 lf		×	Demol	ition			×		Enclosure bag Proced	lure					
							×		exempted (*		-Friable	e Pro	cedur	e	
		Is	Locat	tion										ement	
Location			Norma ed Sole		65 SV	Des	scription	of				-	1)	rpe I	_
Asbestos-Containing N TO BE ABA	Material (ACM) TED	Ma	intena	ince/	Asbes	tos Cont	aining Ma	aterial (A	CM)	Amount (Specify		77		m	ш
In Facilit		Cus	todial (12)	Staff?	(1.0.	surfac	cing, VAT	, or	"",	SF or LF		Removal	Repair	cap	nclo
(13)			(12)	_		other n	niscellane	eous)				oval	air	Encapsulate	Enclosure
		Yes	No	N/A										e	
Roof			X			Roof	Materi	als		3500 st	f	Х			
Basement/Craw	/I Spaces	X		Th	ermal l	Pipe Ins	sulation	1	420 If		Х				
1stFloo	г	X			Textur	ed Ceil	ings		800 sf		Х		-		
Basement/1st/	2nd floor		X			(5.7)	lastic/G			1500 st	-	Х			-
Name of Registered Waste		1		JDEP W		Cubic '			lame of Reg			Λ			
Stevens Environment			1	lauler ID	No.	of Was	te	Anna	airless L						
City, State				18292		4			\sim						
Allentown, NJ							al Date /2018		ity, State /lorrisville	РΔ					
Completed by		Title					gnaturé"	/ /\"	nor isville	, r A	Dot				
Mahlon E. Stevens		11000000000	ct Ma	anager		31	griature	1	1		Date	∍ 3/10/	18		
		-,-		3		<u> </u>	Z##4	1	1						

Check # 25558

PAI			CATION	ate of Ne N OF ASB to NJAC	ESTOS	ABATE			C	heck#	2555	58		
Date of Notification (1) 3/10/2018	d Garage		Name o	f Building				omes, LLC	:		G	E		W
Agencies Notified Type Notification			Street A	Address						m	1/30		1 20	0.10
× EPA × Initial			City Ct	ata 7ia Oa		23 Re	vere (Court			MAR	1	4 2	018
DEP Amended Amendment Emergency	(including	-		ate, Zip Co		Princeto	on Jui	nction, NJ	- 1		enter en en			TROL
DOH justification) DCA Cancellation			Name o	f Contact Tom	Rocko	off				ephone No.			SINC	3
			FACI	LITY INFO										
Name of Facility Where Abatement is Takin Residential	g Place (3	3)					Туре	of Facility (4))					
Street Address							×	School (K-12) Subchapter 8 Other (i.e. prietc.)	(Oth			dings	hom	es,
City (5) Princeton, NJ 0854	10							re Feet	# 0	Floors 1		3ldg. /		
County (6)				Code (7)			Curre	nt Use (Prior				5000	53	
Mercer				USE ONLY,						idential-	Pool	Hou	se	
Name of Monitoring Firm Hired by Building MECS	Owner (8)		ASCN	/I No.				tement Contr nvironmen			Inc.			
Street Address PO Box341							Addres Box 32	5.5%						
City, State, Zip Code Crosswicks, NJ 08515								ip Code NJ 08501						
Project Manager for Monitoring Firm Bill Weisgarber			Telepho	ne No.			none No 259-9			License	No.			-
Start Date (10) 3/20/2018	Schedule		npletion I	Date (11)		Name MEC		HA Monitor						
Occupancy Status During Abatement (Chec	k Only On	ie)					Addres							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Abaten	nent s			City, S		p Code						
Scope of Work (Check All That Apply)					_	Ches	sterfie	ld, NJ 085	15					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ACCRECATION .	lenova lemoli	NG 950.00			×	Min Glo	I Containmen i-Enclosure vebag Proceon-Exempted (dure				e	
	0.000	Locat	272323										emeni pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole intena odial s (12)	ly by nce/	Asbest (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	faterial s insula T, or	(ACM)	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		ŧ	e
Pool House		Х			Roof	Mater	rials		10	00 sf	Х			
Pool House		Χ			Viny	l Floor	ing		6	00 sf	Х			
Pool House		Χ			Trar	niste F	lue		•	5 If	х			
Pool Storage/Garage		Х			R	oof /Ta	ır		50	35 sf	Х			
Name of Registered Waste Hauler Stevens Environmental Services		5000	IJDEP W lauler ID 18292	No.	Cubic of Was	ste		Name of Re Fairless L	~		II			
City, State Allentown, NJ			T.E.			al Date 0/2018	1	City, State Morrisville	e, P/	4				
Completed by Mahlon E. Stevens	Title Proje	ct Ma	nager		S	ignature	// V	7/		D	ate 3/10	/18		\neg





CHECK # 25017/25072/25087

Date of Notification (1) 03-08-18					of Building				on Propert	n, Cr	2110					
Agencies Notified	Type Notification				Address	uale L	10.00	Sittle	on Propen	y G	oup	E (6		13	F) (111
	Type Notification				ox 6120)							i			W
H EPA DEP	Initial X Amended		-		ate, Zip C	,				}	het/		_			
× DOL	Amendment				napolis,		206			1		11.0		1 /		
X DOH	Emergency	including	-		of Contact		.00			TT	lephone	Numbo		1 4		13.7
DCA DCA	justification) Cancellation				Fattah						17-640		8			
		-			ILITY INF	ORMAT	ION			1 1	The second desired of the	Section Section	1 1 1	8 13	1144	18t 11
Name of Facility Where	Abatement is Takin	g Place (3	3)	170	ILIT I IIVI	OKWAT	ION	Туре	of Facility (4	1)		LATER AND ADDRESS			11.13	
								П	School (K-1)	2)						
Street Address									Subchapter	8 (Oth						
One Riverside Squ	are								Other (i.e. po etc.)	rivate	& comm	ercial bi	ııblıı	ngs,	hom	es,
City (5)									re Feet	# (f Floors		Bld	lg. A	ge	
Hackensack		517						859		2				yrs	S.	
County (6) Bergen					Code (7) USE ONLY)			ent Use (Prionmercial	r if be	ing dem	olished)				
Name of Monitoring Firm		Owner (8)		ASC	M No.		Name	of Aba	tement Con	tracto	(9)					
TRC Solutions, Inc.							Pinna	acle l	Environme							
1430 Broadway, 10	th Floor					Street 200 E		ss I Street								
City, State, Zip Code						City, S	tate, Z	ip Code				- 111				
New York, NY 1001 Project Manager for Mon			~			1		NJ 07072	16							
Arnel Javal	illoring Firm			35 J	221-782	2	Teleph 201-9				Licens 0075					
Start Date (10) (2)03-13-18		Schedule 03-05-		npletion	Date (11)		Name Even		HA Monitor nc.							
Occupancy Status During	g Abatement (Check	k Only Or	ne)				Street	Addre	SS			25				
× Facility Closed/Vac	ated During Entire F	eriod of A	Abaten	nent			10-59) Jac	kson Aver	nue						
Abatement Perform	ed Outside of Norm	al Facility	Hours	}			City, S	tate, Z	ip Code							
Other – Describe:						_	Long	Islar	d City, NY	111	01					
Scope of Work (Check A	II That Apply)	estates:									-					
≥3 sf or ≥3 lf			Renova					Ful	l Containme	nt with	Negativ	ve Press	ure			
× ≥160 sf or ≥260 lf			emolit	ion			-	Mir	ni-Enclosure							
				2			×		vebag Procen- exempted			riable P	roce	dure	9	
		ls	Locati	on					1		-	T		787 7789	ment	. 1
Location	of	N	Normal	ly		De	scription	of						Ту	ре	
Asbestos-Containing	Material (ACM)		d Sole intenar			tos Cont	aining M	aterial		A	mount				П	
TO BE ABA			odial S		(i.e.		systems cing, VA		ition,		or LF)	Ren		Re	nca	End
(13)	•		(12)				niscellan			0.	Oi Li)	Remova		Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u> </u>			ate	Te
Basement: R	estroom			х		С	aulking	ı			4SF	x				
1st Floor: Re				х		С	aulking				12SF	x				
Roof: Entrance C				X		F	lashing				360SF	x				
	1st & 2nd Floors						/all Tar	9		6,2	220SF	x				
Name of Registered Was	te Hauler	175.31	JDEP W		Cubic			Name of R	egiste	red Lan	dfill					
ATC, Inc. / JBT (500	71)			auler ID I310	No.	of Was	ste		Minerva	Ente	rprises	;				
City, State Shirley, NY / Bronx,	NY					Dispos TBD	sal Date	2	City, State Waynesh		OH 44	1688		L 54		
Completed by		Title	W 200-2			S	ignature		111			Date				_
Richard Doran		Proje	ct Ma	nager			11	٧,	At	1	=	03-08	-18	1		

		State of N	ew Jerse	y - Not	tificatio	on of As	bestos 2	Abaten	ent	E M	C I	7\//	e i	
11000				• 11 11 11 11 11 11 11 11 11 11 11 11 11						E C	EU	W	5	n
10CK			(Pursuan	t to N.J.A	4.C. 8:6	0-7 and 12	2:120-7)		IÑ	11110			A Period State of Contract	
Date of Notification (1)						me of Buildi			2)	MAI	14	2016		1
March 8, 2018						ne Valley		al	i					
Agencies Notified		Notification				eet Address				a de responsare de la como		CONSTRUCTION OF THE		
⊠ EPA		A SECONDARY STATE OF THE SECONDARY STATE OF T	Votification	1		3 North \		n Avenu	e A	SBEST	US CON BENSIN	THOL	. &	
DCA × DOL		The second secon	lment # 1		2.00000	, State, Zip		L	CARLOR BUT NOT AN ADMINISTRA	1_1 \ 	TELECTIC	CX	rewardsvestvert	navventus
X DOL ⊠ DEP			ncy (includ	ding	Ri	dgewood	d, NJ 0	7450-2	736					
x DOH		justific	ation)			me of Conta				ephone N				
						Iliam Sta	siak		20	1-447-	8141			
Name of Facility Where Abate	ment is T	aking Place (3)		FACILITY			(4)	/						
The Valley Hospital	ment is 1	aking Place (3)				e of Facility School (K-12	72							
Cheel Wing Basemer	nt Rm#	R430				Subchapter 8		n K 12)						
Street Address	it ixiiim	D430							at to strate.		4- \			
223 North Van Dien A	venue				1,000	Feet: U	e. private &					0+ yea	are	
						. 1 001.	III.III	# 0111	0013. 4	Diug. 7	<u>190.</u> 0	o. yee	113	
City (5) Ridgewood	County (County Co (State Use		Cur	rent Use (p	rior if being	g demolish	ed): He	ospital				
Riugewood	Berge	n	Totale Use	Offiy)										
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM No.		Nam	ne of Contrac	ctor (9)							_
Colden Corporation			100111110.		-	EENWOO		TEMENT	CONS	III TAN	ITS. IN	C.		
									00	02.7	,	•		
Street Address						et Address								= 1=1031
28 Washington Stree	t				511	1 MAIN S	TREET							
City, State, Zip Code	200					State, ZipC								
Ballston Spa, NY 120 Project Manager for Monitorin		I Talashasa N				tler, NJ 0								
Jim Miades	g Firm	347.435.				phone Num			1/2_000000	nse Num	ber			
Scheduled Start Date (10)		Scheduled C		ate (11)		3-492-047 ne of OSHA			008	340			_	-
TBD		TBD	Ompicuon De	ate (11)	100000000000000000000000000000000000000	SL inc.	WOITE							
Occupancy Status During A	batement	(Check only or	ne)			et Address								
Facility Closed/Vacate	ed During	Entire Period o	of Abatemen	t	1.5-0.1500									
Abatement Performed	d Outside	of Normal Faci	lity Hours -			56 Stelto								
Describe						, State, Zip C								
Other - Describe:					Pis	cataway,	NJ 088	54						- 1
Source of Work (Check all that	t apply)													
							7	x Full Con	tairment	with Ne	gative Pr	essure		
\geq 3 sf or \geq 3 lf				Renovati	tion			Mini-Enclo	sure					- 1
$\square \ge 160 \text{ sf or } \ge 2$	260			Demolitio	on			Glovebag			1022000 1 2000	0200	20	- 1
Location of Asbestos-Containi	na	le Location N	lormally Use	d Calaly	Doggrin	tion of Asha	otoo	Non-Exe					dure	_
Material (ACM) in Facility (13)	-		stodial Staff?			tion of Asbe ing Material		7,023,07	ount ecify SF	Abate	ment Typ	<u>le</u>		
		YES	NO NA	. ,	thermal	systems ins	ulation,	or L		Remov	e Repair	Encap	Enclo	se
					surfacin	ig, VAT, or o	ther misce	II.)						
Cheel Bsmt-Room # I	B430			X	VAT &	Mastic		300	sf	X	T	T	T	\neg
					C. 08-012-01-05								_	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	2	NJDEP Wast		<u>#</u>	Cub	ic Yards of		_		ne of Reg				
	500	See Below					5		10 7 10 7 10	adowfill			VS	_
Hauler #1) Greenwood /		ent Consulta	nts, Inc. –	Butler, N.	J 07405			Disposal	STATE OF THE STATE	10	City, Sta Route 2	-	3	
NJ DEP # 12:	T. T. V. T.		0.1=00					March	10, 20	10	Bridgepo			
Hauler #2) Newark Cart	ing, Inc		04509, NJ	DEP # 195							304-842			
Completed by (Print or Type) Marin Graure		Title	OLECT			ature			Date		0040			
maili Giaule		SENIOR PR			M	arin G	raure		IVI	arch 8,	2018			
		INIMINALITER			1	0								- 1

MANAGER

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 2/14/17 Rider University Agencies Notified Type Notification Street Address EPA 2083 LAWRENCEVILLE ROAD MAR 1 4 2018 DEP Initial City, State & Zip Code X DOL X Amended R#2-3/6/18 LAWRENCEVILLE, NJ 08648 \boxtimes DOH Emergency Name of Contact ASB Telephone Number DCA Cancellation Walter Eddy 609-896-7780 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - Wright Hall School (K-12) Non-Subchapter 8 Street Address Subchapter 8 (Other than K-12) 2083 LAWRENCEVILLE ROAD Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) LAWRENCEVILLE MERCER Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Inc. Bristol Environmental, Inc. Street Address Street Address PO Box 365 1123 Beaver Street City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Proctor 856 656-2875 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/13/18 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or (i.e., thermal systems Enclosure Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement Tank Insulation 150 SF B Wing Linoleum 100 SF Exterior Window Sill Caulk 100 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Bristol Environmental Inc. 18706 2 Fairless Landfill City, State Disposal Date City, State Bristol, PA Fairless Hills, PA Completed By (Print or Type)

Title

Project Manager Signature

Gino Pizzigoni

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

Date of Notification (1)		,						and 12	,		MAI	7 1 .	A on	40
2/-	14/17			Ri	ame of E	Building	Owner / C	perator (2	2)		W 751	1 1 1	+ CU	10
Agencies Notified Type	Notif	fication		St	reet Add	ress	ıty				harring way	Mark 170 years	N Konon da	Video e emple
EPA				20	83 LAV	NREN	CEVILLE	ROAD		AS	BEST	OS O	ONTE	70L8
DEP DEP DOL	Init			16.11	y, State	& Zip	Code	NOAD		* (Travellessaulus America)	la d Companya ya	CENS	SING	Poets Wasserna
☑ DOL ☑		ended R#1-2/2	7/18	LA	WREN	CEVII	LLE. NJ O	8648						
DON DCA		ergency		Na	me of C	ontact					1=			
Z SOA	Car	ncellation		Wa	alter Ec	idy					16	elepho	one N	umbe
N				F	ACILIT	TY INF	ORMATIC	261			00	9-89	6-778	30
Name of Facility Where A	baten	nent is Taking F	Place	(3)				Facility (4)						
Rider University – Wri Street Address	gntF	fall					☐ Scl	nool (K-12)	Non-Subcha	nter 8				
2083 LAWRENCEVILL	E 00	4.0	9				⊠ Sul	ochapter 8	(Other than I	(-12)				
2000 EARTHER CEVILL	E KU	AD					Oth	er (i.e. priv	ate & comme	rcial buil	dinas	hom	ac of	٥ ١
City (5)		County (C)	10				Square	Feet	# of Floors	- Ciai Dali	Ride	g. Age	25, 810	٠.)
LAWRENCEVILLE		County (6)	C	ounty	Code (7)					Didg	J. Age	•	
CATTLE		MERCER					Current	Use (Prior i	if being demo	lished)				
Name of Monitoring Firm H	ired b	V Building Own	(0	1	-					8				
Health & Safety Service	s Inc	y building Own	er (8	5)	ASC	M No.	Name of	Abatemen	t Contractor	(3)				
Street Address							Bristol	Environm	ental, Inc.					
PO Box 365							Street Ac	dress						
City, State & Zip Code							City Stat	aver Stre e & Zip Coo	et					
Berlin, NJ 08009	2.7						Bristol	PA 19007	ae					
Project Manager for Monitor Jim Proctor	ing Fi		Telep	phone	Numbe	er	Telephon	e Number						
	-		356	656-2	2875		(215)788	-6040		License	Numb	per		
Scheduled Start Date (10) ON HOLD	S	cheduled Com	pletic	on Da	te (11)			OSHA Moni	itor	00509				
		1 (0)					Bristol E	nvironme	ental Inc.					
Occupancy Status During Al Facility Closed/Vaca	ted Di	ent (Check only	y one	e)			Street Add	fress						
Abatement Performe	d Out	side of Normal	LIGO C	OT ADS	tement		1123 Bea	ver Stree	t					
Describe:	u out	olde of Normal	поц	IIS – I	am to 3	pm	City, State	& Zip Code	е					
Facility Occupied Du	ring A	batement					Bristol, P	A 19007						
Scope of Work (Check all that	t appl	(y)	5-22-71											
-								⊠ F	ull Cambain		20 890			
≥3 sf or ≥3 if≥160 sf ≥260 if		<u>[</u>	\times		vation				ull Containme lini-Enclosure	ent with N	egati	ve Pre	essure	3
≥ 100 SI ≥260 If		Į.		Dem	olition				love Bag Pro					
Location of			1- 1					⊠ No	on-Exempted	and Non	-Friat	ole Dr	2004	
Asbestos-Contai	ning	N	orma	ocatio	n		Descripti		A	nount	A	batem	ent T	Vne
Material (ACM)			ely by		A	sbestos-Co Material (/	ntaining		pecify				, pc
TO BE ABATE	D	Ma	ainte	nance	e or	(i.e	e., thermal	systems	SF	or LF)	-	,		m
in Facility (13)		Cu		ial Sta	aff?	insu	lation, surfa	cina, VAT			(em	Repair	lea	ncl
()		Ye		12) Vo N	N/A	or c	ther misce	llaneous)			Kemoval	air	Clean Up	Enclosure
asement				7 1	N/A						-		8	0
Wing					$\dashv \vdash$	T	ank Insul		15	0 SF	X	I	П	\Box
xterior							Linoleu			0 SF	Ø	H	H	H
		——————————————————————————————————————	D	4	-	Wi	ndow Sill	Caulk		0 LF		H	H	H
			+	╡┼╞							TH	H	Hi	H
			+-	4+	4						TH	H	님님	=
ame of Registered Waste Hau	ıler		1	J L	D\\\	10.11					H	H	H	=
	10.TM		1	Haule	r ID No.	of W	c Yards	Name of	Registered La	ndfill			<u> </u>	-
istol Environmental Inc.			1		3706	01 00	aste 2	Fairles-	1 1000					
y, State						Dien	osal Date	Fairless						
istol, PA						Dispo	Jaar Date	City, State						
mpleted By (Print or Type)			T	itle		Signa	furo	Fairless	nilis, PA					
no Pizzigoni				roje	ct	1	_		,		Date		750	7
				lana		1 14.	ue Pin		. /.,		01	1	1.0	
T 19122				-		100	ne 12	graon	up		40	21/	18	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	NOTIFIC	ATION	OF A	SBES	rersey	RATEM	CNT			
4	(Purs	uant to	N.J.	A.C. 8:	60 and	12:120	DAI	1.1.4		•
Date of Notification (1)							C	MU H	231	MER
Agencies Notified Type Notification		Name of Rider U	mvers	ig Owner Sitv	7 Operat	or (2)	11:2/	The state of the s		
EPA Type Notification		Street Ad	dress					12 (17	*	
DEP Initial Amended		2083 LA City, State	WREN	VCEVIL	LE ROA	D	II L	MAR	14 20	118 114
□ DOH2632 □ Amended □ Emergency		LAWREN	e ∝ ∠ip VCFVI	Code	100040		-			-
DOH2634 DEmergency	- 1	ivaine of (Contact	t	00048			ASBESTO	CONT	ROL &
Cancellation	1	Walter E	ddy				CONTROL STORAGE	Te	lephone	Number
Name of Facility Where Abatement is Ta	11. 5.	FACILI	TY IN	FORMA	TION			60	9-896-7	780
inder University - Wright Hall	aking Place (3	3)		Туре	of Facili	ty (4)				
Street Address					School (K	(-12) Non-S	Subchapter 8	3		
2083 LAWRENCEVILLE ROAD				IN:	Subchapt	er 8 (Other	than K 121			
City (5)				Squa	re Feet	. private &	commercial I	buildings,	homes,	etc.)
County		inty Code ((7)	-	ic i eet	# Of I	loors	Bldg.	Age	
LAWRENCEVILLE MERCI	ER			Curre	nt Use (P	rior if being	demolished	1		
Name of Monitoring Firm Hired by Building	7 Owner (O)	7						1)		
riealth & Safety Services Inc.	y Owner (8)	ASC	M No.	Name	of Abate	ment Contr	actor (9)	AND ASSESSMENT OF THE PARTY OF	-	
Street Address				DUSTO	ol Environation Address	onmental,	Inc.			
PO Box 365 City, State & Zip Code					Address Beaver S	Stroot				
Berlin, NJ 08009				City, St	ate & Zip	Code				
Project Manager for Monitoring Firm	Telepho	ne Numbe		Bristo	I, PA 19	007				
Jim Proctor	856 656	-2875	er .	Telepho	one Numb	per	Licens	se Numbe	r	
Scheduled Start Date (10) Scheduled 2/28/18	Completion I	Date (11)		Name o	88-6040 f OSHA N	fanit-	0050	9		
Coupancy Status During Abatement (Chec	3/6/18			Bristol	Enviror	imental Ir	10			
acinty Closed/Vacated During Entire	e Pariod of A	hotomant	- 1	Street A	ddress					
Li Abatement Performed Outside of No	rmal Hours -	- 7am to 3	-	1123 Be	eaver St	reet				
		rum to sp		City, Stat	te & Zip (Code				
Facility Occupied During Abatement cope of Work (Check all that apply)			Ι.	Diistoi,	PA 1900	37				1
(Officer all that apply)										
≥3 sf or ≥3 lf	⊠ Rer	novation			\boxtimes	Full Conta	ainment with	Negative	Pressur	.
≥160 sf ≥260 If		nolition			H	-11011	Joure		i icosul	
Location of	1 1-1				\bowtie	Non-Exem	Procedures	5		1
Asbestos-Containing	Is Locati Normally L	on	۸ ـ ۱	Descrip	tion of	ZACII	pted and No	On-Friable Abot	Procedu ement T	ire
Material (ACM) TO BE ABATED	Solely b	v I	ASI	Material	ontaining		(Specify	Abai	ement i	ype
in Facility	Maintenand Custodial S	ce or	(i.e.	, therma	systems	;	SF or LF)	ام	_ 0	m
(13)	(12)	lair	insula:	tion, surf	facing, VA	AT		Removal	Clean U	nclo
omené		N/A	01 011	ici iiiiso	enarieous	•)		Val	Clean Up Repair	Enclosure
ement ling			Ta	nk Insu	lation		450.00			
rior				Linole			150 SF			
			Wind	dow Sil	I Caulk		100 SF	N C		
	 	-							 	
(0)	러님	=-						十十十	-	#
of Registered Waste Hauler	NJDE	P Waste	Cubic \	Yarde	Non-	- FD			1=1=	#
ol Environmental Inc.	Haule	rID No. 1	of Was	te	ivaine (of Registere	d Landf II			7
tate	18	3706		2	Fairles	s Landfill				
I, PA		1	Disposa	al Date	City, Sta	ate				4
eted By (Print or Type)	Title		Siam - 1		Fairles	s Hills, PA	1			
Pizzigoni	Projec	-4	Signatur			- Charles	1	Date		-
10.	Manag	ger /	Sur	ro Pr	mia	oni /9	_	2-14.	10	1
18022		17		,,,	108	17	/	0.17.	10	

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

CHECK# 1728

Date of Notification (1) 03/07/2018	ال ال			Name o	of Building	Owner/	Operato STING	r (2) SER	VICES-PF	RING	ADTÉ	CAN.	恒	ısı	[\//	
Agencies Notified	Type Notification			Street A	Address ROSED								Lb	Ц	W (
DEP DOL	Initial Amended Amendment		_	City, St.	ate, Zip C CETON	ode I NJ 08	540					WAR	1	4 2	810	
DOH DCA	Emergency (justification) Cancellation	including			of Contact					Te 8	lephone 56-547	Numb -050	per 5	ONT	ROL	&
Name of Facility Where	Abatement is Takin	g Place (3)		FAC	ILITY INF	ORMAT	ION	Туре	of Facility (14	ANY COMMANDE STATE OF	S. C.		21110		
Street Address 660 ROSEDALE R	50-43 (00.00 F 950 F) (00.00 E)			-				\ <u>\</u>	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			buile	dings	home	es,
City (5) PRINCETON								Squa	etc.) re Feet ,000	# 0	f Floors			ldg. <i>A</i>	Age	
County (6) MERCER					Code (7) USE ONLY	·			ent Use (Prio	or if be	ing dem	olishe	d)			
Name of Monitoring Firm PENNONI ASSOC	Hired by Building (. INC.	Owner (8)		ASCN	ЛNo.				tement Con D ENVIRO			SEF	RVIO	CES	INC	
Street Address 515 GROVE STRE	ΈΤ						2000 D. C.	Addre	ss MS RUN							
City, State, Zip Code HADDON HEIGHT	S NJ 08085								ip Code HILL NJ	0806	2					
Project Manager for Mon ALAN LLOYD	itoring Firm		Telepho 856-5	ne No. 47-0505	5		none N -304-4			Licens 0114						
Start Date (10) 03/09/2018		Scheduled 03/10/2		npletion	Date (11)		Name EMS		HA Monitor		Today distort					
Occupancy Status During								Addres	ss 30 NORT	H			-			
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norm OUTSIDE PARKING	eriod of Ab al Facility I a LOT	dours	nent		_	City, S	state, Z	ip Code NSON NJ		77					
Scope of Work (Check A	ll That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		parameter 1	nova molit					Mir	l Containme ni-Enclosure ovebag Proc	edure	17.3					
		ls L	ocati	on			<u> </u>	J NO	n-Exempted	(*) and	d Non-F	riable		Abate	ement	
Location Asbestos-Containing		No Used	rmal Sole		Ashaa		scription		/A GAN			8		Ту	ре	
TO BE ABA In Facili (13)	ATED	<u> </u>	dial 8 (12)	Staff?	Asbes (i.e.		systems cing, VA niscellar	s insula T, or	(ACM)	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
PARKING	LOT	Yes	No	N/A	TDA	NOITE	DIDE	0011	DI UT						(0)	
FARRING				Х	IHA	NSITE	PIPE	CONI	DUII		4 LF	-	X			
Name of Registered Was	te Hauler		IN	JDEP W	aste	Cubic	Yards	-	Name of R	Peniste	red I and	dfill				
FREEHOLD CARTA			Н	auler ID 2265	587.854 H.	of Was			GROWS	10.75						
City, State FREEHOLD, NJ							al Date 2/2018	\sim	City, State MORRIS	SVILI	_E, PA					
Completed by RON SWANSON		Title GENE	RAL	MANA	AGER	S	ignature	Kars	echu	m96	M	Date 03/0		2018	VI	

			Name Kar	of Building Owner	Operator (2)		EG	厚	П	\//
	Notification	-integrity		Address Sylvan Av	е .	4		<u> </u>	브	U	U
D DEP D A	nitial Amended Amendment#		€ity, S	State, Zip Code		J .07632		MAH	1	4 2	Ulb
DOH ju	mergency (including astification) ancellation	,	Name	of Contact S. Emily Roc		· ·		e Number 49-57	470	CONT	RO
N AN 11	-			ILITY INFORMA	_		1022	-10 0/	CEN	SING	
Name of Facility Where Abatement North Brunswick Ga						Type of Facility	(4)				
Street Address	rueris					☐ School (K					
65D Pardun Rd				**		Subchapte Other (i.e.	r 8 (Other than I private & comm	C-12) rercial build	lines. I	homes	etc.
City (5) North Brunswick						Square Feet 6260	# of Floor	s	Bldg.		
County (6)				Code (7)	1.	Current Use (Pri	i -	1		- Jic	
Middlesex Name of Monitoring Firm Hired by 1	Piniblian Origina (9)			USE ONLY)		Apar	tments	,			
	ounding Owner (8)		ASC	M No.		of Abatement Con st Remova					
Street Address	On the Control of the		1		Street A	Address South Rive				***************************************	
City, State, Zip Code					City, St	tate, Zip Code					
Design Marian 200 AV					Had	ckensack,	NJ 0760	1			
Project Manager for Monitoring Firm			Telepho	ne No.	Telepho 201-	one No. -329-7444	Licer (nse No. 00388			
Start Date (10) 4 9 18	Schedule		pletion D	rate (11)	Name o	fOSHA Monitor					
Occupancy Status During Abatement	(Check Only One)	18	18		Ome Street A	ega Enviro	nmerital				
☐ Facility Closed/Vacated During	Entire Period of Aba	atement				Huyler St					
Abatement Performed Outside of Other - Describe: & AM	of Normal Facility He	ours -				ate, Zip Code th Hacken	eack N.I.	07606			
Comment of the Commen						III I I I I I I I I I I I I I I I I I					
	у)				Oou		Sack , IVO.	07000			-
Scope of Work (Check All That Appl ≥3 sf or ≥3 If		Renovar Demolit			中华中	Full Containme Mini-Enclosure Glovebag Proc	ent with Negative	e Pressure			5)
Scope of Work (Check All That Appl ≥3 sf or ≥3 lf		Demolit	ion		0	Full Containme Mini-Enclosure Glovebag Proc	ent with Negativ	e Pressure		tement	
Scope of Work (Check All That Appl ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of		Demolit s Locati Normall	on ly	De	0 \$ \$	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	ent with Negative	e Pressure	Abai	tement ype	
Scope of Work (Check All That Appl ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Is CM) Use	Demolit S Locati Normall Ed Solel aintenar	on ly y by	Asbestos Cont	Scription of aining Mat	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	ent with Negative e edure (*) and Non-Fri	e Pressure	Abat T	уре	Γ
Scope of Work (Check All That Appl ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility	Is CM) Use	S Locati Normall	on ly y by	Asbestos Cont (i.e. thermal syst	scription of aining Materns insular VAT, or	Full Containmed Mini-Enclosure Glovebag Proc. Non-Exempted of terrial (ACM) tion, surfacing,	ent with Negative edure (*) and Non-Fri	e Pressure	Abat T	уре	Γ
Scope of Work (Check All That Appl ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A TO BE ABATED	Is CM) Use	S Locati Normall ad Solel aintenar todial S	on ly y by	Asbestos Cont (i.e. thermal syst	scription of aining Materns insular	Full Containmed Mini-Enclosure Glovebag Proc. Non-Exempted of terrial (ACM) tion, surfacing,	ent with Negative edure (*) and Non-Fri	e Pressure	Abai		Enclosure
Scope of Work (Check All That Appl ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	Is Use Mr. Cus	S Location Normall and Solel aintenar stodial S	on ly y by nce/ taff?	Asbestos Cont (i.e. thermal syst	scription of aining Materials insulated VAT, or niscellanear	Full Containmed Mini-Enclosure Glovebag Processor Non-Exempted of terrial (ACM) tion, surfacing, ous)	ent with Negative edure (*) and Non-Fri	e Pressure	Abat T	уре	Γ
Scope of Work (Check All That Apple ≥3 sf or ≥3 lf ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A IO BE ABATED In Facility (13) Bldg 6 Crawl Space # Bldg 6 Crawl Space #	Is Use Cus Yes 33	S Location Normall and Solel aintenar stodial S	on (y y by nee/ taff?	Asbestos Cont (i.e. thermal syst other	scription of aining Materns insular VAT, or miscellanear Sulation	Full Containmed Mini-Enclosure Glovebag Proc. Non-Exempted of terial (ACM) tion, surfacing, ous)	ent with Negative edure (*) and Non-Fri Amount (\$pecify SF or LF)	e Pressure	Abat T	уре	Γ
Scope of Work (Check All That Apple 2 ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A 10 BE ABATED In Facility (13) Bldg 6 Crawl Space # Bldg 6 Crawl Space # Bldg 6 Crawl Space #	Is Use Mark Cus Yes 33 34 35	S Location Normall and Solel aintenar stodial S	on ly y by loce/ taff?	Asbestos Cont (i.e. thermal system) other	scription of aining Materials WAT, or miscellanear sulations sulations sulations sulations are sulations.	Full Containment Mini-Enclosure Glovebag Processor Non-Exempted of terrial (ACM) tion, surfacing, tous)	ent with Negative edure (*) and Non-Fri Amount (Specify SF or LF)	e Pressure	Abat T	уре	Γ
Scope of Work (Check All That Apple 23 sf or ≥3 lf 2160 sf or ≥260 lf Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13) Bldg 6 Crawl Space #	Is Use Mark Cus Yes 33 34 35	S Location Normall and Solel aintenar stodial S	on by y by heeld traff?	Asbestos Cont (i.e. thermal syst other Thermal in	scription of aining Materns insulate VAT, or miscellanear sulationsula	Full Containment Mini-Enclosure Glovebag Proc. Non-Exempted of terial (ACM) tion, surfacing, ous)	ent with Negative edure (*) and Non-Fri A mount (Specify SF or LF)	e Pressure iable Proces Removal	Abat T	уре	Γ
Scope of Work (Check All That Apple 23 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13) Bldg 6 Crawl Space #	Is Use Mark Cus Yes 33 34 35	Demolition of the control of the con	on (y y by hote) taff? N/A X X X X DDEP Wasteler ID 1	Thermal In Thermal Ir Thermal Ir Thermal Ir Thermal Ir Thermal Ir Thermal Ir	scription of aining Materns insulation sulation sulation sulation sulation sulations are sulations as a sulation sulatio	Full Containment Mini-Enclosure Mini-Enclosure Glovebag Proc. Non-Exempted of terial (ACM) tion, surfacing, ous) On On Name of R	Amount (Specify SF or LF) 235 If 240 If 235 If	e Pressure liable Proces Removal X X X	Repair	e Encapsulate	Enclosure
Scope of Work (Check All That Appl ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A 10 BE ABATED In Facility (13) Bldg 6 Crawl Space #	Is Use Mark Cus Yes 33 34 35	Demolition of the control of the con	on by y by hoce A X X X X X X X X X X X X X X X X X X	Thermal In Thermal Ir Thermal Ir Thermal Ir Thermal Ir Thermal Ir Thermal Ir	seription of aining Materials and aining Materials are aining Materials and aining Materials are aining Materials	Full Containment Mini-Enclosure Glovebag Processor Non-Exempted of terrial (ACM) trion, surfacing, trion, surfacing, trion on the contained of the contained of the contained on	ent with Negative edure ((*) and Non-Fri Amount (Specify SF or LF) 235 If 240 If 240 If 240 If Cegistered Landf	Removal X X X Sanitary	Repair / La	e Encapsulate	Enclosure

PAGE ZOFZ 1	3LPG	NOT	IFICATI	State of New Jersi ION OF ASBESTO ant to NJAC 8:60 a	SABATI	EMENT		EC	; E		\mathbb{V}	
Date of Notification (1)			Name Kar	of Building Owner(s	Operator (ration	2)	l l l	- N/A	1 1	4 2	016	1000
Agencies Notified Type Notificatio	n			Address Sylvan Ave	9		=	ASBES	ros (CON	TROI	_ &
□ DEP □ Amended DOL □ Amendmen □ Emergency			Eng	tate, Zip Code glewood Clif	fs , N	J .07632	19			Onve	-	articolar arrang
DOH justification DCA Cancellatio	1)	,	Ms	of Contact S. Emily Rod		Z		lephone Nu 32-249		17		
Name of Facility Where Abatement is Taking North Brunswick Gardens Street Address 65D Pardun Rd			FAC	ILITY INFORMA	HON	Type of Facility School (K- Subchapter Other (i.e.	12) 8 (Othe	r than K-12)		ings, h	omes,	etc.)
City (5) North Brunswick			1.*			Square Feet 6260	# (f Floors		Bldg. 60	Age Yrs	+
County (6) Middlesex				Code (7) USE ONLY)		Current Use (Pri			rd)	~		
Name of Monitoring Firm Hired by Building (Owner (8)		ASC	M No.		of Abatement Con st Remova)				
Sireet Address						Address South Rive	er St			11		
City, State, Zíp Code					City, S Had	tate, Zip Code Ckensack ,	NJ 0	7601		***		
Project Manager for Monitoring Firm			Telepho	me No.	Teleph 201	one No. -329-7444		License N 003	o. 388	-		
Start Date (10) 4/9/18		ed Com	pletion D	Pate (11)		of OSHA Monitor ega Enviro	nmer	ital	916 m - 3011			
Occupancy Status During Abatement (Check C Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Ab Facility H	ours	100	PM	City, St	Address Huyler St rate, Zip Code Ith Hacken	eack	N I 076	ണ			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		, Renova Demolí				Full Containme Mini-Enclosure	ent with	Negative Pre	ssure	lure		
Location of		s Locat Normal	ly	De	scription	of				The second second	ement /pe	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Cu	ed Sole laintena stodial S (12)	nce/ Staff?	Asbestos Cont (i.e. thermal syste	aining Ma	iterial (ACM) ation, surfacing,	(5	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Bldg 6 Crawl Space # 39	Yes	No	N/A X	Thermal in	sulation	on	235	If	X			
	1	1	1						+			\vdash

Name of Registered Waste Hauler
Newark Carting

Name of Registered Waste Hauler
Newark Carting

Name of Registered Landfill

City, State
Newark, NJ.07105

Disposal Date
A/18/18

City, State
Newark, NJ.07105

Completed by
J.Maiorano

Titla
Estimator

Date
3/8/18

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBEST OF ABATEMENT (Passuent to MJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner Operator (2 18 Kamson Corporation Agencies Notified Type Notification Street Address 270 Sylvan Ave EPA Initial DEP Amended City, State, Zip Code Z DOI. Amendment # Englewood Cliffs , NJ .07632 Emergency (including DOH Name of Contact justification) Telephone Numbers CONTROL & DCA Cancellation Ms. Emily Rodriguez 732-249-5747SING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) North Brunswick Gardens Street Address School (K-12) Subchapter 8 (Other than K-12) 65D Pardun Rd Other (i.e. private & commercial buildings, homes, etc.) City (5) North Brunswick Square Feet # of Floors Bldg. Age 60 yrs + 4406 County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) Apartments Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7444 License No. 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 20/18 29/18 Omega Environmental Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 280 Huyler St Abatement Performed Outside of Normal Facility Hours
Other - Describe: Other - Describe: City, State, Zip Code South Hackensack ,NJ.07606 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 If Full Containment with Negative Pressure Demolition Mini-Enclosure P Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Location of Normally Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, surfacing, In Facility Custodial Staff? (Specify Encapsulate Кеточа VAT, or (12) (13)SFor LF) other miscellaneous) Yes No NA Bldg 4 Crawl Space #17. X Thermal insulation 235 If X Bldg 4 Crawl Space # 20 X Thermal Insulation 240 lf X Bldg 4 Crawl Space #21 X Thermal Insulation 235 f X Bldg 4 Crawl Space #22 Thermal Insulation 240 If Name of Registered Waste Hauler X NJDEP Waste Cubic Yards Name of Registered Landfill Newark Carting Hauler ID No 04509 of Waste Grand Central Sanitary Landfill City, State Newark, NJ.07105 Disposal Date city, State Bethlehem ,PA 18072 3/29 Completed by Title Estimator Signatul J.Maiorano

Do not use this form for asbest is licensure exempted activities.

LOFZ BLOGI

AGE

PAGE Z OF Z			OTIFICA	TION OF	of New Jers ASBEST (IJAC 8:60 a	SARATE	MENT] [<u> </u>
Date of Notification (1) 3-8-18 Agencies Notified Type Notification			Nar K	ne of Build amsor	ding Owner/ Corpo	Operator (2 Oration)		l M	AR	14	201	8
EPA Initial			27	4.00	van Av	9			ASBE	STOS	S CO ENSII	NTR VG	OL
DOL Amende		ng	_ Er	, State, Zip nglewo	od Clif	fs , NJ	.07632						-
□ DCA justificat □ Cancella	ion) tion		N		ily Rod	77.0		Tel 7	ephone N 32-24	lumber	747		
Name of Facility Where Abatement is Taki	ng Place (3)	F/	ACILITY	INFORMA	TION	T- 65 :::						-
North Brunswick Garden	S		4				Type of Facili				1	7	
65D Pardun Rd					12			ter 8 (Other	than K-1;	2) ial bui	ldinac	home	الم من
North Brunswick							Square Feet 4406	The state of the s	Floors		Blds	. Age	
ounty (6) Middlesex			Coun	ty Code (7) ZY)		Current Use (P	rior if being	demolish	ied)	01	0 ÿr	5 +
ame of Monitoring Firm Hired by Building	g Owner (8)	12		CM No.		_	Apa	rtments	3				
treet Address		17				Bes	Abatement Co t Remova	entractor (9)					
- Multipos			40.5	4	e f res	Street Ad	ldress		-			4.01	
ity, State, Zip Code			1				South Riv	er St	11 1 11 11 11 11 11 11 11 11 11 11 11 1				
Direct Manager 6- N/- 12-2		4.1				Hack	e, Zip Code Kensack	NJ 07	601				
oject Manager for Monitoring Firm		8 gr.	Teleph	one No.	e e e e e e e e e e e e e e e e e e e	Telephon			License 1	No.		11	
art Date (10) 3/20/18	Schedu	led Cor	mpletion	Date (11)			OSHA Monitor		003	388		123	
cupancy Status During Abatement (Check	1	3/	129/	18			ga Enviro		al				
Facility Closed/Veceted During To					2 142	Street Add	lress			7.11			
Other - Describe: 8:00 DP	I Facility H	lours	.000	М		City, State	uyler St	oosl: I	11:0=	000			
ope of Work (Check All That Apply)					1000	Journ	Hacken	sack,	J.U/	b06		Tip Til	
≥3 sfor ≥3 lf ≥160 sfor ≥260 lf	00	Renova	ation ition				Full Containm Mini-Enclosur Glovebag Proc	e edure					12
		s Locat	() () () () () () () () () ()		- 4		Non-Exempted	(*) and No	n-Friable	Procee		èmeni	_
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	ly by		Desc	ription of				_		ype	
TO BE ABATED In Facility		aintena stodial		(i.e. the	estos Contain ermal system	is insulation	al (ACM)	Amor (Spec	F1 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-		E	_
(13)	Yes	(12)			· V.	AT, or scellaneous	7. 10	SF or		Removal	Repair	Encapsulate	Enclosure
dg 4 Crawl Space #23	188	No	N/A X	Then	mal ins	ulation		235				ite	5
								200 11		X			
and the second s													
e of Registered Waste Hauler OWark Carting			IDEP Wa		Cubic Yar of Waste	ds		egistered L		2 1			
State ewark,NJ.07105			0450	5	Disposal I	Date 1	City State	Central				ndfil	I
oleted by Naiorano	Title	ima	tor		3/ Signa	29/18 ature 1	Bethle	hem ,F					-
iaiUIaIIU	ESI	ıınaı	IOI		3.51		1) 1-		Date	1	01	0	

no CLC		NOTIF	CATIO	tate of New N OF ASBE to NJAC 8	STOS	ABATE	MENT				C	E		\mathbb{V}	
Date of Notification (1) 03/06/2018			Name of Steve	of Building (ns Institu	Owner/o	Operator	(2)		11		MAF	1	4 6	2018	
Agencies Notified Type Notification			Street A				,,,,,		+-	ASI	BEST	OS.	CON	TRO	1.8
X EPA Initial X DEP X Amended X DOL Amendment			City, Sta	ate, Zip Coo	de	JUSON			-	AU			ISIN		- CC
Fmergency (-		ken, NJ 0	7030										
DOH justification Cancellation			Kevin	of Contact Klich						lephone 1-655					
Name of Facility Where Abatement is Taking	g Place (3)	FAC	ILITY INFO	RMAT	ION	Type	of Facility (4	\						
Fraternity House	5 (-,					×	School (K-12	100						
Street Address 805 Castle Point Terrace							П	Subchapter of Other (i.e. pr	B (Oth	ner than & comn	K-12	l build	dinas.	home	es.
City (5)							_	etc.) re Feet		of Floors			ldg. A		
Hoboen County (6)			0 1				N/A		N/	A		N	I/A	.90	
Hudson			(STATE	Code (7) USE ONLY)				ent Use (Prio ernity Hou		ing dem	nolish	ed)			
Name of Monitoring Firm Hired by Building C Briggs Associates	Owner (8)		ASCN 0004					tement Cont		(9)					
Street Address 3 Crosswicks Street						Street	Addre								
City, State, Zip Code						City, S	tate, Z	ip Code	ue —–						
Bordentown, NJ 08505 Project Manager for Monitoring Firm			Telepho	no No				J 07512		Lei					
Michael Hoodak			609-29	98-5520		Teleph 973-3				Licen 0131		•			
Start Date (10) 03/15/2018	Schedule 03/18/2		npletion I	Date (11)		400000000000000000000000000000000000000		HA Monitor ement							
Occupancy Status During Abatement (Check						Street /		ss gren Aveni							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: occupied	eriod of A	Abaten / Hours	nent S			City, St	tate, Z	ip Code							
Scope of Work (Check All That Apply)						10100	wa, N	J 07512						-0	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Towns -	Renova Demolit				×	Mir Glo	I Containmer ni-Enclosure ovebag Proce n-Exempted	dure					5	
	3333	Locati	A 100 (100 m)						7		7.001		Abate	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Asbesto		scription aining M		(ACM)	Д	mount			1 9	1902	
TO BE ABATED In Facility	007	intena todial 8 (12)		(i.e. th	nermal surfac	systems cing, VA	insula T, or	ition,		Specify or LF)		Remova	Repair	ncap	Enclosure
(13)	Yes	No	N/A		other m	niscellan	eous)					oval	oair	Encapsulate	sure
Basement		Х			Pipe	Insulat	tion		24	40 LF		Х			
Name of Registered Waste Hauler		- N	JDEP W	aste	Cubic '	Yards		Name of Re	-niste	red I ar	odfill				
D&S Abatement, Inc.		H	auler ID 0996	No.	of Was			Waste M				PA			
City, State Totowa, NJ				1000	Dispos TBD	al Date		City, State Morrisvill	e, P	Ą					
Completed by Ned Joksimovic	Title Proje	ct Ma	nager		Si	ignature		Th	/	/	Date 03/		.018		

Print Form

CK 23/)	NO	TIFICA (Purs	State of New Je TION OF ABBEST Jent to NJAC 8:60	OS ABATE	MENT 0)	DE.	C	E		<u> </u>
Date of Notification (1) 1-10-18	391	3	Nar	ne of Building Own	er/Operator	r (2) sl Center		AAR	1 /	4 20	118
	otification		Stre	et Address			11111			- L-1	710
D DEP Am	ended		City	State, Zip Code	Engle Stree	-	ASID	EST	70 C	CHI	FRO
□ En	nendment # nergency (incl	iding		, State, Zip Code	Englawk	07631	CONTRACTOR DESCRIPTION NAMED	LIC	CEN	SING	i vovemen
DON jus	tification) nœllation		Narr	TE of Contact	ту узел		Telephone		er		
Name of English tas			F.	ACHETRY INFORM		9145 NO. 1	201-894-	3791			
Name of Facility Where Abatemen Main Building Center Wing	it is Taking Pla	ce (3)	<	OV		Type of Faci			-		
Street Address 350 Engle Street	et	+ -		17		D School D Subcha Other (i	(K-12) pter 8 (Other than K e. private & comme	-12) rcial b	uildin	es ha	mes
City (5)						etc.) Square Feet				. Age	
Englewood County (6)			,			24,000	4			0 yrs	
Bergen			Coun (S7A7	ty Code (7) E USE ONLY)		Current Use (Prior if being demol	ished)			
Name of Monitoring Firm Hired by E	Building Owner	(8)	AS	CM No.	No.	Office space	e			-20	
Hillman Environmental Street Address					∪egr		ontractor (9) ental Services				
600 Route 22F					Street A	Address anal Street					
City, State, Zip Code						ate, Zip Code					
Jnion, NJ 07083 roject Manager for Monitoring Firm						10013					
Michael Nehlsen				688-7800	Telepho	ne No. 31-0696	Licen se	No.			
tart Date (10) 2-25-18	Schee	duled Co	mpletion	Date (11)		OSHA Monit	or				
ccupancy Status During Abatemen		2-18			EMSL A	Analytical, I	Inc.				
Facility Closed/Vacated During E Abatement Parformed Outside of N her - Describe: Monday ope of World (Check All That Apply	formal Facility through Frida	11.	M to 2:3	BD AM	City, Sta	st 38th Stre te, Zip Code ork, NY 100				_	
il3 sfor≥3 ii D≥150 sfor≥260 if	□ ¥	Renova emolitio		x x	Mini- En Glovebag	closure Procedure	Negative Pressu d Non-Friable P		dure		
Location of		5 Locat Noma							Abat	emen	t
Asbestos-Containing Material (AC TO BE ABATED in Facility (13)	N N	aintena stodial ((12)	ly by nœ/ Staff?	Asbestos Con (i.e. therma surfa	scription of taining Mate systems in cing, VAT, niscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Endosure
FL Center Wing	108	No	N/A X	VAT & Ma	stic			-	-	е	
FL Center Wing		-					4,350 SF	X	-		
h Floor - 3rd Fl	DO		X	DOC E	s & Elbo		156 LF		-	-	
Elme cute in s	2			VATEM	oritic		1600 SE	X			
1001-0011C 120	With the second		DEP W		Yards		Registered Lancill	×			-
		11 (200									
ark Carting, Inc.		1	509		O CY	Waste N	Aanagement Gra	ando	entra	d	
rank Carting, Inc. State		1		Dispos		City, Stat	e	andc	entra	<u>l</u>	-
rark Carting, Inc. State ark NI 07105 Dieted by Deert Dombrowski	Title	04		Dispos		City, Stat	Management Gra e yl, PA 18072		entra	<u> </u>	



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

Date of Notification (1) 03/01/2018	1/1	B			of Building stitute of			r (2)		E (5	0 1	[7 7 7	
Agencies Notified	Type Notification			Street A	Address Martin Lu			'd		N M	AR 1	4 20)18	A CONTRACTOR OF THE PARTY OF TH	
DEP × DOL	Amended Amendment	-		777	ate, Zip Co rk, NJ 0						-, is, it				
DOH DCA	Emergency justification) Cancellation		,		of Contact Frankos	ki			127.10.1		none N 414-9		9 n.100 . 8	. (% 	
Name of Facility Where	Ahatement is Takin	n Place (3)	FAC	ILITY INF	ORMAT	ION	Tuno of	Equility /4	\					
Tiernan Lecture Ha		y riace (3)						Facility (4 chool (K-12						
Street Address 120-142 Bleeker St	reet							Su Su	ibchapter 8 her (i.e. pr	(Other t			dings	, hom	es,
City (5) Newark								Square		₹ of FI	oors	E	Bldg. /	Age	
County (6) Essex				County (STATE	Code (7) USE ONLY)		Current	Use (Prior	r if being	demoli	shed)			
Name of Monitoring Firm Omega Environmen)	ASC	M No.				ment Control	Continue and Charles					
Street Address 280 Huyler Street								Address Route 4	6,Suite	15 #18:	2				
City, State, Zip Code South Hackensack	NJ 07606	1			72			State, Zip kaway,	Code NJ 0786	— 6					
Project Manager for Mon Alex Palets	itoring Firm		Telepho 201-34	ne No. 42-5412		Telepi	hone No. -669-29(L	icense 1231	No.				
Start Date (10) 03/09/18		Schedul 03/19/		mpletion	Date (11)			of OSHA	Monitor aborator	ries Glo	bal In	IC.			
Occupancy Status During	g Abatement (Chec	k Only O	ne)					Address							
Facility Closed/Vac	ed Outside of Norn	nal Facilit	y Hour	S				2 W Car State, Zip	y Street Code					·	
Scane of World (Charle)		rom /Aivi	to 4PIV			_	Rich	mond, \	VA. 2322	20					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ii That Appiy)	_	Renova Demoli				×	Mini-	Containmer Enclosure Bbag Proce		egative	Pressu	re		
		1					×	Non-E	Exempted	(*) and N	on-Fria	ble Pro			
Location	of	1	S Locat Norma			-		,						emen /pe	1
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Ma	ed Sole aintena todial ((12)	nce/		tos Cont thermal surfac		Material (A s insulation T, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										Ö	
Lecture			X				d Pan			868		X			
Lecture			X				Ceiling			165		X			
Lecture			Х			Floor T	CONTRACTOR CONTRACTOR	inganiana.		1,500		X			
Lecture Name of Registered Was			X	UDED !!	loot-		all Strin			748		X			
Be Construction Cor		H	IJDEP W lauler ID 035767	No.	Cubic of Was			Name of Re Fairless			ill				
City, State Rockaway, NJ 07866	5					Dispos	sal Date	- 1	City, State Morrisvill	e, PA					
Completed by Barbara Reed		Title Pres	ident			S	ignature	Rain	r 4/6	onl	- 9382	ate 03/01/2	2018		



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

D-1(1) (6 ()							on electric		1100	1 12			W		11	311
Date of Notification (1) 2/27/2018						Owner/Op Techno		(2)		1	Milyhan Sandhadi' i " - " "	a chan be of	Silverite	-1-0214		poddinanchada poddinanchada primanachada
	Type Notification			Street A		ther Kin	g Blvd	<u> </u>		- Annual Property	MAR	1 4	201	3		1
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	ate, Zip Co	ode		5000 100		L.	ide in C	77			1	-
N DOH	Emergency (justification)	including	-	Name o	f Contact					Te	ephone	Numbe	+ 1 -			- i
DCA [Cancellation				Frankos	NOTE:				97	3-414-	9224				
Name of Facility Where At Tiernan Lecture Hall	patement is Taking	g Place (3)	FACI	LITTINE	ORMATIC	ON .	Type of	f Facility (4)			-			
Street Address 120-142 Bleeker Stre	eet							St St	chool (K-1 ubchapter ther (i.e. p	8 (Oth			uildir	igs, ł	ome	s,
City (5) Newark								Square	c.) Feet	# c	f Floors		Bld	g. Ag	е	
County (6) Essex			T	County (STATE	Code (7))		Current	Use (Pri	or if be	ing demo	olished)				
Name of Monitoring Firm F	lired by Building (Owner (8)		ASCN	4 No		Name	of Ahate	ment Cor	tracto	- (0)				garante de	
Omega Environment	al Services Inc).					Be C	onstru	ction Co							
280 Huyler Street								Address Route 4	46,Suite	15#	182					
City, State, Zip Code South Hackensack N	J 07606							tate, Zip away,	Code NJ 0786	66	37					
Project Manager for Monito Alex Palets	oring Firm		1	Telepho 201-34	ne No. 12-5412			one No. 669-29			Licens 0123					
Start Date (10) 03/09/18		Schedule 03/19/		npletion	Date (11)				Monitor aborate	ries (I 3lobal	Inc.				
Occupancy Status During	Abatement (Check	c Only Or	ne)				Street	Address								
Facility Closed/Vacate Abatement Performed	ed During Entire P	eriod of	Abatem	ent					y Stree	t 	-					
Other – Describe:		ai i aoiity	Tiours			_		tate, Zip mond, '	VA. 232	20	100 - 100 - 100 (100 (100 (100 (100 (100 (1	STORES STORES				
Scope of Work (Check All 2 ≥3 sf or ≥3 lf	That Apply)	X F	Renova	tion] Full C	Containme	ent with	Negativ	o Pres	sure			
x ≥160 sf or ≥260 lf			emolit	ion			×	Mini-	Enclosure ebag Proc	edure						
					l		×	Non-	Exempted	(*) an	d Non-F	riable P		dure	nont	
Location o	f	100	Locati Normall			Deed							A	Тур		
Asbestos-Containing M	aterial (ACM)		d Sole			tos Contai		laterial (A		A	mount				m	
TO BE ABAT In Facility			todial S		(i.e.	thermal s surfacia			on,		Specify or LF)	Z en		Re	ncap	Encl
(13)			(12)			other mi				0.	01 21 /	Kemova		Repair	Encapsulate	Enclosure
<u> </u>		Yes	No	N/A											te	10
Lecture H			Х			Hood	Pane	els		3	6SF	X				
Lecture H	2000		X				eiling			1	6SF	X				
Lecture H	all		X			Floor Til	le w/N	lastic		1,	500SF	X				
Name of Registered Waste	Hauler		LN	JDEP W	t-	0.11-1	- 1									
Be Construction Corpo			H	auler ID 035767	No.	Oubic Y of Waste			Name of F Fairless			atill				
City, State Rockaway, NJ 07866				7.		Disposa	l Date		City, State Morrisvi		Δ					
Completed by		Title				Sig	pature		/	7	·	Date	310ts		200	
Barbara Reed		Presi	dent			10	æil	sec	e se	ed		02/27	/18			

Date of Notification (1) 3 1 3 Note of Reuliding Owners (2) person (2) MAR 2008	PAID		NO	TIFICA' (Purs	TION OF	ASBESTO JAC 8:60	sey OS ABATE! and 12:120)	MENT		5 G			N/7 2.19	Trans.
Agencies Notified Type Notification Street Address 270 Sylvan Ave 460	3/8/18			Nam	e of Build	ing Owner Corpo	Operator (2))		MAR	1	1 0	010	-
EnglewOod Cliffs , NJ .07632 Part	EPA Initial Commended			Stree 27	t Address O Sylv State, Zip	an Av	е		LAC			· 2	018	- is
North Brunswick Gardens Street Address GSD Pardun Rd City (5) North Brunswick County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Street Address	DOH Emergency justification	y (includii on)	ng .	Name	e of Conta	ct		.07632	Telep	hone Nur	ber			
Type of Facility (4) School (First) Stock Address Street Address Street Address Street Address Street Address County (5) Middlesex Street Address Street A	Cancerati						•		732	2-249-		47	2011 II - 200	
Series Address County Code (7) Square Fee Food of Abatement (Project Manager for Monitoring Firm Telephone No. Tel	Name of Facility Where Abatement is Takin	g Place (3))	FA	CILITY	NEURINE		Type of Facili		<i>y</i>				
County (S) North Brunswick Square Feet Floor Floor Square Feet Square Fe	- Control of the Cont	S						☐ School (I	K-12)					
North Brunswick County (6) Middlesex Same of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address City, State, Zip Code City, State, Zip C				24		,	1.	Subchape Other (i.e	ter 8 (Other the e. private & co	an K-12) ommercial	buik	lings,	home	s, etc
County Code (7) County Code (7) Current Use (Prior if be ing demolished) Apartments	North Brunswick			.20		. Ke		Square Feet 3166	# of F			Bldg.	Age Vrs	3 +
Street Address Street Addres	Middlesex									emolished)			
Street Address Street Address A 50 South River St	Name of Monitoring Firm Hired by Building	Owner (8)		AS	CM No.			Abatement Co	intractor (9)					-
City, State, Zip Code Hackensack, NJ 07601 Froject Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7444 License No. 00388 Start Date (10) All Part Date (10) Decupancy States During Absternent (Check Only One) Facility Closed/Vacated During Entire Period of Absternent Absternent Performed Outside of Normal Facility Hours Other - Describe: Signature of Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. 1	Street Address		-			-	Street Ad	dress						
Telephone No. Telephone No. Telephone No. 201-329-7444 Disease No. 00388	City, State, Zip Code						City, Stat	e, Zip Code						
Start Date (10) 3/29/18 Scheduled Completion Date (11) 3/29/18 Scheduled Completion Date (11) Street Address 280 Huyler St City, State, Zip Code South Hackensack ,NJ.07606 Cope of Work (Check All That Apply) 23 sf or 23 lf 2 160 sf or 2260 lf Location of Asbestos-Containing Material (ACM) INDEE ABATED In Facility (13) Yes No N/A Idg 5 Crawl Space #24 X Thermal Insulation 1 Slog South Space #25 X Thermal Insulation 240 lf X Thermal Insulation 250 lf X Thermal Insulation 260 lf X Thermal Insulation 270 lf X Thermal Insulat	Project Manager for Monitoring Firm			Teleph	one No.		Telephone	e No	11					
Omega Environmental Omega Environmental Omega Environmental Street Address 280 Huyler St City, State, Zip Code South Hackensack ,NJ.07606 Cit		Schedu	led Con	mletion I	Date (11)		201-3	29-7444	.					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Street Address 280 Huyler St			4	19/			1 _			1				
Other Describe: Signature City, State, Zip Code South Hackensack ,NJ.07606 Ablesting City State, Zip Code South Hackensack ,NJ.07606 Ablesting City State, Zip Code South Hackensack ,NJ.07606 Ablesting City State, Zip Code South Hackensack ,NJ.07606 City, State, Zip Code South Hackensack ,NJ.07606 Ablesting City State, Zip Code South Hackensack ,NJ.07606 A				<i>T</i>			Street Add	iress		77	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Cope of Work (Check All That Apply) 23 sf or ≥3 lf	Abatement Performed Outside of Normal Other - Describe: 8:00 A	Facility H	lours	Dat	7/1		City, State	, Zip Code	naak N	1.076	26		•	
Section of Asbestos-Containing Material (ACM) Section of Internal Insulation Section of Internal Insulation Section Insulation S			- Inne				Jour	i Hacker	isack ,iv	3.0760	00			
Is Location Normally Description of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Idg 5 Crawl Space #24 X Thermal insulation 240 lf X Idg 5 Crawl Space #25 X Thermal Insulation 235 lf X Idg 5 Crawl Space #28 X Thermal Insulation 240 lf X Idg 5 Crawl Space #28 X Thermal Insulation 240 lf X Idg 5 Crawl Space #29 X Thermal Insulation 235 lf X Idg 5 Crawl Space #29 X Thermal Insulation 235 lf X Idg 5 Crawl Space #29 X Thermal Insulation 235 lf X Idg 6 Crawl Space #29 X Thermal Insulation 235 lf X Idg 7 Crawl Space #29 X Thermal Insulation 235 lf X Idg 8 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 235 lf X Idg 9 Crawl Space #29 X Thermal Insulation 240 lf X Idg 9 Crawl Space #29 X Thermal Insulation 240 lf X Idg 9 Crawl Space #29 X Thermal Insulation 240 lf X Idg 9 Crawl Space #29 X Thermal Insulation 240 lf X Idg 9 Crawl Space #29 X Thermal Insulation 240 lf X Idg 9 Crawl Space #29 X Thermal Insulation 240 lf X Idg 9 Crawl Space #29 X Thermal Insulation 240 lf X Idg 9 Crawl Space #20 X Thermal Insulation 240 lf X Idg 9 Crawl Space #20 X Thermal In							7	Mini-Enclosur Glovebag Proc	re cedure			-		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Idg 5 Crawl Space #24 Idg 5 Crawl Space #25 Idg 5 Crawl Space #28 Idg 5 Crawl Space #29 Idg 6 Crawl Space #29 Idg 7 Crawl Space #29 Idg 7 Crawl Space #29 Idg 8 Crawl Space #29 Idg 8 Crawl Space #29 Idg 9 Crawl		- I						The state of the s	T TON	r clabic I i	octu	-	ement	
To BE ABATED In Facility (13)	Asbestos-Containing Material (ACM)	Us	ed Sole	ly by	a sh	Des	scription of	int (a C > 1 ·	-/			T	pe	
Idg 5 Crawl Space #24 X Thermal insulation 240 If X Bldg 5 Crawl Space # 25 X Thermal Insulation 235 If X Bldg 5 Crawl Space # 28 X Thermal Insulation 240 If X Bldg 5 Crawl Space # 28 X Thermal Insulation 240 If X Thermal Insulation	In Facility		stodial S		(i.e. the	ermal syste	ms insulatio VAT, or	n, surfacing,	(Speci		Ren	Re	Enca	Encl
Sidg 5 Crawl Space # 25 X Thermal Insulation 235 If X Bidg 5 Crawl Space # 28 X Thermal Insulation 240 If X Bidg 5 Crawl space # 29 X Thermal Insulation 240 If X Thermal Insulation 235 If X Thermal Insulation 240	(13)	Yes	T	N/A	-	other n	niscellaneous	5)			lavol	pair	sulate	Enclosure
Idg 5 Crawl Space # 25 Ridg 5 Crawl Space # 28 X Thermal Insulation 235 If X Idg 5 Crawl space # 29 X Thermal Insulation 240 If X Idg 5 Crawl space # 29 X Thermal Insulation 235 If X Insulation 240 If X Insulati				X	Ther	mal in	sulation	ı	240 lf		v			
Stage Stag				Х						+	-			
Note of Registered Waste Hauler Note of Registered Waste Hauler Note of Waste Hauler Note of Waste Hauler Note of Waste Note of Wa				Х	The	rmal Ir	nsulatio	n	240 lf	F				
Newark Carting Hauler ID No. 04509 Cubic Yards of Waste 12 C75 Grand Central Sanitary Land 13 C75 Grand Central Sanitary Land 14 C75 Grand Central Sanitary Land 14 C75 Grand Central Sanitary Land 15 C75 Grand Central Sanitary L				Х	The	rmal In	sulation	1	235 lf		-			-
Newark, NJ.07105 Disposal Date A 9 18 City, State Bethlehem ,PA 18072 Majorano Signature Date		2)	H	auler ID	No.	of Waste	2	1	Registered Lan	dfill				 !!
Majorano Title Signature Date La	, State Newark, NJ.07105			0-100.			Date .	City State						н
V Maiorowa 3/1/8		Title	timat	tor		4/ Sig	" '	7		Date		1	_	
	Maiorario	1					Xc	foior	Sura S	3	15	1	8	



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

Date of Notification (1)				Name	of Buildin	a Ow	ner/Operator (2)				
03 / 8 /	18						edical Cente					Nagongor - 01
		-0		2	- 52		caroar ocrito	en staft	CITES TOOLER	WCA1	43	237
Agencies Notified Type Notific ☐ Initial	ation				t Address			117			E	44.4
☑ DOLWD ☑ Amended	4				15 Route				Y	con percent		
☑ DOH Amendm		525000		1000	State, Zip 0			2223000		. 0046	. 1	
☐ DCA ☐ Emergen		ding			ptune, N.		753	An increased	U MAR 1	4 2018	3	
(NJAC 5:23-8) justificati	2.5			Name	of Contac	t			Telephone Num		-	9
☐ Cancella	tion			Lis	a Fritz				732-776-410	0	المساد	1
				FA	CILITY IN	IFOR	RMATION		B tored water		a los (X	
Name of Facility Where Abatement is	Taking P	lace	(3)					Type of Facility	(4)	* ************************************		
Jersey Shore Medical Center-A	Ackerm	an E	Build	ing 4				School (K-12	2)			
Street Address								☐ Subchapter 8	8 (Other than K-12)		1
1945 Route 33								homes, etc.)	rivate and commer	cial build	lings,	
City (5)								Square Feet	# of Floors	Blda	. Age	
Neptune								750,000 sf	7	65		
County (6)				Cour	nty Code (7	VSTA	TE USE ONLY)	the state of the s	ior if being demolis		,	
Monmouth					, 0000 (.	1011	112 002 01421)	Hospital	ior ii being demois	illeu)		3
Name of Monitoring Firm Hired by Build	ding Owr	ner (8	3)	ASCM	No	Na	me of Abatema	ent Contractor (9)				
Environmental Tactics	anig Om	101 (0	,	ACCIVI	110.			ntracting, Inc.				
Street Address						-		illiacting, inc.				
64 Broad Street						1000000000	eet Address	11-14-04				
City, State, Zip Code						-	889 Route 9					
Matawan, NJ 07747						12-03-3	y, State, Zip Co					
Project Manager for Monitoring Firm		-	T-1-	-1				New Jersey 08				
				phone		350	ephone No.		License No.			
Tom Geiger					-2217		32-349-9932		00624			
	Schedule						me of OSHA M					
03 /05 /18		300	8	_ / -	18	E	.M.S.L. Anal	lytical				
Occupancy Status During Abatement (Stre	eet Address					
☐ Facility Closed/Vacated During Entire						1	056 Stelton					
Abatement Performed Outside of No Time of Abatement:AM	ormal Fa	cility	Hour	s - Des	cribe	City	, State, Zip Co	ode				
			_FIVI-		Aivi	P	iscataway, N	New Jersey 08	854			
Scope of Work (Check all that apply)								8.7				
⊠ >3 sf or >3 lf	×	Ren	ovati	on				ainment with Neg	gative Pressure			
⊠ ≥160 sf or ≥260 lf			nolitio					Procedure				
							☐ Non-Exer	mpted (*) and No	n-Friable Procedu	e		
			Locat							Abat	ement '	Туре
Location of Asbestos-Containing Material (ACM	,		ormal I Sole	ly by			Description o		10200000	20	zo m	m
TO BE ABATED	,	Mair	ntena	nce/			Containing Ma rmal systems i		Amount (Specify	Remova	Encaps	nclo
IN Facility	1	Custo		Staff?		S	surfacing, VAT,	or	SF or LF)	oval	Encapsulate Repair	Enclosure
(13)	_		(12)	1 11/0	1	oth	ner miscellane	ous)			ate	0
		es	No	N/A								
Cath Lab Ackerman 4			\boxtimes		plaster				400 sf			
Cath Lab Ackerman 4			\boxtimes		pipe ins	sulat	tion		90 If			ПП
		1										
											_ _	44
Name of Registered Waste Hauler		1		<u> </u>	1	0.1		1				
Guardian Contracting, Inc.				JDEP \auler I[Was	oic Yards of ste	Name of Regis	tered Landfill			
				20223		1	0	T.R.R.F.				
City, State							posal Date	City, State	750 KENSEN NO - 120 - 120 - 1720 NO			
Toms River, New Jersey						0	3/30/18	Tullytown,	Pennsylvania	12	7	
Completed By (Print or Type)	Title	7. 222	V25-2				Signature	/\	// Da	te /	.1.	
Nicholas Fernicola	Proj	ect l	Mana	iger				1 and	21	3/	8//	8

ASB-41 JAN 13

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

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

Date of Notification (1)	o in Sana Prisase			Nam	e of Buildin	g Ov	/ner/Operator ((2)	F 6	FEEZ C	Commence and	-	ers e
	18			Ja	cobs Den	nolit	ion		[]	380	1		, f* 1
	cation			Stree	t Address			W. Balan	IN I				Til
				P	D Box 9			E E	IIII MAD	2 .	0040		Section 1
				City.	State, Zip (Code			LL LL MAR	11	2018		\mathbb{H}
				2,000				[1				- Annual and
		cluding	g				00100		Tal Afrair M	1p			
	55550			200000		<i>.</i>				111 8 8 8 8		i. č	
Curiociii				55,000	1,0700	IEO	PMATION		7 32-528-380	00	-8.7 mls		
Agencies Notified Type Notification Street Address P O Box 9 MAR 2018 MAR 2018													
	raking	, i lacc	(5)						No.				
										2)			
Street Address								Other (i.e., p	rivate and comme	rcial bu	ilding	s,	
City (5)										Blo	ia Ar	10	
Spring Lake								The second secon	Per Marie Maria Constitution of the Constituti			je	
				Cou	nty Code /	71/97/	TE LISE ONLY			1 7	,,		
E.S. (50,000,000)				000	nty Code (/	ДОТА	TE USE CIVET)	The state of the s	ior ii being demoii	snea)			
110000000000000000000000000000000000000	ld: C		(0)	10000	N	T							
Name of Monitoring Fifth Affect by Bu	iding C	wner	(8)	ASCIN	No.								
						(Suardian Co	ntracting, Inc.					
Street Address						Str	eet Address						
						1	889 Route 9	, Unit 61					
City, State, Zip Code						Cit	y, State, Zip Co	ode					-
						1	oms River,	New Jersey 08	755				
Project Manager for Monitoring Firm			Te	ephone	No.	-						_	
3						7	32-349-9932		00624				
Start Date (10)	Sched	uled C	ompl	etion Da	ate (11)	Na	me of OSHA M	Ionitor					
Occupancy Status During Abatement	(Check	only	one)			Str	eet Address						
						1	056 Stelton						
☐ Abatement Performed Outside of N	lormal	Facilit	у Но	ırs - Des	scribe	City	State Zin Co	ode				V	_
Time of Abatement:AM	PN	Λ/	_PN		_AM				854				- 1
Scope of Work (Check all that apply)					3.111		•	-				<u>Marin</u>	
		□Re	nova	tion			☐ Full Cont	tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf							Glovebag	Procedure					
							Non-Exe □ Non	mpted (*) and No	n-Friable Procedu	ire			
					8					Aba	ateme	nt Ty	уре
	A\									Z.	ZJ	ш	ш
	vi)									emo	epa	пса	nclo
		Cus			(ova	=	nsd	Sur
(13)		Yes	_			ot	her miscellane	ous)				late	œ l
exterior					asbesto	os si	iding		2000 sf				
											П	$\overline{\Box}$	
		=											
Name of Registered Waste Hauler				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Waste	Cuk	oic Yards of	Name of Regis	tered Landfill		_		
			100	Hauler I	D No.	Wa	ste		Corou Lanulli				
City, State				2022				City State		-			
						1			Pennsylvania	,			
Completed By (Print or Type)	Title					1	Signature	1/1		ate /	1		
Nicholas Fernicola			Mar	nager			-3.4.4		1	3/0	://	0	
	1 1	-,000		901			Γ \mathcal{M} .	112	-	-10	1-1	3	

OK CoyBle



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

		(1	rursuam	t to NJAC	8:60 an	d 12:120	U)	and the first	121					
Date of Notification (1) 3/8/18				of Building nole Con			(2)	100		MAR	1 1	2018	3	in the same
Agencies Notified Type Notific	cation			Address Bartlett Av	ve			2014V		Patrick !			171.8	c.
DEP Amend	dment #	-		ate, Zip Co Creek N		92				E S. C.				
▼ DOH			Name of Joyce	of Contact Hynn		1 120	37		1000	ele phone N 09-296-0				
			FAC	ILITY INFO	ORMAT	ION								
Name of Facility Where Abatement is	Taking Place (3)					Ту	pe of Facili	8 808				7 7 7 7 7 7	
Street Address		e e					×	Subchap	ter 8 (O	ther than K e & comme	-12) rcial bui	ldings	, hom	es,
City (5) Beach Haven				221			1000	uare Feet 100	#	of Floors		Bldg. /	Age	
County (6) Ocean				Code (7) USE ONLY)				rrent Use (i	Prior if b	eirg demol	ished)			
Name of Monitoring Firm Hired by Buil	lding Owner (8)		ASC	M No.				batement (
Street Address		li esti est				Street 6 WH		ress E DOVE	COUR	т				
City, State, Zip Code								, Zip Code OOD, NJ	08701					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6		No. -9078		License 1200	No.			
Start Date (10) 3/18/18	3/22/18		npletion	Date (11)				SHA Monit		ONALS				Coppy
Occupancy Status During Abatement (Check Only Or	ne)				Street								
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe:	ntire Period of A	Abaten Hours	nent s			City, St	tate.	E DOVE						
. Decorption (1997)					_	LAKE	EW	OOD, NJ	08701					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Promoto	lenova emolit				×	1	Full Contain Mini-Enclos Glovebag P Non-Exemp	ure rocedure	9			e	
Location of	1	Locati Jormal	ly	*	Des	scription	of						ement pe	
Asbestos-Containing Material (ACN <u>TO BE ABATED</u> In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/ Staff?		os Cont thermal surfac		later ins T, or	*		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A		S	IDING			3	000SF	x		(D	
Name of Registered Waste Hauler		.l N	JDEP W	/aste	Cubic '	Yards		Name	of Regiet	tered Landf				
NEWARK CARTING		H	auler ID 1509	77337	of Was			IESI	or regisi	lered Landi				
City, State NEWARK, NJ					Dispos 3/22/1	al Date 8		City, St BETH	ate ILEHE	M PA				
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Si	gnature					ate			

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) 03/08/2018 Newark Public Schools Agencies Notified Type Notification Street Address 765 Broad Street × EPA Initial × DEP Amended City, State, Zip Code DOL Amendment #1 Newark NJ 07102 Emergency (including Name of Contact DOH Telephone Number justification) DCA Cancellation Christopher Cerf 973-733-7333 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Newark Vocational High School × School (K-12) Street Address Subchapter 8 (Other than K-12) 301 W Kinney St Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark NJ 07103 N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Whitman Environmental Consultatnt Amax Contracting LLC Street Address Street Address 7 Pleasant Hill Road PO BOX 734 City, State, Zip Code City, State, Zip Code Cranbury NJ 08512 Woodland Park NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Lovely 732-390-5858 973-692-6298 01266 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03-19-2018 04-30-2018 Amax Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address PO BOX 734 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: OCCUPIED BUILDING Woodland Park NJ 07424 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 × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Classroom 303 X 1x1 Ceilling Glue Dots 100SF X Classroom 304 X 1x1 Ceilling Glue Dots X 100SF

Classroom 305 X 1x1 Ceilling Glue Dots 100SF X Classroom 306 X 1x1 Ceilling Glue Dots 100SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Amax Contracting LLC Fairless Hills 0036184 30 cy City, State

Disposal Date City, State Woodland Park NJ 07424 05-08-2018 Morrisville PA Completed by

Project Manager

Signature/

03-08-2018

Date

Tome Maslarkov

	Is I oca	tion Norm	ally Used Solely b		山)。	G	ું		
	Mainte	nance/ C	ustodial Staff? (12)	A CONTRACTOR OF THE PARTY OF TH	MAF	batem	_	-
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	YES	NO	N/A	Description of Asbestos Containing Material (ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF	R 6 m 0 v.	R e p a l	E C W a p s u = u ·	0 1 0 4 0 7
Classroom 307	-		x	1x1 ceiling glue dots	100 SF	X	-		10
Classroom 308 Classroom 309	-	-	x	1x1 ceiling glue dots	100 SF	X	-		1 40
Classroom 310	+	-	x	1x1 ceiling glue dots	100 SF	x			
Classroom 311	-	-	x	1x1 ceiling glue dots	100 SF	X			
Classroom 312	-	-	×	1x1 ceiling glue dots	100 SiF	X			
Classroom 313	-	-	x	1x1 ceiling glue dots	100 SF	X			
Classroom 314	-	1	X	1x1 ceiling glue dots	100 SF	X			
Classroom 315		-	×	1x1 ceiling glue dots	100 SF	X			
Classroom 301	1	1	x	1x1 ceiling glue dots	100 SF	X			-
Classroom 302			x	1x1 ceiling glue dots 1x1 ceiling glue dots	100 SF	X			_
Girls Room		1	x	1x1 ceiling glue dots	100 SF	X			-
Stair #3			x	1x1 ceiling glue dots	80 SF	X			_
Classroom 316			x	1x1 ceiling glue dots	100 SF	X	\vdash	_	-
Classroom 317		1	x	1x1 ceiling glue dots	100 SF	X		_	-
Classroom 318			x	1x1 ceiling glue dots	100 SF	X	-	\dashv	-
Classroom 319			×	1x1 ceiling glue dots	100 S=	X		-	-
Classroom 322			×	1x1 ceiling glue dots	130 S =	X		\dashv	-
Boys Room			x	1x1 ceiling glue dots	80 SF	X	-	-	
Preparation Room			x	1x1 ceiling glue dots	80 SF	X	-	-	30H3
Stair #2			x	1x1 ceiling glue dots	80 SF	X	-	\dashv	
Classroom 201			x	1x1 ceiling glue dots	100 S =	X	-	\neg	
Classroom 202			x	1x1 ceiling glue dots	100 SI ²	X	-	-	
Classroom 203			x	1x1 ceiling glue dots	100 SF	X	+	-	
Boys Room			x	1x1 ceiling glue dots	80 SF	X	-	\dashv	-
Classroom 204			x	1x1 ceiling glue dots	100 SF	X	+	+	\neg
Classroom 205			x	1x1 ceiling glue dots	100 SI	X	\neg	1	
Classroom 206			x	1x1 ceiling glue dots	100 SF	X	\neg	+	-
Classroom 207			x	1x1 ceiling glue dots	100 SF	X	+	1	
Classroom 208			x	1x1 ceiling glue dots	100 SF	X	1	\neg	
Birls Room			x	1x1 ceiling glue dots	80 SF	X	\top	7	
Dassroom 209				1x1 ceiling glue dots	100 SF	х	\top		\neg
Classroom 210				1x1 celling glue dots	100 SF	X	1	1	\neg
Classroom 212				1x1 ceiling glue dots	100 SF	Х		T	
Classroom 213	-			1x1 ceiling glue dots	100 SF	X			
Sassroom 214				1x1 ceiling glue dots	100 SF	X		-	
lassroom 215				1x1 ceiling glue dots	100 SF	Х			
lassroom 222				1x1 ceiling flue dots	100 SF	Х			
lassroom 220				1x1 ceiling glue dots		X			
lassroom 221						X	_	1	
lassroom 219		_				X	_	1	
lassroom 216						X	_	_	
lassroom 217		-		4 90		X	+	+	_
lassroom 218				4 - 11 - 1 - 1		X	-	+	-
lassroom 101				4 - 71 - 1		X	+	+	-
assroom 102		,				X	+	+	\dashv
assroom 103		,	0.000	4 - 11 - 1 - 1		x	+	+	-
assroom 104)				X	+	+	-
assroom 105)		4		x	+	+	-
assroom 106		>		4 4		x		+	\dashv
assroom 122		×		4 91 1		x	+	+	-
assroom 107		×				x	+	+	\dashv
assroom 110		x	1:	4		<u> </u>	+	+	\dashv
assroom 108		×	1:	4		(+	+	\dashv
assroom 109		x	1:	4		7	+	+	\dashv
assroom 111		x		4 1: 1	00 SF >	_	+	+	\neg
assroom 112		x			00 SF >		+	+	\dashv
assroom 113		×		4 - 11 - 1	00 SF >	_	+	1	\neg
assroom 116		x			40 SF X		1		\neg
assroom 114		×		x1 ceiling glue dots 1	00 SF X				7
ds Poom		x			0 SF X	_	1	1	
ds Room		X			0 SF X	_	1		
	100	100		4		-	-	-	-
assroom 120		×		c1 ceiling glue dots 1 c1 ceiling glue dots 1	00 SF X				



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

CHECK # 25017/25072

Date of Notification (1)					of Buildin				17.7	COLUMN COMMUNICATION COLUMN CO	man proper services	with had	17/ Z	Southern S	
03-01-18				Rive	rside So	quare L	TD. c/o	Simon Pro	perty	Group	C		i.	W7	
Agencies Notified	Type Notificatio	n			Address					以一		7	10	1	7
EPA DEP	Initial				3ox 612										The state of the s
× DOL	Amended Amendment	nt # 1			tate, Zip (Inapolis		000				MAH	1 /	1 21)18	
× DOH	☐ Emergency	(including	l e		of Contac		206								i lo
DOH DCA	justification Cancellation			1000	Fattah	τ				Telepho	ne Nun	nber			
		2010).		Est.	CILITY IN	EODMAT	ION		-	3 17-6		7.17	-	. Oin	
Name of Facility Where	Abatement is Taki	ng Place (3)	IAC	JILIT IN	FURIVIAI	ION	Type of Facili		TATE OF STREET	and the serve		- 104	4 dr 4d	
Street Address								School (ter 8	(Other tha	an K-12)			
One Riverside Squa	are							X Other (i.	e. priv	rate & con	nmercia	l bui	ilding	s, hor	nes,
City (5)								etc.) Square Feet		# of Floo	ors	_	Bldg.	Ane	
Hackensack							-	859111		2			32 yı		
County (6)				County	Code (7)			Current Use (Prior i	f being de	emolish		,		
Bergen				(STATE	USE ONL	n		Commercia							
Name of Monitoring Firm TRC Solutions, Inc.	Hired by Building	Owner (8)	70	ASCI	M No.		Name	of Abatement (Contra	ictor (9)					
Street Address						0	Pinna	cle Environ	men	tal Corp).				
1430 Broadway, 10t	h Floor							Address							
City, State, Zip Code								Broad Street							
New York, NY 1001	8							ate, Zip Code	70						
Project Manager for Moni				Telepho	ne No			tadt, NJ 070	112				197 3		
Arnel Javal					221-782	2	Telepho 201-9	one No. 139-6565		Lice 007	nse No				
Start Date (10)		Schedule	d Co	E 350	Date (11)			of OSHA Monito	0.5	007	50				
03-05-18(1)Project F	The state of the s	03-05-1	19		()			Air Inc.	OI.						
Occupancy Status During	Abatement (Chec	k Only On	e)				Street A	Address		-					
Facility Closed/Vaca	ted During Entire	Period of A	bater	nent			10-59	Jackson Av	/enu	е					
Abatement Performe Other – Describe:	d Outside of Norn	nal Facility	Hour	S		1	City, Sta	ate, Zip Code							
						_	Long	Island City,	NY 1	11101					
Scope of Work (Check All	That Apply)					-	II 50								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova					Full Contain	ment v	with Nega	itive Pre	essu	re		
E 100 St 01 2200 II			emoli	tion			Н	Mini-Enclosu Glovebag Pr	ire						
							×	Non-Exempt	ed (*)	and Non-	Friable	Pro	cedur	e	
		ls l	Locat	ion					T					emen	t
Location of		Used	ormal			Des	cription o	f					Ту	ре	
Asbestos-Containing N TO BE ABA		Mair	ntena	nce/	Asbes	tos Conta	ining Ma	terial (ACM)		Amount				ш	_
In Facility		Custo	dial 8 (12)	Staff?	(1.6.		ing, VAT,			(Specify SF or LF		Rem	Re	ncar	encl
(13)			(12)				iscellane			71 71 71	'	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	e)
Basement: Re	stroom			х		Ca	ulking			4SF	-	x			
1st Floor: Res	stroom			x		Ca	ulking			12SF	-	x	-		
Roof: Entrance Ca	nopy Roof			х			ashing			360SF		x			
1st & 2nd Fl	oors			x		(22,000)	all Tar		-	5,220SF	-				
Name of Registered Waste	Hauler	-	N	JDEP Wa	aste	Cubic Y		Name of		stered La		Х			
ATC, Inc. / JBT (5007	1)		H	auler ID N		of Wast		765000000		terprise					
City, State			124	10		TBD	10-1								
Shirley, NY / Bronx, N	Υ					Disposa TBD	Date	City, Sta Wayne		g, OH 4	4688			-	
Completed by		Title				Sig	nature	11			Date				_
Richard Doran		Projec	t Ma	nager			L 1/	EL.L)£	_	03-0	1-1	8		

OK 1040

PAID

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

Date of Notification (*03/06/2018	1)			Name Hunte	of Buildin erdon He	g Owner/ althcare	Operator (2)			Check	# 108	9 1	epi	0/
Agencies Notified EPA DEP	Type Notification ⊠ Initial □ Amended			2100	Address Westcott									
☑ DOL ☑ DOH □ DCA	Amendment #			Flemi	of Contac	ew Jerse	ey 08822		Tele	phone 3-237-5	Numbe	AR 1	4 :	201
i				FΔ	CILITY IN	FORMAT	ION			1				
Name of Facility Whe Hunterdon Healthc	re Abatement is Taki are	ing Place ((3)		OILIT III	ORMAT	Type of Fac			,	Ac. (See			
Street Address 2100 Westcott Driv	e		-				☐ School ☐ Subcha ☑ Other (apter 8 (Ot	her than k	(-12)				
ity (5) lemington, New Je	ersey 08822						Square Fee			Floors		Bldg.		
ounty (6) lunterdon				County (STATE	Code (7)	Y)	Current Use	(Prior if b	_	ol shed)		304		-14
fame of Monitoring F Briggs/H&R Enviror	irm Hired by Building nmental Services I	Owner (8)		M No.		Name of Aba Lilich Corpo	atement C			4			
treet Address Crosswicks Stree	t						Street Addre	SS						
ity, State, Zip Code ordentown, New J					-		City, State, Z Woodland	ip Code	w Jersey			-		
roject Manager for M ouglas Ferry	lonitoring Firm			Teleph 609-29	one No 98-5520		Telephone N 973-225-84	o. 00		License 01104			727	
tart Date (10) 3/16/2018		Schedu 03/21/2	led Cor 2018	mpletion	Date (11)		Name of OS Iris Environ	HA Monito mental La	r aboratori					
ccupancy Status Dur	ring Abatement (Che	ck Only O	ne)				Street Addre	SS						
Facility Closed/Va	cated During Entire	Period of A	Abatem	ent			2333 Route	22 West	:					
Other - Describe:	med Outside of Norm Weekdays 4PM S	nal Facility Start, Wee	Hours ekend	s 8am S	Start		City, State, Z Union, No	ip Code 07083						
cope of Work (Check 30 ≥3 sf or ≥3 lf 11 ≥160 sf or ≥260 lf 15 st	All That Apply)		Renova Demolit				□ Mir ⊠ Glo	l Containm ni-Enclosu ove Bag Pr n-Exempte	re ocedure /	Limited	Contai	ire nmeni	&Ton	ť
اری Locati		1	Locat Normal	ly		Des	cription of					Abat	emen /pe	
Asbestos-Containir TO BE A In Fa (13	BATED cility	Ma	ed Sole intena todial S (12)	nce/	Asbes (i.e.	thermal surfac	aining Material systems insula ing, VAT, or iscellaneous)	(ACM) ition,	(Spe	ount ecify or LF)	Remova	Repair	Encapsulate	
111 M		Yes	No	N/A							-		te	
Floor Construct				X			TSI-Wrap &		300 SF			X		
Floor Construct	ion Area			X	Asbesto	s Pipe	TSI -Wrap 8	Cure	200 LF			X		
Floor Offices				X	Asbesto	s Pipe I	nsul-Tent/G	love bag	20 LF		X	1		
me of Dealet 1999		,											o fure	
me of Registered Wi ich Corporation	aste Hauler		Н	JDEP W auler ID 18724		Cubic Y of Wast 3	(7)(5)7(7)		Registere Landfill		ill .		ine 4	-
y, State codland Park, New	/ Jersey					Disposa 03/21/2		City, Stat Morrisvi	te					
ompleted by driana Olejarova		Title Pre	sident			Sig	nature	(g	R		Date 03/06/	2018		
B-41 (R-06-08)							* Do not use ti	nis form fo	r asbestos	licensu	ıre exer	npted	activit	ie

CK 8043 PAID

Emergency Request

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

			4	-
Company of the Compan	V 1	1	8	
1		/	1	- 1
4			Print F	orm i

Check# 3002 5

Date of Notification (1)	010					Owner/Ope								
01-15-2			_	Je	2775	Ey P	30e	rum						
Agencies Notified T	ype Notification			Street A	ddress	J								
EPA [Initial		1											11
DEP DOL	Amended Amendment	#		City, St	ate, Zip Co	ide	NI	- T	_	00	717	1		11
	Emergency		-		ine	Hill	111	iew Jer	SCI	1 00	75	Ī		1
DOH DCA	justification)		1		f Contact	D			Tel	phone Nun	ibe '			JE:
L DOA	Cancellation	1	_1		1277	Boer	Um	1						
Name of Facility Where Aba	tement is Takin	n Place /3	1	FAC	LITY INFO	DRMATION	4	Type of Facility (4)					110
Resident	ic (Div	10 11 in	10	100	ntal	7			1000					1
Street Address	iai Da	201111	4	C.C	. 1600	/		School (K-1		er than K-12				75.5
Cococy Addition			7							commercia		ings,	home	5,
City (5)								etc.)						5.
city (5) Pine 1	1:11							Square Feet	# 01	Floors		dg. A		. 1.
County (6)	-1411							1100		1		50	77	5 [
Came	ien			(STATE	Code (7) USE ONLY		_	Current Use (Pri			ed)			
Name of Monitoring Firm Hi	ired by Building	Owner (8)		ASC	A No.	IN	lame o	f Abatement Cor	Color See					-
Quality Environmenta	Concepts	100		None	е			y Environmen						13
Street Address						S	Street A	Address					-	\neg
1053 North Tuckahoe	Road					1	1053	North Tuckah	oe Ro	ad				
City, State, Zip Code						C	City, St	ate, Zip Code				-		
Williamstown, New Je	ersey 08094					V	Willia	mstown, New	Jerse	y 08094				
Project Manager for Monitor	ring Firm		T	Telepho	ne No.	T	elepho	one No.		License No	D. —			\neg
Edward Knorr			- 1	856-6	29-1166	1 8	856-6	29-1166		01086				
Start Date (10)		Schedule	d Co	mpletion	Date (11)	N	lame o	f OSHA Monitor						\neg
01-17-2018				9-50	816		Qualit	y Environmer	ntal Co	oncepts				
Occupancy Status During A	batement (Chec	k Only On	e)					Address						
Facility Closed/Vacate	d During Entire I	Period of A	bater	ment		1	1053	North Tuckah	oe Ro	ad				
Abatement Performed Other – Describe:	Outside of Nom	nal Facility	Hour	z		C	City, St	ate, Zip Code					200-05-V	
						- 1	Willia	mstown, New	Jerse	y 08094				
Scope of Work (Check All T	hat Apply)					100								
23 sf or ≥3 lf			enove					Full Containm	ent with	Negative P	res sur	e		
2160 sf or ≥260 lf			emoli	riion			189	Mini-Enclosure						
								Glovebag Pro Non-Exempte		d Non-Friab	ie Frod	ædun	2	
		Is	Local	tion	1		3.5						ment	
Location of		1	loma	lly	1	Dacos	ription	of				Ту	ре	
Asbestos-Containing M.	aterial (ACM)			ely by ance/		tos Contair	ning M	aterial (ACM)	A	mount			m	
TO BE ABAT In Facility	ED			Staff?	(i.e.			insulation,		Specify	0	R	nca	Enc
(13)			(12)	1		surfacin other mis			51	For LF)	Domova	Repair	Encapsulate	Enclosure
40000		Yes	No	N/A	1						12	-	ale.	6
B				1	1-	1				,	+-	-	-	-
Basement				X		two					L_			
					1 th	in pa	per	/cloth	9(1SF	X			
					100	Sula	tion	n Wra.D	- 3	·	T			
		1		+-	131	بلاز در	ال ال	may			+-	-		-
Name of Registered Waste	Hauler			NJDEP V	Vaste	Cubic Ya	ante	Mome	Paciet	ered Landfill			لــا	-
				Hauler IE		of Waste		Sole	m C	and raugin	on	45	113	
Quality Environmental	Concepts		1	19710		40 20	CY	202.0		7 '	, .	٠.		
City, State						Disposal	Date	City, Sta	te					
Williamstown, New Je	rsey							ALL	OWA	y, Sale	rn Co	inut	Y. N	17
Completed by		Title	2	287 (8)		Sign	nature	01	1	Da	ite	28576	8200m	0.00
Edward Knorr		Vice	Pres	sident		1 >	= ()	الله است	mo	w) 10	1-16	5.	201	8
						1		-	1. 00			-	-	

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure e tempted activities.

CK 8043
PAID

Emergency Request

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

11 V -i	1	- 1	1
	1		
1 \	/		- 1
		Print F	orm
: HMT\$TQ 14 \$1		117	

Check# 8002

Date of Notification (1) 01 - 15 - 2018		N		Building Own								
Agencies Notified Type Notification	nn.	-	ರ್ treet Ar	177E1	1 1000	21	rum					
_ _		Č	10	Juless \	J							
EPA Initial Amended			ity Sta	te, Zip Code						-		\dashv
DOL Amendme	ent#	_	P	ine H	11.11	Je	ew Torg	seu 08	90	1		1
DOH Emergence iustification	cy (including	N	Gille Di	COMME			34 3613	Telephone Nu	mbe			1
DCA Cancellati			J	eff P	cerum	1				2 10000	V 1997	E
			FACIL	LITY INFORM	MATION			1		815 5		
Name of Facility Where Abatement is Tal	dng Place (3))	,	, , ,		T	ype of Facility (4))				1
Residential Du	nellin	5d (re!	ntal)			School (K-12					
Street Address	100 7000	7				Ţ		(Other than K-1 ivate & commerc	2)	linne	lanmo	_
							etc.)	vare or container	AGE LACIEN	m Na,	HOHIC	s. (
City (5) Pine Hill							quare Feet	# of Floors	B	ldg. A	ge	
						3.50	100	1 1		50	٦٩٢	S
County (6) Camden		C	ounty C	Code (7) ISE ONLYI		C		if being demotis	hed)			1
		1,0				_	reside					
Name of Monitoring Firm Hired by Buildin Quality Environmental Concepts			ASCM		2.0		Abatement Cont					P
Street Address			HOUSE		Street	-	Environment	ai concepts				
1053 North Tuckahoe Road					100000000000000000000000000000000000000		oress Iorth Tuckaho	e Poad				1
City, State, Zip Code							e, Zip Code	- Toda				-
Williamstown, New Jersey 08094	1						stown, New J	lersey 08094				1
Project Manager for Monitoring Firm		Te	elephor	ne No	Teleph		Sept of the last transfer and the sec	License N	lo.			-
Edward Knorr				9-1166			9-1166	01086				1
Start Date (10)	Schedule	d Comp	eletion [Date (11)	Name	of	OSHA Monitor					-
01-17-2018	01-	- 19	-50	NA			Environment	al Concepts				
Occupancy Status During Abatement (Ch					Street	Ad	dress			-	-	\neg
Facility Closed/Vacated During Entir	e Period of A	bateme	nt		1053	N	orth Tuckaho	e Road				
Abatement Performed Outside of No	ormal Facility	Hours			City, S	tat	e, Zip Code					
					Willia	am	stown, New .	Jersey 08094				
Scope of Work (Check All That Apply)	19											
23 sf or ≥3 lf		enovatio			F]	Full Containme	nt with Negative	Pres iu	re		
≥160 sf or ≥260 if		emolitio	n		150	4	Mini-Enclosure Glovebag Proce	J				
						1		oure (*) and Non-Frial	bie Fro	cedur	e	
	ls	Location	n			*			T		emen	
Location of	1 11	lomally			Description	a af				Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		d Solely intenance			Containing N	Aat	erial (ACM)	Amount			m	m
In Facility	Cust	odial St	aff?		ermal systems surfacing, VA			(Specify SF or LF)	16	Repair	cap	inde
(13)		(12)			her miscellar			,	Remove	pair	Encapsulate	Enclosure
	Yes	No	N/A				1				6,	
Basement			X	Durt	WORK				1			\Box
			<u></u>			- 1	-14-1-	0/1~-	1	+	-	\vdash
				thir	bober		cloth	90sF	K	-	-	
				ins	ulatio	יוכ	wrap				_	
							,					
Name of Registered Waste Hauler			DEP W		Cubic Yards		Name of F	Registered Landf	HI .	10	1	
Quality Environmental Concepts			103er 110 710		Vaste		201,52	n Country	Lo,n	Q.Y	113	
City, State		1.0			Disposal Date	-	City, State					
Williamstown, New Jersey				1	power outo	5 is	Allo	way, Sale	rn C	วนก็	hy.1	TU
Completed by	Title				Signature	9		/ 10	ate			
Edward Knorr	Vice	Presid	lent		120	1.	Tul Adv		01-	15-	20	18
					1 1 2	-	many the	1. 00 40	-			-

CK 8043
PAID

Emergency Request

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

1 V		
	Print F	orm
1000		

Check# 8002 ÷1 5 ונו

Date of Notification (1) 01 - 15 - 2018			Name of	Building (Owner/Operato	x (2	rum					· <u> </u>		
Agencies Notified Type Notification EPA Initial		Street Address C/O												
DEP Amended Amendment Emergency (_	City, Sta	ine	de Hill, l	V	ew Jers	SCU	080	25	1			
DOH justification) Cancellation Name of Contact Jeff Boe FACILITY INFORMATIC														
Name of Facility Where Abatement is Taking Residential Dw Street Address				ntal		Land Land (Marie	ype of Facility (4 School (K-12 Subchapter 8 Other (i.e. prietc.)) 3 (Othe ivale &	commercia	() al build	lings,	home	s.	
City (5) Pine Hill				.0×1110-111-1		1	Square Feet		Floors		dg. A	ge ・ ・ ソア	5	
county (6) Camden			County C	Code (7) ISE ONLY)		10	Current Use (Prior			ed)				
Name of Monitoring Firm Hired by Building (Quality Environmental Concepts						Name of Abatement Contractor (9) Quality Environmental Concepts								
Street Address 1053 North Tuckahoe Road			-				ddress North Tuckaho	e Ro	ad					
City, State, Zip Code Williamstown, New Jersey 08094							te. Zip Code nstown, New	lersev	08094				\exists	
Project Manager for Monitoring Firm Edward Knorr	Telephone No. 856-629-1166				Telep	Telephone No. License No. 856-629-1166 01086								
Start Date (10) 01-17-2019	Scheduled	Con	pletion E	Date (11)	75733		OSHA Monitor Environment	al Co	ncepts					
Occupancy Status During Abatement (Chec	k Only One)			N 100000	10000	tdress Vorth Tuckaho	o Por	nd .				\neg	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of At al Facility I	Hours	ent		City,	Sta	te, Zip Code nstown, New .							
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro									à			
	Is Location Normally							Y/ 2013 11311 1 11221		Abalement Type				
	Used Mair	Used Solety by Maintenance/ Custodial Staff? (12)			Descriptions Containing thermal system surfacing, V other miscell	Ma ns i	Material (ACM) s insulation, IT, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure	
	Yes	No	N/A								Ĺ	ale.	8	
Basement	+	_	X	Duc	twork	_	1 1 \	00	1 ~ -	k-		_		
				in	thin paper/cloth insulation wrap		J MLCID	<u> </u>)SF					
Name of Registered Waste Hauler			JIDEP W lauler ID	Cubic Yards of Waste	c Yards Name of		of Registered Land®							
City, State 19710 4s					Asy 2Cy Disposal Da	2CY State						-		
Williamstown, New Jersey Completed by Edward Knorr	Title Vice F		don		Signati	n/s	01	/	200	ite		200		
Edward Knorr	Vice F	resi	dent		ي الحال	1.	soft fre	ma	W)	1-10	5-	201	8	