

Date of Notification (1)		-	1	Name	of Building	g Owner/Operator (2)		277712			
02 / 28 /	18			Can	nden Cit	y School Distric	t — Yorkship E	lementary Scho	ol		****	
Agencies Notified Type Notifica	tion		-		Address			- E G		1 11/	7 [
⊠ EPA	10011		1			s Avenue Camo	lon N I 09404				. 13	7
☑ DOLWD ☐ Amended					state, Zip C		ien, NJ 00104					
□ DHSS Amendme	ent #			-	nden, NJ			MAP	1 ^	201	8	2000
□ DCA □ Emergen		ling						I Talantana N				- Insu
(NJAC 5:23-8) justification [Cancellat			P		of Contact	-		Telephone Numb				.i
Caricellat					ld isand			856-966- 462	b		- 2	
				FAC	CILITY IN	FORMATION	,	<u> </u>				- 1
Name of Facility Where Abatement is T	aking Pla	ace (3))				Type of Facility (925				-
Yorkship Elementary School							School (K-12)) (Other than K-12)				
Street Address								ivate and commerc	ial bu	ilding	s.	
1251 Collings Avenue Camden	, NJ 08 [,]	104					homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	dg. Aç	je	
Camden, NJ 08104							1,600	2		1945		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
US; Camden CO.							School					
Name of Monitoring Firm Hired by Build	ling Own	er (8)	A	SCM	No.	Name of Abateme	ent Contractor (9)				1000	
SmithCo. Engineering Group, I	nc.					Graham-Tecl	n Environmenta	al Service, LLC.				
Street Address						Street Address						
808 Market St Suit 336						958 Jackson	Rd					
City, State, Zip Code						City, State, Zip Co	ode					
Camden, NJ 08102						Mays Landin	g, NJ 08330					
Project Manager for Monitoring Firm		T	elepl	hone l	No.	Telephone No.		License No.				
			856	-365	-9333	609-561-1901		01158				
Start Date (10)	chedule	d Com	pletic	on Da	te (11)	Name of OSHA N	lonitor		-		-	
03/09/18	04	_ / _	09	_ / _	18	Graham-Tecl	n Environmenta	al Services, LLC				
Occupancy Status During Abatement (0	Check on	ly one)			Street Address						_
☐ Facility Closed/Vacated During Entire			0	ent		958 Jackson	Rd					
☐ Abatement Performed Outside of No	mal Fac	cility H	ours	- Des	cribe	City, State, Zip Co	ode				-	
Time of Abatement: 7AM-11:30PM	/F	PM		MA		Mays Landin						
Scope of Work (Check all that apply)				-			9, 110 00000					
_ 300 00 00000	-						tainment with Neg	ative Pressure				
	-	Renov		.51		☐ Mini-Enc	losure g Procedure					
⊠≥100 \$1 01 ≥200 11		Dellio	illiOil					n-Friable Procedure	Э			
			catio				T		1	ateme	ent Ty	vpe
Location of		Nor Used S	mally			Description of			-	-		
Asbestos-Containing Material (ACM TO BE ABATED		Mainte		-		stos Containing Ma ., thermal systems		Amount (Specify	em	Repair	nca	nclo
IN Facility	0	ustod		aff?	(1.6	surfacing, VAT		SF or LF)	Remova	=	psu	Enclosure
(13)	-	1	12)			other miscellane	ous)	55500 SAME SAME	-		Encapsulate	G)
	Y	-	No	N/A					-			
Second Floor					Asbest	os Floor Tile		2640SF				
	T	1	7						П	П	П	П
			-						1		블	
N (6					<u>. </u>	Ta				Ш	Ш	Ш
Name of Registered Waste Hauler			130033	DEP V uler ID	Vaste	Cubic Yards of Waste	Name of Regist					
Graham-Tech Environmental S	ervice,	LLC	25000000	0345		VIGOLO	G.R.O.W. N	lorth Landfill &	ully	town	ľ.	
City, State						Disposal Date	City, State					
14 Read Drive Sicklerville, NJ 0	8081						1513 Brode	entown Rd. Morr	isvil	le,PA	ķ.	
Completed By (Print or Type)	Title		-			Signature		Date	9 /	10		
Vernice Graham	Pres	ident	1			VOLLA	101	W. 13	10	18-	13	3

ASB-41 MAY 11

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



PAID State of New Jersey - Notification of Asbestos Abatement

			(Furst	iant to N.J.A.C.	. 0:00-7 and 12:120-7)			1	<u>L</u>	ls !	11	11.5
Date of Notification (1) March 9, 2018					Name of Building Owner/o		2)	1	1.		1945, 114, 140	
Agencies Notified		Notification Initi		ication	Street Address 777 Valley Road		F		M	AH 1	^s 2018	8
X EPA DCA x DOL		□ Amende ⊠ Emerg	jency (i		City, State, Zip Code Clifton, NJ 07013				50000			&
X DEP x DOH		justific Cance			Name of Contact Cynthia Schirm		_	-	1000 N	<u>lumber</u> 3579	A. A.	. +
-				FACILITY INF	ORMATION							
Name of Facility Where Abate St. Andrew's Middle		aking Place (3)			Type of Facility (4) ☐ School (K-12)							
Street Address 418 Mt Prospect Ave	nue				Subchapter 8 (other than Sq. Feet: Unknown	commercia					ears	
City (5) Clifton	County (Code (7) Jse Only)	Current Use (prior if being			Dic	<u> </u>	<u>o.</u> 10 j	00	
Name of Monitoring Firm Hire EnviroVision Cons			ASCM 0007		Name of Contractor (9)							
Enviro vision Cons	uitants	me.			GREENWOOD ABAT	EMENT	CON	SUL	LTAN	TS, INC	:	
Street Address					Street Address							
20-21 Wagaraw Road	i, Bidg i	7 35E			511 MAIN STREET							
City, State, Zip Code Fairlawn, NJ 07410				10000	City State, ZipCode Butler, NJ 07405							
Project Manager for Monitorin	g Firm	Telephone N			Telephone Number		<u>Li</u>	cense	e Numb	<u>oer</u>		
Fred Larson		973-636		D-1-(11)	973-492-0477		0	0840	0			
Scheduled Start Date (10) March 10, 2018		Scheduled C March 11			Name of OSHA Monitor EMSL inc.							
Occupancy Status During A	batement	(Check only o	ne)		Street Address							
Facility Closed/Vacate Abatement Performed					1056 Stelton Road							
Describe	Cutoluc	or ryonnar r ac	mty riour	3	City, State, Zip Code							
Other – Describe: 4p	m- 2am				Piscataway, NJ 088	854						
Source of Work (Check all that	it apply)								0.000-0000	100.000 000		
50000000000000000000000000000000000000						x Full Co			with N	egative F	ressure	
≥ 3 sf or ≥ 3 l				Renovation		Mini-En						
□≥ 160 sf or ≥ 2	260			Demolition		Glovebag				n Eriable	Droops	lura
Location of Asbestos-Contain		ocation Normal			pestos Containing Material		ount			ment Typ		iure
Material (ACM) in Facility (13)	A 25.75	ely by Maint./Cu ff? (12) S NO	ustodial NA	VAT, or other mise	al systems insulation, surfacion cell.)	ng, (Spe	ecify S .F)	F	Remov	e Repair	Encap E	<u>Inclose</u>
Hallway		X	Ι	Plaster Ceilir	na	24	sf	+	X			
					9							
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	NJDEP Was See Below		ID#	Cubic Yards of Waste:					stered La		
Hauler #1) Greenwoo NJ DEP #		ement Con	sultant	s, Inc. – Butle		Disposal March	Date			City, Sta Route 2,	te	
Hauler #2) Newark Ca		ıc. – Newarl	k, NJ 04	509, NJ DEP#	19551		1.5.30			Bridgepo 304-842-		
Completed by (Print or Type)		Title			Signature		D	ate				
Marin Graure		SENIOR P	ROJEC	т	Mousin Com	THEO.		-	ch 9,	2018		

GAC # 2018-636

03/1 9/2018 15:09 #006 P.002/004

State of New Jersey - Notification of Asbestos, batement

			(Purs	vent to N.J.A.C	. 8:60-7 and 12:120-7)		1		- 11	Tay -	w.,
Date of Notification (1) March 9, 2018					Name of Building Owner Diocese of Paters		1910(12)		MA	and the same	018
X EPA		Nothestion Initial	al Not	fication	Street Address 777 Valley Road City, State, Zio Code			1	-		
DCA x DOL		I Emerg			Clifton, NJ 07013		{		ACTO	V	-
X DEP		justific			Name of Contact	-		/Telephor	a Number	reger renga	-
x DOH		☐ Cance	led	•	Cynthle Schirm	s		-201.60	2.8579		1
N 7-1-1-11				FACILITY IN	CRMATION	GUINE C	-	Description of the last of the	HARLES AND	* 15 1 15 (Nicoland)	
Name of Facility Where Above St. Andrew's Middle		king Place (3)			Type of Feolity (4) School (K-12)					-	7
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City (5) Ciliton	County (6	ic		(Code (7) Use Only)	Current Use (prior if bein					yours	
Name of Monitoring Firm Hire			ARCM		Name of Contractor (8)	erectain.					-
EnviroVision Cons	ultents	inc.	0007	79	GREENWOOD ABA	EM	ent c	ONSULT	ants, in	c.	
20-21 Wagsraw Road	. Bida f	35E			Sirest Address						
	, -, -, -,				511 MAIN STREET						
Chy. State. 20 Code Fairlawn, NJ 07410					City State, ZipCode						٦
Project Manager for Monitorin	a Firm	Telephone N	umber		Butler, NJ 07405	2000		License N	umbar		\dashv
Fred Larson	Badanas Galler	973-636-			973-492-0477			00840	AIIIAGI		
Schaduled Start Date (10)		Scheduled C	ompletic	n Date /11)	Name of OSKA Monitor	-	-	1 00040	-		-
March 10, 2018		March 11			EMSL Inc.						
Occupancy Status During A Facility Closed/Vacate Abatement Performed	d During I	Entire Period o	FAbute	ment	Street Address 1066 Stelton Road						
Describe		, , , , , , , , , , , , , , , , , , ,	ing in war	<i>a</i> -	Chy. State, Zip Code	-			-		-
Other - Describe: 4pt	m- 2am				Piecateway, NJ 08	54				19	
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≥ 3 af or > 3 lf				Renovation			ull Confi ini-Enclo	iftw inemni	1 Negative	Pressure	
□≥ 160 sf or > 2				Damolkion		2.75		racedure			
							r-Exem	ted (") and		e Procedure	
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	AEE	17 (12) B NO	NA	VAT. or other miss	cell.)		ar LF)	Box	nove Repair	Encap Endiose	1
Halfway		(2)		Plaster Celli	ng	_	24 99	E		TI	7
Name of Reg. Wasta Hauler Sea Hauler Below # 1 & 2	2	See Balow		10.4	Cubic Yards of Waste:				asistered L		1
Hauler #1) Greenwoo		ment Cons	ultani	o, Inc Butle	r, NJ 07405		De De	10	CIN. Sh	aba	7
NJ DEP# Hauler#2) Newark Ca	12561				*	Ma	rch 11	, 2018		. Box 66 on, WVA 2-2784	
Completed by (Print or Type)		Tilla			Sionalum	4000	The state of the last	Date	-		-
Marin Graure		benior Pi Manager		T	Marin Gra	74	9	Merch	9, 2018		
2 . 2						-					- 1

GAC#2018-636

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Date of Notification (1) 03/07/2018					of Building			r (2)	12		<u> </u>			27	Company Clarket water
Agencies Notified	Type Notification				Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MAH 1	c 20)18	200	#
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	Emergency		<u> </u>		EVILLE	SEA PROPERTY.	109				31.4		159	410	- 19
DOH DCA	justification) Cancellation				of Contact ARD TF		ED			Tele	ephone Nu	mber			
<u> </u>	Caricellation				ILITY INF										
Name of Facility Where A	batement is Takin	g Place	(3)	.,,,		Ordina	1014	Туре	of Facility (4)					
PRIVATE									School (K-12	2)					
Street Address								×	Subchapter 8 Other (i.e. pr	Othe	er than K-1	2)	dinas	hom	
City (5)		-							etc.)						es,
NORTH ARLINGTO	N NJ.							D 95	re Feet 800 SF.	# of	Floors	E	Bldg. 7		
County (6)					Code (7)	v1		Curre	ent Use (Prior		ng demolis	hed)			
Name of Monitoring Firm	Hired by Building (Owner (8		ASC		.,	I Nome	- F A L -		/A	(0)				
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Street Address							Street								
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City, State, Zip Code N/A							Visit in the second		ip Code						
Project Manager for Monit	oring Firm			Telepho	no No				BERGEN N	J. 07		•			
,	g			reichilo	ile No.		Teleph 201-	776-0			License N 01300	10.			
Start Date (10)	1			npletion	Date (11)		Name	of OSI	HA Monitor					-	
03/10/2018		03/11/					ENV	IRO F	PROBE IN	С					
Occupancy Status During							Street								
Facility Closed/Vacat Abatement Performe	ed During Entire F d Outside of Norm	Period of al Facilit	Abaten	nent					RTY ST.						
Other – Describe:	1. (2) 43 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		,				0.000		EN NJ.						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf			Renova				×	Ful	l Containmen	t with	Negative F	ressu	re		
≥160 sf or ≥260 lf			Demolit	ion			×		ii-Enclosure vebag Proce	dure					
		1						Nor	n-Exempted (*) and	Non-Friat	le Pro	cedur	e	
			Locati											ement pe	
Location of Asbestos-Containing N		Use	Normal ed Sole	ly by	Achas		scription		(0.010)				1 9	he	
TO BE ABA	ΓED		intena			stos Cont thermal	systems	insula			nount pecify	R	77	Enc	四
In Facility (13)	/		(12)	zuum.			cing, VAT			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
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BASEME	NT		Х			PIPE IN	NSULA:	TION		150	0 LF.	X			
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32.18						1	, 19	(V) 11 p	az si						
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Name of Registered Waste	Hauler	= 125		JDEP W auler ID		Cubic '			Name of Re	egister	ed Landfill	-			
TRI STATE ASOCC				19551	NU.	of Was			MINERV	A EN	TERPRI	SE	INC		
City, State BRONX NY.				0			al Date		City, State						
Completed by		Title				TBD			WAYNES						
CARLOS ESQUIVEL			ETY N	//ANAG	SER	1	PEU	Jecc	Jul)	Des	Da 03	te 3/07/2	018		

Check# 3088

19067 215-736-1700

March 13, 2018

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ March 13, 2018 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☑Initial Notification 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS **P**EPA ☐ Amended Notification # City, State, Zip Code ■ Emergency (including DCA PISCATAWAY, NJ 08854 X DOL justification) Telephone Number Name of Contact DEP- No Longer REQUIRED □Cancelled 848-445-2550 MICHAEL F. SMITH, ENV. X DOH **HEALTH & SAFETY FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) CAMDEN SCIENCE, BLDG# 7002 ☐ Subchapter 8 (other than K-12) X Other (i.e. private & commercial buildings, homes, etc.) Street Address # of Floors: 4 Bldg. Age: 80+ years Sq. Feet: N/A CAMDEN CAMPUS County Code (7) Current Use (prior if being demolished): ACADEMIC OFFICES County (6) City (5) (State Use Only) CAMDEN CAMDEN Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 08016 BURLINGTON, NJ License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 609-386-8800 BRIAN R. KEARNEY 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) ENVIROVISION, INC. 03/26/18 03/23/18 Street Address Occupancy Status During Abatement (Check only one) 20-21 WARGARAW ROAD, BLDG# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure ■ Mini-Enclosure **X** Renovation X > 3 sf or >3 lf X Glove bag Procedure / Wrap & Cut ■ Demolition ☐ > 160 sf or ≥ 260 if ■Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Remove Repair Encap Enclose Material (ACM) in Facility (13) or LF) VAT, or other miscell.) Staff? (12) YES NO NA X <9 LF TSI - Pipe Insulation X ROOMS 012, 015, 020 X X Name of Registered Landfill NJDEP Waste Hauler ID # 5 CY Cubic Yards of Waste: Name of Reg. Waste Hauler G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill Rd. Morrisville, Pa NJDEP # 12561 03/26/2018

Signature

Raymond C. Pedalino

MANAGER

SENIOR PROJECT

Hauler #2) Newark Carting, Inc., Newark, NJ 04509

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO



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		MAR	1.0	2018	To the state of th

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Date of Notification (1) 03 /	13 /	18						ner/Operator (2 opers, LLC	2)	iori	ginal had			\$	Thegan
					-		veic	ppers, LLC		:	7 337	43	737	- 1	
Agencies Notified ⊠ EPA	Type Notifica	ition			***********	Address Ocean A	ven	nue							
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DCA (NJAC 5:23-8)	☐ Emergeno		clualing		Name	of Contact	t			T	Telephone Nur	nber			
(10.10 0.20 0)	☐ Cancellati				Sai	ndip Pate	I				732-364-19	00 x 2	15		
					FA	CILITY IN	FOF	RMATION				1100000			
Name of Facility Where	Abatement is T	aking	Place	(3)					Type of Fa	cility (4	1)		-		
Garage				305					☐ School						
Street Address											(Other than K-1		م منامان،		
103 E. 23 rd Street									homes		vate and comm	erciai b	ınanıç	15,	
City (5)									Square Fe	***********	# of Floors	В	dg. A	ge	
Bayonne									560 sf		1		80		
County (6)					Cou	nty Code (7)(STA	TE USE ONLY)	Current Us	e (Prio	r if being demo	lished)			
Hudson									Garage						
Name of Monitoring Firm	Hired by Build	ling C	wner (8)	ASCM	No.	Nai	me of Abateme	ent Contract	or (9)					
Guardian Contract	ing, Inc.						0	Guardian Co	ntracting,	Inc.					
Street Address							Stre	eet Address							
1889 Route 9, Unit	61						1	889 Route 9	, Unit 61						
City, State, Zip Code							City	y, State, Zip Co	ode						
Toms River, New J	lersey 08755						Т	Toms River,	New Jerse	y 087	55				
Project Manager for Mor	nitoring Firm			Tel	ephone	No.	Tel	lephone No.			License No.				
Nicholas Fernicola	ĺ			7	32-349	9-9932	7	32-349-9932	2		00624				
Start Date (10)	and the second s					ate (11)	Na	me of OSHA N	lonitor		- <u>-</u>				
03 /05 /	19	_0	3 /	_3	0_/	18	E	.M.S.L. Ana	lytical						
Occupancy Status Durin	Action to the second second second		ocomorpie)				Str	eet Address					- 1		
☐ Facility Closed/Vacat						-	1	056 Stelton							
Abatement Performer								y, State, Zip Co							
Scope of Work (Check a			1/2			_	1	Piscataway, I	new Jerse	y uss	54				
⊠ ≥3 sf or ≥3 lf	3.1.32		Re					☐ Mini-Enc	losure		ative Pressure				
≥160 sf or ≥260 lf			□ De	molit	on			☐ Gloveba			-Friable Proced	lure			
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Location				lorm	ally lely by	1004701400		Description of					-	1	T
Asbestos-Containing TO BE AB		1)	0.004.07.07.0		ance/			Containing Ma ermal systems)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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(13)			V	(12	T	-	ot	ther miscellane	eous)					ate	
1.4			Yes	No							07 - 5	F7	-		
interior						-		iling panels			25 sf				屵
exterior						roofing	ma	terial			560 sf		+		닏
Name of Registered Was					NJDEP		120000	bic Yards of	200000000000000000000000000000000000000	100000000000000000000000000000000000000	ered Landfill				
Guardian Contract	ing, Inc.				Hauler 2022		1	aste I 0	T.R.R	.F.					
City, State	Participant of the Control of the Co						7650,7965	sposal Date	City, Sta						
Toms River, New J							0	03/30/18	fullyt	own,	Pennsylvania	3			
Completed By (Print or 1		Title						Signature	1			Date		i.	
Nicholas Fernicola	l	P	roject	Mai	nager				1. 1	2-		3	113	119	5



Date of Notification (1)					Name	of Building	Own	ner/Operator (2)		1-5/19/1	and h	2.1		111
03/	13 / _	18						pers, LLC	-/		Check		-1e -14	4	
Agencies Notified	Type Notifica	tion			Street	Address					MAF	1 - 21	118		1
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☑ DOLWD					City, S	tate, Zip C	ode			<u> </u>	i.a.		44.5	- Lab	- 1
⊠ DOH	Amendme					ewood, N		8701		1	1			&:	
DCA (NJAC 5:23-8)	☐ Emergeno justification		luding			of Contact			-		Telephone Nur	mber			
(110/10/0.20/0)	☐ Cancellati				San	dip Pate	1				732-364-19		5		
		2000						RMATION							
Name of Facility Where A	Abatement is T	aking	Place	(3)	IA	JILIT III	LON	MATION	Type of F	acility (4)		<u> </u>		_
Commercial Building		aiting	1 1000	(0)					School		, fin				
Street Address	9								☐ Subcit	apter 8	(Other than K-1				
170 Avenue F										(i.e., pri s, etc.)	ivate and comm	ercial bu	iilding	S,	
City (5)									Square F	eet	# of Floors	BI	dg. A	ge	
Bayonne									2600 s	sf	1		80		
County (6)					Coun	ty Code (7	(STA	TE USE ONLY)	Current L	Jse (Prid	or if being demo	lished)			
Hudson									Comm	nercial	Building				
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contra	ctor (9)					
Guardian Contracti	ng, Inc.						G	Suardian Co	ntracting	, Inc.					
Street Address							Stre	eet Address							
1889 Route 9, Unit	61						1	889 Route 9), Unit 61						
City, State, Zip Code							City	, State, Zip Co	ode						
Toms River, New Jo	ersey 08755						Т	oms River,	New Jers	sey 087	755				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.			License No.				
Nicholas Fernicola					32-349		7	32-349-9932	2		00624				
Start Date (10)	100 BANK				tion Da			me of OSHA N						Warran II	
03 /05 /	19	03	3_ /	30	_ / _	18	E	.M.S.L. Ana	lytical						
Occupancy Status During			encon-				Stre	eet Address							
☐ Facility Closed/Vacate							1	056 Stelton							
Abatement Performed Time of Abatement:								, State, Zip Co							
			-			AIVI	P	iscataway,	New Jers	sey 088	354				
Scope of Work (Check al	I that apply)							☐ Full Con	tainment w	ith Nea	ative Pressure				
≥3 sf or ≥3 lf			Re					☐ Mini-End	closure		auvo i roodaro				
≥160 sf or ≥260 lf			⊠ De	molitio	on			☐ Gloveba			n-Friable Proced	luro			
			le	Locat	ion			M MOII-EXC	impled ()	and 1401	1-1 Hable F 100e0		atem	ont T	/DO
Location	of		١	lorma	lly			Description of	of				_		
Asbestos-Containing)		d Sole intena				Containing Ma	aterial (ACI		Amount	Removal	Repair	nca	Enclosure
TO BE ABA					Staff?	(i.e		rmal systems surfacing, VAT			(Specify SF or LF)	lova	₽.	sde	nso
(13)	ıty		0	(12)				her miscellane			Si Oi Li)	-		Encapsulate	ē
17505000			Yes	No	N/A									LD.	
interior-bathroom				\boxtimes		shower	cau	ılk			6 If	\boxtimes			
exterior				\boxtimes		rolled r	oofi	ng			2610 sf				
Name of Registered Was	ste Hauler			112	JDEP \			oic Yards of	Name o	of Regis	tered Landfill				
Guardian Contracti	ing, Inc.				20223		Wa 2		T.R.I	R.F.		9			
City, State	2722220							posal Date	City, St		D	20			
Toms River, New Jo							0	3/30/18	Tully	town,	Pennsylvania	a	343		
Completed By (Print or T)	Title					5,	Signature	1		//	Date /		/	
Nicholas Fernicola		Pr	oject	Man	ager				1 -	Per	1	3/	13/	18	

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

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Date of 3/7/1	of Notification (1)					f Building (sa Doug		r/Operator	(2)		The land of the la				A CONTRACTOR OF THE PARTY OF TH	Completed Constitution
Agend	cies Notified	Type Notification			Street A	ddress					Ų V	AR 1	201	Ö	-	
SCHOOL STREET	PA	Initial			0'1 01	. 7: 0					100			a organisa		-
anima)	DEP DOL	Amended Amendment #	#			ate, Zip Co away, N		354			A. B.			() 8		ŀ
	ЮН	Emergency (i justification)	ncluding			f Contact				· · · · · · · · · · · · · · · · · · ·	Tele	ephone N	umber		L - 1 - 1 - 1	
Community of the last of the l	DCA	Cancellation			Eric Pl						1					
Nama	of Eacility Where	Abatement is Taking	Dlace /	3/	FACI	LITY INFO	ORMA	TION	Tym	e of Facility	(4)					
Ivallic	or racinty writere /	Abatement is Taking	riace (c	7)					П	School (K-						
Street	Address								×	Subchapter Other (i.e. petc.)	r 8 (Othe			ldings	, home	es,
City (5	i) ataway								Squ 100	are Feet	# of	Floors	4	3ldg. <i>1</i> 79	Age	
Count	y (6) Nesex					Code (7) USE ONLY)			1	rent Use (Pri	or if bein	ng demoli	shed)			
Name	of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.		Name	of Al	patement Co	ntractor	(9)				
Street	Address							Street	Addr	ress						
City, S	State, Zip Code							City, S	State,	Zip Code						
Projec	t Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none	No.		License	No.			
Start E 3/8/1	Date (10)	1	Schedul 3/29/18		pletion I	Date (11)		Name	of O	SHA Monitor	%					
Occup	ancy Status During	g Abatement (Check	Only Or	ne)	-			Street	Addr	ess						
L A	acility Closed/Vacabatement Perform Other – Describe:	ated During Entire P ed Outside of Norma	eriod of a	Abatem y Hours	ent			City, S	State,	Zip Code						
housed	of Work (Check A	II That Apply)													-	
_ ≥	3 sf or ≥3 lf 160 sf or ≥260 lf	п ттас дрргу)		Renovat Demoliti				×	N G	full Containm fini-Enclosur Glovebag Pro Ion-Exempte	e cedure	3			e	
			Is	Location	on					•				Abat	ement	
As	Location bestos-Containing <u>TO BE AB/</u> In Facil (13)	Material (ACM) ATED	Use Ma	Normall ed Solel aintenan todial S (12)	y by ice/	Asbest (i.e.	tos Co therm sur	escription ntaining M al system facing, VA miscellar	Materi s insu T, or	ulation,	(S	mount specify or LF)	Remova	Repair	e Encapsulate	Enclosure
	(/		Yes	No	N/A					<i>f</i> .			<u>a</u>	-	ate	re
						Asbe	stos	drywall	com	pound	27	00SF	X			
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													1			
Name	of Registered Was	te Hauler		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	JDEP W		***********	ic Yards		Name of	Registe	red Landf	fill			
Brick	Industries, Inc.			100,000	auler ID 602	140.	8	/aste		Grows	North/	Fairless	3			
City, S Brick,							Disp 3/29	osal Date 9/18		City, Stat Morrisv		Ą				
	eted by Plackis		Title Presi	ident				Signature	9 5		_		Date 3/7/18			



Date of Notification (1) 3/13/2018					Building (The state of the s		MA	R 10	20	8	
Agencies Notified	Type Notification			Street A				•	11.0	1 11	ME		-		
X EPA X DEP X DOL	Initial Amended Amendment				ite, Zip Co				1		Picilian	Ligh	1944	V. e Lee 1	
DOH DCA	Emergency (justification) Cancellation	including	1000		Contact Rubnitz		,			- A STREET	ephone 1 8-715-2				
Name of Facility Where Al Johns Manville Corp Street Address 437 North Grove Stre City (5) Berlin	oration	g Place (3)		FACI	LITY INFO	DRMATIO	ON	X C	of Facility (4 School (K-1: Subchapter Other (i.e. pretc.) The Feet	2) 8 (Oth rivate 8		ercial bu	ldings Bldg. /		PS,
County (6) Camden					Code (7) USE ONLY)				nt Use (Prio			lished)			
Name of Monitoring Firm I FINOG Environment		Owner (8)		ASCM	No.				tement Con nvironmer						
Street Address 617 Stokes Road, St	uite 4-318							Addres Glenw	s rood Dr	70					
City, State, Zip Code Medford, NJ 08055									p Code n Crossir	ng, PA	1897	7			
Project Manager for Monit Mark Rubnitz	oring Firm		8		5-2211		00000000000000000000000000000000000000	none No 313-7			License 01225	5,1000 and 100			
Start Date (10) 03/21/2018		Scheduled 03/23/20)18	pletion (Date (11)		Name Sam		IA Monitor						
Cocupancy Status During Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire P	Period of Al	atem	ent		_		Addres	p Code						
Scope of Work (Check Ali ≥3 sf or ≥3 if ≥160 sf or ≥260 if	That Apply)		novat				×	Min Glo	Containme i-Enclosure vebag Proc -Exempted	edure				e	
Location	of	No	ocatio	y		Des	scription	of						ement /pe	
Asbestos-Containing N TO BE ABA In Facility (13)	faterial (ACM)	Custo	tenan	ice/	Asbest (i.e.	os Conta thermal surfac	aining M	Material s insula .T, or	(ACM) tion,	(5	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
1st floo	r			х		Flo	oor tile	s		17	5 SF	x			
Name of Registered Waste	e Hauler		100000	JDEP W	\$0.550 mm;	Cubic \			Name of F	Registe	red Land	dfill			
Service Transport Gro	oup			N2117		of Was			Minerva		rprices	Č			
City, State New Castle, DE						Dispos TBD	al Date		City, State Waynes		ОН				
Completed by Andre Gosek		Title Manag	ger			Si	ignature		erch			Date 03/13	2018		

MASIE HAULER

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Date of Notification (1)			Na		Suilding Owner 40p			a compress to addition	出	trial Company	Genst.	(C 104, 16	**** +2/-am	1
	Notification		St	reet Add		000			H M	\F' 1	Ċ	2018	3	
DEP DOL	Initial Amended Amendment #_ Emergency (inc	1 luding	-	PE	Zip Code	30 y	. N			ımber				
DOH DCA	justification) Cancellation		N	ame of C	ALJES				· · · · · · · · · · · · · · · · · · ·					
					ITY INFORMAT	ION	T	Facility (4)			_			-
Name of Facility Where Abatem	ent is Taking Plac ししモS	e (3)		ja.			□ Sc	hool (K-12)	, x				
Street Address			2				St Of	ther (i.e. pri	(Other than K-12 vate & commerci	ial buildi	ings,	home	es, etc	.)
City (5)	A M DOL	4		•	100		Square 180	Feet OO	# of Floors			A Y	'KS	
County (6)	41160			ounty Co			Current	Use (Prior	if being demolish	ned)				
MIDDUES	SEX		(S	TATE U	SE ONLY)			310E						_
Name of Monitoring Firm Hired		er (8)		ASCM	No.			nent Contra		10				
							Address	KEN	DUAC IN	عد_	-			-
Street Address						Street A	SO	South	4 River	2 8	7			_
City, State, Zip Code	***					City. S	tate, Zip	Code				,		
								SACIC	. NI.	0/6	01			-
Project Manager for Monitoring	Firm		T	elephone	e No.	Teleph	one No.	711	A License	00. 003	81	8		
Ot - 1 D-1- (10)		Scheduled	Comple	etion Da	te (11)	77	COCTIA	Manutar						
Start Date (10) 3 / 12 / 18		3	3/3		2			A E	ENVIRONA	YEN.	TA	-		_
Occupancy Status During Abate	ment (Check Only	y One)		1			Address	104 LE	0 5-					
☐ Facility Closed/Vacated D	uring Entire Perio	d of Abat	ement										-	\neg
Abatement Performed Out Other - Describe:	side of Normal Fa	Hotelity Hot	ILS .			SON	TH L	LACILER	SACIC. N	J. (07	60	6	
Scope of Work (Check All That	Apply)				22.5									
	0000 -0- 00 -0 00	100000000000000000000000000000000000000	enovatio					Containme i-Enclosure	nt with Negative	Pressure	:			
≥160 sf or ≥260 lf		Цυ	emolitic	on		[7 Glo	vebag Proce	dure	hla Droo	adur	-0		
		т					Non	-Exempted	(*) and Non-Fria	ible Floc		Abate	ment	
	8		Locatio	200	pc							Ty	pe	
Location of Asbestos-Containing Mate			Normally d Solely		Asbestos Cor	escription	n of faterial (.	ACM)	Amount				m	
TO BE ABATE			aintenan todial St		(i.e. thermal sys	tems insu	lation, st	irfacing,	(Specify SF or LF)	Veliload	Dam	Repair	ncap	Enclosure
In Facility (13)			(12)		other	miscella			. T. T. S.	1 24	low l	air	Encapsulate	sure
		Yes	No	N/A							1		CD	
ZNO FLOOR				×	JOINT CORPE			STEK	3800 S		-	_		
IST FLOOR				×	JOINT COM				1410:	- 1	X X	_		\vdash
1st Floor				×	LINDENH }				130 S	-	7	- /	X	-
EXTERIOR BUILDI	NG BAINT			7	TEXTURE		PAIN	†	ASO S Registered Landf			7	1	Щ
Name of Registered Waste Hau	ller		H	IDEP Wauler ID	No. of W				(5)					
NEWARK CA	ARTING			049		40c	-	GRANT City, Stat	D CENTRAL	SAN	317	AICY		הואי
City, State NEWARL N	J. 56	70				osal Date $3/30$			ARBYL	, 8	A	. 18	307	2
Completed by	24.10	Title		uAte	20	Signatur	M	مادان	u?	Date	3/1	2/	18	
J. 1400	CANS		-3(11			X	1				-	/-		
						U	* Do no	use this for	rm for asbestos li	censure	exen	npted	activ	mes.

DRIGHAL

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2-28-2018 Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code Amended П DEP PERTH AMBOY, N.J. Amendment #_ 野 DOL Emergency (including Name of Contact Telephone Number justification) DOH M. ALVES Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ALVES School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) 94 YRS 1800 PERTH Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) RESIDEUCE MIDDLESEX 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 Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-329-7444 00388 Scheduled Completion Date (11) 3 - 30 - 2018 Name of OSHA Monitor Start Date (10) 3-12-2018 3-Occupancy Status During Abatement (Check Only One Omega Environmental Street Address 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours
Other – Describe: 7 Am – 5 Pm South Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure □ ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e. thermal systems insulation, surfacing, TO BE ABATED Custodial Staff? VAT, or SF or LF) In Facility (12)other miscellaneous) Yes N/A No FLOUR IDINT COMPOUND/PLASTER JOINT COMPOUND / PLASTER FLOOR LINDLEUM & VATA MASTIC 130 X 450 5) TEXTURED PAINT EXTERIOR BUILDING FACADE Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. 18405 Minverva Enterprises, LLC Best Removal Inc 17109 Disposal Date City, State City, State Waynesburg, OH 44688 3-30-2018 Hackensack, NJ 07601

Signature

Title

Estimator

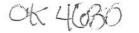
2-28-2018

Robert Veldran

Completed by

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

	PAID				to NJAC 8				11-7	E (g [V.7			
Date of Notification (1) 3-12-2018					f Building (Ave Hous			(2)			9) 5	T- \$0 restricted	495 (1945) - 1946	23.000		And Andrea
Agencies Notified	Type Notification			Street A	ddress					M	AR	16	2018	POTABLE POPUL	4	4.000
EPA DEP	× Initial Amended				Box 262 ate, Zip Coo	de			1	Egyptowi A	whose het	an com				-
X DOL	Amendment #			Tenafl	y, NJ 07				1	ASSI				in Oit	a Sa Tibe error	Ţ
DOH DCA	justification) Cancellation	noidanig	1000	Name of Chris	f Contact Yeaen						ephor	ne Nur 1-06	nber			
					LITY INFO	RMATI	ON			20	1-07	1-00	00			
Name of Facility Where All Residential	patement is Taking	Place (3	3)					Туре	of Facility	(4)			***************************************			
Street Address								H	School (K- Subchapte		er tha	n K-12	2)			
								×	Other (i.e. etc.)	private	& com	nmerci	al build	dings,	home	2S,
City (5) West New York, NJ (07093			165				-	are Feet	# o	f Floo	rs	B 4	ldg. A	ge	
County (6) Hudson					Code (7) USE ONLY)			Curre	ent Use (Pr	ior if be	ing de	molish	ned)			
Name of Monitoring Firm I	lired by Building C	wner (8)		ASCM	No.				atement Co vironmer							
Street Address				l			Street	Addre			1 1100					
City, State, Zip Code							City, S	state, Z	Zip Code							
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph		ty, NJ 07	304	Lice	ense N	0			
	170							333-8			011		·.			
Start Date (10) 3-13-2018		Schedule 3-13-2		pletion (Date (11)				HA Monito above							
Occupancy Status During				-tall —			Street									
X Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire P	eriod of A	Abatem / Hours	ent			City, S	itate, Z	Zip Code							
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti				×	Mi Gl	II Containn ni-Enclosu ovebag Pro on-Exempte	re ocedure					e	
		İs	Location	on									7	Abate	ment	
Location of Asbestos-Containing N			Normall ed Solel		Ashast		scription		I (ACM)	١,	moun		-	1 9	pe	
TO BE ABA In Facility (13)	<u>red</u>		intenan todial S (12)			thermal surfac		s insul T, or	ation,	(Specif F or L	fy	Removal	Repair	Encapsulate	Enclosure
	_1	Yes	No	N/A			, .								ro	
Baseme		-	X				insula				0 LF		x			
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Name of Registered Waste		4	250/94	JDEP Wauler ID	1000	Cubic of Was			Name o							
Green Environmental	Services		1	34889	\$1000 BEES	4			G.r.o.v		orth L	andf	ill			
City, State Jersey City, NJ						Dispos 3-1-3-	sal Date 2018		City, Sta Morris		A _					
Completed by Liliana Serrano		Title Offic	e Mar	ager		S	ignature		Seria	DIEX	5	Da 3-	te 12-20	018		



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Date of Notification (1)					Name	of Building	Owner/Operator (2)	13	A Committee of the Comm			-	And desired in
03/	13 /	18			Sair	nt Mary's	Episcopal Chu	rch	Company of the control of the contro	MAP 1 c	201	3	lud	1
Agencies Notified	Type Notificati	ion			Street	Address			14				į.	-
⊠ EPA					118	W. Bayvi	iew Avenue			Marian Company			el.	
□ DOLWD	Amended			Ī	City, S	tate, Zip C	ode		8	Fa	Tilt 		**	- 2
⊠ DOH	Amendmer		din a		Plea	santville	, NJ 08232	3		and the second second		'	e 13	ne o
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		uaing	t	Name	of Contact				Telephone Numbe	r			
(NOAC 5.25-0)	☐ Cancellatio				Tina	Mitchell	I			908-531-6697				
					FAC	ILITY IN	FORMATION							
Name of Facility Where A		aking I	Place	(3)				Type of Fa						
Saint Mary's Episco	opal Church							School) (Other than K-12)				
Street Address										ivate and commercia	al bui	lding	s,	
118 W. Bayview Av	enue							homes						
City (5)								Square Fe	et	# of Floors	Blo	g. Ag	je	
Pleasantville								5,000		2		0		
County (6)					Coun	ty Gode (7	(STATE USE OMLY)			or if being demolishe	ed)			
Atlantic								Church						
Name of Monitoring Firm				0.000	ASCM	No.	Name of Abatem							
Management & Env	viro. Consulti	ing S	ervic	es			Shade Envir	onmental,	LLC			×		
Street Address							Street Address							
PO Box 341							623 Cutler A	venue						
City, State, Zip Code							City, State, Zip C	ode		1				
Chesterfield, NJ 08	515						Maple Shade	e, NJ 08052	2					
Project Manager for Mon	itoring Firm			Tele	phone l	No.	Telephone No.			License No.				
Bill Weisgarber				60	9-298	4070	856-755-009	9		00842				
Start Date (10)	Sc	chedu	iled Co	omple	tion Da	te (11)	Name of OSHA	Monitor						
03/28/	18	04	1_/	02	_ / _	18	EMSL Analy	tical, Inc.						
Occupancy Status Durin	a Abatement (C	heck	only o	ne)			Street Address							
☐ Facility Closed/Vacate					nent		200 Route 13	30 North						
☐ Abatement Performed						cribe	City, State, Zip C	ode						
Time of Abatement: _	AM	PM	/	_PM-		AM	Cinnaminso		7					
Scope of Work (Check a	Il that apply)													
									h Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De				☐ Mini-En	ciosure ag Procedure	4					
△ ≥100 St 01 ≥200 II		1		monte	,,,					n-Friable Procedure				
			ls	Locat	ion						Ab	atem	ent Ty	уре
Location	ı of	8 8		lorma			Description				Z	Z,	匝	Щ
Asbestos-Containing)		d Sole intena			stos Containing M ., thermal systems)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AB				odial	Staff?	(1.6	surfacing, VA			SF or LF)	val	_	lusc	sure
(13)		-		(12)	1		other miscellan	eous)					ate	(D
			Yes	No	N/A									
Kitchen				\boxtimes		Joint C	ompound			220 SF				
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										٠				
				П										
Name of Registered Wa	ste Hauler		_		JDEP 1		Cubic Yards of	Name of	Regis	stered Landfill				
Freehold Cartage				F	lauler II 15939		Waste 10	Atlant	tic Co	ounty Utilities Au	ıthoı	rity		
City, State					10000		Disposal Date	City, Sta	te					
Freehold, NJ							04/03/2018	Egg F	larbo	r Township, NJ				
Completed By (Print or 1	[vne)	Title					Signaturé	1	Translation	Date	e			
Christina Lynch	1,00/			eside	ent of	Operatio		LODO) 3.	13	119	2	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CVID			NOT	(Pursua	on of	ASBE	STOS .	ABATEME 12:120)	NT						
Date of Notification (1)	March 12, 2	0017		L		7 II	er / Opera	7		Ch	eck#	122	229 8	<u>ዩ</u> 1	037
No	vember 7, 20	17						center – Mai	nland Divis	sion F	P. F		W	E	
Agencies Notified	Type Notificat	tion		Street	Address						9	Ц			
□EPA □DEP				65 We	st Jimm	ie Leed	s Road			M	AR 1	6	2018	3	
⊠DOL	☑ Initial			City, S	tate & Zi	p Code				had book				_	+
⊠рон	Amer	ided idment #_		Pomo	na, NJ 0	8240				ASBE	STOS	CO	NTRO	DL	&
□DCA	Canc	ellation		100000000000000000000000000000000000000	of Conta	7.70				Anne annie, there is resummated to	Teleph	one.	Numb	er	un service co
							roperty (609-65	2-10	00		_
Name of Facility When	Abatamant i	Taking F	Diago (2)	FA	CILITY	INFO	RMATIC	2.000							
AtlantiCare Regional	Medical Cent	er – Main	land Divi	sion				Facility (4) nool (K-12)							-
Street Address							Sub	chapter 8 (O	ther than K	-12)					
65 West Jimmie Leed	s Road								ate & com	nmercial buildi	ngs, h	ome	, etc.)	
City (5)							Square F	eet	# of Floors	s E	Bldg. A	-	ears		
Pomona, NJ							Current U Hospital	Jse (Prior if b	eing demol	lished)		43	ears		
County (6) Atlantic			ounty Code												\neg
Name of Monitoring Fir	m Hired by Bu	ilding Ow	ner (8)		ASCM	No.	Name of	Abatement C	Contractor (9)					\neg
Hillmann Consulting, Street Address	Inc.						Synateci Street Ac							_	-
1600 Route 22 East, S	te 107						829 Radi								
City, State & Zip Code Union, NJ 07083								te & Zip Code		T.		112			
Project Manager for Mo	onitoring Firm		Te	lephone N	lumber			g Harbor, No ne Number	08087	License N	umber			_	\dashv
Stephen Cherepany Scheduled Start Date (10)	Data d. da d		8-688-780			609-296-				008	317			_
November 18,	2017	Scheduled		on Date (1 e 4, 2018	11)		Name of Synatech	OSHA Monito	or						
Occupancy Status Duri	ing Abatement	(Check o	nly one) Period of	Abatemen	ıt		Street Ad	ldress							\neg
Abatement Pe						į,	Secretary Secretary	e & Zip Code	1						\neg
Other – Descr							Little Eg	g Harbor, NJ	08087						- 1
Facility Occup															_
Scope of Work (Check ≥ 3 sf or ≥ 50 lf	all that apply)		M	Renovatio	ın.			5 7		vith Negative Pre	essure				
≥160 sf or ≥260	If			Demolition				Mini-En	ciosure ia Procedui	re					
	1807								•	and Non-Friable	Proce	dure			
Local Asbestos-Contain	tion of	CM		on Norma				cription of			1		ement	Ту	ре
	ABATED	(CIVI)		y Mainten dial Staff?				s-Containing rial (ACM)	- 1	Amount (Special SF or LF)	y				1
	acility 3)					ir		rmal systems surfacing, V				\top	Ū	П	
(.	-/							niscellaneous			2		Re		2
*			Yes	No	N/A						Selloval		Repair	Tildioanie	Deliro
1st Floor Nurses Statio	on, Hallways,	Patient			Х	FI	oor Tile /	Sheet Floor	ing	14,500 SF	+	+	+	+	\dashv
Rooms											X				
											_				
Name of Registered W	aste Hauler		NJDEP V		Cubic Y	ards of	Waste	Name	of Registere	ed Landfill					\dashv
Synatech, Inc.			Hauler ID	429	80			Fairles	s Hills						
City, State					Disposa	al Date		City, St	ate						\neg
Little Egg Harbor, NJ	08087				June 5	, 2018		Morris	ville, PA						
Completed By		Title			10: .		00		Da						\neg
Diane Aloia		Executiv	e Adminis	strator	LAC	and	alo	a	No	March 12, 2 vember 7, 2017					

Date of Notification (1	V			Ter				Ch	eck#	1222	.9	
) ovember 7,	2017		Nar	ne of Build	ing Owner / Operato	r (2)					
Agencies Notified	Type Notific			Stre	et Addres	egional Medical Ce	nter – Mainland L	Louwher (=)		В Б		
□ Е РА						nie Leeds Road		110), EC	; <u>E</u>			
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DCA		ncellation	_	Nan	ne of Conta	act		A O Expression	Telenho	ne Nr	mhe	·
				Mik	e Turner -	Aegis Property Gro	oup	ASBES	Telepho 609-652	1000	IOL	<u>&</u>
Name of E. W. 148					ACILITY	'INFORMATION						
Name of Facility When AtlantiCare Regional	e Abatemen Medical Ce	t is Taking nter – Mai	Place (3) nland Div	rision		Type of Fac	cility (4) I (K-12)					
Street Address							apter 8 (Other tha	n K-12)				
65 West Jimmie Leed	is Road							commercial building	as hor	me e	tc)	
01. (6)						Square Fee			ldg. Age		10.)	
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						Current Use Hospital	(Prior if being de	molished)				
County (6) Atlantic		U	County Cod USE ONLY									
Name of Monitoring Fire	rm Hired by I	Building Ov	wner (8)		ASCM	No. Name of Ab	atement Contract	or (9)				
Hillmann Consulting, Street Address	Inc.					Synatech, I	nc.					
1600 Route 22 East, S	Ste 107					Street Address 829 Radio I						
City, State & Zip Code						City, State 8						-
Union, NJ 07083 Project Manager for Mo	onitoring Eiro		I -	-1	N .	Little Egg H	larbor, NJ 08087	60				
Stephen Cherepany	-	ı	9	eiepnone 08-688-7	Number 800	Telephone 1 609-296-69		License Nu	110000000	_		
Scheduled Start Date (10)	Schedule				Name of OS			0081	1		
November 18,			Mare	ch 19, 20)18	Synatech, I	nc.					
Occupancy Status Duri Facility Closed	ing Abateme I/Vacated Di	nt (Check o uring Entire	only one) Period of	Ahatem	ent	Street Addre						
Abatement Pe					One	City, State 8						
Other - Descri				Ø			arbor, NJ 08087					
Facility Occup							a. 201, 110 00007					
Scope of Work (Check	all that apply	1)										
≥3 sf or ≥ 50 lf	8			Danaua			Full Containmer	nt with Negative Pres	sure			
≥160 sf or ≥260	If		H	Renovat			Mini-Enclosure					
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Locat	tion of		Is Locat	ion Norm	nally Used	Descrip	Non-Exempted	*) and Non-Friable F				
Asbestos-Containi	ing Material ((ACM)	Solely b	y Mainte	nance or	Asbestos-C		Amount (Specify		ateme	ent I	ype
TO BE A	ABATED acility		Custo	odial Stat	ff? (12)	Material		SF or LF)	L			
	3)			1		(i.e., therma insulation, sur					ш	
						or other misc	cellaneous)		Rer	교	Encapsulate	Enclosure
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			Yes	No	N/A				<u>a</u>	-	late	īe
Ist Floor Nurses Statio	n, Hallways	, Patient			Х	Floor Tile / Sh	eet Flooring	14,500 SF		\dashv	\dashv	\dashv
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									- I			
Name of Registered Wa	aste Hauler		NJDEP \		Cubic Y	ards of Waste	Name of Regist	ered Landfill				\neg
Synatech, Inc.	- 3440 - 1 Levinone 1-2 T		100	429	80		Fairless Hills					
City, State					Disposa	al Date	City, State					
ittle Egg Harbor, NJ	08087				March	20, 2018	Morrisville, PA					
Completed By		Title			Signatu			Date		_	_	
Diane Aloia		Eug				ane Color						
riane Alvia		Executiv	e Admini	strator	1 000	une culour		November 7 2017				1

CK 4514 OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) MR. ED KRAMER Type Notification MAR 1 Initial FPA City, State, Zip Code DEP Amended GLENROCK NJ. 07452 DOL Amendment # Emergency (including Telephone Number UUNTRUL & justification) DOH PR. ED. KRAMER ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) HR ED KRAMER School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 1945 GEN ROCK 2200 Current Use (Prior if being demolished) County Code (7) County (6) BERGEN (STATE USE ONLY) RESIDENCE Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Best Removal Inc. Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 Name of OSHA Monitor 00388 Start Date (10) Scheduled Completion Date (11) 3)27 3/28/18 Omega Environmental Occupancy Status During Abatement (Check Only One) 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: 730 AM TO SIM City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure

Mini-Enclosure ≥3 sf or ≥3 lf Renovation □ >160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e. thermal systems insulation, surfacing, (Specify Custodial Staff? VAT. or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A BASERENT THERMAL INSULATION ZOSLF

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Minerva Enterprises, LLC Best Removal Inc 17109 Disposal Date City, State City, State 3/28/18 Wavnesburg OH Hackensack, NJ 07601 Signature Title Completed by J. Maiorano Estimator

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Date of Notification (1)	7.[7].11	8		900	of Building			55		ШЦ	MAR	16	20	18	
Agencies Notified	Type Notification	V	+	Street A	Address	1101						areaments-e	OF THE SHARE	**********	上
☐ EPA	☐ Initial										ASBEST	OS CO CENS		ROL 8	Š.
DEP DOL	Amended Amendment	#		City, St	ate, Zip C	1 1 1.	He	ΔΙ	て、一つ	~ 5	AND DESCRIPTION OF THE PARTY OF	MINT AMERICAN		CO. CONTRACTOR	моно органии
П рон	Emergency (_	Name o	of Contact		II),	JU	201	0 0					
DCA	justification) Cancellation				lackis					1					
Name of Facility Where	Abotomont is Takin	- Di (2)		FAC	ILITY INF	ORMAT	ION	-							
Name of Facility Where I	Abatement is Taking	g Place (3)						Тур	e of Facility						
Street Address								H	Other (i.e.	er 8 (Othe	er than K-1 k commerc		dings	, home	es,
City (5)	1 1/1				•			Squ	etc.) are Feet	# of	Floors	E	Bldg. A	Age	W. Dalley Se.
- 0NC	ort Mill	3						2	400		2		61	2.5	
County (6)	0.7				Code (7) USE ONL	2		Curr	rent Use (P	rior if beir	ng demolis	hed)			
Name of Monitoring Firm	Hirad by Building	humar (8)		ASCN		/	Nome	af Ah	atamant Ca		me.				
- value of monitoring (intr	Timed by Ballating C	owner (o)		ASCI	A INO.		1 30 30		atement Co ustries In		(9)				
Street Address				1			Street	Addre	ess						
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City, State, Zip Code									Zip Code w Jersey	00722					
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph	one N	No.	00123	License N	lo.			
Start Date (10)	1	Scheduled	1 Con	noletion	Data (11)				-7499 SHA Monitor		01196	3-6			
6	22/18	2	12	SIL	Date (11)										
Occupancy Status During Facility Closed/Vaca	5 55		100				Street	Addre	ess						
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm	al Facility I	Hours	ient			City, St	tate, 2	Zip Code	-				460	
Scope of Work (Check Al	That Apply)		-			-									
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					07/03	Stos	Mos	2(file	1000	SF	12			
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Name of Registered Wast	te Hauler		12553	JDEP W		Cubic			Name of	Register	ed Landfill				
Brick Industries Inc.			67.00	1602	140.	of Was	6		GROV	/S Inc.					
City, State Brick, New Jersey						Dispos	al Date	18	City, Sta	te					
Completed by Eric Plackis		Title Presid	ent			S	ignature	1	3.11		Da	te / 7	7	X	

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Agencies Notified Type Notification	on		Street	Address	ohn	<u> </u>	W1-	forev		Broadus, nun versensens	general de transcentin	EVEN THE HEAD	THE PLANT LINES	
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DOH justificatio		1		of Contac	t	NOC	100	110-) O	lephone N	umber			
DCA Cancellati	on			Plackis										
Name of Facility Where Abatement is Tal	king Place (3))	FA	CILITY INI	FORMA	TION	Тур	e of Facilit	y (4)		77-1			
Street Address 🕝 🤉								School (K	(-12)					
Street Address							H	Subchapt Other (i.e	ter 8 (Oth	er than K-	12) cial bui	ldinas	s. hom	ies.
City (5) /	11	-					San	etc.) are Feet		f Floors		Bldg.		
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County (6)				Code (7)			Curr	ent Use (F	rior if be	ng demolis	shed)			
Name of Monitoring Firm Hired by Building	g Owner (8)		ASC	M No.		Name	of Ab	atement C	Ontractor	(9)				
						100000000000000000000000000000000000000		ustries Ir		(3)				
Street Address						Street					-			
City, State, Zip Code		-				P.O.		915 Zip Code				-		
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Project Manager for Monitoring Firm			Telepho	one No.		Teleph				License N	10.			
Start Date (10) 2/6/18	Scheduled	d Com	pletion	Date (11)		10.00	53	-7499 HA Monito	r	01196				
Occupancy Status During Abatement (Che	ck Only One	<u>-/ </u>) ļ	8		Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Abmal Facility F	atem lours	ent					Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Re De	novat molitic	ion on				Mir Glo	II Containn ni-Enclosu ovebag Pro	re ocedure					
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Asbestos-Containing Material (ACM) TO BE ABATED		tenan	ce/	Asbes	tos Cont	aining Ma systems	aterial	(ACM)	1000000	nount	_		Ē	ш
In Facility (13)	Custod	dial St (12)	aff?	(i.e.	surfa	cing, VAT	r, or	ation,		oecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Brick Industries Inc.		- 25000	302	140.	of Was	5		GROW	/S Inc.					
City, State Brick, New Jersey					Dispos	al Date		City, Stat	e					
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Eric Plackis	Preside	ent				(11	211/		1	1	1/	18	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Bursyant to NJAC 8:60 and 12:120) IN CONJUNCTION WITH ANNUAL NOTIFICATION CHECK 1721 CHECK# 1729 Date of Notification (1) Name of Building Owner Operator (2) 03/11/2018 MAPLEWOOD III LLC Agencies Notified Type Notification Street Address 2000 MAPLEWOOD DRIVE **EPA** Initial City, State, Zip Code DEP Amended MAR 2018 6 MAPLE SHADE NJ 08052 DOL Amendment # Emergency (including Name of Contact Telephone Number DOH justification) DAN 856-206-2196 ONTROL & DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 84 MAPLEWOOD DR. V Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age MAPLE SHADE 800 1 50 +County (6) County Code (7) Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS CAMDEN (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ACER ASSOC. ASSURED ENVIRONMENTAL SERVICES INC. Street Address Street Address 1012 INDUSTRIAL DRIVE 570 CLEMS RUN City, State, Zip Code City, State, Zip Code WEST BERLIN NJ 08091 MULLICA HILL NJ 08062 Project Manager for Monitoring Firm MATT DEPALMA Telephone No. Telephone No. License No. 856-809-1202 610-304-4676 01145 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/11/2018 03/11/2018 **EMSL** Occupancy Status During Abatement (Check Only One) Street Address 200 RT. 130 NORTH Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: CINNAMINSON NJ 08077 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

Location of		Location Normali	у	Description of				Abate Ty	ement vpe	<u>t</u>
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/	stos Containing Mater e. thermal systems ins surfacing, VAT, or other miscellaneou	ulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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KITCHEN			Х	JOINT COMPOU	ND	33 SF	Х			
	-			 						
Name of Registered Waste Hauler		1,751,750	JDEP W	Cubic Yards	Name of	Registered Landfill				
ASSURED ENVIRONMENTAL SEF	RVICES		auler ID 03489	of Waste	MINER	RVA LANDFILL				

GENERAL MANAGER

Disposal Date

03/12/2018

Signature

Completed by

City, State MULLICA HILL NJ

RON SWANSON

Date

03/11/2018

WAYNESBURG, OH

City, State

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Date of Notification (1)		N	ame of	Building Ow	ner/Opera	ator (2)						
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D EPA Initial		C	IO (e, Zip Code	11.7	2	1					-
DEP Amended Amendment #_		_ `	-	11.10	NICI	1)00-	Seil	07-801				
Emergency (inc	luding	N	- 1	Contact /	LVL	, <u>)</u> , , , ,	7	Telephone Nu	nber	, ,		
DOH justification) Cancellation			B	lly				1908 8	77	00	33	
			FACIL	JITY INFOR	MATION	T=	Facility /	*				
Name of Facility Where Abatement is Taking P	lace (3))					Facility (a comment
Jan Packaging V	VOL	e hu	200	-			hool (K-1 bchapter	2) 8 (Other than K-1)	2)			
Street Address	-1-					T OI	her (i.e. p	rivate & commerci	al build	ings, i	nomes	,
CO TECT SON.))					Square		# of Floors	Bi	dg. As	e	-
City (5)						1. 1	200	2		50	1	
County (6)		Current	Use (Pri	or if being demolish	ned)							
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Name of Monitoring Firm Hired by Building Ow	ner (8)		Na	ame of Abate	ment Cor	ntractor (9)	/	encongered.	-	į		
				<u> HULL</u>	150	ICTION	(3.)	1-1	7	_		
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01 01 7 0 1					Ci	ty, State, Zip	Code to	Use II (1				-
City, State, Zip Code					10	ty, Otale, Zip	Ain	V N/1	77)-	2	
Project Manager for Monitoring Firm		IT	elephor	ne No.	Te	elephone No.	1000	License N	lo.	2000		
Project Wanager for Montoning					12	32294	1175	7 1000)) (9		
Start Date (10)	chedule	d Com	pletion [Date (11)	- American	me of OSHA	The second second second					
3/33/18	3/	301	18		and the second							
Occupancy Status During Abatement (Check (Only On	ie)			S	reet Address						D. Barriera
Facility Closed/Vacated During Entire Pa	riod of A	Abatem	ent				~					
Abatement Performed Outside of Normal Other – Describe:	Facility	Hours			_ G	ity, State, Zip	Code					7
Scope of Work (Check All That Apply)	7											\dashv
	Пв	tenovati	ion			☐ Full (Contaion	ent with Negative	Pressu	e.		
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	emolitic				Mini-	Enclosur	е				
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TO BE ABATED In Facility		todial S		(i.e. if		stems insulati g, VAT, or	ion.	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler	e (1b)		JDEP V	Vaste	Cubic Ya	rds	Name of	Registered Landf	II X			
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Newark Carting			145	0-1	Disposal Disposal	Date	City, Sta	1((1)		-		
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Date of Notification (1 03/12/2018) %	A God	Suns	Name Wayn	of Building e Towns	g Owner/ hip Publ	Operator (2) ic Schools				Check	# 10	42		
Agencies Notified IXI EPA	Type Notification				Address lis Drive				IIr		G	E		$\overline{\mathbb{V}}$	
☑ DEP ☑ DOL	☐ Amended Amendment #		_		tate, Zip C e, New J		7470		- I	1)	1445	1	0 0	040	
⊠ DOH ⊠ DCA	☐ Emergency (i justification) ☐ Cancellation	ncluding		Name John I	of Contact Maso	t				lepho 3-317	ne Nu	mber	6 2	U18_	
Name of Facility When	o Abotoment is Tale	DI (6		FAC	CILITY INF	ORMAT			#	AS	BEST	05 (JON	ROL	. &
Schuyler Colfax Mic	ddle School	ng Place (3)				Type of Fa	cility (4)	-	THE PROPERTY OF THE PROPERTY O	L	CEN	SHVC	Ž	Name and Parks
Street Address 1500 Hamburg Turr	npike						☐ Subch	l (K-12) apter 8 (Otl (i.e. private	her than	K-12) nercia	l I buildi	ngs, h	nomes	s, etc.)
City (5) Wayne, New Jersey	07470				7 - 91		Square Fee	et	# 6	of Floo	ors		3ldg. / 50+	Age	
County (6) Passaic				County (STATE	Code (7)	0	Current Us	e (Prior if b Middi	eing der le Scho	nolish ol	ed)				
Name of Monitoring Fi AHERA Consultants	rm Hired by Building s, Inc.	Owner (8)		ASC 000	M No. 57		Name of Ab Lilich Corp	atement Co	ontracto	r (9)					
Street Address P.O. Box 385							Street Addre		12						
City, State, Zip Code Oceanville, New Jer	sey 08231	-					City, State, 2 Woodland	Zip Code Park, Nev	v Jerse	v				-	
Project Manager for M John Smoyer	onitoring Firm			Telepho 609-65	one No 52-1833		Telephone N 973-225-84	10.		-	ense N	0.			
Start Date (10) 03/30/2018		Schedule 04/08/2	ed Cor	npletion	Date (11)		Name of OS Iris Enviror			ries	II.C		-11= 30030		
Occupancy Status Dur	ing Abatement (Che	ck Only On	ie)				Street Addre								
☐ Facility Closed/V	acated During Entire med Outside of Norr	Period of	Abater	ment	2000		2333 Route	e 22 West							
	Fri thru Sun wee	ekend wor	k inc	7am-11	1pm		City, State, 2 Union, N.								
Scope of Work (Check □ ≥3 sf or ≥3 lf	All I hat Apply)														
≥ 160 sf or ≥260 lf			enova emolit				☐ Mi	III Containn ni-Enclosu ove Bag Pr on-Exempte	re ocedure	e / Lim	ited Co	ontain	ment	&Ten	nt
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Art Rooms			X			2 VAT N			2250			X			
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Name of Registered Wa	aste Hauler			JDEP Wauler ID		Cubic of Was		Name of	Registe	red La	andfill				
Lilich Corporation			100	18724	140.	20		Fairless	Landfill						
City, State Woodland Park, New	Jersey					Dispos 04/08/2	al Date	City, Stat Morrisvi							
Completed by Adriana Olejarova		Title Pres	sident	i		Si	gnature	0			Dat 03		2018	}	

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Date of Notification (1) '3/10/2018					of Buildir			or (2)			MA	R 1	8 2(18	-
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X DOL	Amended Amendmen				State, Zip mit, NJ(
Ĭ DOH	Emergency justification	1)	ıg	Name	of Contac	ct				T TA	lenhone 1	Jumbar			
DCA	Cancellation	n			ene Bud CILITY IN		7			1		=			v 100-114
Name of Facility Where	Abatement is Taki	ing Place	(3)	FAC	JILIT IN	FURMA	ION	Тур	e of Facility	(4)					
Marlene Buccafuso	o's Residence								School (K-	12)					
City (5)								×	Subchapte Other (i.e. etc.)	er 8 (Oth private	er than K & comme	-12) rcial bu	ildings	, hom	nes,
Summit								Squ	are Feet	# 0	f Floors		Bldg.	Age	
County (6)				County	Code (7)			Cur	rent Use (Pr	ior if be	ing demoi	ished)			
Union Name of Monitoring Firm	Hired by Building	Ournes (C	1)		USE ONL	n									
Name of Morntoning Pinn	rifled by Building	Owner (8	3)	ASC	M No.		Name MKI	of At	patement Co perty Ma	ntractor	(9)				
Street Address							Street			ritoriai	ICC LLC				
City, State, Zip Code									Riper Ave	9					
									Zip Code IJ 07011						
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph	none I			License 01336	No.			
Start Date (10) 3/21/2018		Schedu	led Co	mpletion	Date (11))	1		HA Monitor				-		
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Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire	Period of	Ahater	ment s			Street City, S		Zip Code						
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Name of Registered Waste	e Hauler		N	JDEP W	aste	Cubic	Yards		Name of F	Register	ed Lands				
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City, State						Disposa	al Date		City, State						
Completed by Darko Raloski		Title	ot Ma	nnaas		Si	gnature		Melville	INY T	D	ate			-
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Date of Notification (1) 303/13/2018 Agencies Notified Type Notification FAR I Initial Agencies Notified DEP DA Initial Amended I Amended I Amended I Amended I Initial Amended I Amended I Initial Amended I Amended I Initial FAGILITY INFORMATION Name of Facility (Where Abatement I: Entering Place (3) Private Street Address Street	CK#1060	Ì		NOTH H	-ICATIO	NOF AS	BESTOS	ABATE	EMEN 20)	IT [m	E G [W		
Agencies Notified PA Agencies Notified Type Notification Type of Facility (A) Tenafly, NJ 07670 Tenafly, NJ 07670 Tenafly, NJ 07670 Type of Facility (A) Type of F				L	Name	of Building	Owner/	Operato	r (2)		111				- 11	
EPA DOL DHA Initial Annanded Annanded Annanded City, State, Zip Code Teadity, NJ 07670 County (6) Energency (including public Response) Street Address Street Address Stre	03/13/2018								(-)		\square	MAD	4 7	nnid		
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DOP Amended Amendment #	□ EDA	☑ 1=10=1								1					ĺ	
DOL Amendment # Tenaffly, NJ 07670 December Tenaffly NJ 07670 Name of Contact Alan	DEP			1	City, St	ate. Zip C	Code					Stresici	S 1 A 31	TRO	- Gc	
DOH	× DOL	Amendmen								ĺ	r					
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Name of Facility Where Abatement is Taking Place (3)						or correct										
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Clay (5) Tenafly, NJ 07670	Street Address								H	Subchant	-12) er 8 (Otl	her than K.	.12\			
County (6)									×	Other (i.e	. private	& commer	cial bu	ildings	, hom	ies,
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Bergen Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address Stree	Tenafly, NJ 07670								Squ	Jare Feet	# 0	of Floors		Bldg.	Age	
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Street Address Street Address 8 Crosby Ave City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. 1 Teleph	Bergen				(STATE	USE ONL	n		Cur	rent Use (F	rior it be	eing demoli	shed)			
Street Address Street Address 8 Crosby Ave City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. 1 Teleph	Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	A No	***	Name	-5.01							
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Scrosby Ave City, State, Zip Code City, State, Zip Code Paterson, NJ 07502	Street Address										LC					
City, State, Zip Code City, State, Zip Code							0.0000000000000000000000000000000000000									
Project Manager for Monitoring Firm Telephone No. Telepho	City, State, Zip Code											24511500				
Telephone No. Telephone No. Telephone No. Telephone No. 973-400-8711 License No. 01332	,,,															
Start Date (10) O3/23/2018 Scheduled Completion Date (11) O3/23/2018 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 8:00am - 5:00om Scope of Work (Check All That Apply) 23 sf or 23 lf X Renovation Demolition Sensor 250 lf Renovation Demolition Sensor 250 lf Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and No	Project Manager for Mon	itoring Firm			Talasta						02					
Slart Date (10) O3/23/2018 Scheduled Completion Date (11) O3/23/2018 Removal Safety LLC Scope of Work (Check All That Apply) Safe of San 23 if Safe of 23 if Safe of 250 if Location of Asbestos-Containing Material (ACM) In Facility In Facility (13) Basement Assement As		itomig r iim			reiepno	ne No.		100					No.			
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Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Paterson, NJ 07502 Scope of Work (Check All That Apply) ≥ 35 for ≥31 f ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Person No N/A Basement X Floor Tiles City, State, Zip Code Paterson, NJ 07502 City, State, Zip Code Paterson, NJ 07502 X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, Specify SF or LF) Yes No N/A Floor Tiles Asbestos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF) SF or LF) Abatement Type Abatement Type Asbestos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF) SF or LF) Abatement Type The Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF) SF or LF) SF or LF Abatement Type The Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF) SF or LF SF or LF SF or LF Abatement Type The Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos Containing Material (ACM) (I.e. thermal systems insulation, SF or LF) SF or LF SF o																
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≥ 160 sf or ≥260 lf		i inat Apply)						5.44								
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Per No N/A Basement X Floor Tiles Name of Registered Waste Hauler Removal Safety LLC City, State Paterson, NJ Completed by Lasko Veskov			ls	Locati	on					anompt	Jarran	G 14011-1 116	DIE I IC			
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City, State Paterson, NJ Completed by Lasko Veskov Disposal Date TBD City, State Morrisville, PA Signature Date	Removal Safety LLC				0.7			te								
Paterson, NJ Completed by Title Lasko Veskov President Disposal Date Title Signature Signature Date	City, State			00	03/00/			-1.5				WI .				
Completed by Title Signature Date	5/1//							al Date		7.5						
Lasko Veskov Signature Date			Title				980811111			Morris	ville, P	Α				
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Date of Notification (1) . 03/14/18				f Building ood To				rict			MAR	16	201	8
Agencies Notified Type Notification			Street A						-	ASE	ESTC.		INTR	OL &
EPA Nitial Amended				ate, Zip Co		<i>3</i>					Lic	EN5	<u>NG</u>	***************************************
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DOH justification DCA		-	Name of	f Contact						eph o ne 1 18 996 2			05	
				LITY INF	ORMATI	ON			100	.000 2	20-77	.,,,,,,		
Name of Facility Where Abatement is Takin Kingwood Elementary School Street Address	g Place (3	3)				and the second second second second second	X	of Facility (4 School (K-1) Subchapter Other (i.e. p	2) 8 (Oth			ildine	e hom	100
880 County Road 519							tund .	etc.)						ico,
City (5) Frenchtown							Squa 50,0	re Feet 100	#0	f Floors	- 1	Bidg. 50	Age	
County (6) Hunterdon		and the second	County (Code (7) USE ONLY)		Curre	ent Use (Prio ool	r if be	ng demo	lished)			
Name of Monitoring Firm Hired by Building (RK Occupational&Environmental A			ASCN 0009					tement Con struction		The state of the s	n, Inc.			
Street Address 401 St. James Avenue						Street	Addre							
City, State, Zip Code Phillipsburg, NJ 08865								ip Code IJ 07512			1100-511-501-5			
Project Manager for Monitoring Firm			Telepho			Teleph	one N	0.		License				
Jon Gilbert Start Date (10)	Sahadula	20,000		54 6316 Date (11)		973 2		010 A Monitor		00666) 			
04/02/18	04/04/		npietion	Date (11)				an Monitor struction &	& Res	storatio	n, Inc.			
Occupancy Status During Abatement (Chec	k Only Or	ie)				Street								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Abater Hour	ment s			City, Si	tate, Z	46 Suite ip Code IJ 07512	3D			- 10/1/15		
Scope of Work (Check All That Apply)						1010	wa, r	0/012						
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	18 (1-10)	Locat										Aba	itemer Type	îÊ
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D-Wing Women Faculty Bathroom		Х				iling Ti		A season in con-	2	4 SF	X			
D-Wing Men Faculty Bathroom		Х			Cei	iling Ti	le	All the second second	2	4 SF	X	-		1
Name of Registered Waste Hauler		TA	JDEP W	aste	Cubic	Yarde		Name of F	2eniete	red Land	ian			<u> </u>
Bako Construction & Restoration, In	C.	-	lauler ID 0889		of Was			Tullytow				/ery	Facil	ity
City, State Totowa, NJ					Dispos 04/05	al Date /18		City, State Tullytow		4				
Completed by Goran Kojic	Title Proie	ct Ma	anager		S	ignature	(57	J. Const	3		Date 03/14	/18		0 (1 mm) 1 3 (1 mm)

Print Form

Date of Notification (1)			NOT	Pursua	ON OF A	AC 8:60	SABATI and 12:12	20)	ΝΤ			G I ar	三 16	L	Print Fo
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Agencies Notified	Type Notification	n		Street	Address						ASBE	STO	S CO	NTRO	DL &
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X DOL	Amendme	nt #			State, Zip n Beac		7735								
□ DOH	Emergence justification	y (includi	ng		of Conta		7700			Tal	lanhana N				
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Residential Home	Abatement is Tak	ing Place	(3)					Тур	e of Facility	(4)					
Street Address									School (K-	12)	377 2 0 22	o dinggo n			
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City (5)									etc.) Jare Feet						100,
Union Beach								310		2	f Floors		Bldg. 65 +	_	
County (6)				County	Code (7)		The second of	rent Use (Pri		na demoli	shed)			
Monmouth				(STATE	USE ONL	.y)		Re	sidential F	lome	-a somoli	Ji iou)			
Name of Monitoring Firm Project Manager	Hired by Building	Owner (8)	ASC	M No.		Name	of Ab	atement Cor	ntractor	(9)		_		-
Street Address							All S	tage	s Abatem	ent					
0.0007.1007.033							Street		7000 T. T. V.						
City, State, Zip Code									lidland Ave	ə. ———	N.				
									Zip Code rook, NJ (7663					
Project Manager for Monit	toring Firm			Telepho	one No.		Teleph			77000	License I	No			
							201-6				01305	NO.			
Start Date (10) 3/23/18		3/27/1	led Co	mpletion	Date (11)	Name	of OS	SHA Monitor			_			
Occupancy Status During	Abstement (Che	(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)													
							Street	Addre	ess						
Facility Closed/Vacat Abatement Performe Other – Describe:	d Outside of Norr	nal Facili	Abate ty Hour	ment s			City, St	tate, 2	Zip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				×	GI	ull Containme ni-Enclosure ovebag Proc on-Exempted	edure				-	
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TO BE ABAT	ED	Ma	aintena	nce/	Asbe:	stos Con , therma	taining Ma	ateria	I (ACM)	35770	ount ecify			Щ	
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Il Stages Abatement				36592		of Wa	sie		Grand C	entral	Sanitan	y Lar	dfill		
ity, State addle Brook						Dispos	sal Date		City, State			2000-02-0			
ompleted by		Title				S	ignature	/	11/	/	Da	te			
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Date of Notification (1)	1				Name	of Buildin	g Owner/Operator (2)	LI LI, NIF	AH 1	0	201	8	Land
	12 /	18	<u> </u>			unty of P	assaic (Page	1 of 3)		e e consensar e e e e e e e e e e e e e e e e e e e	'attrea	or TW/Colonia	PROPERTY SERVICE	
Agencies Notified ⊠ EPA	Type Notifica ☐ Initial	ation				t Address	42000		ASBE	STOS LIGE	CO	NTR	OL &	ž.
☑ DOLWD	☐ Initial ☐ Amended	d				Grand S		(d)	CANAL PROPERTY AND ADMINISTRAL ON AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION	ent outstand	monton.	Alternation		MINISTER COM
⊠ DHSS	Amendme		6			State, Zip (
□ DCA	☐ Emergen		cluding	9		erson, N			T-lankana N					
(NJAC 5:23-8)	justification Cancellat				100000000000000000000000000000000000000	drew Tho			Telephone N (973) 881					
		uon					IFORMATION		(973) 00	1-442	*			
Name of Facility Where A	batement is T	Γaking	g Place	(3)				Type of Facility	(4)			2000		
Passsaic County Co			5					☐ School (K-1	2)					
Street Address				// extorest				Subchapter			٠	** -15		
63 Hamilton Street								Other (i.e., phomes, etc.		nmerci	al bu	niainé	js,	
City (5)								Square Feet	# of Floors	8	BI	dg. A	ge	
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Passsaic		Vacant												
Name of Monitoring Firm I	Hired by Build	ding C	Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9))			al resource		
Langan					Superior Aba	atement Inc	100 mm - 100							
Street Address							Street Address							
300 Kimball Drive							2 Henderson							
City, State, Zip Code					9		City, State, Zip Co							
Parsippany, NJ 0705							West Caldwe	II, NJ 07006						
Project Manager for Monit	oring Firm			1	ephone		Telephone No.		License No).				
Vijay Patel				1		0-4900	(973) 808-161		00411					
Start Date (10)					etion Da	- B - B	Name of OSHA M							
		_)5_ /		7_ / -	18	Superior Aba	tement Inc						
Occupancy Status During							Street Address	220 <u>2</u>						
☑ Facility Closed/Vacated☑ Abatement Performed						oribo	2 Henderson							
Time of Abatement: _A			PM-		_AM	Cribe	City, State, Zip Co							
							West Caldwe	II, NJ 07006						
Scope of Work (Check all	that apply)							ainment with Ne	gative Pressure	9				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re				Mini-Encl							
≥160 St or ≥260 If			⊔ ⊳е	molitio	on		☐ Glovebag ☐ Non-Exer	g Procedure mpted (*) and No	n-Friable Proc	edure				
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Location of Asbestos-Containing M				Norma	illy ely by	A - L -	Description o		7.2	r	77.77			
TO BE ABAT		,	Mai	intena	nce/		stos Containing Mar ., thermal systems i		Amount (Specify		Removal	Repair	ncal	nclo
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(13)			Yes	No	N/A		other miscellaned	ous)					ate	Ф
(1 containment)Grnd,1	st ,2 nd &Att	ics				Pipe Ins	sulation		1,553 LF	=				
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Ground, 1st, 2nd, Attic	Areas			\boxtimes		Wall an	d Ceiling Plaster	-	41,793 SF	F				
Ground, 1st, 2nd, Attic	Areas					Plaster	Skim Coat		1,030 SF	:				
Name of Registered Waste	Hauler			1 174600	JDEP V		Cubic Yards of	Name of Regis	stered Landfill					\neg
Service Transport G	roup, Inc			H	SW21		Waste 1500	Minerva La	andfill					
City, State					J1121		Disposal Date	City, State						
New Castle, DE							Various	Waynesbu	rgh, OH					
Completed By (Print or Typ	e)	Title					Signature	1 11	/	Date	8	,		
Nick Petrovski		Pr	reside	nt			Made	MINI	2/	Date	-/	2 -	18	7

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Date of Notification (1) 03 /	12 /	18			Name	of Building	g Öű	ner/Operator (2) (Page 2 o	nd been	11)	0 (_010		haceas
Agencies Notified EPA	Type Notificat				Street	Address			(1. 250 2	ASBLS	TOS C			IL &	1
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☐ DCA (NJAC 5:23-8)	☐ Emergence justification ☐ Cancellation	n)	ding		Name	of Contac	t			Telephone N	Number		7		2017-1115
					FA	CILITY IN	FOI	RMATION		-					
Name of Facility Where A	batement is Ta	aking Pl	ace (3	3)					Type of Facility	(4)					
Passsaic County Co	ourthouse A	nnex E	Build	ing					School (K-12						
Street Address 63 Hamilton Street									Subchapter Other (i.e., p	rivate and con		al bu	ilding	js,	
City (5)		-							Square Feet	# of Floors		Blo	dg. A	ge	
Paterson															
County (6)					Cour	ity Code (7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being der	molishe	d)			
Name of Monitoring Firm	Hired by Buildi	ing Own	er (8)	1	ASCM	No.	Na	me of Abateme	ent Contractor (9)		-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
Street Address	112 - 127 - 127 - 127 - 127 -						Str	eet Address							
City, State, Zip Code							Cit	y, State, Zip Co	ode						
Project Manager for Monit	toring Firm		1	Tele	ohone	No.	Tel	ephone No.		License No	0.				
Start Date (10)		chedule					Na	me of OSHA M	lonitor						
		Manager 1			_ / -										
Occupancy Status During Facility Closed/Vacate Abatement Performed	d During Entire Outside of Nor	Period	of Ab	aten	s - Des	cribe		eet Address y, State, Zip Co	ode						
Time of Abatement: _/	AMPM/		PM		_AM										
Scope of Work (Check all	that apply)		Reno	votic				☐ Full Cont	ainment with Neg	gative Pressure	е				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Demo					☐ Glovebag	g Procedure mpted (*) and No	on-Friable Proc	edure				
				ocati rmal								Aba	ateme	ent T	уре
Location of Asbestos-Containing N	T	ι	Jsed			Ashes	stos	Description of Containing Mar		Amount		Re	Re	E	Ē
TO BE ABA	TED		Maint				, the	ermal systems i	nsulation,	(Specify		Removal	Repair	Encapsulate	Enclosure
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(15)		Ye		No	N/A		Oti	nei miscellane	ous)					te	
Ground, 1st, 2nd and	3rd Floors			3		Plaster	Deb	oris		550 S	F	\boxtimes			
Ground, 1st, 2nd and	3rd Floors			\triangleleft		Suspen	ded	Ceilings w/	ACM debris	15,500 S	F	X			
Ground, 1st, 2nd, 3rd	Floors & Att	ic 🗆		3		Duct Ins	sula	tion		1,210 S	F	\boxtimes			
Ground, 1st, 2nd and	3rd Fl-Chase	es 🗌		3		Duct Se	em	Tape		8 SI	F	\boxtimes			
Name of Registered Waste	e Hauler				IDEP V		Cub	oic Yards of ste	Name of Regis	stered Landfill					
City, State							Dis	posal Date	City, State		2			11.00	
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Date of Notification (1)	0.0000000000000000000000000000000000000	85.000 N		Name	of Buildin	g Owner/Operator			MAH 1	6	2018)
	12 /	18					(Page 3 of 3)		****			
Agencies Notified EPA	Type Notific	ation		Street	t Address			ASD	ESTOR LIGEN	CON	TRC G)L &
☑ DOLWD	⊠ Amended			City, S	State, Zip C	Code						
□ DHSS	Amendm Emergen	3 - T	7									
(NJAC 5:23-8)	justificati	on)	9	Name	of Contac	t		Telephone Nu	ımber			
				FA	CILITY IN	FORMATION						
Name of Facility Where	Abatement is	Taking Place	(3)				Type of Facility	(4)				
Passsaic County C	ourthouse A	Annex Bui	lding	3			School (K-12		40)			
Street Address							Subchapter 8			ildino	ıs	
63 Hamilton Street							homes, etc.)				,,,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Paterson												
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Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	×				
Street Address						Street Address			-			
City, State, Zip Code						City, State, Zip C	ode					
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.				
(85) 1913 (8						V.			1617			
Start Date (10)		Scheduled C	ompl		ate (11)	Name of OSHA N	Monitor					
Occupancy Status During	Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacate						(5)						
Abatement Performed Time of Abatement: _				rs - Des AM	scribe	City, State, Zip C	ode					5
Scope of Work (Check all 3 sf or >3 lf 160 sf or >260 lf	I that apply)		enova			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No		dure			
		0.75	Loca						Ab	atem	ent T	уре
Location Asbestos-Containing		11	Norma ed So	ely by	Asha	Description of stos Containing Ma		Amount	70	Re	m	Щ
TO BE ABA		" Ma	inten	ance/		., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili	ty	Cus	todial (12	Staff?		surfacing, VAT		SF or LF)	<u>va</u>	7	sula	sure
(13)		Yes	No	N/A	1	other miscellane	eous)				ate	
1st Floor Space 1-14/	4				Woode	n Door with Cor	e Insulation	20 SF				
Ground, 1st, 2nd and	3rd Floors				Floor Ti	ile and Mastic		17570 SF				
Ground, 1st, 2nd and	3rd Floors				Old Ele	ctric Panel Boar	rd	56 SF				
Ground and 1st Floor	s (Exterior)				Window	//Door/Louver C	aulk	210 LF				
Name of Registered Was	te Hauler			JDEP V		Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State						Disposal Date	City, State					
	2004 (A. 1922 - 1921 - 1921 - 1921 - 1921 - 1921 - 1921 - 1921 - 1921 - 1921 - 1921 - 1921 - 1921 - 1921 - 19	<u> </u>										
Completed By (Print or Ty	/pe)	Title				Signature			Date			

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Date of Notification (1)	(- 1110	4.0	004	2	
Agendes Notified	Date of Notification (1)	20 /	17					300		(17. No. 18. N		MAH	l b	201	3	L
□ DOLAYD □ Amended Amendment # DOLAYD □ Amended Amendment # □ Emergency (including DoLA Districtation) □ Cencellation								assa	ic (Page	1 01 3)					r mar make t	
Drisks			ition					tree	t	OCIAINE PARTE					OL 8	ķ
Date County Courthouse Annex Building Paterson, NJ 07905 Name of Contact Andrew Thompson Paterson Telephone Number (973) 881-4424						City, S	State, Zip C	Code		- Lo	4-045-35	company materials and impact software and other		750178140	granderina	esminte
Name of Facility Where Abstement Is Taking Piace (3)			_	ludina		Pat	erson, N	J 07	505							
		justification	cy (inc on)	luaing		Name	of Contac	t			Te	elephone Numb	per			
Name of Facility Where Abetement is Taking Place (3)		☐ Cancellati	ion			And	drew Tho	mps	on							
Passaic County Courthouse Annex Building						FAC	CILITY IN	IFOR	RMATION		-		1100	TO THE		
Passaic County Courthouse Annex Building	Name of Facility Where A	Abatement is T	aking	Place (3)	1507000	700000000000000000000000000000000000000	TIP (1-20) DA		Type of Facility	(4)					
Other (i.e., private and commercial buildings, homes, etc.) City (5)	Passsaic County C	ourthouse A	nnex	Build	ling					School (K-1	2)					
County (6)	Street Address			VI ST			- 924							.!! .!!	_	
Paterson	63 Hamilton Street											te and commer	ciai bu	illaing	S,	
Paterson County (County Code (7)(STATE USE ONL!) Current Use (Prior if being demolished) Vacant Va	City (5)									Square Feet	1	# of Floors	BI	dg. Ag	ge	
Passsaic Name of Monitoring Firm Hired by Building Owner (8)	Paterson									40,000		4		127 y	rs	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 00099 Superior Abatement Contractor (9) Superior Abatement Inc	County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	rior i	f being demolis	hed)			
Langan										Vacant						
Street Address 2 Henderson Drive	Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
2 Henderson Drive 2 Henderson Drive						0009	9	S	uperior Aba	atement Inc						
City, State, Zip Code								1 - 1		Anna isa						
Parsippany, NJ 07054																
Project Manager for Monitoring Firm Telephone No. (973) 560-4900 (973) 808-1616 D411								1								
Vijay Patel (973) 560-4900 (973) 808-1616 00411					- 1			1		II, NJ 07006						
Start Date (10)	F 50	itoring Firm						1	in North Commence	10						
10	- 100000		chod	lod Co								00411	3115-11			
Occupancy Status During Abatement (Check only one)					30 - 10 <u>4</u> 7 (13)		STATE OF THE PARTY.									
Second Second										itement nic						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AMPM/PMAM					300.00	mont		1000		Deixa						
Time of Abatement: _AMPM/PMAM							cribe			,						
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Description of □ Asbestos-Containing Material (ACM) □ Normally Used Solely by Maintenance/ (I3) □ Ves No N/A □ N/A □ Pipe Insulation □ Seround, 1st, 2nd, 3rd Floors & Attic □ □ Pipe Joint Insulation □ Plaster Skim Coat □ Name of Registered Waste Hauler Service Transport Group, Inc □ Senance Senance							or in o	1 .								
Solid Solid	Scope of Work (Check al	I that apply)					-1177		ecst Galunc						-	
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally by Maintenance/ Custodial Staff? (12) Yes No N/A Normally by Maintenance/ Custodial Staff? (12) Yes No N/A Normally by Maintenance/ Custodial Staff? (12) Yes No N/A Normally by Maintenance/ Custodial Staff? (12) Yes No N/A Normally by Maintenance/ Custodial Staff? (12) Yes No N/A Normally by Maintenance/ Custodial Staff? (12) Yes No N/A Normally by Maintenance/ Custodial Staff? (12) Yes No N/A Normally by Maintenance/ Custodial Staff? (12) Yes No N/A Normally by Maintenance/ Custodial Staff? (13) Yes Normally by Maintenance/ Custodial Staff? (14) Yes Normally by Maintenance/ Custodial Staff? (14) Yes Normally by Maintenance/ Custodial Staff? (15) Yes Normally by Maintenance/ Custodial Staff? Yes	☐ ≥3 sf or ≥3 lf					200			☐ Mini-End	closure g Procedure			re			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Ground, 1st, 2nd, 3rd Floors & Attic Ground, 1st, 2nd and 3rd Floors Mall and Ceiling Plaster Ground, 1st, 2nd and 3rd Floors Mall and Ceiling Plaster Ground, 1st, 2nd and 3rd Floors Mall and Ceiling Plaster Ground, 1st, 2nd and 3rd Floors Mane of Registered Waste Hauler Service Transport Group, Inc NJDEP Waste Hauler ID No. SW2117 Disposal Date City, State New Castle, DE Completed By (Print or Type) Title Disposal Date 1/2/22/2017 Title Signature Jack CM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other insulation Specify Sport LF) Pipe Insulation 1,553 LF Mall Insulation 1,553 LF Mall Insulation 1,553 LF Mall Insulation Bace FA Disposal Date City, State Name of Registered Landfill Minerva Landfill Minerva Landfill Date	7117-100-SQT 142-								2000 10000				Ab	atem	ent T	уре
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Yes No N/A	TO BE ABA	TED	'					e., the	rmal systems	insulation,		(Specify) iii	pair	cap	clos
Ground, 1st, 2nd, 3rd Floors & Attic	10 20 20 20 20 20 20 20 20 20 20 20 20 20	ty		Cusic								SF or LF)	\ <u>a</u>		sula	ure
Ground, 1st, 2nd, 3rd Floors & Attic	(,			Yes	No	N/A		00	nor misochane	.003)					fe	
Ground, 1st, 2nd and 3rd Floors Ground, 1st, 2nd and 3rd Floors Disposal Date Completed By (Print or Type) Wall and Ceiling Plaster Wall and Ceiling Plaster Wall and Ceiling Plaster 37,293 SF Disposal Plaster Skim Coat 1,030 SF Minerva Landfill Minerva Landfill Waynesburgh, OH Signature Date	Ground, 1st, 2nd, 3rd	Floors & A	ttic		\boxtimes		Pipe In	sula	tion			1,553 LF				
Ground, 1st, 2nd and 3rd Floors Name of Registered Waste Hauler Service Transport Group, Inc City, State New Castle, DE Completed By (Print or Type) Plaster Skim Coat NJDEP Waste Hauler ID No. SW2117 Cubic Yards of Waste 1000 Cubic Yards of Waste 1000 City, State 12/22/2017 City, State Signature Signature Date	Ground, 1st, 2nd, 3rd	Floors & A	ttic		\boxtimes		Pipe Jo	oint I	nsulation			826 EA	\boxtimes			
Name of Registered Waste Hauler Service Transport Group, Inc City, State New Castle, DE Name of Registered Landfill Name of Registered Landfill Minerva Landfill Minerva Landfill City, State Disposal Date 12/22/2017 Completed By (Print or Type) Title Name of Registered Landfill Minerva Landfill Minerva Landfill Minerva Landfill Signature Waynesburgh, OH Date	Ground, 1st, 2nd and	3rd Floors			\boxtimes		Wall an	nd Co	eiling Plaste	·Γ		37,293 SF				
Service Transport Group, Inc City, State New Castle, DE Completed By (Print or Type) Hauler ID No. SW2117 Disposal Date 12/22/2017 Waste 1000 Disposal Date 12/22/2017 Waynesburgh, OH Signature Signature Date	Ground, 1st, 2nd and	3rd Floors			\boxtimes		Plaster	Skir	n Coat			1,030 SF	X			
City, State New Castle, DE Completed By (Print or Type) SW2117 SW2117 1000 Initiarya Landilli City, State 12/22/2017 Waynesburgh, OH Signature Signature Date			-		11000			1800 1000		1						
City, State New Castle, DE Completed By (Print or Type) Disposal Date 12/22/2017 Completed By (Print or Type) Title Disposal Date Waynesburgh, OH Signature Date	Service Transport (Group, Inc								Minerva L	and	Ifill				
Completed By (Print or Type) Title Signature Date					-					City, State						
	New Castle, DE							1	2/22/2017	Waynesbu	urgh	ı, OH				
Nick Petrovski President — Mull-Marker 9-29-17	But and the state of the state	ype)	Title						Signature	111	1	/				
	Nick Petrovski		Pr	eside	nt				111	MAL	1	nh	9-	2	7-	17

								•						111 1
Date of Notification (1) 09 /	29 / 17			Name	of Building	Owne	er/Operator (2) (Page 2	of 3)	MAR	1 6	2018		
Agencies Notified ⊠ EPA	Type Notification ☑ Initial			Street	Address				F-Stinesson.	ASSEST	S UZ)N ENSIN	TRO	L &	
☑ DOLWD ☑ DHSS	Amended Amendment #			City, S	tate, Zip C	Code					PH 41211	£3	120000	*****
□ DCA	☐ Emergency (in													
(NJAC 5:23-8)	justification)	0.00.1.9		Name	of Contact	t			Te	elephone Nur	nber			
				FAC	CILITY IN	FORI	NOTAN							
Name of Facility Where			200					Type of Facil	* * * *					
Passsaic County C	ourthouse Anne	x Buil	ding					School (K		álnau álnau 17. d	0)			
Street Address								Other (i.e.	, privat			illding	s,	
63 Hamilton Street City (5)				200 E 0.00				homes, e		# a.E. E. la a a a	T DI	-1 0		
Paterson								Square Feet	1	f of Floors	BI	dg. Ag	je	
County (6)				Coun	ty Code (7)(STAT	E USE ONLY)	Current Use	(Prior if	f being demo	lished)			
Name of Manitoring Firm	Ulead by Dullding		0)]	10011	N-	I NI===	6 45 -1	10	(0)					
Name of Monitoring Firm	nired by Building (wner (8)	ASCM	NO.	Nam	e of Abateme	ent Contractor	(9)					
Street Address						Stree	et Address							
City, State, Zip Code				ALIE SALE NO.		City.	State, Zip C	ode						
Project Manager for Mon	itoring Firm		Tele	phone l	No.	Tele	phone No.		I	License No.		-		
Start Date (10)				tion Da		Nam	e of OSHA N	/lonitor						
11				_ / -										
Occupancy Status During Facility Closed/Vacate				nent		Stree	et Address							
☐ Abatement Performed	: [10] - [10] - [10] - [10] - [10] - [10] - [10] - [10] - [10] - [10] - [10] - [10] - [10] - [10] - [10] - [10]				cribe	City	State, Zip Co	nde				-		
Time of Abatement: _	_AMPM/	PM-		_AM		J.t.j,	Otato, Lip o	000						
Scope of Work (Check a	ll that apply)							1. 5						
≥3 sf or ≥3 lf		☐ Re	721.55				☐ Mini-End		Negativ	/e Pressure				
☐ ≥160 sf or ≥260 lf		☐ De	molitic	n				g Procedure empted (*) and	Non-F	riable Proced	dure			
	73	1000	Local					20	T		T	atem	ent T	уре
Location Asbestos-Containing			Norma d Sole		Ashe		Description of	of aterial (ACM)		Amount	Re	Re	m	m
TO BE ABA	ATED	100000 000	intena	nce/ Staff?		e., then	mal systems	insulation,	1	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facil (13)	ity	Cus	(12)	Starr			rfacing, VAT er miscellane			SF or LF)	à		sula	ure
(10)		Yes	No	N/A	1	Otti	er miscenarie	ous)					te	
Ground, 1st, 2nd and	d 3rd Floors				Plaster	Debr	is			550 SF	×			
Ground, 1st, 2nd and	d 3rd Floors		\boxtimes		Susper	nded (Ceilings w	ACM debris		15,500 SF				
Ground, 1st, 2nd, 3rd	d Floors & Attic				Duct In	sulati	ion			1,210 SF	\boxtimes			
Ground, 1st, 2nd and			\boxtimes		Duct Se	eem 1	ape			8 SF	\boxtimes			
Name of Registered Was	ste Hauler		10000	JDEP \ auler II	00802703000EW	Cubi Was	c Yards of te	Name of Re	egistere	ed Landfill				
City, State						Disp	osal Date	City, State						
Completed By (Print or T	ype) Title	9					Signature				Date			
							_ 3							

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	MAR	1	6	2018		

Data of No. 15 - 141			11 1000			20/0-2000		,		MAR 1	6	2	018	- 1
Date of Notification (1) 09 /	29 / 17	7		Name	of Buildir	ng Ov	vner/Operator (
								(Page 3 of 3)	ASI-	. S		18)	IHO	18
Agencies Notified EPA	Type Notification Initial			Street	t Address				p catalogues as seek		NJS.	INC	14/200	~~!=:
☑ DOLWD ☑ DHSS	Amended Amendment #			City, S	State, Zip	Code)							
DCA	Emergency (ir	ncluding	9	Nome	of Contai	-								
(NJAC 5:23-8)	justification) Cancellation			Ivallie	or Contai	JI.			Telephone N	Number				
				FA	CILITY II	VFO	RMATION							
Name of Facility Where								Type of Facility (
Passsaic County C	ourthouse Anne	ex Bui	Iding	9				School (K-12)) (0"	(10)				
Street Address 63 Hamilton Street								Subchapter 8 Other (i.e., pri	ivate and com	(-12) imercial	buil	ding	s,	
City (5)			-					Square Feet	# of Floors	- 11	314	g. Ag	70	
Paterson								- 4444.01.000	n 011 10013	1	יטוכ	y. A	30	
County (6)				Cour	nty Code (7)(ST/	ATE USE ONLY)	Current Use (Prid	or if being der	nolished)	,	-		
Name of Monitoring Firm	Hired by Building (Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
Street Address						Str	reet Address	3,42,10-1						
City, State, Zip Code	State, Zip Code ect Manager for Monitoring Firm					Cit	y, State, Zip Co	ode						
Project Manager for Mon	itoring Firm		Tel	lephone	No.	Te	lephone No.		License No).				
Start Date (10)	Scheo	duled C	ompl	etion Da	te (11)	Na	me of OSHA M	lonitor		11				
Occupancy Status During					- Albert Was alleg	Str	eet Address							-
☐ Facility Closed/Vacate	ed During Entire Pe	riod of	Abate	ement										
Abatement Performed Time of Abatement:	Outside of Normal AMPM/	Facility PM	у Нос 	urs - Des AM	cribe	Cit	y, State, Zip Co	ode						
Scope of Work (Check all	that apply)						SOUNA				-			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		☐ Re					☐ Mini-Enc ☐ Glovebag							
		0.0	Loca								bai	teme	ent T	vpe
Location Asbestos-Containing			Norma d So	ally lely by	Ant-	nto-	Description o				T			-
TO BE ABA	TED	Ma	inten	ance/			Containing Ma ermal systems		Amount (Specify	Kemova		Repair	ncap	nclo
IN Facilii (13)	ty	Cus	todial (12	Staff?		5	surfacing, VAT,	, or	SF or LF)) Val		7	Encapsulate	Enclosure
(10)		Yes	No	-		Ol	her miscellane	ous)			1		ate	
1st Floor Space 1-14	Ą		\boxtimes		Woode	n Do	oor with Core	e Insulation	20 SI	= 🗵				
Ground, 1st, 2nd and	3rd Floors		\boxtimes		Floor T	ile a	ind Mastic		17570 SI	= 🗵				
Ground, 1st, 2nd and	3rd Floors		\boxtimes		Old Ele	ctric	Panel Boar	d	56 SI	= 🗵				
Ground and 1st Floor	rs (Exterior)				Window	v/Do	or/Louver C	aulk	210 LI	= 🗵				
Name of Registered Wasi	te Hauler		14 00	NJDEP V	CONTROL DITTO	577 B (417)	oic Yards of	Name of Registe	ered Landfill				-	
011 01					COLUMN C									
City, State						Dis	posal Date	City, State						
Completed By (Print or Ty	/pe) Title						Signature			Detr		5014		
process by (control 1)	11116						Signature			Date				
100 44														

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Date of Notification (1)	05 .	455			1	100	g Owner/Operator (}				
10 /	05 /	17			Cot	inty of P	assaic (Page	1 of 3)	da e e e e e e e e e e e e e e e e e e e				
Agencies Notified	Type Notifica	ation		*****	Street	Address	,		Enclosed.				
	☐ Initial				401	Grand S	Street	- Internet					
☑ DOLWD ☐ DHSS	Amended Amendme	1 min (1705)			City, S	itate, Zip C	Code			- Sillin			
1	☐ Emergen	-	dudina		Pat	erson, N	J 07505						
(NJAC 5:23-8)	Justification		acing		Name	of Contac	t		Telephone Numl	рег			
	☐ Cancellat	ion			And	frew Tho	mpson		(973) 881-44	24			
					FAC	CILITY IN	FORMATION						
Name of Facility Where Al	patement is T	aking	Place	(3)				Type of Facility	(4)				
Passsaic County Co	urthouse A	enn ^p	Buile	ling				School (K-12	2)				
Street Address									8 (Other than K-12)				
63 Hamilton Street								homes, etc.)	rivate and commer	ciai bu	llaing	s,	
City (5)								Square Feet	# of Floors	BI	dg. Ag	10	
Paterson								40,000	4		127 y		
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	for if being demolis		- 2		
Passsalc						1070		Vacant		,			
Name of Monitoring Firm I	lired by Bullo	ding O	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Langan					0008	19	Superior Aba	tement Inc					
Street Address			-				Street Address						
300 Kimball Drive							2 Henderson	Drive					
City, State, Zip Code					and longer		City, State, Zip Co	ode			-		
Parsippany, NJ 0705	54						West Caldwe						
Project Manager for Monit	oring Flrm			Tele	ephone	No.	Telephone No.	2	License No.	-			
Vijay Patel			- 6	(9	73) 56	0-4900	(973) 808-161	6	00411				
Start Date (10)	18	Schedu	aled Co	mple	etion Da	te (11)	Name of OSHA N	lonitor				-	_
10 / 16 /	17	_0	1_ /	10	B_ /	18	Superior Aba	tement Inc					
Occupancy Status During	Abatement (0	Check	only or	ne)			Street Address					-	
☑ Facility Closed/Vacated					ment		2 Henderson	Drive					
Abatement Performed						cribe	City, State, Zip Co	ode	-				
Time of Abatement: _A	MPN	N	_PM-		_AM		West Caldwe						
Scope of Work (Check all	that apply)			-							75-27-20		
D > 2 of an > 2 lf		i	⊠ Ren					tainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Den				☐ Mini-End	osure g Procedure					
									n-Friable Procedu	e			
	_			Loca			_	-		Ab	ateme	ent T	уре
Location of Asbestos-Containing M		ns.			ely by	Ache	Description o stos Containing Ma		Amount	Z	R	Щ	m
TO BE ABAT		"			ance/		., thermal systems		(Specify	Remova	Repair	des	Clo
IN Facility	1		Custo	(12)	Staff?		surfacing, VAT		SF or LF)	Val	-	Encapsulate	Enclosure
(13)			Yes	No		1	other miscellane	ous)				ate	1
Ground, 1st, 2nd, 3rd	Floors & A	ttlc		\boxtimes		Plpe In	sulation		1,553 LF	×			
Ground, 1st, 2nd, 3rd	Floors & A	ttic		X		Plpe Jo	Int Insulation		826 EA	×			
Ground, 1st, 2nd and	3rd Floors			×		Wall an	d Ceiling Plaste	F	37,293 SF	×			
Ground, 1st, 2nd and	3rd Floors			X		Piaster	Skim Coat		1,030 SF				
Name of Registered Waste	e Hauler			1000	JDEP I		Cubic Yards of	Name of Regis	stered Landfill				
Service Transport G	roup, Inc			ŀ	lauler II SW21		Waste 1000	Minerva La	andfill				
City, State				-			Disposal Date	City, State					00.100
New Castle, DE							1/16/2018	Waynesbu	ırgh, OH				
Completed By (Print or Ty)	oe)	Title					Signature	11/1	/ Da	te			
Nick Petrovski		Pr	eside	nt			There	Make	chr.	10	-5	-/	7
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MAR 16 2018

Date of Notification (1)				1	Name	of Bullding	Own	er/Operator (2	2)		-				
10 /	05 / _	17	_			0.51		5 %	(Page 2 of	3) ——				The)i . 8.
Agencies Notified XI EPA	Type Notifica	tion			Street	Address								1	33
☑ DOLWD	☐ Amended				City C	tate, Zip C	odo					_			
☑ DHSS	Amendme	-			Oity, S	tote, alp c	oue								
□ DCA	Emergend		luding		Name	of Contact				Telephone Nu	unt h a n				
(NJAC 5:23-8)	justification Cancellati				Ivalle	OI COMECCE				relephone No	JIIIDEI				
					FAC	ALITY IN	FOR	MATION							
Name of Facility Where									Type of Facility (
Passsalc County C	ourthouse A	nnex	Buil	ding					☐ School (K-12) ☐ Subchapter 8	Mharthan K	40)				
Street Address		5-116636			ment and sold				Other (i.e., pri	vate and com	nercial	bui	Idina	s.	
63 Hamilton Street									homes, etc.)					-1	
City (5)									Square Feet	# of Floors		Bld	g. Ag	je	
Paterson											1				
County (6)					Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use (Prid	or if being dem	olished	i)		202-202	
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						
Street Address				1			Stre	et Address			-	-	_	-	-
City, State, Zip Code							City	, State, Zip Co	ode						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No.					
Start Date (10)					tion Da /		Nan	ne of OSHA N	lonitor						
Occupancy Status During							Stre	et Address		4		50.50			
☐ Facility Closed/Vacate															
Abatement Performed Time of Abatement:						cribe	City	, State, Zip Co	ode						
Scope of Work (Check a	Il that apply)														
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			□ Re					☐ Mini-End	tainment with Neg losure g Procedure mpted (*) and No						
			Is	Locat	ion	1		L MOITENC	inpled () and No.	ITT Habis I 1000		Abe	atem	nné T	uno
Location	of		P	Vorma	lly			Description of	of		-	-	-		-
Asbestos-Containing)		d Sole intens				Containing Ma		Amount		Removal	Repair	Encapsulate	Enclosure
TO BE ABA					Staff?	(i.e		rmal systems urfacing, VAT		(Specify SF or LF)		370	air	apsi	nso
(13)	ity			(12)				er miscellane		0, 0, 1,		20		ulati	6
			Yes	No	N/A				200					ED.	
Ground, 1st, 2nd and	d 3rd Floors			\boxtimes		Plaster	Deb	ris		550 SF		X			
Ground, 1st, 2nd and	d 3rd Floors			×		Suspen	ided	Ceilings w/	ACM debris	15,500 SI	F [X			
Ground, 1st, 2nd, 3rd	d Floors & A	ttic		\boxtimes		Duct In	sula	tion		1,210 SF		X			
Ground, 1st, 2nd and		ses		×		Duct Se				8 SF		X			
Name of Registered Was	ste Hauler		8 B-C-11F30	1750	JDEP (lauler it		Cub	oic Yards of ste	Name of Regis	riered Landfill					
City, State							Disp	osal Date	City, State	***************************************				-	
Completed By (Print or T	ype)	Title				Saugest succession		Signature			Date				

Date of Notification (1)					I 80	- CD - 11)*		_	/a /	7		MA	9 9	0	201	0_
	05 /	17			Name	of Buildin	g Ow	m	er/Operator (2) (Page 3 of 3)	lead to	0024 4.	14 1	U	au.	ð
Agencies Notified EPA	Type Notific				Street	Address					AS	LL.	Cen	OO/ 48/E	ITA(G	DL &
☑ DOLWD ☑ DHSS	Amender Amendm		¢		City, S	State, Zip (Code	1								term water to be
DCA	Emergen		MAX.													
(NJAC 5:23-8)	justificati	on)			Name	of Contac	ŧ				Telephone N	lumbe	r			
					FAC	CILITY IN	FOF	RI	MATION				-			
Name of Facility Where A										Type of Facility (4)					
Passsalc County C	ourthouse /	Anne	x Buil	ding	3	-				☐ School (K-12 ☐ Subchapter 8		(10)				
Street Address 63 Hamilton Street										Other (i.e., pr homes, etc.)	ivate and com	merci	al bu	ilding	s,	
City (5)										Square Feet	# of Floors		Ble	ig. A	ne .	
Paterson											01710010		"	-9-71	90	
County (6)					Coun	ity Code (7)(STA	171	E USE ONLY)	Current Use (Pri	or if being den	nolish	ed)			
Name of Monitoring Firm	Hired by Build	ding (Owner (8)	ASCM	No.	Na	m	e of Abateme	ent Contractor (9)				OCS-HEIL	- COLLEG	
Street Address		110000000					Str	ee	et Address							
7.00 2007																
City, State, Zip Code	TO THE PARTY OF TH	***************************************					City	у,	State, Zip Co	ode						
Project Manager for Moni	itoring Firm			Tel	lephone l	No.	Tel	e	phone No.		License No),		-		
Start Date (10)		Sched	luled Co	ompl	etion Da	te (11)	Nar	m	e of OSHA M	onitor	1.					
Occupancy Status During							Stre	ee	et Address							
☐ Facility Closed/Vacate	ed During Entir	re Pe	riod of	Abate												
Abatement Performed Time of Abatement:						cribe	City	у,	State, Zip Co	ode						
Scope of Work (Check all	I that apply)						L									-
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Rei						☐ Mini-Enc	ainment with Neg losure g Procedure mpted (*) and Nor						
			ls	Loca	ation	1			LI NON-LAG	mpeca () and 140	A Habie F 100	ouure		afem	ent Ty	ma.
Location				lom:	ally lely by				Description o			1	-			
Asbestos-Containing I TO BE ABA		1)	Mai	nten	ance/				ontaining Ma mal systems i		Amount (Specify		Removal	Repair	nca	nclo
IN Facility			Cust	odial (12	Staff?		S	su	rfacing, VAT,	or	SF or LF)		val	=	Encapsulate	Enclosure
(13)	_		Yes	No			oti	ne	er miscellane	ous)					ate	
1st Floor Space 1-14/	A			\boxtimes		Woode	n Do	00	or with Core	Insulation	20 SI	F	\boxtimes			
Ground, 1st, 2nd and	3rd Floors			×		Floor T	ile a	n	d Mastic		17570 SI	F	X			
Ground, 1st, 2nd and	3rd Floors			\boxtimes		Old Ele	ctric	G E	Panel Boar	d	56 SI	F	\boxtimes			
Ground and 1st Floor	rs (Exterior)			\boxtimes		Windov	v/Do	10	r/Louver C	aulk	210 Li	=	×			
Name of Registered Wasi	te Hauler			4	NJDEP V Hauler ID		Cub		c Yards of te	Name of Regist	tered Landfill					
City, State							Dist	po	osal Date	City, State						
Completed By (Print or Ty	/pe)	Title						1	Signature	1		Date				_
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MAR	1	6	2018	The second state of the second	

Date of Notification (1)				Thi.					_						
10 /	12 / 1	7		- 1		g Owner/Operator (And the second second	*Northern	Total Control	Del Controller (o	for commercial			
				00	unty of F	assaic (Page	1 01 3)	ASBES:	OSI	CON	TRO)L &			
Agencies Notified	Type Notification	n		Stree	t Address			Participant and Apple of the Control			7	Property of the Park			
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended			401	Grand S	Street									
☑ DHSS Amendment #2					City, State, Zip Code										
□ DCA	☐ Emergency (Name of Street		Pat	terson, N	IJ 07505									
(NJAC 5:23-8)	JAC 5:23-8) justification)					rt	Telephone Number								
☐ Cancellation					drew Tho	ompson		(973) 881-4424							
				FA	CILITY IN	FORMATION									
Name of Facility Where							Type of Facility	(4)				_			
Passsaic County C	ourthouse Ann	ex Bull	ding	3			School (K-1	2)							
Street Address							Subchapter	8 (Other than K-12))						
63 Hamilton Street							homes, etc.	rivate and commer	cial b	uildin	gs,				
City (5)		4					Square Feet	# of Floors	TB	ldg. A	ne	_			
Paterson							40,000	4		127	10000				
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	nor if being demolis			8.0				
Passsaic							Vacant								
Name of Monitoring Flm	Hired by Building	Owner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9))			-				
Langan				0000	99	Superior Aba		, .							
Street Address						Street Address				_					
300 Kimball Drive						2 Henderson	Drive								
City, State, Zip Code						City, State, Zip Co	ode					_			
Parsippany, NJ 070	54					West Caldwe	II. NJ 07006								
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.	,	License No.							
Vijay Patel			(5	973) 56	0-4900	(973) 808-161	6	00411							
Start Date (10)	Sche	duled Co	mple	etion Da	te (11)	Name of OSHA M	lonitor				_				
10 / 23 /	17	01 /	_1	6_/	18	Superior Aba	tement Inc								
Occupancy Status During	Abatement (Che	ck only or	ne)			Street Address									
☑ Facility Closed/Vacate				ment		2 Henderson	Drive								
☐ Abatement Performed	Outside of Norma	al Facility	Hou	rs - Des	cribe	City, State, Zip Co				_	. Strange				
Time of Abatement: _	AMPW	PM		_AM		West Caldwe									
Scope of Work (Check all	I that apply)					1 11005 001000	1,10001000								
≥3 sf or ≥3 lf		⊠ n				Full Cont	ainment with Ne	gative Pressure							
≥ 25 si or ≥ 260 lf		⊠ Ren				☐ Mini-Encl									
			AUNE IST					n-Friable Procedur	e						
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Location of N			Sol	ely by	Acho	Description of stos Containing Mat		A		_	1	-			
TO BE ABA	TED			эпсе/		., thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure			
IN Facility (13)	ty	Custo	(12)	Staff?		surfacing, VAT,		SF or LF)	Va	-	Insc	sur			
(10)		Yes	No	N/A	1	other miscellaned	ous)				ate				
Fround, 1st, 2nd, 3rd Floors & Attlc			X		Pine Ins	sulation		1,553 LF	×	П					
round, 1st, 2nd, 3rd Floors & Attic		-			<u> </u>	int Insulation			-			쁜			
			X			200000000000000000000000000000000000000		826 EA							
Ground, 1st, 2nd and		+		-		d Ceiling Plaster		37,293 SF				Ш			
Ground, 1st, 2nd and Name of Registered Wast	A The Control of the		X			Skim Coat		1,030 SF			П				
Service Transport G			1	IJDEP V lauler ID	2000	Cubic Yards of Waste	Name of Regis								
	oroup, mo			SW21		1000	Minerva La	andfill							
City, State						Disposal Date	City, State	-12 - 32.7000							
New Castle, DE						1/16/2018	Waynesbu	rgh, OH							
Completed By (Print or Ty						Signature	. / /	Dat Dat	.0			-			
Nick Petrovski	F	residen	it			Mille	In the	Dun ! 1.	9-	1)	-1	7			
SB-41			-			- the same of the state of	Standard State Sta			100	-				

Date of Notification (1)					Name	e of Buildin	ng Owner/Operator	(2)		of hot	- WAI	1-1	0 7	201
	12 /	17	-			·	ig owner/operator	(Page 2 o	f3)		ورواع المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية			
Agencles Notified EPA	Type Notification Initial Amended Amendment #2 Emergency (including justification) Cancellation				Stree	t Address		AGDESTOS CONTR LICENSING						
☑ DOLWD ☑ DHSS					City, State, Zip Code									
☐ DCA (NJAC 5:23-8)					Name	e of Contac	ot	Telephone Number						
		-			FA	CILITY II	NFORMATION		1	-			_	
Name of Facility Where								Type of Facility	(4)					-
Passsaic County C	Courthouse	Annex I	Bulld	ing				School (K-1)	2)					
Street Address								☐ Subchapter	8 (Other	than K-	12)			
63 Hamilton Street								onvate an }	te and commercial buildings,					
City (5) Paterson				-			· ·	homes, etc. Square Feet	# of F	loors	В	ldg. /	Age	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if beir	ng demo	olished)			
Name of Monitoring Firm Hired by Building Owner (8)					ASCM	No.	Name of Abatem	ent Contractor (9))		_			
Street Address			-				Street Address							
City, State, Zip Code						*	City, State, Zip C	ode						
Project Manager for Monitoring Firm Tele					phone	No.	Telephone No. License No.							
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		Schedule	d Con	nplet	ion Da	ite (11)	Name of OSHA N	fonitor						-10-2
			. / _		ion Da	ite (11)	Name of OSHA N	fonitor						
Occupancy Status During	g Abatement	(Check or	/ _	9)	_ 1 .	ite (11)	Name of OSHA &	fonitor						
Occupancy Status During Facility Closed/Vacate Abatement Performed	g Abatement of During Ent	(Check or tire Period Jornal Fac	of Ab	aten	nent		Street Address							
// Occupancy Status During ☐ Facility Closed/Vacate	g Abatement of During Ent	(Check or tire Period Jornal Fac	of Ab	aten	nent									
/ / / Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	g Abatement of During Ent	(Check or tire Period Jornal Fac	of Ab	aten	nent		Street Address City, State, Zip Co	ode						
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Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all ≥3 sf or ≥3 if ≥160 sf or ≥260 if	g Abatement of During Ent di Outside of NAM-P	(Check or tire Period Normal Factor)	of Ab cility H PM Reno Demo	e) paten lours vatio	nent s - Des AM	scribe	Street Address City, State, Zip Co Full Cont Mini-End Glovebar Non-Exe	teinment with Neglosure g Procedure mpted (*) and No	n-Friable	: Proced	Ab	_	nent Ty	-
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Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbestos-Containing TO BE ABA IN Facilit (13)	g Abatement of During Ent of Material (ACM	(Check or tire Period Normal Factor)	PM	ocation (in Sole) aten	nent s - Des AM on on ly ly by nce/	Scribe	Street Address City, State, Zip Co	tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation,	Am (Sp SF	Proced	A Removal	_	-	-
/ / / / / / / / / / / / / / / / / / /	g Abatement of Outside of Naterial (ACNATED ty	(Check or tire Period Normal Facility)	I Le Norr Jsed & Ustod (vatico va	nent s - Des AM on n on ly ly by loca/ staff?	Asbe (i.e	Street Address City, State, Zip Co	tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Am (Sp SF	Proced nount pecify or LF)	Ab	_	-	-
Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: _ Scope of Work (Check all ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbestos-Containing TO BE ABA IN Facilit (13) Bround, 1st, 2nd and	g Abatement of Burning Ent of Material (ACM	(Check or tire Period Normal Far M/	Reno Demo	vaticolorist	nent s - Des AM on n on ly ly ly ly ly ly ly ly ly ly ly ly ly	Asbe (i.e	Street Address City, State, Zip Company Full Content Mini-End Glovebage Non-Exe Description of stos Containing Maille, thermal systems surfacing, VAT offer miscellane	tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Am (Sp SF 6	Procession ount pecify or LF)	Removal	_	-	-
Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbestos-Containing TO BE ABA IN Facility (13) Bround, 1st, 2nd and Sround, 1st, 2nd and Sround, 1st, 2nd, 3rd	g Abatement of During Ent of Outside of Natural (ACM Material (ACM Mater	(Check or tire Period Normal Factor) W) Ye Affile		vation validation vali	nent s - Des AM on on by y by ice/ citaff?	Asbe (i.e	Street Address City, State, Zip Co Full Cont Mini-End Gloveba Non-Exe Description of stos Containing Mail, thermal systems surfacing, VAT, other miscellane Debris eded Ceilings w/	tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Am (Sp SF 6	Proced nount pecify or LF) 50 SF	A Removal X X	_	-	-
Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbestos-Containing TO BE ABA IN Facilit (13) Ground, 1st, 2nd and Ground, 1st, 2nd and Ground, 1st, 2nd, 3rd Ground, 1st, 2nd and	g Abatement of additional policy of Material (ACMATED ty) 3rd Floors 6. A 3r	(Check or tire Period Normal Factor) W) Ye Affile		vaticolition catilition catilition (in Italian Sole) NJ	nent s - Des AM on on by y by ice/ citaff?	Asbe (i.e Plaster Suspen Duct Ind	Street Address City, State, Zip Co Full Cont Mini-End Glovebag Non-Exe Description of stos Containing Mais, thermal systems surfacing, VAT, other miscellane Debris ided Ceilings with sulation	tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Am (Sp SF o	Process nount pecify or LF) 50 SF 00 SF 10 SF	Removal 🛛	_	-	ype Enclosure
Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all ≥3 sf or ≥3 ff ≥160 sf or ≥260 ff Location Asbestos-Containing ITO BE ABA IN Facilit (13) Ground, 1st, 2nd and Ground, 1st, 2nd and Ground, 1st, 2nd and Ground, 1st, 2nd and Ground, 1st, 2nd and	g Abatement of additional policy of Material (ACMATED ty) 3rd Floors 6. A 3r	(Check or tire Period Normal Factor) W) Ye Affile		vaticolition catilition catilition (in Italian Sole) NJ	nent s - Des AM on on ly y by loce/ Staff? N/A	Asbe (i.e Plaster Suspen Duct Ind Duct Se	Street Address City, State, Zip Co Full Cont Mini-End Gloveba Non-Exe Description of stos Containing Mata, thermal systems surfacing, VAT, other miscellane Debris eded Ceilings with sulation cern Tape Cubic Yards of	tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous) ACM debris	Am (Sp SF o	Process nount pecify or LF) 50 SF 00 SF 10 SF	A Removal X X	_	-	-
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all 23 sf or ≥3 ff 2160 sf or ≥260 ff Location Asbestos-Containing ITO BE ABA IN Faciliti	g Abatement of Body Amage of Amage of Material (ACM ATED by STORY AND STORY	(Check or tire Period Normal Factor) W) Ye Affile		vaticolition catilition catilition (in Italian Sole) NJ	nent s - Des AM on on ly y by loce/ Staff? N/A	Asbe (i.e Plaster Suspen Duct Ind Duct Se	Street Address City, State, Zip Co Full Cont Mini-Enc Gloveba Non-Exe Description of stos Containing Mais, thermal systems surfacing, VAT, other miscellane Debris ided Ceilings will sulation eem Tape Cubic Yards of Waste	tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous) ACM debris	Am (Sp SF o	Proced nount pecify or LF) 50 SF 00 SF 10 SF 8 SF	A Removal X X	_	-	-

Date of Notification (1)					Nam	e of Buildin	na O	wner/Operator	(2)	-11-1					
	12 /	1	7			o o mondi	ng O	Wiles Population	(Page 3 of 3)		MAR	1	6	20	18
Agencies Notified EPA	Type Notifi				Stree	t Address			***************************************					- 1 T I	
☑ DOLWD ☑ DHSS		nent #			City.	State, Zip	Code	e		70.		J.	nd s i	411	
□ DCA	☐ Emerge	ncy (i	ncludin	g											
(NJAC 5:23-8)	justifica Cancelli				Nam	e of Conta	ct			Telephone	Number				
					FA	CILITY	NFO	RMATION							
Name of Facility Where									Type of Facility			:62:25			
Passsaic County (Street Address	Journouse	Anno	ex Bui	idin	9				School (K-12	2)	K 40)				
63 Hamilton Stree	t							•	Other (i.e., p	rivate and cor	nmercia	l bu	rilding	gs,	
City (5)								Tell model to manual to the	Square Feet	# of Floors	5	Bl	dg. A	ge	
Paterson														_	
County (6)					Соц	nty Code (7)(\$7,	'ATE USE ONLY)	Current Use (Pr	ior if being de	molishe	d)			
Name of Monitoring Firm	n Hired by Bui	lding (Owner	(8)	ASCM	No.	Na	ame of Abateme	L ent Contractor (9)					-	-
Street Address							St	reet Address							
City, State, Zip Code							Cit	ty, State, Zip Co	ode			_			
Project Manager for Mor	altoring Firm			Te	lephone	No.	Te	lephone No.		License N	0,				
Start Date (10)	ompl	etion Da	te (11)	Na	me of OSHA M	onitor									
Occupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement:	Abate / Hou	ırs - Des	cribe		reet Address y, State, Zip Co	de									
Scope of Work (Check a	Il that apply)		-00-11					-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-		□ Re					☐ Mini-Enci							
Location	of			Loca								Aba	item	ent T	уре
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACN	A)	Ma Cust	inten odial (12			the.	Description of Containing Maternal systems in surfacing, VAT, her miscellaned	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Ramoval	Repair	Encapsulate	Enclosure
1st Floor Space 1-14.	A		Yes	No	N/A	Wonde	m De	oor with Core	Inculation	20 S		7			
Ground, 1st, 2nd and								nd Mastic	1100350001	17570 SI		3			
Ground, 1st, 2nd and	3rd Floors							Panel Board	1	56 SI		-			
Ground and 1st Floor	rs (Exterior))		N	ПП	Window	v/Do	or/Louver Ga	aulk	210 LI		-			
Name of Registered Was	te Hauler			P	VJDEP V lauler IC	Vaste		oic Yards of	Name of Regist			24	니	<u> </u>	
City, State							Disp	posal Date	City, State				-		\dashv
Completed By (Print or Ty	/pe)	Title						Signature	I		Date				
CD //						-	-								

MAY 11

Date of Notification (1)					Name	of Ruildin	na Ou	wner/Operator ((2)	11111	80.00				
12 /	22 /	17						aic (Page			MAR	1	6	2018	3
Agencles Notified	Type Notific	cation			Stree	t Address	-			- The second second	egeneration as a	-			
⊠ EPA	☐ Initial				40	1 Grand	Stre	et		A3	61.6.1	81	JON	TAC	IL R
⊠ DOLWD	Amende				City,	State, Zip	Code	9	***************************************	Manual Control of the Control	l.le	1-7		7	
☑ DHSS ☐ DCA	Amenda		lien .		100000	terson, N									
(NJAC 5:23-8)	☐ Emerger justificat		ciuaing			of Conta				Telephone	Alumbo	-	_		
	☐ Cancella				An	drew Th	omp	son		(973) 88					
								RMATION		1010100	1-00-05	0			
Name of Facility Where A	batement is	Taking	Place	(3)	100	OILI I II	NEO	RMAION	T6 F105 . 6	(4)					
Passsaic County Co					6				Type of Facility ((a. 2. 600)					
Street Address		s_mini6	A 19611	enne.	U				School (K-12) Subchapter 8) (Other than	K-12)				
63 Hamilton Street									Other (i.e., pr homes, etc.)	ivate and co	mmercia	al bu	uildin	gs,	-
City (5)									Square Feet	# of Floor	S	BI	dg. A	ae	
Paterson									40,000	4			127		
County (6)				W. Carlo	Cour	nty Code (7)(ST/	ATE USE ONLY)	Current Use (Pri	or if being de	molishe			-	TL-SC-SS
Passsaic									Vacant	1550		•			
Name of Monitoring Firm I	Hired by Bui	lding C	wner (3)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
Langan					0000	99	1 5	Superior Aba	itement Inc						
Street Address							Str	eet Address					_		
300 Kimball Drive							2	2 Henderson	Drive						
City, State, Zip Code							Cit	y, State, Zip Co	ode						
Parsippany, NJ 0705	54						A	Vest Caldwe	II, NJ 07006						
Project Manager for Monit	ect Manager for Monitoring Firm							ephone No.	-	License N	lo.				
Vijay Patel								973) 808-161	6	00411					- 1
Start Date (10)								me of OSHA M	lonitor		-				
10 / 23 /	<u>10 / 23 / 17 01 / </u>							Superior Aba	tement Inc						
	cupancy Status During Abatement (Check only on							eet Address				-			
□ Facility Closed/Vacated	d During Enti	ire Per	iod of A	bate	ement		2	Henderson	Drive						
Abatement Performed	Outside of N	onnal	Facility	Hou	ırs - Des	cribe	City	y, State, Zip Co	ode		-				
Time of Abatement: _A	uviP	VV	PIVI		AW		V	Vest Caldwe	II, NJ 07006						1
Scope of Work (Check all t	lhat apply)														-
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Ren					 ✓ Full Cont ✓ Mini-Enc ✓ Glovebag 		ative Pressur	re				
									mpted (*) and Non	-Friable Pro	cedure				
1				LOCE orma	เขือก							Aba	atem	ent T	ype
Location o Asbestos-Containing M		4)			lely by	Ache	ofno i	Description of Containing Mai		A	.	20	70	m	m
TO BE ABAT	ED `	,			ance/	(i.e	., the	mal systems I	nsulation.	Amount (Specify	,	Remova	Repair	nca	noc
IN Facility (13)		1	Custo	(12)	Staff?			urfacing, VAT,		SF or LF)	Val	7	Encapsulate	Enclosure
			Yes	No			OII	her miscellaned	ous)					ate	
Ground, 1st, 2nd, 3rd I	Floors & A	ttic		X		Pipe In:	sulat	tion		1,553 L	F	X			
Ground, 1st, 2nd, 3rd I	Floors & A	ttic		×		Pipe Jo	int l	nsulation		826 E	A	X			
Ground, 1st, 2nd and 3	3rd Floors			X		Wall an	d Ce	iling Plaster		41,793 S	F	X			
Ground, 1st, 2nd and 3				X		Plaster	Skir	n Coat		1,030 S	F	X			
Name of Registered Waste				1 72	VJDEP V		100	ic Yards of	Name of Registr	ered Landfill					
Service Transport Gr	oup, inc			F	fauler ID SW21		Was 1	ste 500	Minerva Lar	ndfill					
City, State					1	- *		posal Date	City, State		-				$\overline{}$
New Castle, DE							V	arious	Waynesburg	gh, OH					
Completed By (Print or Typ	e)	Title						Signature		11	Date		-	_	-
Nick Petrovski	coard.	Pr	esider	iŧ				1/1/	1. 11.)	2	2-/	17
NSE 41								1/1/9	- 11/10	Um	10		de d	/	1

Date of Notification (1)				Nar	ne of Ruildi	ng Owner/Operator	(2)	harte		7.5		
12/				1 400	ne or buildi	ing owner/operator	(Page 2	of 3) MAR	16	20	8	
Agencies Notified ☐ EPA ☐ DOLWD ☐ DHSS ☐ DCA	Type Notificatio	# <u>3</u> (includi	ng	City	eet Address , State, Zip	Code		ASI	- (3 ° 5) - (3 ° 5) - (3 ° 6)	HITP HITP	OL.	8.
(NJAC 5:23-8)	justification) Cancellation			Nan	ne of Conta	ct		Telephone No	umber			
	-	_		F,	ACILITY I	NFORMATION						
Name of Facility Where / Passsalc County C	Abatement is Taki Ourthouse Ans	ng Plac nex Bu	ce (3) Illdin	a	An and product of the last		Type of Facility School (K-1					-
Street Address 63 Hamilton Street City (5)							 Subchapter 	8 (Other than K- private and comm	·12) nercial	bulldin	gs,	
Paterson							Square Feet	# of Floors	1	Bidg. A	ge	
County (6)				Cot	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	olished))		_
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	A No.	Name of Abatem	ent Contractor (C					
Street Address						1 3 1 7 5 5 5 7 1	ont Contractor (s	"				
oreer Address						Street Address						
City, State, Zip Code						City, State, Zip Ci	ode					-
roject Manager for Monit	toring Firm		Te	ephone	No.	Telephone No.	-	License No.				_
Start Date (10)	Sche	duled (Compl	etion Da	ate (11)	Name of OSHA N	lonifor					_
1'1.				/								
Occupancy Status During Bacility Closed/Vacated	Abatement (Chec d Durino Entire Pa	k only	One)	mont		Street Address						-
Abatement Performed Time of Abatement: _A	Outside of Norma	Fadli	w Hou	re - De	scribe	Clty, State, Zip Co	de			-		_
cope of Work (Check all												_
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf	T)	□ Re				☐ Mini-Encl	Procedure	gative Pressure n-Friable Proced	luro			
Location o	f		Loca							bateme	ent T	·v
Asbestos-Containing M TO BE ABAT IN Facility (13)	ED	Ma Cus	intena iodial (12)	Staff?	Asbes (i.e.	Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) rsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	-
round, 1st, 2nd and 3	and Floors	Yes	No.	N/A	Plaster	Dahria				_		
ound, 1st, 2nd and 3		П		旨	-	ded Ceilings w/A	CM dobrin	550 SF	×			-
ound, 1st, 2nd, 3rd F	loors & Attic				Duct Ins		COM GENIES	15,500 SF 1,210 SF	M			
ound, 1st, 2nd and 3	rd Fl-Chases		\boxtimes		-	em Tape		8 SF		H		
me of Registered Waste	Hauler			JDEP V auler ID	Vaste	Cubic Yards of Waste	Name of Regist				닏	
y, State		_				Disposal Date	City, State					
mpleted By (Print or Type	e) Title					Signature.	,	Do	ate			
-41						4				<u> partingan</u>		

MAY 11

Date of Notification (1)					Nam	e of Buildin	ng Owner/Operator	(2)					- 11
	22_ /							(Page 3 of 3)	ji la MA	A 16	20	18	
Agencies Notified EPA DOLWD	Type Notific Initial Amende					t Address			Aşını		evil	HOL.	2
⊠ DHSS	Amenda		3		City,	State, Zip	Code	4941	of an ker of the art of the second	-1970	-	1177.14	0.70
□ DCA	☐ Emerge			α									
(NJAC 5:23-8)	justifica	tion)		ø	Namo	e of Conta	ct		Telephone N	lumber			11000
					FA	CILITY I	NFORMATION				_		
Name of Facility Where A								Type of Facility	(4)				
Passsaic County Co	ourthouse	Anne	ex Bu	ilding	I			School (K-12	2)				
Street Address								Subchapter	8 (Other than k	(-12)	025000		
63 Hamilton Street								Other (i.e., p	invate and com	mercial b	uildin	gs,	
City (5)				-				Square Feet	<u> </u>	1 5	ildg. A	000	
Paterson								, , , , , , , , , , , , , , , , , , , ,	0.110010	-	nug. r	ege.	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior If being den	nolished)			
Name of Monitoring Firm	Hired by Bui	lding (Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)				-,	
Street Address							Street Address				<u> </u>		
07-07-4-7-0-1													
City, State, Zip Code							City, State, Zip C	ode					
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No	1.			_
Start Date (10)		Sched	luled C	omple	tion Da	ite (11)	Name of OSHA N	flonitor					
			/		/ .								
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: _A	Outside of N	lormal	Facilit	y Hou	s - Des	scribe	City, State, Zip C	ode					
Scope of Work (Check all									·				
□ >3 sf or >3 lf			ПВе	novati	On		Full Con	tainment with Neg	gative Pressure	>			
☐ ≥160 sf or ≥260 lf				molitic			☐ Gloveba	g Procedure impted (*) and No	n-Friable Proc	edure			
				Local							oatem	ent T	vne
Location of Asbestos-Containing Notes ABAT IN Facility (13)	laterial (ACN ED	/l)	Use Ma	Vorma d Sole Intena todial	ely by nce/	Asbe (l.e	Description of estos Containing Ma e., thermal systems surfacing, VAT	iterial (ACM) insulation, or	Amount (Specify SF or LF)	Remo	Repair	Encapsulate	Enclosure
(10)			Yes	No	N/A		other miscellane	ous)				ate	0
1st Floor Space 1-14A				×		Woode	n Door with Con	e Insulation	20 SF	: 🗵			
Ground, 1st, 2nd and	3rd Floors			×		Floor T	ile and Mastic		17570 SF	-			
Ground, 1st, 2nd and	3rd Floors			×		Old Ele	ctric Panel Boar	d	56 SF				
Ground and 1st Floors	(Exterior))		×		Window	v/Door/Louver C	aulk	210 LF			П	
Name of Registered Waste	Hauler				JDEP V auler ID		Cubic Yards of Waste	Name of Regis	tered Landfill			-	
City, State							Disposal Date	City, State					
Completed By (Print or Typ	e)	Title					Signature			Date		-	
	11/2						6144616			Parc			
SB-41 IAY 11		*1	On not	use th	le form	for ochoo	ns licensum evemo	ated activities					

Date of Notification (1)				Name	of Buildir	ng Owner/Operator (2)	H-I MAE	1 15	2011	1
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Agencies Notified Type No	tification			Stree	t Address			ASSI	A 100 - 1	3417 37	'vi e
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	dment #					lJ 07505				53.5	
	gency (ii cation)	ndudin	9	_	of Contac						
Cano								Telephone Numb			
					drew The			(973) 881-44	24		
Name of Facility Where Abatement	is Takin	o Place	(3)	E-A-	CILII Y II	NFORMATION					1
Passsaic County Courthous	e Ann	ay Rul	letine			8:	Type of Facility (4				
Street Address	20 1 1111		19111191				☐ School (K-12) ☑ Subchapter 8	(Other than 14 40)	ž.		
63 Hamilton Street						Ĭ	U Other (i.e., pri	vate and commer	i cial hull	dinac	
City (5)							nomes, etc.)		over main	anigo,	
Paterson						3-0.00	Square Feet	# of Floors	Bldg	. Age	
County (6)							40,000	4	100000000000000000000000000000000000000	27 yrs	
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Passsaic			Later Description				Vacant	orani unua s ummini dalla	/		
Name of Monitoring Firm Hired by B	luilding	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Langan				0008	39	Superior Aba					
Street Address						Street Address					
300 Kimball Drive					(4)	2 Henderson	Driva				
City, State, Zip Code				-		City, State, Zip Co					
Parsippany, NJ 07054											
Project Manager for Monitoring Flm	1		Tele	phone	No	West Caldwe	II, NJ 07006				
Vijay Patel				50 10	0-4900	Telephone No.		License No.			
Start Date (10)	School	fuled C				(973) 808-161		00411			
10 / 23 / 17		02 /				Name of OSHA M Superior Aba					
Occupancy Status During Abatemen							COLLIGITE INIC				
☑ Facility Closed/Vacated During B	ntire Pe	riod of	Abater	nané		Street Address					
☐ Abatement Performed Outside o	Noma	Facility	/ Hour	e - Doe	cribe	2 Henderson					
Time of Abatement: _AM	PW_	PM		AM	GIDE	City, State, Zlp Co		-			
				-		West Caldwel	I, NJ 07006				
Scope of Work (Check all that apply)					Ed a u.o. d					
≥3 sf or ≥3 if		⊠ Re	novatio	חס		⊠ Full Cont	ainment with Nega	tive Pressure			
≥160 sf or ≥260 lf		☐ De	molitio	n		☐ Glovebac	Procedure				
						☐ Non-Exer	npted (*) and Non-	Friable Procedur	ŝ		
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TO BE ABATED			intenar		(i.e	., thermal systems in	nsulation.	Amount (Specify	Remova	Encap	nole
IN Facility (13)		Cusi	odlal 8 (12)	can?		surfacing, VAT,	or	SF or LF)	BAC	ir bsu	Enclosure
(10)		Yes	No	N/A		other miscellaned	ous)		-	Encapsulate Repair	8
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Ground, 1st, 2nd and 3rd Floo	rs		\boxtimes			Skim Coat		1.030 SF			님
Name of Registered Waste Hauler				DEPV		Cubic Yards of	Name of Registe				
Service Transport Group, Inc	n 2		Ha	uler ID	No.	Waste	Minerva Lan				-
City, State				SW21	17	1500		will!			
New Castle, DE						Disposal Date	City, State		11.00		
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Nick Petrovski	1	reside	nt			Much	Willah	2. 1	/16	118	
SB-41						- State of the sta	JELLE BULL			110	

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Date of Notification (1)				Name	of Buildin	ng Owner/Operator	(2)	<u> </u>	AR I h	20	18_	
01 / 16	/18					D	(Page 2 of	3)				
	otification			Street	t Address				erra o	ONT	(OL	8
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	ndment#	PRINCE OF THE PR			,р	0000						
	rgency (in fication)		9	Name	of Contac	rd .		Train to a				
	cellation				or contact			Telephone N	lumber			
				FA	CILITY II	VFORMATION						-
Name of Facility Where Abatemer	it is Taking	g Place	(3)				Type of Facility	(4)			-	_
Passsalc County Courthou	ise Anne	x Bul	Iding	3			School (K-12	* *				
Street Address			25.77				Subchapter 8	Other than K	(-12)			
63 Hamilton Street							Other (i.e., p homes, etc.)	rivate and com	mercial b	uilding	s,	
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Paterson							oquare r cat	# 01 F1001S	Ь	ldg. A	ge	
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Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Street Address						100						
Jose 1 (1141) 933						Street Address						
City, State, Zip Code						Cib. Clab. 71- 0						
						City, State, Zip C	ode					
Project Manager for Monitoring Fir	m		Tel	ephone	No.	Telephone No.		License No				
						, siophono (40.		License No	·.			
Start Date (10)	Sched	luled C	ompl	etion Da	ite (11)	Name of OSHA N	fonitor					
/	_	/		/ .								
Occupancy Status During Abatem	ent (Chec	conly o	one)			Street Address						
☐ Facility Closed/Vacated During	Entire Pe	rlod of	Abate	ement		0.00171001000						
☐ Abatement Performed Outside	of Normal	Facilit	v Hou	rs - Des	cribe	City, State, Zip Ci	orle :					
Time of Abatement: _AM	PM/	PM		AM		Oity, Otate, Zip oi	oue					
Scope of Work (Check all that app	ly)		_		-	1						
☐ ≥3 sf or ≥3 lf						☐ Full Con	tainment with Neg	ative Pressure	•			
☐ ≥3 St 01 ≥3 If		□ Re				☐ Mini-End	slosure g Procedure					
				•		☐ Non-Exe	mpted (*) and No	n-Friable Proc	edure			
4 4 4			Loca				1			atem	ent T	voe
Location of Asbestos-Containing Material (ACM)		Vorma	ely by	0.5	Description of	of .		-		_	-
TO BE ABATED	AOIN)	Ma	inten	ance/		estos Containing Ma e., thermal systems		Amount (Specify	em	Repair	DC2	ncl
IN Facility		Cus	todial 12)	Staff?		surfacing, VAT	, or	SF or LF)		=	psu	Enclosure
(13)		Yes	No			other miscellane	ous)		-		Encapsulate	0
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Ground, 1st, 2nd and 3rd Fl-				-	-			1,210 SI	-	Ш		
Name of Registered Waste Hauler				VJDEP V		eem Tape	150	8 SF				
				lauler II		Cubic Yards of Waste	Name of Regis	tered Landfill				
Clty, State												
Only, State						Disposal Date	City, State					
Completed By (Print or Type)	Title											
completed by (clinical Type)	1186					Signature			Date			
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Agencles Notified EPA	Type Notifical	ion			Street /	Address								-
☑ DOLWD ☑ DHSS ☐ DCA	Amended Amendme				City, St	late, Zip C	ode							
(NJAC 5:23-8)	justificatio	n)	, acing		Name	of Contact			Telephone Nu	ımber				
	1				FAC	ILITY IN	FORMATION		1		_			
Name of Facility Where	Abatement is To	aking	Place	(3)				Type of Facility	(4)		-			
Passsaic County C	ourthouse A	nne	k Bull	ding				School (K-12	• •					
Street Address								Subchapter 8						
63 Hamilton Street								Other (i.e., pr homes, etc.)	rivate and comm	nercial	buil	ding	5,	
City (5)	***************************************						· · · · · · · · · · · · · · · · · · ·	Square Feet	# of Floors	Т	Bld	g. Ag		
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Street Address					(C-141-111)	-	Street Address				-		AUUUS SAN	
City, State, Zlp Code							City, State, Zip C	ode						
							ony, orace, alp or	240						
Project Manager for Mor	itoring Firm			Tele	phone I	No.	Telephone No.		License No.				377.55	
Start Date (10)					ion Dat		Name of OSHA N	/lonitor						
					_ / _									
Occupancy Status Durin					9.		Street Address							
☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement:	d Outside of No	mal	Facility	Houn	s - Des	cribe	City, State, Zip C	ode						
Scope of Work (Check a		moone			- CANA									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Re ☐ De				☐ Mini-End ☐ Gloveba	tainment with Neg dosure g Procedure empted (°) and No						
	-		ls	Locat	lon			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ni nabio i too		Ah	-ênme	ent Ty	400
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1st Floor Space 1-14	IA.		Yes	No	N/A	Woode	n Door with Cor	e Insulation	20 SF	5 1	X	П		
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Ground, 1st, 2nd an							ctric Panel Boa	rel	55 SF					
Ground and 1st Floo							v/Door/Louver (210 LF	-	X		F	
Name of Registered Wa			<u> </u>		JDEP \		Cubic Yards of	Name of Regis		1		<u></u>	L	
	·			H	auler IC	No.	Waste				-200			
City, State							Disposal Date	City, State				9		
Completed By (Print or 1	Гуре)	Title	•				Signature	- 1		Date			•	
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State of New Jersey

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Date of Notification (1)					Vame o	f Building	Owner/Operator (2	2)	MAR 1	1) 1	2010		1
	15 /	18	_				ssalc (Page 1		AGBESTOS		1700	N 0	1
Agencies Notified	Type Notific	ation			Street /	Address			ASBESTUS TICE			JL-C	\neg
☑ EPA	☐ Initial			1	401	Grand St	reet	L	Light Cold for the control of the co	- partir contact	AND THE	***************************************	
☑ DOLWD		56 harrien		F	City, St	ate, Zip Co	ode						\neg
☑ DHSS	Amendo		0		Pate	rson, NJ	07505						
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		luaing	-	Name o	of Contact			Telephone Numbe	r			
(18070 0.20-0)	Cancella				And	rew Thor	mpson		(973) 881-4424				İ
		******					FORMATION						
Name of Facility Where A	batement is	Taking	Place (3)				Type of Facility	(4)				
Passsaic County Co	ourthouse	Annex	Build	ling				School (K-12					
Street Address								Subchapter	8 (Other than K-12) rivate and commerci	al buil	dinas		1
63 Hamilton Street								homes, etc.		ai buii	unga	*	
City (5)			est i Marie					Square Feet	# of Floors	Bld	g. Ag	е	
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County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	nor if being demolishe	ed)	-		\neg
Passsaic								Vacant					
Name of Monitoring Firm	Hired by Bui	Iding O	wner (8	3) /	ASCM N	No.	Name of Abateme	ent Contractor (9))				
Langan				1	0009	9	Superior Aba	atement Inc					
Street Address							Street Address	-			-		
300 Kimbali Drive							2 Henderson	Drive					
City, State, Zip Code						-	City, State, Zip C	ode					
Parsippany, NJ 070	54						West Caldwe						
Project Manager for Mon				Tele	phone i	vio.	Telephone No.	,	License No.				
Vijay Patel	itoring i mir			- 224		0-4900	(973) 808-161	16	00411				
Start Date (10)		Sched	uleri Co		ion Dai		Name of OSHA N						
10 / 23 /	_17_			23	_ / _	100	Superior Aba	11.000.000.000					
Occupancy Status During	g Abatement	(Check	only o	ne)			Street Address		***************************************				
□ Facility Closed/Vacate	ed During En	tire Per	iod of A	Abater	nent		2 Henderson	Drive					
☐ Abatement Performed						cribe	City, State, Zip C	ode					
Time of Abatement:		*N/	PM-		_AM		West Caldwe	ell, NJ 07006					
Scope of Work (Check a	Il that apply)						⊠ Full Con	tainment with Ne	egative Pressure				
☐ >3 sf or ≥3 lf			⊠ Rer	novati	on		☐ Mini-En		3-				
≥160 sf or ≥260 lf			☐ Der	molitic	in			ig Procedure	on-Friable Procedure				
			le	Local	lon		□ NOII-EX	empled () and iv	Unit habie i locedare	_	atem	356 Ts	100
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Asbestos-Containing	Material (AC	M)		d Sole intens	ly by		stos Containing M		Amount	Removal	Repair	nc	Enclosure
TO BE AB			707.037.5		Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	SVO	單	ısde	nso
(13)				(12)			other miscellan		0.0,2,	-		Encapsulate	6
, ,			Yes	No	N/A					_		- CD	
Ground, 1st, 2nd, 3n	d Floors &	Attic		\boxtimes		Pipe In	sulation		1,553 LF	×			
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Ground, 1st, 2nd and	d 3rd Floor	\$		\boxtimes		Wall ar	d Celling Plast	er	41,793 SF	×			
Ground, 1st, 2nd and		s					Skim Coat		1,030 SF				
Name of Registered Wa					JDEP 1 lauler II		Cubic Yards of Waste	_	istered Landfill				
Service Transport	Group, Inc				SW21		1500	Minerva I	Landfill				
City, State							Disposal Date	City, State					
New Castle, DE							Various	Waynesb	urgh, OH				
Completed By (Print or 7	Гуре)	Title	9				Signature	101	Da	te	1	1	. 0

ASB-41 MAY 11

Nick Petrovski

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

President

			1 6114	- Augusta a					[]				41
Date of Notification (1)	. 40		P	lame of	Building	Owner/	Operator (2	Page 2 of 3	, L MAR	16	201	8	
	/ 18		1					(rage z or	<u>'</u>				4
⊠ EPA □	pe Notification Initial			Street A					ASBESTO	OS GO DENISI		OL 8	X
☑ DHSS	Amended Amendment #5	. al:u. a.		City, Sta	te, Zip Co	ode		l-s.		entrumbulo di represent		WESTERN CO.	
(NJAC 5:23-8)	Emergency (inclu justification) Cancellation	ading	1	Vame of	Contact				Telephone Numb	er		10 0 - E 4 M	
	***************************************			FACI	LITY INF	FORM	ATION						
Name of Facility Where Abat	ement is Taking F	Place (3	3)				1	Type of Facility (4	-)				
Passsalc County Cour	thouse Annex	Build	ing					☐ School (K-12) ☐ Subchapter 8	(Other than K-12)				
Street Address	,							Other (i.e., prin	rate and commen	cial bull	dings		
63 Hamilton Street								homes, etc.)	La .cm	Diel	- A		_
City (5)								Square Feet	# of Floors	Diag	g. Age		
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County (6)				County	, 0000 (1)	Moture	OCL ONLI)	Ourient Goo (1 110	in being content	,			
Name of Monitoring Firm Hir	ed by Building Ov	vner (8)	SCM N	0.	Name	of Abateme	ent Contractor (9)					
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Project Manager for Monitor	ing Flrm	7	Tele	ohone N	lo.	Telep	hoпе No.		License No.				
Start Date (10)	Schedu					Name	of OSHA N	Monitor					
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Abatement Performed O Time of Abatement: _AN	APM/	PM-	rioui	_AM	xibe	City,	State, Zip C	ode			-1		
Scope of Work (Check all th	at apply)			-	W.1 * * * * * * * * * * * * * * * * * * *		☐ Full Cor	ntainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Rer ☐ Der					☐ Mini-En			ıre			
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(13)		Yes	No	N/A		Oute	er ittiscenari	eous)				6	
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Ground, 1st, 2nd, 3rd F	Floors & Attic		×		Duct Ir	nsulati	on		1,210 SF	×			
Ground, 1st, 2nd and 3			×		Duct S	isem 7	ape		8 SF				
Name of Registered Waste				JDEP \ lauler II		Cubi Was	c Yards of te	Name of Regis	stered Landfill	- -			
City, State						Disp	osal Date	City, State					
							0'		17	Date			
Completed By (Print or Typ	pe) Title	9					Signature			Ja 10			

ASB-41 MAY 11

			(P	urs	uant 1	o NJAC	8:60 and 5:16)					
Date of Notification (1)	15 /	18		N	lame of	Building (Owner/Operator (2	(Page 3 of 3)	HI MAR-	1-6	-20	18	
Agencies Notified EPA	Type Notific	ation		S	treet A	ddress			ASSEST. LIC	S CE		ROL	&
⊠ DOLWD ⊠ DHSS	Amended Amendm	ent # <u>5</u>		C	ity, Sta	te, Zip Co	ode						
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati ☐ Cancella		3	N	lame of	Contact			Telephone Number				
			-		FACI	LITY INF	ORMATION					-3757111113	
Name of Facility Where	Abatement is	Taking Place	(3)	-				Type of Facility (4	1)				
Passsaic County C				g				School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-12) vate and commercia	l build	dings		1
63 Hamilton Street								homes, etc.)					
City (5)								Square Feet	# of Floors	Bldg	g. Age	9	
Paterson													
County (6)					County	/ Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolishe	d)			
Name of Monitoring Firm	Hired by Bui	ildina Owner	(8)	TA	SCM N	o. I	Name of Abatemo	ent Contractor (9)					\dashv
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Street Address							Street Address	and the second			STANDER		
			_	0			City, State, Zip C	ode					\dashv
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Project Manager for Mon	nitoring Firm	Argent Access	T	elep	hone N	lo.	Telephone No.		License No.				
Start Date (10)		Scheduled (Name of OSHA	Monitor					
												-	-
Occupancy Status Durin					nent.		Street Address						
☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement:	ed Outside of	Normal Facil	ity H	ours	- Desc	ribe	City, State, Zip C	code					
	220	V					l						\dashv
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ali tilat apply)	1022	Reno Demo				☐ Mini-En	an Procedure	gative Pressure on-Friable Procedure)			
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(13)	Ye	s	No	N/A							(D	
1st Floor Space 1-1	4A		1	X		Woode	n Door with Co	re Insulation	20 SF	×			
Ground, 1st, 2nd ar	nd 3rd Floo	rs 🗆	1	X		Floor T	ile and Mastic	AMOUNT	17570 SF	×			
Ground, 1st, 2nd ar	nd 3rd Floo	rs 🗆		XI_		Old Ele	ectric Panel Boa	ard	56 SF				
Ground and 1st Flo		or)	1	X		Windo	w/Door/Louver		210 LF	M			
Name of Registered W	aste Hauler				IJDEP I lauler II		Cubic Yards of Waste	Name of Regi	stered Landfill				
City, State							Disposal Date	City, State					
Completed By (Print or	Type)	Title	_				Signature		Da	te			

ASB-41 MAY 11

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

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Date of Notification (1)	own.			3	Name	of Buildir	ng Owner/Operator ((2)	III A	IAR 1	6	20	18	11
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Agencies Notified	Type Notific	cation			Stree	t Address			- Language Control of Control	configurate profiles acres	16 0 14 14	C CHANGE	antonino	
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☑ DOLWD ☑ DHSS	☐ Amende	(Table 1977)			City,	State, Zip	Code				101	110	No.	
□ DCA	Amendm Emerger		ludina	2	Pai	ramus, N	IJ 07652							
(NJAC 5:23-8)	justificat		iuumg	ls	Name	of Contac	ct		Telephone I	Number				_
	☐ Cancella	ation			Kel	lly Webb			312-960-					
				170			NFORMATION		0.200	-	_			
Name of Facility Where A	batement is	Taking	Place	(3)		OILITT II	WORMATION.	Type of Facility ((4)					
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Street Address								☐ Subchapter 8	Other than I	K-12)				
585 Form Road								Other (i.e., pr	ivate and con	nmercia	bui	lding	s,	
City (5)								homes, etc.)	4 - 4 - 1		DI			
Paramus, NJ 07652								Square Feet 10,000	# of Floors			g. Ag	ge	
County (6)			-		Cour	aty Code (7)(STATE USE ONLY)					5		
Bergen					Cour	ity Code (I)(STATE USE UNLY)	Current Use (Pri	or it being der	molished	1)			
Name of Monitoring Firm	Hired by Ruil	dina Ov	vner (8)	ASCM	No	Name of Abotem							
Hillmann Consulting		unig Ov	viiei (0)	622		Name of Abateme							
Street Address	3				0223)Z		tion inc						
1600 Route 22 East							Street Address	_1						
City, State, Zip Code							47 Foster Ro							
Union NJ 07083							City, State, Zip Co							
Project Manager for Monit	arian Firm			T = 1			Staten Island	NY 10309						
Tammy Lomax	oring Firm			2010000	phone		Telephone No.		License No	0.				
Start Date (10)		0-1	1. 1.0		8-577		718-605-6256		00774					
03 /26 /	18	- W = 77	_ /	31	tion Da /_	11000	Name of OSHA M Testor Tech	lonitor						
Occupancy Status During							Street Address							
☐ Facility Closed/Vacated	d During Enti	re Perio	od of A	Abate	ment		10 59 Jackso	n Avenue						
Abatement Performed Time of Abatement: 7	·00AM-7·00	ormal F	acility	Hour	s - Des	cribe AM	City, State, Zip Co	ode						
							LIC NY 11101							
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Newark Carting					auler II NJ-56		Waste 100	IESI						
City, State					A = 11 = 1 = 1 A		Disposal Date	City, State						
Newark, NJ							05/31 /18/	Bethlehem,	PA					
Completed By (Print or Typ	oe)	Title					Signature		3	Date	_	-		
Ralph Barnhardt		Pro	ject	Mana	ger	₩.	1 /////	the	N	23	-/	5-	13	

Location of Asbestos -Containing Materials (ACM) TO BE ABATED	Description of Asbestos Containing Material (ACM)	Amount (SF or LF)	Abatement Type
2 nd Floor Northeast Data File Room	Floor Tile and Mastic	300 SF	Removal
2 nd Floor Garment Elevator	Floor Tile and Mastic	15 SF	Removal
2 nd Floor Storage Room	Floor Tile and Mastic	350 SF	Removal
2 nd Floor Styrofoam Wall Panels	Wall Adhesive / Mastic	600 SF	Removal
1 st and 2 nd Throughout	Floor Tile	41,000	Removal
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Agencies Notified EPA DEP	Type Notification Initial Amended			Street A	ate, Zip Co	de	1	1	2	A	SDEG	(13.0	ONT	ROL &	
DOL DOL	Amendment Emergency justification)	(including	-	Name o	com d	00	2 9	NJ	019	003 Tele	ephone			'A FC'S transpopul	Art Past pharmaces
Name of Facility Where A	Cancellation				DO NA				of Facility	(4)					
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County (6) SSEX Name of Monitoring Firm	Hirod by Building	O		(STATE	Code (7) USE ONLY			Curren R e	t Use (Pr 5 - Lo ement Co	ior if beir	ng demo	olished Se i	an	ily h	tome
Street Address	Filled by Building	Owner (6)	j	ASCN	// NO.		A	. M 0	1140	ntractor -0 m	(9) OG U	Y			
City, State, Zip Code	,;;						City, S	74 State, Zip	Pass						
Project Manager for Moni	toring Firm		T	Telepho	ne No.		Teleph	none No.			Licens	e No.			
Start Date (10),	Z	Schedule	d Com	pletion	Date (11)		Name	of OSHA	2-33 Monitor List		7021				
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I	Period of A	batem	ent	0		Street City, S	Address tate, Zip	Code	35	4				
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		enovat emoliti					Full (Mini- Glove	Containm Enclosure ebag Pro Exempte	ent with e cedure	Negativ	ve Pres	sure		7
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Name of Registered Wast			Ha	JDEP Wauler ID	No.	Cubic of Was			Name of	Register			I If	Eil	
Fair Field Completed by	NJ	070				T	sal Date		City, Stat	e ! (lle	,	PA	
Gary To	iriello	Title	re j.	ect 1	Manag	er	ignature	1/2	5	2		Date	3/	13/	18

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Date of Notification (1) 03 /	12 / 1					g Owner/Operator (III MAR	16	201	9	
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Agencies Notified	Type Notification ☐ Initial				et Address		-	ASBESTO			- Parting	
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(NJAC 5:23-8)	justification) Cancellation				e of Contac			Telephone Nur				
					drew Tho	100 PM		(973) 881-4	424			
Name of Facility Where A	hatement is Takin	a Plac	0 (3)	F.A	CILITY IN	NFORMATION	I = 1 = W	220				
Passsaic County Co							Type of Facility	(i), iii				
Street Address	out thouse Am	CA Du	nuni				☐ School (K-12 ☐ Subchapter	2) 8 (Other than K-1	2)			
63 Hamilton Street							Other (i.e., p homes, etc.)	rivate and comm	ercial b	uildin	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Paterson			- 07				40,000	4		127	yrs	
County (6) Passsaic				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
	Him d L. D. H.F.		(0)			-	Vacant					
Name of Monitoring Firm Langan	Hirea by Building	Owner	(8)	ASCN		Name of Abateme						
Street Address				000	99	Superior Aba	itement Inc					
300 Kimball Drive						Street Address	D.I.					
City, State, Zip Code						2 Henderson		11111			1100	
Parsippany, NJ 070	54					City, State, Zip Co West Caldwe						
Project Manager for Monit			Tel	ephone	No.	Telephone No.	11, 143 07000	License No.				
Vijay Patel		*	(9	73) 5	30-4900	(973) 808-161		00411				
Start Date (10)10 /23 /	The second secon				ate (11) 18	Name of OSHA M Superior Aba		•				
Occupancy Status During						Street Address						_
☐ Facility Closed/Vacated	d During Entire Pe	riod of	Abate	ment		2 Henderson	Drive					
Abatement Performed Time of Abatement: _A	Outside of Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					-
Scope of Work (Check all			-			West Caldwel	II, NJ 07006					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovat			☐ Mini-Encl ☐ Glovebag	ainment with Neg losure g Procedure mpted (*) and Nor		ire			
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TO BE ABAT	ED ` ´	Ma	intena	nce/		stos Containing Mat , thermal systems in		Amount (Specify	Removal	Repair	nca	nclo
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Ground, 1st, 2nd, Attic			\boxtimes		Plaster :	Skim Coat		1,030 SF				
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Service Transport Gr	roup, Inc			auler IE SW21	553500000000	Waste 1500	Minerva La	ndfill				
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Nick Petrovski ASB-41	Pr	eside	nt			MILLE	Lehr		3/,	13	11	P

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 03 /	12 /	18	3		Nam	e of Buildi	ng O	wner/Operato	r (2) (Page 2	of 3)	MAR	16	: 20	าเอ	
Agencies Notified EPA DOLWD	Type Notific					et Address			(* 250 2	In the second	BESTC:	K-1	New Yorks	- numphicus	8
☑ DHSS ☐ DCA (NJAC 5:23-8)	Amenda Emerge justificat Cancella	ncy (ii tion)		g		State, Zip		e		Telephone	HORTEST - 1 - 21.	,-: 1 + - 2 A	MAG	ng ind general project	or which was
					FA	CILITY	NFO	RMATION				_			
Name of Facility Where A									Type of Facil	ity (4)		-			_
Passsaic County Co Street Address 63 Hamilton Street	ourthouse	Ann	ex Bu	ildin	g				School (K Subchapte Other (i.e. homes, et	er 8 (Other than , private and co	ı K-12) mmercia	al bu	uilding	gs,	
City (5) Paterson									Square Feet	# of Floor	'S	BI	dg. A	ge	
County (6)					1000	-4-0-1	77./07	ATT LIGHT ONLY							
ocumy (o)	ne of Monitoring Firm Hired by Building Own						(1)(81	ATE USE ONLY	Current Use (Prior if being de	emolishe	ed)			
Name of Monitoring Firm	Hired by Bui	lding (Owner	(8)	ASCM	l No.	Na	ame of Abater	nent Contractor	(9)					
Street Address							St	reet Address							
City, State, Zip Code							Cit	ty, State, Zip	Code						
Project Manager for Monit	oring Firm			Tel	ephone	No.	Те	elephone No.		License N	No.				
Start Date (10)		Sched	duled C	ompl	etion Da	ate (11)	Na	ame of OSHA	Monitor						
Occupancy Status During	Abatement (Chec	k only	one)		19	Str	reet Address							
☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: _A	Outside of N	ormal	Facilit	у Ноц	ırs - Des	scribe	Cit	y, State, Zip (Code						
Scope of Work (Check all		200													
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				nova: moliti				☐ Mini-En	ntainment with N closure ag Procedure empted (*) and N						
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Asbestos-Containing N TO BE ABAT IN Facility (13)	laterial (ACM ED	1)	Use Ma	ed Soi intena	ely by ance/ Staff?		e., the	Description Containing Mermal systems surfacing, VA her miscellan	aterial (ACM) insulation, Γ, or	Amoun (Specif SF or LF	t y =)	Removal	Repair	Encapsulate	Enclosure
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Ground, 1st, 2nd, 3rd l	Floors & A	ttic				Duct In				1,210 S			귀	귀	
Ground, 1st, 2nd and 3	3rd Fl-Chas	ses				Duct Se	em	Tape		8 8				귀	
Name of Registered Waste		NJDEP Waste Cubic Yards of Hauler ID No. Waste Name of Registered Landfill							ш						
City, State					G.		Disp	posal Date	City, State						
Completed By (Print or Typ	e)	Title						Signature			Date				
00.44															

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 03 12 / (Page 3 of 3) Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial ASSESTED CONTROL & LICENSING **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #7 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Passsaic County Courthouse Annex Building School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 63 Hamilton Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paterson County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _AM-____PM/____PM-___AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Enclosure Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Space 1-14A \boxtimes Wooden Door with Core Insulation 20 SF \boxtimes Ground, 1st, 2nd and 3rd Floors \boxtimes Floor Tile and Mastic 17570 SF \boxtimes Ground, 1st, 2nd and 3rd Floors \boxtimes Old Electric Panel Board 56 SF X Ground and 1st Floors (Exterior) M Window/Door/Louver Caulk П 210 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste City, State Disposal Date City, State

Signature

Date

Completed By (Print or Type)

Title

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

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Date of Notification (1)				Alon	no of Duild			10)						
	12 /	8		INSI	ne of Buildi	ng (Owner/Operator	(2) (Page 2	of 3)	M	AR	1	6 2	20
Agencies Notified ☑ EPA	Type Notificatio	n		Stre	et Address			, , , ,	1	ASBE	enione STC	IS O	Ciar	No.
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☑ DHSS □ DCA	Amendment			City	, State, Zip	Cos	ue .					-	and the same	Title Co.
(NJAC 5:23-8)	☐ Emergency (justification)	includin	g	Nam	ne of Conta	-								
	☐ Cancellation			14211	ie oi coilia	CL			Telephone	Numb	er			
Name of English 1875	A) 1			F	ACILITY I	NFO	ORMATION			-				-
Name of Facility Where A Passsalc County C	Abatement is Taki	ng Plac	e (3)	23				Type of Facilit						-
Street Address	Out tilouse Atii	ex Du	IIGIN	9				School (K-	12)	521 FX				
63 Hamilton Street								Subchapte Other (i.e., homes, etc	private and co	r K-12) ommerc	iai b	uildir	ıgs,	
City (5)								Square Feet	# of Floor		15			
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County (6)				Cot	inty Code (7)(S	TATE USE ONLY)	Current Use (F	Prior if being de	emolish	ed)			_
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	/ No	LA	lama of Abatan	10 1						
			(-)			100	lame of Abatem	ent Contractor (9)					
Street Address						S	treet Address					-		_
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Project Manager for Monit	toring Firm		Te	ephone	No.	Te	elephone No.		License N	lo.				_
Start Date (10)	Sche	duled C	lamo	etion Da	ate (11)	N	ame of OSHA M	lamita.						
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Date of Notification (1)				Name	e of Buildir	ng Owner/Operate	r (2)		£				
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	☐ Cancella	ation											
				FA	CILITY II	VFORMATION							
Name of Facility Where /				illeti saarii aasa			Type of Facili	ty (4)					
Passsaic County C	ourthouse	Annex Bu	ilding				School (K-	-12)					
Street Address							Subchapte	er 8 (Othe	r than K-12)			
63 Hamilton Street							Other (i.e., homes, et	, private a	and comme	rcial bu	uildin	gs,	
City (5)		1010 III - 100 - 1					Square Feet	The second second	FI	T DI			
Paterson							Square reet	# Of	Floors	BI	dg. A	ge	
County (6)				Cour	nty Code (7)(STATE USE ONL	1 Ouront Hon (Delegate to	1 1 1				
				000	ity book (MOTATE OSE ORE	Current Use (Prior it be	ang demolis	thed)			
Name of Monitoring Firm	Hired by Bui	ldina Owner	(8)	ASCM	No	Mama of Aboto	mont Cantagata	/n\					
	J = 100	- mio	,-,	- NOOIVI	ASCM No. Name of Abatement Contractor (9)								
Street Address					Street Address								
						Sueet Address							
City, State, Zip Code						0: 0: -							
ony, outo, ap oodo						City, State, Zip	Code			- 25			
Project Manager for Moni	itarina Fian		[e- 1										
	lioning Firm		1 ele	phone	No.	Telephone No.		Line	ense No.				
Je o c tinos nagos nos mons			1			Totophone 140.		Lice	mse No.				
1892								Live	aise No.				
Start Date (10)	1	Scheduled (Comple	tion Da	te (11)	Name of OSHA	Monitor	Lice	anse No.				
Start Date (10)				tion Da	te (11)		Monitor	Lice					
Start Date (10) / / / Occupancy Status During	Abatement (Check only	one)	_ / _	te (11)		Monitor	Lice	51156 NO.				
Start Date (10) // / Occupancy Status During Facility Closed/Vacate	Abatement (Check only ire Period of	one)	/_		Name of OSHA	Monitor	Lice	5156 NO.				
Start Date (10) // / Occupancy Status During Facility Closed/Vacate Abatement Performed	Abatement (d During Enti Outside of N	Check only ire Period of ormal Facility	one) Abates	ment		Name of OSHA Street Address		Live	5156 NO.				
Start Date (10) // / Occupancy Status During Facility Closed/Vacate	Abatement (d During Enti Outside of N	Check only ire Period of ormal Facility	one) Abates	ment		Name of OSHA		Live	alse NO.				
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Start Date (10) // / Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all	Abatement (d During Enti Outside of N AMP	Check only ire Period of lormal Facility WPlv	one) Abate y Hour	ment rs - Des _AM		Name of OSHA Street Address City, State, Zip Full Co	Code ntainment with N iclosure ag Procedure	egative P	Pressure				
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Ch 1059

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

MAR 1.6 2018

Date of Notification (1)									-/	11 11 M	AR 1	6	20	18	111				
					Name	of Building	g Ov	vner/Operator (2)	LI Li	AII I								
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Agencies Notified	Type Notific	ation		. ===>:8	Street	Address				ASBE	LICE			ROL	&				
⊠ EPA	☐ Initial				385	Tremon	t Av	re .	Ļ	NO SOMEON PROPERTY OF	termination of the state of the	N No. 1	econ somethi	main, emergene	THE REAL PROPERTY.				
☑ DOLWD ☑ DHSS	Amender Amendm	200 CONTRACTOR			City, S	State, Zip C	Code												
□ DCA	⊠ Emergen		udina		Eas	st Orange	, N.	J 07018											
(NJAC 5:23-8)	justificati	on)	9		Name	of Contac	t			Telephone N	lumber								
	☐ Cancella	tion			Hai	ry R. Stil	ling			(973) 676	3-1000	ex	142	20					
	·				FA	CILITY IN	FOI	RMATION											
Name of Facility Where A	Abatement is 7	Taking F	Place	(3)				PARTY CONTRACTOR OF THE PARTY	Type of Facility	(4)									
VA East Orange Ca	mpus -Mair	Bldg	1 Ki	tcher	ı-Adm	in Office	B1	1	School (K-12										
Street Address				100					Subchapter 8			hu	ldina	•					
385 Tremont Ave.									Other (i.e., property)		merciai	Du	lulrig	S,					
City (5)									Square Feet	# of Floors		Blo	lg. A	ge					
East Orange									771,175	16 61									
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pri	ior if being den	nolished	1)							
Essex									Hospital										
Name of Monitoring Firm	Hired by Build	ding Ow	vner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)										
Briggs Associates									nental Services										
Street Address	eet Address						Str	eet Address					-	-					
3 Crosswicks	Crosswicks						2	77 Fairfield	Road, Suite 10	2									
City, State, Zip Code	, State, Zip Code						Cit	y, State, Zip Co	ode										
Bordentown, NJ 08						City, State, Zip Code Fairfield, NJ 07004													
Project Manager for Moni	toring Firm		Telephone No. Telephone No.							License No.									
Douglas Ferry				60	9-298	-5520		973) 852-344	4	01349									
Start Date (10)	5	Schedule	ed Co	mple	ion Da	te (11)	Na	me of OSHA M	lonitor										
03 /16 /						184명의 (B) (1945 H)	5	SAI Environn	nental Services	s, LLC									
Occupancy Status During	Abatement (Check o	03 / 21 / 18 SAI Environmental Services, LLC ck only one) Street Address								_	_							
☐ Facility Closed/Vacate			Period of Abatement 277 Fairfield Road, Suite 102																
Abatement Performed	Outside of No	ormal Fa	acility	Hour	s - Des	cribe		y, State, Zip Co		_		-	-						
Time of Abatement: _	AM- <u>4:3</u>	0 PM/	F	PM- <u>1:</u>	00AM			airfield, NJ (
Scope of Work (Check all	that apply)		7.00										-						
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IN Facilit			Custo	odial S	Staff?	(5	surfacing, VAT,	or	SF or LF)		oval	Ξ.	Encapsulate	Enclosure				
(13)			Yes	(12) No	N/A		ot	her miscellane	ous)					late	e e				
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		-	_			Ceiling			260SF			X							
Kitchen-Admin Office				= - - - - -				44 LF		X									
]									
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Service Transport G				auler IE SW21	030000000000000000000000000000000000000	Wa 5		Minerva La	ndfill										
City, State					1/1		posal Date	City, State											
New Castle, DE					03/21/2018 Waynesburgh, OH														
Completed By (Print or Ty	rpe)	Title						Signature /	20		Date								
Mary Petrovski		Mar	nage	r				1//	Mul Vitin	TATA		2/1	1/2	118	18				

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UC1059.		MOITA	of Asb	wylersoy ESTOS ABAT 5 8:80 and 5:16			K.	SBEST	OS COM
ete of Notification (1)	40			Owner/Operator (2			MM	· LI	CENSING
	18			Yetsrana Affal	rfe		96	WV	
gendes Notified Type Notificati SEPA Sinklat	ion .	Street				VIII	17/5R	AFIG	200
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DH6S Amendmen		100		NJ 07018					
DCA Signature (NJAC 5:23-8) Semergency	/ (including		d Contact			Talephone N			
☐ Cancelistic			y R. Suit			(973) 678		1490	
		FAC	LITY IN	FORMATION	,	1 (0.0) 010	7010 02	1440	
isms of Facility Where Abatement is Te				1	Type of Facility	(A)			_
VA East Orange Campus -Main I	Bldg 1 Kitche	n-Admir	Office	B11	School (K-1	2)			
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East Orange			•		Squere Feet 771.476	# of Floors		ig. Age	
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lame of Monitoring Firm Hired by Buildin	ng Owner (8)	ASCM N	lo.	Name of Abateme					
Brigge Associates		Market 22-07-2-363			nental Service				
irest Address				Street Address	-	-			
3 Crosswicks				277 Fairfield I		12			
ity, State, Zip Code Bordentown, NJ 08505				City, State, Zip Co					
roject Manager for Monitoring Firm	190	laphone N		Fairfield, NJ (17004	Unana Na			
Douglas Ferry	100	309-298-	000 mm. 11	(973) 852-344	4	License No 01349			
tart Date (10) So	cheduled Comp	ation Dale	(11)	Name of OSHA M	0.50	4.000			
03 / 18 / 18	03 / 2	1 / _	18	aal Environm	nental Servic	e, LC			
Decupancy Status During Abatement (C				Street Address					_
Facility Closed/Vecated During Entire	Period of Abel	ement		Contract to the second	Road, Suite	DZ			
Abatement Performed Outside of Nor	PM/PM-	1:00AM	700	City, State, Zip Co					
Time of Abatement:AM-4:30					37094				-
Time of Abatement:AAI-4:30 Scope of Work (Check all that apply) \$\text{2} \geq 3 if \text{2} \geq 160 sf or \$\geq 260 if	⊠ Renovi	gov		⊠ Full Cont □ Mini-Enc ☑ Glovebe	talnment with I is losure ampted (*) and I	-	adure		
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Cope of Work (Check all that apply) 3 ≥3 af or ≥3 if 5 ≥160 af or ≥260 if Lecation of Asbestos-Containing Meterial (ACM) 10 BE ABATED IN Facility	Renovi	ation ation ally biely by asnce/	Asber (i.e	Full Cont Minl-Enc Glovobe Non-Exc Description of stos Commining Ma , thermal systems surfacing, VAT	tainment with It is isosure g Procedure ampted (*) and I of aterial (ACM) Insulation, c, er	on-Irlabia Proc	Ab Remo		-
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Cope of Work (Check all that apply) 3 ≥3 af or ≥3 if 2 ≥160 af or ≥260 if Lecation of Asbestos-Containing Meserial (ACM) TO BE ABATED IN Facility (13)	Renovi	million million mailton melly blely by mence/ al Staff? B) N/A	(l.e	Full Cont Mini-Enc Gloveba Non-Exc Description of stos Containing Ma , thermal systems surfacing, VAT other miscefans	tainment with It is isosure g Procedure ampted (*) and I of aterial (ACM) Insulation, , er	Amount (Specify SF or LF	Ab Removal	Encapsulate Repair	Endosure
Cope of Work (Check all that apply) S≥3 of or ≥3 if E≥160 of or ≥260 if Lecation of Asbestos-Containing Meterial (ACM) TO BE ABATED IN Facility (13) Citchen-Admin Office B11	Renovi	milon milon	(l.e	Full Cont Mini-Enc Gloveba Non-Exc Description of stos Containing Ma , thermal systems surfacing, VAT other miscellens	tainment with It is isosure g Procedure ampted (*) and I of aterial (ACM) Insulation, , er	Amount (Specify SF or LF	Ab Removal	Repair 🔲 🗆	Endosure 00
Cope of Work (Check all that apply) 3 ≥3 of or ≥3 if 2 ≥160 of or ≥260 if Lecation of Asbestos-Containing Meterial (ACM) TO BE ABATED IN Facility (13) (Itchen-Admin Office B11	Renovi	antion antion sally solely by tence/ si Staff? D N/A	(l.e	Full Cont Mini-Enc Gloveba Non-Exc Description of stos Containing Ma , thermal systems surfacing, VAT other miscellens	tainment with It is isosure g Procedure ampted (*) and I of aterial (ACM) Insulation, , er	Amount (Specify SF or LF	AA Removal	Repair 0 0 0	Endosure 0 0 0
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Cope of Work (Check all that apply) 2 ≥3 of or ≥3 if 2 ≥160 of or ≥260 if Lecation of Asbestos-Containing Meterial (ACM) TO BE ABATED IN Facility (13) Citchen-Admin Office B11 Kitchen-Admin Office B11	Renovi	artion artion lefty lefty viely by rence/ transport N/A NJDEP V	Celling Pipe/Fil	Full Cont Mini-Enc Gioveba Non-Exc Description of the Manifer	talnment with It losure g Procedure ampted (*) and I at at at at at at at at at at at at at	Amount (Specify SF or LF 260SF 44 LF	Ad Removal	Repair 0 0 0	Endosure 0 0 0
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Cope of Work (Check all that apply) S≥3 of or ≥3 if E≥160 of or ≥260 if Location of Asbestos-Containing Meterial (ACM) TO BE ABATED IN Facility (13) Kitchen-Admin Office B11 Kitchen-Admin Office B11 Name of Registered Waste Hauler Service Transport Group, Inc. City, Biste	Renovi	antion antion	Celling Pipe/Fil	Full Cont Mini-Enc Gioveba Non-Exc Description of the Communing Market M	talnment with It losure g Procedure ampted (*) and I at tend (ACM) Insulation, , or rous) Name of R: Minervii City, State Wayneti	Amount (Specify SF or LF 290SF 44 LF	Ad Removal	Repair 0 0 0	Endosure 0 0 0

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PLEASE

State of New Jersey

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Date of Notification (1)	17 /	18			1		70	ner/Operator (DE C			₩ [
Agencies Notified EPA DOLWD	Type Notifica	ation		2 18.25	Stree	t Address	223	Suite 400		D MA	R 16	5 20)18				
☑ DOLWD	☐ Amended Amendm				City,	State, Zip (Code		Ĺ		Sa Sparing						
DCA	☐ Emergen			1	Blo	omfield,	NJ	07003	- Comment	ASBES	7080	ONT	ROL	&			
(NJAC 5:23-8)	justificati	on)			Name	of Contac	t			Telephone N	lumber	ING		and the State of t			
	☐ Cancellat	tion			Wa	rren Spr	ake			908-670-	5711						
					FA	CILITY IN	IFO	RMATION									
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility								
Commercial									School (K-1								
Street Address									☐ Subchapter ☐ Other (i.e., p			huildi	nge				
169 Minnisink Road	 Cottage # 	12							homes, etc.		intercial	bullu	ngs,				
City (5)									Square Feet	# of Floors		Bldg.	Age				
Totowa																	
County (6)					Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being den	nolished)					
Passaic																	
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)								
Bio Terra Solutions							A	LL PRO MA	NAGEMENT L	LC							
Street Address							Str	eet Address									
P.O. Box 1224							2	7 Outwater I	_ane								
City, State, Zip Code							City, State, Zip Code										
Union, NJ							0	Sarfield, NJ	07026								
Project Manager for Monit	oring Firm			Tel	ephone	No.	Tel	ephone No.		License No).						
Rick Eustaquio						494-3762 973-928-4888 1188											
Start Date (10)						n Date (11) Name of OSHA Monitor											
01 /26 / _	18	_0	5_/	_2	5_/	/ _18 ALL PRO MANAGEMENT LLC											
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address									
☐ Facility Closed/Vacated						Describe -											
Abatement Performed	Outside of No	ormal	Facility	/ Hou	rs - Des	cribe	City	, State, Zip Co									
Time of Abatement:	Aivi	PIV	1/	_PIV		AM	G	Sarfield, NJ	07026								
Scope of Work (Check all	that apply)									h Negative Pressure							
≥3 sf or >3 lf			☐ Re	nova	ion					ative Pressure							
≥160 sf or ≥260 lf			☑ De						Procedure								
			- 1-					☐ Non-Exer	mpted (*) and No	n-Friable Proc	edure						
Location of	of	- 1		Loca				Dagadatia			1	bate	ment 7	Гуре			
Asbestos-Containing N)	Use	d Sol	ely by	Asbe	stos	Description of Containing Mar		Amount	2	7 7	_ m	En			
TO BE ABAT					ance/ Staff?	(i.e	., the	rmal systems i	nsulation,	(Specify	Kellova	Kepaii	сар	Enclosure			
IN Facility (13)	У		Ousi	(12)				surfacing, VAT, her miscellane		SF or LF)	1 2	<u> </u>	Encapsulate	ure			
()			Yes	No	N/A		Oti	ner miscellane	ous)				हिं				
Basement/ Crawl Spa	ce				\boxtimes	Pipe In:	sula	tion		1,050 LF	: D	3 [
1st Floor						Pipe Ins	sula	tion		225 LF	D						
Basement/ Crawl Spa	ce				\boxtimes	Pipe Fit	tting	Insulation		125 LF	D	3 [
1st Floor					\boxtimes	Pipe Fit	tting	Insulation		25 LF	D						
Name of Registered Waste	e Hauler			122	NJDEP '		1000000000	oic Yards of	Name of Regi	stered Landfill				-			
ATC / Century Waste, LLC	/ All Pro Mana	gemer	nt, LLC		Hauler II	D No. / 32797/ 989	Wa		Minerva Enterprises/C								
City, State								s Needed posal Date	City, State	es/G.R.O.W.S. North Landfill/Fairless Landfill/IESI Bethlehem Landfil							
Shirley, NY / Elizabe	th, NJ/ Gar	field,	NJ					BD	5.0								
Completed By (Print or Ty		Title						Signature	waynesburg, OH	g, OH / Morrisville, PA/ Bethlehem, PA							
Allen Monchik	r-/	., ., ., ., .,	oject	Man	ager				2.1 1.1								
		L.,	2,000	···ai	-901			Allen.	Monchik	<u> </u>	01/1	7/18	1				

ASB-41 JAN 13

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

n 2487		No	TIF	CATIO	State of N OF As nt to N3	SBE	Jersey STOS ABA 8:60 and 5:1	TEMENT		; (C	2 [i	5 [V	7 [
Date of Notification (1)				Nam	e of Ruildi	na C	wner/Operator	(2)		hi A	D	16	- 20	18	
03/14	1_/	18					tate Compani			MA	.B.	16	20	10	1
⊠ EPA □	pe Notificatio	n		Parameter.	et Address		, Suite 400		AS	SDES	TO	5 00	ONTI	ROL	&
	Amended				State, Zip					er selection	LIC	EN2	ING	ner emerce	NAME OF THE PARTY OF THE
	Amendment				ocate, zip oomfield										
(NJAC 5:23-8)	Emergency justification)	(includir	ng	_	e of Conta		7 07 000		Talaaha	NI					
THE STATE OF THE S	Cancellation				arren Spi	AT 174)		Telepho 973-4				205		
				FA	CILITY	NFC	RMATION		1 0.0		-	OAL.			
Name of Facility Where Abate	ement is Tak	ing Plac	e (3))				Type of Facility	v (4)						
Commercial								School (K-							
Street Address					20 ======			☐ Subchapter	8 (Other th	an K-	-12)				
169 Minnisink Road- U	nit 3							Other (i.e., homes, etc	private and	comn	nerci	ial bu	ilding	js,	
City (5)								Square Feet	# of Flo	ors		Blo	dg. A	ae	
Totowa								10					3	50	
County (6)				Cou	nty Code (7)(\$7	TATE USE ONLY)	Current Use (F	Prior if being	demo	olish	ed)		_	_
Passaic															
Name of Monitoring Firm Hire	d by Building	Owner	(8)	ASCM	No.	N	ame of Abateme	ent Contractor (9	9)						
Bio Terra Solutions							ALL PRO MA	NAGEMENT	LLC						
Street Address		1.55		•		St	reet Address					_			\neg
P.O. Box 1224							27 Outwater	Lane							
City, State, Zip Code						Ci	ty, State, Zip Co	ode							-
Union, NJ															
Project Manager for Monitoring	g Firm		T	elephone	No.	Te	elephone No.		License	No.					
Rick Eustaquio				973-494	-3762	1	1188	3							
Start Date (10)	2.0	eduled Completion Date (11) 05 / 01 / 18 ALL PRO MANAGEMENT LLC													\neg
02 /01 /18	_ _				18		ALL PRO MA	NAGEMENT I	LLC						
Occupancy Status During Aba						St	reet Address								
Facility Closed/Vacated Du	ring Entire P	eriod of	Aba	tement		1	27 Outwater I	Lane							1
Abatement Performed Outs	side of Norma	al Facilit	y Ho	ours - Des	cribe	Cit	ty, State, Zip Co	ode							-
Time of Abatement: X Saturday		-IVI/	—P	IVI	AM	1	Garfield, NJ	07026							
Scope of Work (Check all that	apply)					1								-	\dashv
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		□ Re ☑ De							_		dure				
		1000		ation						7	Ť	Aba	tem-	ent Ty	/pe
Location of Asbestos-Containing Mater	rial (ACM)			nally olely by	Ash-	oto-	Description of				t				
TO BE ABATED	iai (/ ioiii)			nance/	(i.e	sios	Containing Mat ermal systems i	nsulation.	Amor (Spec	0000755		Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todia (1:	al Staff?	30,000		surfacing, VAT,	or	SF or		1	oval	7	psu	Sur
(13)		Yes	N			of	ther miscellaned	ous)						late	e)
Basement/ Crawl Space				\boxtimes	Pipe Ins	sula	ition		1,200	LF	+		П		П
2 nd Floor					Pipe Ins	sula	tion		75 L		-		귀	금	爿
Basement/ Crawl Space					Pipe Fit	tting	Insulation		60 L	ve-ne-	-		귀	귀	픰
2nd Floor				\boxtimes	Pipe Fit	tting	Insulation		12 L			П	귀		귀
Name of Registered Waste Ha				NJDEP V			bic Yards of	Name of Regis				_		_	
ATC/Century Waste, LL /All Pro	Managemen	t, LLC		Hauler II SW-24310/3		Wa	ste As Needed	Minerva Enterpris	es/G.R.O.W.S.		Landi	fill/Fai	rless L	andfill	u
City, State							posal Date	City, State	- Mini						
Shirley, NY / Elizabeth, N	NJ					Т	BD	Waynesburg	OH/Morrio	villa	DA	Ross.	loba	m D	
Completed By (Print or Type)	Titl	е					Signature	j nosbarg	, 0.1.11101115		Date	Detu	iciiel	11, 17	-
Allen Monchik	F	roject	Ma	nager				Monchik	6		3/14	/12			
CD 41							1.0000	· · · · · · · · · · · · · · · · · · ·	500	1		, 10			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET



	Amount (Specify SF or LF) Solely by Maintenance/Cust odial Staff (12) Yes No N/A Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) m e a i u l r l								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	cation of Asbestos-Containing Normally Used sterial (ACM) TO BE ABATED In Faculty (13) Maintenance/Cust		Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT,		R e m o v	R e p a i	n c a p s u	E n c l o s u r	
Basement	Yes	No	_						
		_			75 SF	X			
1st Floor			Х	Pipe Insulation - Wrap + CU +	400 LF	Х			
	\exists								
	\dashv	\exists							
	\dashv	_	_						

Completed by: (Print or type)	7:11	D :			-
Allen Monchik	Title:	Project Manager	Signature:	Date:	1
			Allen Monchik	3/14/18	ı

CK 2488	NO	D) IFIE (Pt	ATION	OFAS	lew dersey BESTOS ABAT AC 8:60 and 5:1	TEMENT 6)		S F	16	201	7 <u>E</u>			
Date of Notification (1)					g Owner/Operator (hol. bal		10 1000					
03 /14 /	18		Ga	rden Sta	te Realty & Inves	stments	h 1727777	antina a						
Agencies Notified Type Notificati	on		Stree	t Address			ASbei	ASBESTOS CONTROL LICENSING						
☑ EPA ☑ Initial			164	4 Getty A	venue		become management, the m.	* *******	ALABAT STREET	Common sergia	- u jedra nika			
☑ DOLWD ☐ Amended			City, S	State, Zip	Code									
☑ DOH Amendmer ☐ DCA ☐ Emergency		-	Clif	Clifton, NJ 07011										
(NJAC 5:23-8) justification		9	Name	of Contac	et .		Telephone Numb	er						
☐ Cancellatio	n		Jes	sica Gul	arotti		973-528-861							
			FA	CILITY IN	FORMATION									
Name of Facility Where Abatement is Ta	king Place	e (3)		and the second second		Type of Facility	(4)							
Commercial						School (K-12								
Street Address 312 Union Avenue							8 (Other than K-12) rivate and commer		uilding	gs,				
City (5) Paterson						Square Feet	# of Floors	dg. A	g. Age					
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)						
Passaic														
Name of Monitoring Firm Hired by Buildir	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)								
Bio Terra Solutions					ALL PRO MA	NAGEMENT L	LC							
Street Address					Street Address									
P.O. Box 1224					27 Outwater Lane									
City, State, Zip Code					City, State, Zip Code									
Union, NJ					Garfield, NJ 07026									
Project Manager for Monitoring Firm		1	phone		Telephone No.		License No.							
Rick Eustaquio Start Date (10) Sci		35%	3-494-3762 973-928-4			AND AND AND AND AND AND AND AND AND AND								
	neduled C	Carrier State of		and the second second	Name of OSHA M									
	04_ /		_ ′ -	18	ALL PRO MA	NAGEMENT L	LC							
Occupancy Status During Abatement (Ch					Street Address									
 ☑ Facility Closed/Vacated During Entire ☑ Abatement Performed Outside of Norr 	Period of	Abater	nent	oribo	27 Outwater I									
Time of Abatement: AM-	PM/	PM-	s - Des	AM	City, State, Zip Co									
Scope of Work (Check all that apply)					Garfield, NJ	07026								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovatio emolitio			☐ Mini-Encl	Procedure	gative Pressure n-Friable Procedure	e						
	27733	Locati						Ab	atem	ent Ty	ype			
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Asha	Description of stos Containing Mat		Amount	Re	Re	Щ	Щ			
TO BE ABATED	nce/		., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	nclos					
IN Facility (13)	Staff?	2.386	surfacing, VAT,		SF or LF)	val	1	Encapsulate	Enclosure					
(10)	Yes	(12) No	N/A		other miscellane	other miscellaneous)				ate	-			
Basement			\boxtimes	Pipe Ins	sulation- Tent an	d Glovebag	200 LF							
				38.77										
										Ш	Ш			

Completed By (Print or Type)
Allen Monchik

Name of Registered Waste Hauler

Shirley, NY / Garfield, NJ

ATC / All Pro Management, LLC

Cubic Yards of

As Needed Disposal Date

Signature

Waste

TBD

Name of Registered Landfill

Waynesburg, OH / Morrisville, PA

City, State

Allen Monchik

Minerva Enterprises/G.R.O.W.S. North Landfill/Fairless Landfill

Date

3/14/18

NJDEP Waste Hauler ID No.

Title

Project Manager

SW24310/989

City, State

PA		VE)			N OF A	New Jersey SBESTOS ABA AC 8:60 and 5:1		IN E	G	ß i	7 [<i>[</i>]		
Date of Notification (1)				1		ng Owner/Operator		#2		****	- make to a supe			
	18			P	eck Scho	ool / Job #1802-5	263 Check #99	63 M	AR	16	201	18		
Agencies Notified Type Not				Street Address										
☐ EPA ☐ Initial ☐ Initial ☐ DOLWD ☐ Amen			1	247 South Street										
	ded dment # <u>1</u>										TOS CONTROL LICENSING			
☐ DCA ☐ Emerg	ency (incl	uding		M	orristowr	ı, NJ 07960		Bridge Carrier Bridge	1445-6781/8/4	here recorded	C Travelle Section	-		
(NJAC 5:23-8) justific	ation)				ne of Conta	77		Telephone Num	ber					
- Cance	llation			W	William Champi 973-575-1500									
				FA	ACILITY I	NFORMATION								
Name of Facility Where Abatement i	s Taking F	Place	(3)				Type of Facility (4	10.000						
Peck School							School (K-12) Subchapter 8	(Other than 1/ 1/						
Street Address							Other (i.e., pri	vate and comme	:) rcial b	ouildin	as.			
247 South Street City (5)							homes, etc.)		*****		•			
Morristown, NJ 07960							Square Feet	# of Floors	E	Bldg. A	\ge			
County (6)	County (6)						Current Use (Price	r if being demoli:	shed)					
Morris							School							
Name of Monitoring Firm Hired by Bu	ilding Ow	ner (8	3)	ASCN	l No.	Name of Abateme	ent Contractor (9)							
Whitman						AbateTech, I	nc.							
Street Address						Street Address								
7 Pleasant Hill Road						30 Maple Ave. PO Box 25								
City, State, Zip Code						City, State, Zip Co	ode	55						
Cranbury, NJ 08512						Lumberton, N	IJ 08048							
Project Manager for Monitoring Firm				phone		Telephone No.		License No.						
Kevin Lovely Start Date (10)	0 1 1 1)-5858	609-265-2107		00529						
3 / _9_ / _18_	Schedule 3			tion Da		Name of OSHA M EMSL Analyti								
Occupancy Status During Abatement						Street Address				-				
Facility Closed/Vacated During En	tire Period	of Al	oater	nent		200 Route 130	0 North							
Abatement Performed Outside of N Time of Abatement:AM	Normal Fa				scribe	City, State, Zip Co	de					1000		
	PM/ <u>3</u>	FIVI-		_AM		Cinnaminson	, NJ 08077							
Scope of Work (Check all that apply)							ainment with Nega	tive Pressure						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	-	Rend				☐ Mini-Encl ☐ Glovebag ☒ Non-Exen	osure Procedure npted (*) and Non-							
			ocati			10.10			_	atem	ent T	уре		
Location of Asbestos-Containing Material (ACN	ر _ا ا	No Jsed	rmal Sole		Asha	Description of stos Containing Mate		A		_		T		
TO BE ABATED		Maint			(i.e.	, thermal systems ir	enal (ACIVI)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility (13)		ustoc)	າາລາ ຣ 12)	iair?		surfacing, VAT,		SF or LF)	val	-	sula	sure		
(13)	Ye		No	N/A	1	other miscellaneo	ous)				ate			
xterior]		Roofing	Material		4,000 SF						
ining Hall				\boxtimes	Floor til	e & Mastic		3,000 SF				П		
ining Hall		F	_	Ø	Floor til	e & Mastic		988 SF		-				
		-	-		501 111			200 OF				D		
ame of Registered Waste Hauler			4			0.11.11				П	П			
AbateTech, Inc.			1837733	IDEP V Juler ID	10000000	Cubic Yards of Waste	Name of Register							
			9-0-000	18750	Salvaniania -	40	G.R.O.W.S. L	andfill				- 11-11		
ty, State						Disposal Date	City, State	uc.						
Lumberton, NJ						3/16/18	Tullytown, P	A						
	Title					Signature	1. t	Dat	e .	, 1	. 6			
	Oper	ation	s C	oordi	nator	(ix	M	1.	3/1	12	18			
ompleted By (Print or Type) Gwendolyn Trumbetti B-41	1000000	ation	ıs C	oordi	nator		mt	Dat	e 3/1	12	18	: "		

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

MAY 11

Date of Notification (1)	17 L			LNIe	(D "	" 0 10				-11/1/28/				
3 /	13 /	18			ne of Build J Gas	ding Owner/Operator	(2) 303-5277 Che	ck #006//0066		•				
Agencies Notified	Tuna Matica						703-3211 Cite	CK #9904/9905						
⊠ EPA	Type Notifica	tion			et Addres		`	IME	GE	П	1//	Br		
☑ DOLWD	Amended					ersey Plaza			<u>6</u> 5	<u>ll</u>	\mathbb{V}			
☑ DHSS	Amendme				, State, Zij			IIM						
☐ DCA	☐ Emergenc		ng		olsom, N	Carl Color and Assert		111 11 M	AR 1	6 2	กาด			
(NJAC 5:23-8)	justification	7			ne of Cont	and a second		Telephone N	umber	0 6	010			
	☐ Cancellation	on		C	aitlin Bas	st		609-561-9	9000	Paramer, neigh				
				F	ACILITY	INFORMATION		ASBE	STOS (CON	TROL	- &		
Name of Facility Where A	batement is Ta	aking Plac	ce (3)				Type of Facility	(4)	LICEN	SINC				
Residential							School (K-1							
Street Address								8 (Other than K		wildin	~~			
							homes, etc.		Herciai L	Juliuli	ys,			
City (5)							Square Feet	# of Floors	E	Bldg. A	Age			
Glassboro, NJ														
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)					
Gloucester						8 DI	Residentia							
Name of Monitoring Firm F	lired by Buildir	ng Owner	(8)	ASCN	1 No.	Name of Abateme	The State of the State of the State of				-			
Health & Safety Serv	rices					AbateTech, I		,						
Street Address						Street Address	1000			2111				
PO Box 365						30 Maple Ave	. PO Box 25							
City, State, Zip Code						City, State, Zip Co								
Berlin, NJ 08009						Lumberton, N								
Project Manager for Monito	oring Firm		Te	lephone	No	Telephone No. License No.								
Jim Proctor				856-452		609-265-2107		00529						
Start Date (10)	Sch	neduled C				Name of OSHA M		00329	Control of the last of the las					
3/26/	18			2_/	EMSL Analyti	·7·00070700								
Occupancy Status During A	Abatement (Ch	eck only	one)			Street Address								
☐ Facility Closed/Vacated	During Entire I	Period of	Abat	ement		200 Route 130) North							
☐ Abatement Performed O	outside of Norm	nal Facilit	у Но	urs - Des	scribe	City, State, Zip Co								
Time of Abatement:	AM	PM/	PN	1	AM	Cinnaminson, NJ 08077								
Scope of Work (Check all th	nat apply)						, 110 00077				-			
						☐ Full Conta	ainment with Neg	gative Pressure						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		∐ Re ⊠ De				☐ Mini-Encl								
		2 50	1110110	1011			npted (*) and No	Non-Friable Procedure						
		Is	Loca	ation			. ,,			atem	ent Ty	me		
Location of			Norma		200 200	Description of				_				
Asbestos-Containing Ma TO BE ABATE				lely by ance/		stos Containing Mat		Amount	(em	Repair	nca	ncl		
IN Facility	<u>-U</u>	Cust		Staff?	(1.6	e., thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	ai-	squ	Enclosure		
(13)		-	(12)		1	other miscellaneo	us)	0, 0, 2, 7	-		Encapsulate	6		
		Yes	No	N/A							•			
Exterior					Windov	v & Door Caulk		550 LF						
2 nd FLoor Bathroom					Linoleu	ım		175 SF		П	П			
						***		17001						
										Ш				
Name of Registered Waste H	Hauler		11.00	JDEP V		Cubic Yards of	Name of Regist	ered Landfill						
AbateTech, Inc.				lauler ID 18750		Waste 20	G.R.O.W.S.	Landfill						
City, State				10100		Disposal Date	City, State			-				
Lumberton, NJ				4/2/18	Tullytown,	PA								
Completed By (Print or Type) Tit	tle				Signature			ate					
Gwendolyn Trumbetti		Operation	ons	Coordi	nator	1 / h	MIT		3/13	211	8			
SB-41							1101		711	711	0			

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

A					State of	New Jersey		Military Com						
(ID CK		NO	OTIF	CATI (Pursi	ON OF A	SBESTOS ABA JAC 8:60 and 5:	TEMENT 16)	DE			V/ [E			
Date of Notification (1)				Na	me of Build	ing Owner/Operator	(2)							
	/1	8				ood Johnson Hos	pital / Job	#1802-5265	Check	6 ≥0	18			
Agencies Notified Type No	tification	n	THE ST	Str	eet Address	3								
⊠ EPA ☐ Initial				(one Rober	rt Wood Johnson	Place	ASBESTOS CONTROL 8						
☑ DOLWD ☑ Amer ☐ Amer		" 2		Cit	y, State, Zip	Code	ia ia	Communication of the Communica	LICENS	SING				
□ DCA □ Emer	ndment a		i	1	lew Bruns	wick, NJ 08901								
(NJAC 5:23-8) justifi	cation)	iriciuu	ing	_	me of Conta	12/		Telephone N	umbor					
☐ Canc	1070			K	risten Bel	II		732-937-8						
					Selection of the Selection of Co.	NFORMATION		132-331-0	101					
Name of Facility Where Abatement	is Takin	ng Pla	ce (3)		ACILITT	NFORWATION	T	/4)						
Robert Wood Johnson Hosp		ig i ia	00 (0)				Type of Facility							
Street Address	vitai						School (K-12	!) ? (Other than K	.12\					
One Robert Wood Johnson	Diana						Other (i.e., pr	rivate and com	nercial l	ouilding	JS,			
City (5)	Place						homes, etc.)							
New Brunswick							Square Feet	# of Floors	E	Bldg. A	ge			
County (6)														
				Co	unty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)					
Middlesex							Hospital							
Name of Monitoring Firm Hired by B	uilding (Owne	(8)	ASCI	M No.	Name of Abateme	ent Contractor (9)							
Omega Environmental						AbateTech, In	ıc.							
Street Address						Street Address								
280 Huylar Street						30 Maple Ave	. PO Box 25							
City, State, Zip Code					172.W25.L6	City, State, Zip Code								
South Hackensack, NJ 07606	3				Lumberton, NJ 08048									
Project Manager for Monitoring Firm			Te	lephone	e No.	Telephone No.		License No.						
Geiser Fajardo					9=8700	609-265-2107		00529						
Start Date (10)	Sched	uled (- Lorenton		ate (11)	Name of OSHA M	onitor	00329						
2/19/18	1			0 /	www.commons.com	EMSL Analyti								
Occupancy Status During Abatement	(Choole						Lai							
☐ Facility Closed/Vacated During Er	tire Dor	of lig	Abot.	AMERICA CARREST	A CENTER OF THE PROPERTY OF TH	Street Address								
Abatement Performed Outside of	Normal	Facili	ADAII	re - Do	scribo	200 Route 130	200000000000000000000000000000000000000							
Time of Abatement:AM	PN	1/	PM	- -	AM City, State, 21p code									
						Cinnaminson,	NJ 08077							
Scope of Work (Check all that apply)						П г.:II 0t-								
≥3 sf or ≥3 If		⊠ Re	nova	tion		☐ Mini-Enclo	inment with Nega	itive Pressure						
≥160 sf or ≥260 If		☐ De	moliti	on		☐ Glovebag	Procedure							
A.							pted (*) and Non-	-Friable Proced	ure					
Location of			Loca Vorma			9000 000000 VA			Ab	ateme	nt Typ			
Asbestos-Containing Material (AC	M)	Use	d Sol	ely by	Ashes	Description of stos Containing Mate	rial (ACM)	A == = : = = t	R	20	щi			
TO BE ABATED			intena		(i.e.	, thermal systems in	sulation,	Amount (Specify	Removal	Repair	Encapsula			
IN Facility (13)		Cus	(12)	Staff?		surfacing, VAT, o		SF or LF)	val		Encapsulate			
(.5)		Yes	No	N/A	1	other miscellaneou	ıs)				ate			
xterior 2 nd Floor 58 Building				0.055	100									
Monor 2 1-1001 30 Building					Window	Caulk/glazing		400 LF						
			П				-		1					
	-									Ш				
ame of Registered Waste Hauler			Ц											
TILE OF Kenistered Wasta Hauler				JDEP V	5.00000	Cubic Yards of	Name of Registe	red Landfill						
			H	18750		Waste 12	G.R.O.W.S. I	_andfill						
AbateTech, Inc.				10100										
AbateTech, Inc.						Disposal Date	City, State		A-1-17					
AbateTech, Inc. ty, State						Disposal Date 3/30/18	City, State Tullvtown, P	Α	V212115					
AbateTech, Inc. ty, State Lumberton, NJ empleted By (Print or Type)	Title					Disposal Date 3/30/18 Signature	City, State Tullytown, P		ate					

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

CK# 1070		NOTIF (P	ICATIO	OF ASE to NJAC	ESTOS	ABATE	MENT 0)		m) Ē	G I	Ē.				
Date of Notification (1) 03/14/2018				of Building				of Newark) \	RAI	1 6	: 20)18		
Agencies Notified Type Notification			Street A						111	· 19	An	1 () (110	-11	
EPA X Initial			590 N	V 7th Str	eet				A THE PARTY OF THE							
DEP Amended		Γ		ate, Zip Co			Ashi		FNS	oni MMG	1 15-5-	&				
Emergency (in		_		ark, NJ (07107				L				0.00		p. 65	
DOH justification) Cancellation				of Contact					Telephone Number							
Cancellation				Murphy	ODMATI	011			(973) 445-1575							
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMATI	ON	Type	of Facility (4)							
Catholic Charities Archdiocese of N	ewark						П	School (K-12								
Street Address							d	Subchapter 8	(Oth	er than I	K-12)		40			
249 Virginia Ave							×	Other (i.e. pr etc.)	ivate 8	& comm	ercial	builo	lings,	home	es,	
City (5) Jersey City							Squa	are Feet	# of	Floors		В	ldg. A	ge		
County (6)			County	Code (7)			Curr	ent Use (Prior	if bei	na dema	olished	1)				
uoshiri			(STATE	USE ONLY		-)		,		ng domi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~/				
Name of Monitoring Firm Hired by Building O		ASCN	И No.				atement Contr Safety LLO		(9)				10115-2			
Street Address					Street											
City, State, Zip Code				rosby Ave												
Oily, Otale, Zip Gode			Zip Code													
Project Manager for Monitoring Firm	Telepho	ne No		Teleph	2-20-20-20	, NJ 07502		Linna	- N-							
•		rolopilo	110 140.			400-			Licens 0133							
Start Date (10) Scheduled Completion Date (11) Name o								HA Monitor		0100						
03/24/2018	03/26/	2018				Rem	noval	Safety LLC	;							
Occupancy Status During Abatement (Check Only One) Stree								ss								
Facility Closed/Vacated During Entire Pe	riod of	Abatem	ent				osby									
Abatement Performed Outside of Norma Other – Describe: 8:00am-4:30pm	I Facility	/ Hours						Zip Code								
Scope of Work (Check All That Apply)						Pate	terson, NJ 07502									
1	ы.						7									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti	vation					Full Containment with Negative Pressure Mini-Enclosure								
	_		× Glo					Glovebag Procedure								
							Non-Exempted (*) and Non-Friable Proced						228			
Location of		Location Normall			_	277.0	1931						Abate Ty	ment pe		
Asbestos-Containing Material (ACM)		d Solel intenan		Asbes	Des tos Conta	cription aining M	of 1ateria	I (ACM)	Ar	mount						
TO BE ABATED In Facility		todial S		(i.e.	thermal:	systems ing, VA	s insula	ation,	(S	pecify		Re	Z,	nca	Enc	
(13)		(12)			other m				SF	or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									<u>a</u>	-	ate	Ге	
Basement			х		Pipe	Insula	tion		12	0 LF	:	x		Х		
							-211			241.2						
Name of Registered Waste Hauler			JDEP W		Cubic \			Name of Re	egister	red Land	dfill					
Removal Safety LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	auler ID 037007		of Was	te		GROWS			7.135					
City, State		100	337007		2 Disposa	al Date		City, State	. 151	11.1						
Paterson, NJ					TBD	u Date		Morrisvil	e P	Α						
Completed by	Title	////				gnature	7	/ /	, 1 /		Date		-			
Lasko Veskov							03/14/2018									