Ch 4515	en per autoria de la compansa de la		NOTII	FICATIO (Pursuan	State of Ne N OF ASJ	Hersey SEST OS 8:60 and	ABATE d 12:120)		- Contraction of the Contraction	(Red	E	C MAR	[]		2010
Date of Notification (1) 3-15-2018				Name of	f Building		perator (2	()		0.0100		110 41	1	- 5	2019
3-15-2018 Agencies Notified Type Notified	Testion			Street A	<u> 50</u>	-H	HH	<u>L</u>			ASBE	SIC	C C	CN	FROL
	l			Street A	ddiess	2000							EN	SING	1
□ EPA Initia □ DEP □ Ame				City, Sta	ate, Zip Co	de -			,	EL					
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DOH justif	idation)	ioidding		Name of	f Contact	11.0	:0)	/		Telephone	Numba	-			
□ DCA □ Cano	ellation			15 r	LITY INF	HH	HL.	_							
Name of Facility Where Abatement is 7	aking Pl	ace (3)		FACI	LIII IN	URIVIA	ION	Туре	of Facility (4)						-
13. SCHAAL									School (K-12))					
Street Address									Subchapter 8	Other than K	(-12)	Transcoo			
City (5)		-,							Other (i.e. pri			ıldınş	zs, ho	mes, e	etc.)
NEW MILFORT	•							Squa	re Feet	# of Floors	S	BI	dg. A	ige	00
County (6)	1-			County (Code (7)			Сигте	nt Use (Prior i	f being demo	lished)		10	7	17
BERGEN				(STATE	USE ONLY)				FSIDE		-				
Name of Monitoring Firm Hired by Bui	laing Ow	mer (8)		ASCN	M No.				tement Contrac						
Street Address	-								emoval In	С					
							Street A		50	C+ +					
City, State, Zip Code							City, S	tate, Zi	uth River	Street			-		
							27.0		ack, NJ 0	7601					
Project Manager for Monitoring Firm				Telephor	ne No.		Telepho			Licen	ise No.				
Start Date (10)		Schedule	d Com	pletion Da	ata (11)				329-7444 A Monitor		0038	88			
3-28-2018		.3	-7	9-	201	8			Environn	nental					
Occupancy Status During Abatement (C	neck Onl	y One)		1-			Street A	Address					-		\neg
☐ Facility Closed/Vacated During Er	tire Perio	od of Aba	tement				_		ıyler Stree	et					
Abatement Performed Outside of 1 Other - Describe:	3 P	1 M	urs 5	pm		_	City, St	ate, Zi	p Code Hackensa	ck NIO7	7606				
Scope of Work (Check All That Apply)								, aui	Tackensa	CR, 145 07		-			_
≥3 sfor ≥3 lf	-	X F	Renova	tion				Ful	I Containment	with Negativ	e Pressi	re.			
☐ ≥160 sf or ≥260 lf			Demolit				2	- Mi	ni-Enclosure		C 1 1000U				
								No	ovebag Procedi n-Exempted (*	ure) and Non-Fr	iable Pro	cedu	ге		
	MARKET PARKET		Locat								-	4		ment	
Location of Asbestos-Containing Material (AC	(1)		Normal ed Sole		A = b = -	De	scription	of		\$ 00.007±000000	-	T	Ty	pe	
TO BE ABATED	11)		aintena todial S			mal syste	aining Ma ems insula			Amount (Specify		R	-	Enc	臣
In Facility (13)			(12)	Juli .			VAT, or miscellane	eous)		SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			1					2	-	late	ure
BASEMENT				X	TUE	anal	1 1 11 2	C(AT.	0.7	1-1	/	-	-	-
17110[11][10]				_	LITE	(1,)1.(1	LIN	SVL	ATION	98	LF)	4			_
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Name of Registered Waste Hauler			N	JDEP Wa	aste	Cubic '	Varde		Nama of D-	mintared 1 - 1	len				
Best Removal Inc			1	lauler ID	No.	of Was	te			gistered Land					
City, State			\perp	1710)9	11/2)		nverva E	nterpr	ises	, L	LC	
Hackensack, NJ 07601						3-2	al Date	18	City, State	sburg, O	T 112	00			
Completed by		Title				-	ignature	1	ı vv ayıle	sourg, O	Date	8 8			-
Robert Veldran		Es	stima	itor			RV	000	MAN		3-	12	1-5	0	8



Print Form

Date of Notification (1) 03/17/2018 CHECK #	0053	Name of E Amit Pa		wner/Operator	(2)		MAH	197	2018		4
Agencies Notified Type Notification	n	Street Add	iress			-	ASBESTO	S CON	ITRO	L &	\top
DOH justificatio	y (including n)	City, State Paramu Name of C	Is NJ Contact	е			LICI	ENSIN	G_	NONLA NO.	
DCA Cancellati	G(1)	FACIL	ITY INFO	RMATION		T					
Name of Facility Where Abatement is Tal	king Place (3)				Su S	her (i.e. priv c.)	Other than K-1	al build			S ,
City (5) paramus					Square 1000	Feet	# of Floors 1		dg. Ag) yea		d
County (6) bergen		County C	ode (7) SE ONLY)		Current	Use (Prior	if being demolis	inea)			
Name of Monitoring Firm Hired by Buildin	ng Owner (8)	ASCM	No.	Name All S	of Abate solution:	ment Contrac	actor (9) ting INC				
Street Address				Street	Address hurch S						
City, State, Zip Code				City, S	State, Zip		07				
Project Manager for Monitoring Firm		Telephon	ne No.	Telep	hone No. 873 94		License 1 01301	No.			
Start Date (10) 03/17/2018	Scheduled 03/18/20	Completion D	Date (11)	Name	of OSHA	A Monitor s Contrac	tina inc				
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	re Period of Aba	atement		24 c	t Address hurch S State, Zip wood p	ST	107				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 1	novation molition		le galet dans all dan	Full Mini Glov	Containmer -Enclosure vebag Proce	nt with Negative			e	
	le I	ocation				LXOINPLOS	. /		Abate	ement	
Location of Asbestos-Containing Material (ACM, TO BE ABATED In Facility (13)	No Used Main Custoo	rmally Solely by tenance/ dial Staff? (12)	Asbesi (i.e.	Description tos Containing thermal syster surfacing, V other miscelli	Material ms insula 'AT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No N/A					900 of	-	+-		-
back of the house		×		Transite s	ideling		800 sf	X			
Name of Registered Waste Hauler		NJDEP V		Cubic Yards			Registered Land	fill			
Atlantic Carting		Hauler ID	No.	of Waste TDB		grand ce					
City, State Pen Argyl				Disposal Da TDB	1	City, State Pen Agy	/I PA				
Completed by luis Arcila	Title Presid	lent		Signati	// S	ifre		Date 03/12/	2018	3	

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

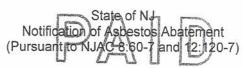
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 8867

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ate of Notification (1)	I Name of	Building Owi	ner/O	perator (2)	L	home	Paret	NEG		V	E	1	
0 3 / 1 4 / 1 8		Philhower		······································					L. L. L.			Ш	1
gencies Notified Type Notificat	11							7	101	ากาต		UI	
EPA X Initial		1.000						MAI	192	1010	- 1	_	+
☐ DEP	City, Sta	ite, Zip Code						AND TO AND THE PERSON NAMED IN	Marketteres water 7		1.0		4
▼ DOL	ment Pars	sippany, No	J 070)54				ASBES Telephone I	TOS CON	ITRO IG	La		\pm
₩ DOH	Name of	Contact					econo.	Telephone	Adinbor-		With the Party of	Digit amounts	-
☐ DCA ☐ Cancel	lation Mar	k Philhowe	er							-		_	_
		FA	CILIT	Y INFORMAT	ION								
lame of facility where abatement	is taking place (3)						Туре	of Facility (4)	(K - 12)				
	10 10 5								oter 8 (Othe	er thar	K-12)	
Mark Philhower								Other (P	rivate/Com			120	
Street Address									omes, etc.	_	Bldg.	Age	_
							Squ	are Feet #	01 F1001S		Diag.	, 190	
City (5)	County (6)					ty Code (7) e use only)	Cui	rrent Use (Pric	or if being o	iemoli	shed)		
Parsippany	Morris						Re	sidential					
Name of Monitoring Firm Hired by	v Bldg. Owner (8)		1	ASCM No.		Name of Abatemer	nt Contra	actor (9)					
Name of Monitoring 1 mm 1 mes 2	, = -3		r	n/a		B & G Restora	ation, I	nc.					_
Street Address						Street Address 105 Ryerson	Road						
500000000						City, State, Zip Coo	-			-			
City, State, Zip Code						Lincoln Park		7035					
		Phone Nu	ımhar	,	-	Telephone Numbe	r		License N		г		
Project Manager for Monitoring Fi	rm	Priorie No	1111001			(973)696-68	869		003	/8			
- 40	Isched Co	mpletion Date	(11)		-	Name of OSHA M B & G Restor		Inc					
Scheduled Start Date (10)	03/17/2		. (,			Street Address	ation,	IIIC.					
03/16/2018					-	105 Ryerson	Road						
Occupancy Status During Abater Facility closed/vacated dur	nent (Check only to	f abatement.				City, State, Zip Co							
Abatement performed outs	ide of normal facili	ty hours-					NII 07	025					
Describe:Other-Describe:						LincolnPark,	NJ U7	035				15	
Scope of Work (check all that a	pply)		M								seed in		
	X Renovation					Full Containment w	/negative	e pressure	Gloveb Non-fri				
	≥160 sf or ≥26	O If			X	Mini-enclosure				IR I	R	E	Г
Location of	Is location no	rmally used s	solely					Amount		e m	е	n	
asbestos-containing	by maintenar staff(12)	1CE/CUSIOGIAI		Descripti material		asbestos-containing	9	(Specify S	SF or	0	p a	c a	1
material to be abated in facility (13)	Yes	No N	I/A	material	V			LF)		v e	i r	р	1
			X	pipe insu	ation	1		125 lf		X			1
basement			X	pipe				85 lf		早		X	1
basement										井	님	븜	11
										무		믐	+
						- 101 (D1-1	ored Lo	ndfill		.[.
Registered Waste Hauler		Hauler ID# 563	70	ubic Yards of	Wast	e Name of Regist	own Re	source & F	Recovery	Cen	ter		-
B & G Restoration, Inc.			osal D			City, State		SHOP SHOP SHOP SHOP SHOP SHOP SHOP SHOP					
City, State Lincoln Park, NJ				19/2018		Tullyto	wn, PA	1	Date				V
Completed by (Print or Type)	Title			Signature		Gordana Lu	na		03/1	4/20	18		
Gordana Luna	Secretary	Treasurer /				0						-	-

					RI	ECEI	VED 03/14/	2018	03:52PM				-	
Mar 14 2018 15:49 N	J Asbestos	Contro!	609.6	33.0664			page 1		Ine	G [5		V	
B & G proj. #:	2018-70		<u>. </u>	(Pursua	Station of A	e of 1 1063 8:80	os Abalemen 7 and 12:120	7)	Check	MAR # 8867	1 9	2()18	
Date of Notification (1)	LIM		. 13 - 21		-	Name of the last o	Part Blood	COLLA	N - 2	1222		PO	2
10 13 1/11 14 1/	//1/8/		Mark D	hilhower	mer/Operator (2)			филикования на при на	LIC	=N2	ING		-
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DCA I	Cancala		me of Co				1	The second	Telepho	ne Numbe	1			
			Mark F	Phlihowa	Γ	- The ann					-			
Name of facility where	abetam-ut is			FAC	ILITY INFORM	AATIC	N	Giller - grand						
Mark Philhower	anarcmant is	miking pise	59 (3)						Type of Facility	(4) of (K = 12)			_	
	5/3/6// P_122 1/23								wod	A				
Street Address	(2						· · · · · · · · · · · · · · · · · · ·		M Other	apter 8 (0 (Private/0 /Homes, s	omm	then ercla	K-12)	
City (6)	of — Spinor Know	Count	v (8)					_ [# of Flan		T	idg. /	-ge
Paralppany		1					unty Code (7) ate use only)	11				<u></u>		
Name of Montoring Fi	im Hired by B	Mar dg. Owner			ASCM No.		Name of Abate	100	Current Use (P Residential	rior ii bein	g der	nolisi	18d)	
					n/a									
Street Address							B & G Res	Natio	n, inc.	or all a short	Sec. 10.5	or and the last		
-						- 1	105 Ryers			4				
Chy, State, Zip Code						menen	City, State, Zip (Lincoln F.		1 07035			-	-	
Project Manager for Mo	niloring Firm		Pi	one Numb	er	-	Telephone Nuri (973)696	187		License	Num 378	ber		
Scheduled Start Date (1	(0)	Sched.	Completi	on Date (1	1	_	Name of OSHA	Vonito		1-00	2070			
03/15/2018			7/2018	(-			B&G Resi	pratio	n, Inc.					27
Occupancy Status Durly	ng Abatement					_	Street Address 105 Ryers:	- 6					E SANCE	
Facility closed/vac	caled during a	ntire perloc	of abata	mant.			City, State, Zip (DAICH.	Contract of the last of the la	On the last of the
Abstement performance Describe:	med outside o	f normal fa	cliffy hou	TE-			City, State, Zip	306)						_
Other-Describe:_							LincolnPar	, NJ (7035					
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	- Control	lenovetion					Full Containment	/ne:jat	lve pressure	Gloved	ag pr	ocad	TLE	p
M E< 10 ke E<		150 of or 22				X	Mini-anclosure			Mon-fr	able :	prope	dura	
Location of espectos-containi		s feestlen i y maintan	no/maily (ance/cust	used solely	Ī						K	R	É	E
material to be		tuff(12)			Description (an of a	ninistnco-eqizede	ţ	Amount (Specify S	E	m	Ø .	п	n
abated in facility (73)	Yes	No	NA		,,,,,,	**		LF)		0	8	a	C L
basement		A		1 2	pipe insula	ation			45-15		8	*	P	
basement				×	pipe made	- New York			125 If 85 If		M	4	1	14
			- Section States						1		H	4	P	-
			are on the same				The state of the s	ESTERO PERSONNEL			H	H	H	#
Registered Vyasta Haule			Denistra 1]	-		protest water	, ,			T	H	
B& G Restoration,	Inc.		Haulet II 553	Les C	ubic Yards of 9	Vaste	- Addition may a designed to	red La	ndfill			-		
City, State Lincoln Park, NJ				Diaposal D 03/1	a e presenta di la la c arcara de antica de la comunicación de la com		City, State Tullytov	BOLDHOO INJINO	source & Re	covery (Cent	\$ f		
Completed by (Print or T Gordana Luna		itle			Signature		The second of the second of	BURNS SCHOOL		Date				-
TO TOTAL LUIS	18	ecretary.	Treasu	rer			Gerslavia Lie	3		03/14	/201	000		

hlalla		PLEASING TO STATE	ON OF P	New Jerse ISBESTOS AC 8:60 an	112:120	'	Т		D- N	E G E	Lat.	018		
ate of Notification (1)	U	Name	e of Build o Casti	ing Owneric)perator	(2)		1,				-		1
)3-12-2018			t Addres							ASBESTOS LICE	CON	TRO! 3	_&	
gencies Notified Type Notification										LICA	- Control of the last	NP SHOPPING		T
EPA Initial Amended		City,	State, Z	ip Code NJ 07501										
EPA DEP DOL Amended Amendment #_ Emergency (inclination)	uding	1	erson i			77.50		T	Telep	hone Numbe				
DOH justification		Alle	en Stor	ne								7/250		
DOA		F	ACILITY	INFORMA	TION	T	ype of Fac	cility (4)				ñ	E9.U	
Name of Facility Where Abatement is Taking Pl Private Dwelling	ace (3)						School Subch Other	(K-12)		than K-12)	ouilding	s, ho	mes,	
Street Address						1	etc.) Square Fe			Floors	Bldg	Age		
City (5)						I	V/A		N/A		N/A		,	-
Paterson NJ 07501		Col	unty Cod	le (7)		0	Current Us	e (Prior	if bein	ng demolishe	a)			
County (6) Passaic		(ST	ATE USE	ONLY)			Private f Abateme			(9)				
Name of Monitoring Firm Hired by Building Ow	ner (8)	1	ASCM N	0.	Nan	ne oi nax	Contrac	cting L	LC					
Standard Environmental					Stre	eet A	ddress			-3,00				
Street Address							OX 734							
2108 Fulton st City, State, Zip Code					City	y, Sta	ate, Zip Co lland Pa	ode irk NJ (0742	4				
Brooklyn NY 11233			elephone	No	5		one No.			License No).	So-Cardinica		
Project Manager for Monitoring Firm			47-241		97	73-6	92-629			01266	-			
Kayode Adefisoye	Scheduled	1			Na	me d	of OSHA I	Monitor	10					
Start Date (10)	04-22-20	018					Address	icury i						
Occupancy Status During Abatement (Check	Only One)					30X 734				15711-1			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	aried of At	ateme	ent		Ci	ty, S Voo	tate, Zip 0 dland P	ode ark NJ	0742	24				
Scope of Work (Check All That Apply)	X Re	enovati	ion			2	Mini-E	Enclosur	e .	th Negative F				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		3monu	OH			200	Glove Non-l	bag Pro Exempte	ed (*) a	e and Non-Frial	ole Pro	cedur	9	
	7						X					Muara	ment pe	Š
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	Location Loc	ly ly by nce/	(i.e. th	Descr Contair ermal sy surfacin other mis	ning /sten na. V	Material (ns insulati AT, or	ACM) on,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Filologene
60 V2	Yes	No	N/A		Dine I	2011	lation		+	14 LF	X			
Boiler Room			X		Pipe II	iloU	iauuii		+					
				-					+					
				-					+		-			
Name of Registered Waste Hauler			NJDEP \	D No.	Cubic Y of Wast		5	Name Fairle		gistered Land Hills	fili			
Amax Contracting LLC		- (003618	34	Dispos	al Da	ate 🗥	City, S	State					
City, State Woodland Park NJ 07424	1				04/30	/201		Morr	isville	e PA ☐	Date 03-1:	2.20	12	
Completed by Tome Maslarkov	Pro	ject N	Manage	er	1/	7	C			sbestos licen				eivii:



					, contract of	Geo December	Cneck	# 8869			_
Date of Notification (1)	1	Name o	f Building Ow	ner/Operator (2	2)		Tres		7 7	[] [E] property
10 13 1/11 16 1/11 18 1			Brown		*			EGE			
Agencies Notified Type Notific	ation	Street A	ddress								₩
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L DEP		City, Sta	te, Zip Code				<u> </u>	MAIL	J LU	10	-
X DOL Amen	dment	\$5,000	tclair, NJ 0	7042				Lawrence research control	gAsta Patrick A Committee	eno de consumero	
X DOH	1	Name of	Contact	THE RESERVE TO SERVE THE PARTY OF THE PARTY				ASBESTOS le NumberEli		3()] ,	X.
☐ DCA ☐ Cance	lation	Pat	Brown	0			Interpretation		V V SW TILTING PROPERTY.	мочения	ANTHONY PLANES
				CILITY INFORM	ΛΑΤΙΟ	NN .	1				
Name of facility where abatemen	t is taking	place (3)		JILIT I III OIKI			Type of Facility ((4)			
Pat Brown		(0)						(K - 12)			
300 - 59437940 PERMOCRANIENTOS								apter 8 (Othe		-12)	
Street Address								(Private/Comi Homes, etc.	mercial		
								# of Floors	Bl	dg. Ag	je
City (5)	Co	unty (6)			1 - 1 - 1	ounty Code (7)					
Montclair, NJ 07042	E	ssex			(5	tate use only)	Current Use (P Residential	rior if being de	emolishe	d)	
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		ASCM No.	-	Name of Abatement (-		
2				n/a		B & G Restorati	on, Inc.				
Street Address				· · · · · · · · · · · · · · · · · · ·		Street Address					
City State 7th Cod-						105 Ryerson R	oad				
City, State, Zip Code						City, State, Zip Code Lincoln Park, N	VI 07035				
Project Manager for Monitoring Fir	m		Phone Numl	her		Telephone Number	43 07033	License Nu	mher		
						(973)696-6869	9	0037			
Scheduled Start Date (10)	Sche	ed. Comp	letion Date (1	1)	_	Name of OSHA Monit					
03/26/2018	1	/27/201	330	N.		B & G Restorati	on, Inc.			- 7	
Occupancy Status During Abateme					_	Street Address 105 Ryerson Ro	and				
Facility closed/vacated durin						City, State, Zip Code	Jau				
Abatement performed outsid Describe:	e of norma	al facility h	nours-			oity, otate, zip oode					
Other-Describe:					_	LincolnPark, NJ	07035				
Scope of Work (check all that app	ly)								-+	1	-
Demolition X	Renovat	ion			X	Full Containment w/neg	ative pressure [Glovebag	procedu	re	
	≥160 sf c	r <u>≥</u> 260 lf		344.		Mini-enclosure	[Non-friable	e proced	lure	
Location of		on norma	ally used solel	У			2 32	R	R	E	E
asbestos-containing material to be	staff(12			Description material (asbestos-containing	Amount (Specify S	For m	р	n c	n
abated in facility (13)	Yes	No	N/A	, material ((/ 10111	,	LF)	o v	i	a p	L
basement closet		1	X	1 VAT			9 sf	e X		П	
asement closet under stairs			×	VAT			12 sf	X		Ħ	一
Pogistored Waster Hand											
Registered Waste Hauler B & G Restoration, Inc.	NJI	19563	er ID#	Subic Yards of V	/Vaste		Landfill Resource & Re	covery Co	nter		
City, State			Disposal D	Date		City, State		covery ce	ilei	-	
Lincoln Park, NJ			03/2	27/2018		Tullytown, F	PA				
Completed by (Print or Type) Gordana Luna	Title Secret:	ary/Tres	eurer	Signature		Cordana Suna		Date	140		

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

				L		į		Check	C# 8870		
Date of Notification	(1)	- 11	Name of Bu	uilding Ow	ner/Operator (2)		Parameter .		ппп	FEI POR
10 13 1/11 16	1/1181	.		Rodrigue) _	EGE		EF
Agencies Notified	Type Notifica	ation	Street Addr								
∐ EPA	X Initial			N 1922					MAR 1	9 2018	2
☐ DEP		- 11	City, State,	Zip Code					mrtti t	J LUIC	
X DOL	Amend	dment		n, NJ 07	7508			 	A COMMONTOR	CHOOSE THE WARRANT	
₩ DOH		l†	Name of Co	ntact					ASBESTOS (ne Number EN)[&
☐ DCA	Cancel	lation	lleana	Rodrigue	97			accuse and recommendations	AND DESCRIPTION OF THE OWNER, WHEN	AND DESCRIPTION OF THE PARTY.	PERSONAL PERSONAL PROPERTY OF THE PERSONAL PRO
			- Ilouna								
				FAC	CILITY INFORM	IATIC	N .				
Name of facility wh	iere abatement	is taking p	lace (3)					Type of Facility	(4) ol (K - 12)		
Ileana Rodrigi	uez									than 1/ 1	2)
Street Address									napter 8 (Other (Private/Comm		2)
								Bldgs.	/Homes, etc.		
City (5)		Cou	unty (6)			C	unh Codo (7)	Square Feet	# of Floors	Bldg	g. Age
	27522					0.000	ounty Code (7) tate use only)	Current Use (P	Prior if heing de	molished	<u> </u>
Haledon, NJ			assaic					Residential	noi ii being de	monsnea	,
Name of Monitoring	g Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abatement	Contractor (9)			
					n/a		B & G Restorati	ion, Inc.			
Street Address							Street Address				
City, State, Zip Code	9						105 Ryerson R	.0au			
ony, orace, zip oode							City, State, Zip Code Lincoln Park, I	N.I 07035			
Project Manager for	Monitoring Firn	n	l Ph	one Numb	per	-	Telephone Number	10 07 000	License Num	her	
							(973)696-686	9	00378		
Scheduled Start Dat	e (10)	Sche	d. Completic	on Date (1	1)	-	Name of OSHA Moni				
03/27/2018		03/	28/2018			1	B & G Restorat	ion, Inc.			
Occupancy Status D	Ouring Abateme					-	Street Address 105 Ryerson Ro	and			
Facility closed	/vacated during	entire per	iod of abate	ment.			City, State, Zip Code				
Abatement pe Describe:	rformed outside	of normal	facility hour	rs-			Oity, Gtate, Zip Code				
Other-Describ	e:						LincolnPark, NJ	07035			
Scope of Work (che	eck all that apply	y)									23.0
Demolition	X	Renovati	on				Full Containment w/neg	ative pressure	K Glovebag p	rocedure	<u> </u>
>3 sf or >3 If		≥160 sf or	≥260 If			X	Mini-enclosure	[Non-friable	procedu	re
Location of			on normally u		/		-		R		E E
asbestos-cont material to be		staff(12)	enance/cusi				asbestos-containing	Amount (Specify S	e m		n n
abated in facil		Yes	No	N/A	material (/	ACIVI)	10.0	(Specify S LF)	0 0	a	a C
basement			1	1 0	l nina inaula	4:			е	1	p _
Date				X	pipe insula	uon		50 lf	X	 	 -
											쉬뷰
										+++	+++
									᠆᠆┼	##	11
Registered Waste Ha B & G Restorati	auler on, Inc.		EP Hauler II 19563	D# C	ubic Yards of W	Vaste		Landfill Resource & Re	covery Cer	iter	-,1
City, State Lincoln Park, N	J			Disposal D 03/2	ete 28/2018		City, State Tullytown, F				
Completed by (Print	or Type)	Title			Signature				Date		
Gordana Luna		Secreta	ry/Treasu	irer			Gordana Luna		03/16/20	18	

State of NJ

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

	1) 1	ind (ind		Indi Inc	and a second			Check	(# 88/1				
Date of Notification (1)		Nai	me of B	uilding Ow	ner/Operator (2	2)		The second	0 5	1 7			
10 3 /1 6 /1	181	11		l Boyle	, , , ,	-/		IID)_[5	CE		\mathbb{V}	E	[
	Notification		et Addr										Щ
LI EPA	Initial							The state of the s	MAD 1	0 '	2040		
□ DEP □	miliai	City	State	Zip Code				14 6	MAR 1	9 1	2018		10)
X DOL	Amendme			alls, NJ	07424				ALC TOTAL STATE SPACES AND PROPERTY.	rantum ma			
X DOH		11	ne of Co					ASI	BESTOS (CON	TRO	2.	
□ DCA □	Cancellation	on						relepho	ne Number	211/1	i —	eneglement.	-
			viicnae	el Boyle							_		
				FAC	CILITY INFORM	OITAN	N						
Name of facility where aba	atement is t	aking place	(3)					Type of Facility					
Michael Boyle									ol (K - 12)				
Street Address				-				The second secon	napter 8 (Of (Private/Co			-12)	
									/Homes, et		licial		
City (5)		County	(6)			I Ca	unty Code (7)	Square Feet	# of Floors	S	BI	dg. A	ge
	0.4						ate use only)	Current Use (P	rior if hein	dem	oliehe	24)	
Little Falls, NJ 0742		Passa						Residential	Tion in being	y dell	IOIISIIC	iu)	
Name of Monitoring Firm I	Hired by Bld	g. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					
	SE .				n/a		B & G Restorat	tion, Inc.					
Street Address							Street Address	Dand					
City, State, Zip Code							105 Ryerson F						
ony, otato, zip oodo							City, State, Zip Code Lincoln Park,						
Project Manager for Monitor	ring Firm		I Ph	one Numb	per	-	Telephone Number	143 07033	License	Vicinala			- 14
	J						(973)696-686	9		378	er		
Scheduled Start Date (10)		Sched. C	ompletio	on Date (1	1)	=	Name of OSHA Mon						
03/28/2018		03/29/			14. N		B & G Restorat	tion, Inc.					
Occupancy Status During A	batement (1		Control Proc. 12 Supplies		-	Street Address						
Facility closed/vacated				ment.			105 Ryerson R City, State, Zip Code	.080					
Abatement performed Describe:	outside of	normal faci	lity hour	s-			City, State, Zip Code						
Other-Describe:						_	LincolnPark, N.	J 07035					
Scope of Work (check all the	hat apply)											- 12	-
Demolition	X Re	novation					ull Containment w/neg	gative pressure	K Gloveba	ag pro	cedu	re	
x > 3 sf or > 3 lf	_ ≥16	60 sf or <u>≥</u> 26	60 If			X	Mini-enclosure	· · · · · · · · · · · · · · · · · · ·	Non-fria				
Location of		location no			1					R	R	E	-
asbestos-containing material to be		maintenar aff(12)	nce/cust	odial	Descriptio	n of a	sbestos-containing	Amount		e m	e p	n	E n
abated in facility (13)		Yes	No	N/A	material (/	ACM)		(Specify S LF)	For	0	a	c a	C
hacamant										v e	i r	р	
basement				X	pipe insula	tion		160 lf		X			
											Ш		Ш
						NAME OF TAXABLE PARTY.				밁	밁	H.	1
										닠	뷔	片	H
Registered Waste Hauler		NJDEP		D# Ci	Lubic Yards of W	Vaste	Name of Registered	Landfill				Ш,	
B & G Restoration, Inc City, State	C	195			3		Tullytown	Resource & Re	covery C	ente	er		
Lincoln Park, NJ			ľ	Disposal Da 03/2	ate 9/2018		City, State Tullytown, I	РА					Control Control
Completed by (Print or Type)) Tit	le			Signature	_			Date		-	V	
Gordana Luna		cretary/T	reasu	rer	5	(Gordana Luna		03/16/	2018	3		

@ND CIL

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

Date of Notification (1				Massa	- (D. 11-11	0								
03/14/2018).			Wayn	of Building e Townsh	ip Publ	operator (2 ic School	2) S	M	E Chec	k#[].	\mathbb{V}		M
Agencies Notified	Type Notification				Address lis Drive				M			-	-	
⊠ EPA ⊠ DEP ⊠ DOL	☐ Initial ☑ Amended Amendment #		_	City, Si Wayne	tate, Zip Co e, New Je	ode rsey 07	7470			MAR	9	2018	1	IJ
⊠ DOH ⊠ DCA	☐ Emergency (ii justification) ☐ Cancellation	ncluding		Name of John N	of Contact Vlaso					Telephone No 973-317-2100	imber INSIN	NTRC IG	L &	
N				FAC	CILITY INFO	ORMAT								
Name of Facility When Schuyler Colfax Mic	dle School	ng Place (3)					Facility (4)						
Street Address 1500 Hamburg Turr	npike						☐ Sul	ochapter 8 (Ot ner (i.e. private	ther the	an K-12) mmercial build	lings,	home	s, etc.	.)
City (5) Wayne, New Jersey	07470			4		-	Square 99,999	Feet		# of Floors 2		Bldg. 50+	Age	
County (6) Passaic					Code (7) USE ONLY)		Current	Use (Prior if b Midd	eing o					
Name of Monitoring Fi AHERA Consultants	rm Hired by Building s, Inc.	Owner (8))	ASC 0005	M No. 57		Name of Lilich C	Abatement Corporation	ontrac	ctor (9)		-		
Street Address P.O. Box 385			-	-			Street Ac 606 Mc	ddress Bride Ave						
City, State, Zip Code Oceanville, New Jer	sey 08231							te, Zip Code nd Park, Nev	w Jer	sey				
Project Manager for Manager fo	onitoring Firm			Telepho 609-65	one No 52-1833		Telephor 973-225			License N 01104	No.			
Start Date (10) 03/30/2018		Schedul 04/08/2	ed Cor	npletion	Date (11)			OSHA Monito ironmental La		atories, LLC				
Occupancy Status Dur	ing Abatement (Che						Street Ad 2333 Rd	ddress oute 22 West	t					
☐ Abatement Perfor ☑ Other - Describe: 7	med Outside of Norr AM-11 PM OCCU	nal Facility PIED ,	y Hours	nent 7am-3	3pm			te, Zip Code , NJ 07083						
Scope of Work (Check	4/4-4/6 start 3:0 All That Apply)	JPM-11:0	DOPM_											
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Renova Demolit					Mini-Enclosu Glove Bag Pr	re roced	with Negative I ure / Limited C and Non-Frial	Contail	nment	&Ter	nt
		1 00	Locati			,				and Home Finds		Abat	emen /pe	t
Location Asbestos-Containing		Use	ed Sole	ly by	Ashest		scription of	erial (ACM)		Amount				
<u>TO BE Al</u> In Fac (13	BATED	0.50000	intena todial ((12)			thermal surfac	systems ir cing, VAT, niscellaned	sulation, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>m</u>		ate	re
Art Rooms & Guida	nce Area		Χ		Drop Ce	eiling T	ïle		380	00 SF	Х			
Art Rooms			X		12 X 12	VAT N	1astic		225	0 SF	X			
Guidance Area			Х		Sub Floo	or Pap	er & Ma	st	161	.4 SF	X			
Name of Registered Wa	aste Hauler		N	JDEP W	/aste	Cubic '	Yards	Name of	f Regi	stered Landfill				
Lilich Corporation				auler ID 18724	No.	of Was 20		Fairless	Land	fill				
City, State Woodland Park, New	Jersey					Dispos 04/08/2	al Date 2018	City, Sta Morrisv		PA .				
Completed by Adriana Olejarova		Title Pre	siden	:		Si	grature	10	×_	Da 0	te 3/14/	2018		

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

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Date of Notification (1 03/14/2018	1)		V	lame of B Vayne T	Building Ow ownship I	vner/Op Public	erator (2) Schools		Check#		5		
Agencies Notified	Type Notification			Street Add 0 Nellis I					MAR 19	2018	3	U	1
☑ EPA ☑ DEP ☑ DOL	☐ Initial ☑ Amended Amendment # 1		V	City, State Vayne, N	, Zip Code New Jerse	ey 074	70		ASSESTOS	ONTR	01.8		1
図 DOH 図 DCA	☐ Emergency (inclusion) ☐ Cancellation	iding		Name of O John Ma					7elephone Num 973-317-2100	berG	-	American Ser	
ā;0.				FACIL	ITY INFOR	RMATIC	N						
Name of Facility Whe Schuyler Colfax M Street Address	ere Abatement is Taking iddle School	Place (3)					Type of Facility School (K-	12) er 8 (Othe	r than K-12)				121
1500 Hamburg Tu	rnpike						☐ Other (i.e.	private &	commercial buildi	100 01 0	nes, e		
City (5) Wayne, New Jerse	ey 07470						Square Feet 99,999		2	50			
County (6) Passaic				County C (STATE U	ode (7) SE ONLY)			Middle	ng demolished) School	al rea	-44		
Name of Monitoring AHERA Consultar	Firm Hired by Building Onts, Inc.	wner (8)		ASCM 00057			Name of Abate Lilich Corpora		tractor (9)				+ 4
Street Address P.O. Box 385							Street Address 606 McBride			100			
City, State, Zip Code	e Jersey 08231	70		500 100 100 A			City, State, Zip Woodland Pa	Code rk, New	Jersey				- 11 11
Project Manager for John Smoyer		-		Telephor 609-652		,	Telephone No. 973-225-8400		License N 01104		117.5	TC.1	- 5
Start Date (10) 03/30/2018		Schedule 04/08/20		npletion [Date (11)	-	Name of OSHA Iris Environm	A Monitor ental La	boratories, LLC	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
30	During Abatement (Check	c Only One	9)				Street Address 2333 Route 2				7.7		
Abatement Pe	d/Vacated During Entire I rformed Outside of Norm be: 7AM-11 PM C	al Facility	bater Hours	nént s 7am-3	pm —		City, State, Zip Union, NJ (Code					
Scope of Work (Che	eck All That Apply)									-			•
21 ≥3 sf or ≥3 lf 区 ≥160 sf or ≥260		- V	enova emoli				☐ Mini	-Enclosur	nent with Negative re ocedure / Limited o ed (*) and Non-Fria	Contain	ment	&Ten	it
Çî -							□ Non	-Exemple	d (") and Non-Fria		Abate		t
Asbestos-Conta	cation of aining Material (ACM) SE ABATED 1 Facility (13)	Use Mai	ntena	ally ely by ance/ Staff?	Asbes li.e.	tos Cor therma surfa	escription of ntaining Material al systems insulat acing, VAT, or miscellaneous)	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
3.12 3.12		Yes	No	N/A									
Art Rooms & Gu	uidance Area		Χ		Drop C			7	3800 SF	X			
Art Rooms			Χ				Mastic		2250 SF	X			1
Guidance Area			Х		Sub Flo	or Pa	per & Mast		1614 SF	X	-		-
173 C1						,			(D) 11-11-1	611	100	1.10/	2
Name of Registere			- 1	NJDEP V Hauler II 18724		of W	c Yards aste 20	100000000000000000000000000000000000000	f Registered Land	IIII		rner	i i
City, State Woodland Park,							osal Date 8/2018	City, St Morris	ate ville, PA				1 17
Completed by Adriana Olejaro		Title Pre	eside	ent			Signa Ore	50	2	Date 03/14	/201	3	1 24
L. Mariana Olojaro							1000						

\bigcap	V_	8		FICATIO		BESTOS	ABATEMENT d12:120)			E C	E		\mathbb{V}		n
Date of Notification (1, 03/14/2018				Name o	of Building Townsh	Owner/Onip Publi	Operator (2) ic Schools			MAI	R 1 9	9 7	201	3	
Agencies Notified	Type Notification			Street A	Address is Drive					Chica		or mea	acequium 		
⊠ EPA ⊠ DEP ⊠ DOL	S Notified Type Notification Initial Amended Amendment Emergency justification Cancellation Facility Where Abatement is Taler Colfax Middle School Iddress amburg Turnpike New Jersey 07470 S) Monitoring Firm Hired by Buildin Consultants, Inc. Iddress 385 e, Zip Code Ille, New Jersey 08231 Ianager for Monitoring Firm nover e (10) 218 cy Status During Abatement (Challity Closed/Vacated During Enting tement Performed Outside of Noter – Describe: 7AM-11 PM Work (Check All That Apply) or ≥3 If sf or ≥260 If Location of Stos-Containing Material (ACM) TO BE ABATED In Facility (13) ms & Guidance Area Registered Waste Hauler reporation d Park, New Jersey d by d by				ate, Zip C e, New Je		470		-	ASBEST LI	CENS	ING	HO	L&	
☑ DOH ☑ DCA	Initial Amended Amendment Emergency justification Cancellation Facility Where Abatement is Ta er Colfax Middle School dress amburg Turnpike New Jersey 07470 S) Monitoring Firm Hired by Buildir Consultants, Inc. Idress 385 e, Zip Code ille, New Jersey 08231 Ianager for Monitoring Firm noyer e (10) 018 cy Status During Abatement (Ch ility Closed/Vacated During Entir tement Performed Outside of No er – Describe: 7AM-11 PM Work (Check All That Apply) or ≥3 If sf or ≥260 If Location of stos-Containing Material (ACM) TO BE ABATED In Facility (13) ms & Guidance Area ms e Area Registered Waste Hauler rporation d Park, New Jersey d by		_	Name of John N	of Contact Maso	-				lephone 3-317-21		Г			
				FAC	ILITY INF	ORMATI	ON								
Name of Facility When Schuyler Colfax Mid	re Abatement is Takir Idle School	ng Place (3	3)				Type of Fac	(5) 1005							
Street Address 1500 Hamburg Turr	npike				7		☐ Subcha	apter 8 (Oth i.e. private			uildings	, ho	mes,	etc.)	
City (5) Wayne, New Jersey	07470						Square Fee 99,999	t	# o 2	f Floors		Blo 50	dg. A +	ge	
County (6) Passaic					Code (7) USE ONLY)	Current Use		eing den				-		
Name of Monitoring Fi AHERA Consultants	rm Hired by Building s, Inc.	Owner (8)		ASCI 0005			Name of Aba Lilich Corpo	atement Co oration	ntractor	(9)					
Street Address P.O. Box 385							Street Addre								
City, State, Zip Code Oceanville, New Jer	rsey 08231						City, State, Z Woodland I		Jersey	У					
Project Manager for Manager fo	onitoring Firm			Telepho 609-65	ne No 2-1833		Telephone N 973-225-84			License 01104					
Start Date (10) 03/30/2018		Schedule 04/08/2	ed Cor 018	mpletion	Date (11)		Name of OS Iris Environ			ries, LL	0				
Occupancy Status Dur	ing Abatement (Chec	k Only On	e)				Street Addre	TO THE REPORT OF THE PARTY OF THE PARTY.							-
☐ Abatement Perfor	med Outside of Norn	nal Facility	Hours	ment s 7am-3	lpm		City, State, Z Union, No	ip Code							
							0111011, 140								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emolit				☐ Min	ill Containm ni-Enclosur ove Bag Pro n-Exempte	e ocedure	/ Limited	d Conta	inm	ent &		t
Locati	on of	٨	Locat	lly		Des	scription of					-		ment	
Asbestos-Containir TO BE A In Fac	ng Material (ACM) BATED cility	Mai	d Sole intena odial ((12)			tos Cont thermal surfac	caining Materia systems insula cing, VAT, or niscellaneous)	ation,	(S	mount pecify or LF)	Kemoval	,	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ite	Ф
	ince Area		Х		Drop C				3800		Х				
Art Rooms			Χ		12 X 12				2250	SF	X				
Guidance Area			X	-	Sub Flo	or Pap	er & Mast		1614	SF	Х	1			
Name of Pagistared W/	octo Hautor		- A	JDEP W	lanta	Cubic	Vanda	None of	Danista		16:11				
Lilich Corporation	aste Haulei		1	lauler ID 18724		of Was	ste	Name of Fairless	33/53		2010				
City, State Woodland Park, New	/ Jersey					Dispos 04/08/2	al Date 2018	City, Stat Morrisvi							
Completed by Adriana Olejarova		Title Pre	siden	t		S	ignature (02			Date 03/14	1/20	018		

			FICATIO		BESTOS	ey ABATEMEN nd12:120)	ıτ		E G	E		E	
Date of Notification (1) 03/12/2018			Name Wayn	of Building e Towns	g Owner/o	Operator (2) ic Schools			MA	P 1	<u> </u>	018	100
Agencies Notified Type No.	tification		10 TO SEE SEE SEE SEE	Address lis Drive				had bes	1.94	1 1	U %	918	lower
⊠ DOL Am	nended nendment #		City, S	tate, Zip 0 e, New J	Code ersey 07	7470			ASRESTO LIC	IS OF		OL &	
☑ DOH jus	nergency (including stification) ncellation		Name John N	of Contac Maso	t		200		ephone Nu 3-317-2100			-	
Name of Facility Where Abatem	ent is Taking Place (3)	FAC	CILITY IN	ORMAT	Type of F	acility (4)						
Schuyler Colfax Middle Scho Street Address 1500 Hamburg Turnpike	001		, , , , , , , , , , , , , , , , , , , 			☐ Subc	ol (K-12) hapter 8 (Otl r (i.e. private	ner than & comm	K-12) sercial build	lings, I	nomes	s, etc.)
Çity (5) Wayne, New Jersey 07470						Square Fe			f Floors		3ldg. /		
County (6) Passaic			County (STATE	Code (7)	Y)	Current U	se (Prior if b	eing dem					ine extense
Name of Monitoring Firm Hired AHERA Consultants, Inc.	by Building Owner (8)	ASC 0008	M No.		Name of A Lilich Cor	batement Co	ontractor	(9)	**********	(1) (() () () () () () () () (
Street Address PIO Box 385						Street Add 606 McBr	ress			Viel		1/4	
City, State, Zip Code Oceanville, New Jersey 082	31					City, State		/ Jersey	,				
Project Manager for Monitoring I John Smoyer		T	Telepho 609-65	one No 52-1833		Telephone 973-225-8	No.		License i	No.		-	1
Start Date (10) 03/30/2018	Schedu 04/08/2	led Co 2018	mpletion	Date (11)	Name of O	SHA Monito			ens A	- 10- i		
Occupancy Status During Abate	ment (Check Only O	ne)				Street Add	ress		165, LLO	- 1			
September 2	side of Normal Facilit	y Hour	s 7am-	3pm 1pm		City, State.	te 22 West Zip Code NJ 07083			11.7	- 11 - 12 - 12	11.14.0	
Scope of Work (Check All That Assertion of Work (Check All That Assertion of Work	Apply) 図 I	Renova Demolii s Local	ation tion				Full Containn Mini-Enclosu Glove Bag Pr Non-Exempte	re ocedure	Negative / Limited (Contair	ment cedur Abat	&Ten	are solve a
Asbestos-Containing Materia Obv. TO BE ABATED W In Facility (13)	I (ACM) Use	ed Sole aintena todial (12)	ely by ance/ Staff?	Asbe (i.e	stos Cont thermal surfa	scription of taining Mater systems insi cing, VAT, or niscellaneous	ulation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Art Rooms & Guidance Are	ea ea	X		Drop (Ceiling T	Tile		3800	SF	X		6	10000
Art Rooms		X		12 X 1	2 VAT N	∕lastic		2250	SF	X			
Guidance Area		Х		Sub Fl	oor Pap	er & Mast		1614	SF	X			
A to the second											to i	\$7en	
Name of Registered Waste Haul Lillich Corporation	9 T	F	NJDEP V Hauler ID 18724		Oubic of Was	ste	Name of Fairless		red Landfil	1110	12 June 11 July	i Teri	
City, State Woodland Park, New Jersey			10/47			sal Date	City, Sta Morrisvi	te	SIII T				1 2 7
Completed by Adriana Olejarova	Title	esiden	nt		1 /	ignature	(6)	}		ate 03/12/			in place
	1 . 10				4/0	10018	(Xt)		1 1	101 121	2010		

8-03-14 10:57 4683			LIOTH	ICATI	ON OF	New Jersey ASBESTOS AB JAC 8:60 and 6	609 (ATEME (18)		1664			macranitro	2/4 9 201	PL HEISTON
Date of Notification (1)	44 ,			N:	me of Sui	ding Owner/Operate	P (2)						CONTR	OL
Agentias Noufied	14 /	Composition a	_			f Camdon				-	or had	Season Control	" UNIO	
EPA	Type Natifical	plion			enbbA teen				1					
⊠ porMp	Amended	1		Lamente	520 Mark						1	1		
□ DCA	Amendmi S Emergen	ent#_			y, Stele, Z Samdon	P 000e NJ 08102			(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1			
INVAC 5:23-5)	Justificotio	an)	raing		ma of Con		TOWN BOOK OF THE PARTY OF THE P		Taylor y	7				
	Carsosta:	ion				errison (Garriso)	Archis	me ent	Tataphon					
Name of the last o					ACILITY	INFORMATION	L Set #1117	a. mar	808-31	8-8200		·		
Name of Facility Where	Abatement is T	aking P	lece (S) = =		GIRLANIAN	Type	o' Fac I	V (4)					
Camden County C Street Address	ourthouse						17 80	As al ALL	451					
520 Market Street							-I D Su	E: 146 m	- B. / Olhaz Ha	n K-12)	300			
City (5)							1 110	11. 新年 2	private and d	ommerda	i bulk	dings,		
Camden							Squar	e est	# of Fipo	rş	Bloc	Age		
County (6)				To	users Pade	(T)/STATE USE ONLY	10,0		e		-			
Camden				"		(INSTALE ROS ONTA	1	1 180 7	rior if baing s	emolished	1)	-		
Name of Monitoring Firm	Hirad by Build	ng Qwn	ar (8)	ASC	M No.	Name of Abaten	I GIQ	i all						
TTI Environmental	inc.					Shade Envir	onman	a stor ()						
1263 N. Church Str						Street Address								
Dity, State, Zip Code	vet.		P. Carlo			623 Cutler A							1	
Moorestown, NJ 08	057					City, State, Zip C		St Amount and			•			
Project Manager for Mon			T T	nonquis	a Na	Maple Shade	, NJ QS	02						
Jim Gullardi					e no. 0-\$800	Telephone No. 956-766-0091			Ucense N	ig.				
Sian Days (10)	Sc	hoguled	Cemp	lation C	mbs (11)	Name of DSHA !			00842					
03/15/	18	_03	1	18 /	18	EMSL Analy								
Occupancy Status During	Abatement (Ch	eck on	y ens)			Street Address		· · · · ·			li libe	Air		
S Facility Closed/Vacate Abotement Performed	Dulting of Nam	asi Can	Sec. 2.7-		andha	200 Route 13	0 North	.5						
Time of Abstement:	AM	PM/_	Pi	A	_AM	City, State, Zip Co		-			-		\dashv	
cope of Work (Chack all						Cinnaminson	, NJ OB	5.7						
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Location o	,		is Load Norm	Men elly					THE PIECE	A	halan	nent 1	LINE P	
Asbestos-Conteining N	leterial (ACM)	Ų	ed So	taly by	Asbe	Description of stos Containing Met	arial /AC	i l	A	position.	THE REAL PROPERTY.	-	-	
IN Facility	<u> </u>	Cu	stocile!	Staff?	Q.e	., thannel systems in suffecing, VAT,	anitabias		Amount (Specify	18	Regul	Encapsulata	Enclosum	
(15)		Yes	(12) No			other miscellanes	Ú#]		SF or UF)	直	1	ELAS	BRIDE	
h Floor		4.4			8							8		
		45	×	D	FloorV	bration Collars			16 SF	×	10			
		D							THE WAR			T	Ē	
													-consummer	
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oma of Registered Waste	Hauler			JOEPV	Vasta	Cubic Yards of	Nama -	1 200	ared Landfill	10			旦	
Freehold Cartage			ŀ	isuler it 16839	No.	Waste	GRO	1510	rth Landfill					
y, State				1472		Disposal Data	Cky, Str	of terms a series						
Freshold, NJ						03/16/2018 .		3 #]][h,	PA					
emploted By (Print or Typ) Christina Lynch	1				poration	Signature	7			Data	-	-	-	

Mar 14 2018 15:40 NJ Asbestos Control 609,633,0664

4164	NOT	IFIC (P	AT urs	ION (ASB	Jersey ESTOS ABATI 8:60 and 5:16	EMENT [) ECE		\mathbb{V}		
Date of Notification (1) 03 / 14 /	18		N			Owner/Operator (2 es Board of Edu		L MAR	1 9 2	018	Total Property	7
Agencies Notified	ion		S		ddress eeta Trai	1		ASBESTO	S CON ENSIN	TRO G	L &	
□ DOLWD □ Amended			-	-11/10/20/20/20	ate, Zip Co		Las	CARDON CATALON CONTRACTOR CONTRAC				10,000
	nt #					es, NJ 08055						
□ DCA □ Emergence		g	-		f Contact	25, 140 00000		Telephone Numb	er			
(NJAC 5:23-8) justificatio			P			- The Design C		609-465-411				
☐ Cancellation	on						Ollaborative	000 400 111			-	_
				FAC	ILITY INF	FORMATION	Type of Facility (4	1)				
Name of Facility Where Abatement is Ta		e (3)					School (K-12)	+)				
Neeta Elementary/Middle School	ol						Subchapter 8	(Other than K-12))			20
Street Address							Other (i.e., pri	vate and commer	cial buil	dings	1	
44 Neeta Trail							homes, etc.)	T# 651	DIS	- ^-		
City (5)							Square Feet	# of Floors	1	g. Ag	3	
Medford Lakes							20,000	2	7	U		
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Burlington							School					
Name of Monitoring Firm Hired by Build	ing Owner	(8)	A	SCM N	lo.	Name of Abateme	ent Contractor (9)					
Horizon Environmental Group,				00073	3	Shade Enviro	onmental, LLC					
Street Address						Street Address						
PO Box 316						623 Cutler Av	venue					
City, State, Zip Code						City, State, Zip Co	ode					
Thorofare, NJ 08086						Maple Shade						
Project Manager for Monitoring Firm		Т	elen	hone N	lo.	Telephone No.		License No.				
				6-848-		856-755-0099	9	00842				
Steve Flanigan	cheduled	Com		50 70		Name of OSHA N	Monitor					
Start Date (10) S	04			_ / _	10000000	EMSL Analyt		(1)				
Occupancy Status During Abatement (0						Street Address						
□ Facility Closed/Vacated During Entire	e Period o	of Aba	atem	ent		200 Route 13						
Abatement Performed Outside of No				- Desc	cribe	City, State, Zip C						
Time of Abatement:AM	PM/	F	PM		MA	Cinnaminson	n, NJ 08077					
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Accessed.	Renov Demo				Mini-End Gloveba	atainment with Neg closure ag Procedure empted (*) and No		ıre			
		Is Lo	cati	on						ateme	ent Ty	/ре
Location of		Nor				Description	of		Z	Z	Ш	Ш
Asbestos-Containing Material (ACM	11	sed S			Asbe	stos Containing M	aterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED		Mainte ustod		Staff?	(i.e	e., thermal systems surfacing, VAT	r or	SF or LF)	oval	=	nsc	sure
IN Facility (13)			12)			other miscellane	eous)	Constitution of the Consti			ate	U
(13)	Ye	s I	No	N/A						1	- 1	
Boiler Room	\boxtimes				All Muc	dded Pipe Fittin	g Insulation	75 LF				
	П	Г	٦									
		-	_						ПП	П		
		L										
Name of Registered Waste Hauler Freehold Cartage			7,000	JDEP \ auler II 15939	O No.	Cubic Yards of Waste 10	Name of Regis	orth Landfill				
City, State				. 5500		Disposal Date	City, State					
Freehold, NJ						04/08/2018	Morrisville	, PA				
Completed By (Print or Type)	Title				-	Signature	1		Date	-		
Christina Lynch	50000000	Pres	side	nt of	Operatio		Q) >		3/14	11	6	

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hyush		N	OTIF	(Pu	suant	to NJA	C 8:60 and 5:16	5)	DE G			<u>Ľ</u>	
Date of Notification (1) 03 /	14 /	18					Owner/Operator (2 es Board of Edu		∐ ∐ MAR	19	2018	3	14
Agencies Notified	Type Notifica	tion			Street	Address			Marie and Professor Williams	o nathernance.	/SCHARLENGE		
⊠ EPA					44 N	leeta Tra	il		ASBEST	OS COI DENSI I	NTRO	3L &	
⊠ DOLWD	Amended Amendme				City, S	tate, Zip C	ode		F-1		***	TOWNS MADE OF THE	-
☑ DOH ☑ DCA	Emergend		ıdina		Med	ford Lak	es, NJ 08055						
(NJAC 5:23-8)	justificatio		dunig	İ	Name	of Contact			Telephone Num	ber			
	☐ Cancellati	ion			Drev	w Dingle	r - The Design C	ollaborative	609-465-41	11			
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is T	aking F	Place	(3)				Type of Facility	(4)	1			
Nokomis School								School (K-12	2) 8 (Other than K-1)	2)			
Street Address								Other (i.e., p	rivate and comme	ercial bu	ilding	s,	
135 Mudjekeewis T	rail							homes, etc.			::::::::::::::::::::::::::::::::::::::	000	- 1
City (5)								Square Feet	# of Floors	Blo	dg. Ag	e	
Medford Lakes								20,000	2	7	70		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Burlington								School					
Name of Monitoring Firm	Hired by Build	ling Ov	ner (8	3)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Horizon Environme	ntal Group,	Inc.			0007	3	Shade Enviro	onmental, LLC					
Street Address				-			Street Address						
PO Box 316							623 Cutler Av	/enue					
City, State, Zip Code							City, State, Zip Co	ode		84			
Thorofare, NJ 0808	6						Maple Shade	, NJ 08052					
Project Manager for Moni	toring Firm	7-7-7-		Tele	phone I	No.	Telephone No.		License No.				
Steve Flanigan				88	6-848	-0800	856-755-0099)	00842				
Start Date (10)	S	Schedu	led Co	mple	tion Dat	te (11)	Name of OSHA M	Monitor	-				
03 /30 /	18	04	/	08	_ / _	18	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address					N	
☐ Facility Closed/Vacate					ment		200 Route 13	0 North					
☐ Abatement Performed	Outside of No	ormal F	acility	Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: _	AM	PM/		_PM-		AM	Cinnaminsor						
Scope of Work (Check al	that apply)												
F7 . 0 . (0 . If			⊠ Rer				☐ Full Con ☐ Mini-End	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		[nolitic			☐ Gloveba	g Procedure					
—							☐ Non-Exe	empted (*) and No	on-Friable Proced				
				Loca						Ab	1	ent Ty	уре
Location		1		lorma d Sole	ely by	Ache	Description of stos Containing Ma		Amount	Rei	Repair	Enc	Enc
Asbestos-Containing TO BE ABA		"	Mai	ntena	nce/		., thermal systems		(Specify	Removal	oair	Saps	Enclosure
IN Facili			Cust	odial (12)	Staff?		surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure
(13)			Yes	No	N/A	1	other miscellane	eous)				e l	
Boiler Room			× ×			All Boil	er Breech Insul	ation	200 SF				
Boiler Room						Ceiling	Penetrations		25 SF				
Boner Room	-				+=					П	П	П	П
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				Ц		<u> </u>	I a ti W to f	N	stered Londfill				ш
Name of Registered Was	te Hauler			1.23	IJDEP \ lauler II		Cubic Yards of Waste		stered Landfill Iorth Landfill				
Freehold Cartage		i a			15939		20	ACT TO SECURE OF THE PARTY OF T	torur Lanuilli				
City, State							Disposal Date	The second second second	. DA				
Freehold, NJ							04/08/2018	Morrisvill		>-4			
Completed By (Print or T	ype)	Title	3450	52.00	59 000		Signature	1()		Date	1)	1	
Christina Lynch		Vic	ce Pr	esid	ent of	Operatio	ns (MS	a) ><		314	11	Y	

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& Emerc	F	NOTI	TICATIO	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	MEN 0)	T CK	60	Le73	i.			
Date of Notification (1) 3/15/18	L	U		of Building	Øwner/0	Operator	r (2)		Presse			э п	D II	
Agencies Notified Type Notification			Allris	K Address						DE	C E		\mathbb{W}	5
				Kennedy	/ Blvd.				land.	3				100
DEP Amended				ate, Zip C					\parallel	M	AR 1	9	2018	
DOL Amendmen Emergency				erdale N		3								
□ DOH justification □ DCA Cancellation			Name o	of Contact						lephone N		000	ITRO	1 &
				ILITY INF	ORMATI	ON			. 0	56-5465	LICE	NSIN	G	
Name of Facility Where Abatement is Takir	ng Place	(3)					Тур	e of Facility (4	1)					
First Student Bus Depo Street Address								School (K-12		az than IV	40\			
270 Gloucester Pike							岗	Subchapter Other (i.e. pr	o (Otr	& comme	-12) rcial bui	ldings	, hom	nes,
City (5)							Squ	etc.) iare Feet	# 0	f Floors		Bldg.	Age	
Lawnside NJ 08045							1	00 +	1	3100013-5860-64		35+	90	
County (6) Camden				Code (7) USE ONLY	0		Cur	rent Use (Prio	r if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8	1	ASC		/	Namo	of Al	patement Cont	tro oto e	(0)				
TTI ENVIRONMENTAL, INC.	0111101 (0	,	AGGI	VI IVO.		Pern			lactor	(9)				
Street Address						Street	Addr	ess						
1253 North Church St						PO E								
City, State, Zip Code Moorestown NJ 08057								Zip Code rlin NJ 080	04					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph			91	License	No			
James Guilardi			856-8	40-8800				-9800		00727				
Start Date (10) 3/16/18			npletion	Date (11)				SHA Monitor						
Occupancy Status During Abatement (Chec	3/19/1					Sam		200						
Facility Closed/Vacated During Entire F	1127		nent			Sueer	Addi	288						
Abatement Performed Outside of Norm Other – Describe: Area Closed Off	nal Facilit	y Hours	3		İ	City, St	tate,	Zip Code						
					_									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	п.		.			_	1 _	000 ES 19						
≥ 25 f of ≥5 fi ≥ 160 sf or ≥260 lf	-	Renova Demolit						ull Containmer ini-Enclosure	nt with	Negative	Pressu	ire		
						X		lovebag Proce on-Exempted		d Non-Fria	able Pro	cediii	'Ω	
	Is	Locati	on									Abat	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				cription			112		-	Ty	/pe	1
TO BE ABATED	Ma	intenar todial S	nce/		tos Conta thermal	systems	insu			mount pecify	R.	77	Enc	四
In Facility (13)	000	(12)	, tuii :		surfac other m	ing, VAT)	SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				38				l la	-	ilate	лге
Drivers Lounge Area			X		Flo	or Tile	2		50	0 SF	x			
				mas	stic neg	30000 1000000	-	eina		0 01				
				mac		moved	_	cing			-			
					101	110460					-			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y	′ards	-	Name of Re	egiste	red Landfi	H			
United Containers		200000	auler ID I 2459	No.	of Wast	te		G.R.O.W			and Ex			
City, State		2	00		Disposa	al Date		City, State						
Elm NJ					3/19/1	8		Morrisvil	le PA	19067				
Completed by Anthony T Perna	Title	ا داد:			Sig	gnature	1				ate		-	
andiony i i onia	Pres	ident			1/	5	/			3	3/15/18	3		

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Date of Notification (1)	88002800 H-				1				ner/Operator ((2))		MAR	19	20	18	
	15 / _	18	_		Le	ewis	s Funera	al H	lome				3012.111				-
Agencies Notified	Type Notifica	ation			Stre	et Ac	ddress				-		44-18-15-18-40-79-15-1875	NO THE BATCHE	RATE OF SHARE	was reason.	
		25			78	B Ea	st Main	Str	reet			F	ASBEST(OS C(SENS	INC	ROL 8	3.
⊠ DOLWD	Amended				City	, Stat	ite, Zip C	ode				M. State of Parties	- Company		1013		
□ DCA	Amendm	_	duding	,	M	oore	estown	, NJ	08057								
(NJAC 5:23-8)	justificati		Juding	3	Nan	ne of	Contact					Telep	hone Nur	nber			
	☐ Cancellat	tion			Jo	ohn	Englen	nan				856	3-235-00	09			
					F	ACIL	LITY INI	FOF	RMATION								
Name of Facility Where	Abatement is 7	Taking	Place	(3)		4.50	metalica in a honor			T	Type of Facility	(4)					
Lewis Funeral Hom											School (K-12	2)					
Street Address											Subchapter					SAMES.	
78 East Main Stree	t										Other (i.e., p homes, etc.)		na comm	erciai t	ullali	igs,	
City (5)											Square Feet	# of	Floors	E	ldg.	Age	
Moorestown											2,000	2			80		
County (6)				71	Co	unty	Code (7)	(STA	TE USE ONLY)	1	Current Use (Pr	ior if bei	ing demol	ished)			
Burlington											Funeral Hor	ne					
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCI	M No	o.	Nai	me of Abatem	er	nt Contractor (9)						
Management & Env	viro. Consul	lting S	Servi	ces				S	hade Enviro	10	nmental, LLC						
Street Address								Stre	eet Address								
PO Box 341								6	23 Cutler Av	VE	enue						
City, State, Zip Code								City	, State, Zip Co	00	de						
Chesterfield, NJ 08	515								laple Shade								
Project Manager for Mon			-	Te	lephon	e No).		ephone No.			Lice	nse No.		7		
Bill Weisgarber				9,500	609-29		3300000	8	56-755-0099	9		00	842				
Start Date (10)	18	Schedu	uled C	omp	letion E	Date	(11)	Nar	me of OSHA N	Иc	onitor						
03/28/	18	0	4_ /	(02_ /	1	18	Е	MSL Analyt	tic	cal, Inc.						
Occupancy Status During	g Abatement (Check	only o	one)				Stre	eet Address						-1		
□ Facility Closed/Vacate	ed During Enti	ire Peri	iod of	Aba	tement			2	00 Route 13	30	North						
☐ Abatement Performed			\$10.50 personal 10.00				000000	City	, State, Zip Co	00	de		48				
Time of Abatement: _	AM	PM	1/	_PI	VI	_AN	vi l	1 3	innaminsor								
Scope of Work (Check al	I that apply)								11								
≥3 sf or ≥3 If			⊠ Re	nove	ation				☐ Full Con		inment with Neg	gative P	ressure				
≥160 sf or ≥260 lf				moli					☑ Gloveba								
		X							☐ Non-Exe	em	npted (*) and No	n-Friabl	e Proced	ure			
					ation									Α	bater	nent T	Гуре
Location	1.700 - 1.00 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 -	A)			nally olely by		Ashas		Description of			٨	mount	Re	Re	四四	m m
Asbestos-Containing TO BE ABA		⁽¹⁾	Ma	inter	nance/				Containing Ma rmal systems				specify	Removal	Repair	cap	clos
IN Facili			Cus		I Staff?	1	(S	urfacing, VAT	, (or		or LF)	<u>sa</u>	"	Encapsulate	Enclosure
(13)		1		(12	-			oth	her miscellane	90	us)					ate	
D			Yes	N	9 000	77.	Din . In .		4:			2	50 LF	N7	+		
Basement					-		Pipe Ins	ula	tion	-		23	DU LF		L		
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	= 1																
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Name of Registered Was	te Hauler				NJDEF				oic Yards of	A.	Name of Regis						
Freehold Cartage					Hauler 159		NO.	Wa 5		ng	GROWS N	orth La	andfill				
City, State						-		_	posal Date		City, State	1					
Freehold, NJ								0	4/02/2018		Morrisville	, PA					
Completed By (Print or Ty	ype)	Title							Signature		M			ate		r	
Christina Lynch		Vi	ce Pr	esid	dent o	f Op	eration	IS	(het	6	22	\supset		3/15	1	7	

Date of Notification (1)	13	NOT		TION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10	6)] E	0 (₩ 2018	E
03 /	14 /	18				of Long Hill	(2)	land bank	53	81	3	,
Agencies Notified	Type Notifica			32.792.73	Address			ASBE	STOS	CON	ITRO	JL &
⊠ EPA	☐ Initial	20011			Valley F	Road			LICE	ISIN	G	
□ DOLWD	☐ Amended			Carrier and Carrie	tate, Zip			ACCUPATION OF THE DESCRIPTION OF THE PROPERTY				
□ DOH	Amendme		- :		ette, NJ							
☐ DCA (NJAC 5:23-8)			ig .		of Contac			Telephone Num	ber			
(110/10/0.20/0)	☐ Cancellat			Jeff	rey Heis	ss		908-647-800				
				FAC	CILITY IN	NFORMATION						
Name of Facility Where	Abatement is T	Taking Plac	e (3)				Type of Facility ((4)				
Residence							School (K-12					
Street Address								(Other than K-12 rivate and commen		ildina	S.	
							homes, etc.)					
City (5)							Square Feet	# of Floors	- 1	dg. A	ge	
Stirling				_			2500 sf	2		30		
County (6)				Coun	ty Code (7)(STATE USE ONLY)		or if being demolis	shed)			
Morris	- 10 (b D. 0		(0)	ACCM	N	I No of Albertane	Residence					
Name of Monitoring Firm	n Hirea by Build	aing Owner	(8)	ASCM	INO.	The transfer of the same and the same	ent Contractor (9) entracting, Inc.					
Street Address						Street Address	miracting, mc.					
oticet Address						1889 Route 9	Unit 61					
City, State, Zip Code						City, State, Zip C						
,							New Jersey 08	755				
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				
						732-349-9932	2	00624				
Start Date (10)	3	Scheduled (Comple	tion Da	te (11)	Name of OSHA N	Monitor					
03 /15 /	18	03	/ _16	3_/_	18	E.M.S.L. Ana	lytical					
Occupancy Status Durin	ng Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vaca						1056 Stelton						
☐ Abatement Performe Time of Abatement:					cribe AM	City, State, Zip C						6
					/ (IV)	Piscataway,	New Jersey 08	854				
Scope of Work (Check a	all that apply)		enovat emoliti			☐ Mini-End☐ Gloveba	stainment with Neg closure ag Procedure empted (*) and No		re			
			ls Loca	71077000					Ab	atem	ent T	уре
Locatio		. Us	Norma sed Sol		0 - 1-	Description of			Re	Re	m	m
Asbestos-Containing TO BE AB		' M	laintena	ince/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci		Cu	stodial (12)		11	surfacing, VAT other miscellane		SF or LF)	/al		sula	ure
(13)		Yes	T	N/A		other miscellane	sous)				te	
exterior					ashest	tos siding		3000 sf		П	П	П
				62.69							1	
Name of Registered Wa		-	100	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contract	ting, Inc.		1	lauler II 20223		Waste 5	T.R.R.F.					
City, State						Disposal Date	City, State					
Toms River, New J	Jersey					03/16/18	Tullytown,	Pennsylvania		f		
Completed By (Print or		Title				Signature		/ Da	ate	. 1	y	
Nicholas Fernicola	1	Projec	ct Mar	ager		1		1	3/14	+11	8	

IFICATION OF ASBESTOS ABATEMENT (Bursuant to NJAC 8:60-7 and 12:120-7) MAR 1 9 2018 CHECK# 2862'1 ETS JOB # 4959/17 Date of Notification (1) Name of Building Owner / Operator (2) 3/6/2018 NJIT ASBESTOS CONTROL & Agencies Notified Type Notification Street Address LICENSING **EPA** 323 DR. MARTIN LUTHER KING BLVD. DEP Initial Notification City, State & Zip Code DOL Amended Notification **NEWARK, NJ 07102** DOH Cancellation Name of Contact Telephone Number DCA MR. TODD K. MILLER 973-595-5509 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJIT - SPECHT MAINTENANCE BLDG. School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc. 120 SUMMIT STREET # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 14,980 51 NEWARK **ESSEX** Current Use (Prior if being demolished) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) OMEGA ENVIRONMENTAL 00120 ETS CONTRACTING, INC. Street Address Street Address 280 HUYLER STREET 160 CLAY STREET City, State & Zip Code City, State & Zip Code SOUTH HACKENSACK, NJ 07606 BROOKLYN, NY 11222 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number ALEX PALLETS 201-310-9665 718-706-6300 00511 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/16/2018 3/15/2019 TESTOR TECH. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 10 59 JACKSON AVENUE X Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: MONDAY - FRIDAY 9:00 PM - 5:30 AM LONG ISLAND CITY, NY 11101 Other - Describe: Scope of Work (Check all that apply) Demolition □ Renovation **Full Containment** Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM Glovebag Procedure Other: EXTERIOR NON-FRIABLE PROCEDURES Quantity is ≥ 160 SF or ≥ 260 LF ACM Is Location Normally Location of Description of Abatement Type Amount Used Solely by Asbestos-Containing Material (ACM) Asbestos-Containing (Specify: Removal, (Specify Maintenance or TO BE ABATED in Facility Material (ACM) (i.e., thermal systems Square Feet or Repair, Encapsulation Custodial Staff? (12) insulation, surfacing, VAT Linear Feet) or Enclosure) or other miscellaneous) 1ST FLOOR -FACADES WINDOW GLAZING NO 20 SF EXTERIOR NON-FRIABLE **PROCEDURES** Name of Registered Waste Hauler #1 NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Landfill #1 JIMMY BYRNE T/A JIMMY BYRNE 19551 MINERVA ENTERPRISES, INC. 20 TRUCKING City, State Disposal Date City, State 1199 RANDALL AVENUE, BRONX, NY 10474 TBD 9000 MINERVA ROAD, WAYNESBURG, OH 44688 Completed By (Print or Type) Title

3/6/2018

THOMAS AHERN

ASB-41 JUN 95 G4667

Project Executive

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Fursuant to NJAC 8:60-7 and 12:120-7) CHECK# 2863 ETS JOB # 4959/17 Name of Building Owner / Operator (2) Date of Notification (1) ASSESTOS CONTROL & 3/8/2018 NJIT LICENSING Type Notification Street Address Agencies Notified 323 DR. MARTIN LUTHER KING BLVD. **EPA** Initial Notification City, State & Zip Code DEP X Amended Notification NEWARK, NJ 07102 DOL Telephone Number Cancellation Name of Contact DOH MR. TODD K. MILLER 973-595-5509 DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) NJIT - SPECHT MAINTENANCE BLDG. Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc. 120 SUMMIT STREET Square Feet # of Floors Bldg. Age 51 City (5) County (6) County Code (7) 14.980 Current Use (Prior if being demolished) NEWARK **ESSEX** UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) OMEGA ENVIRONMENTAL 00120 ETS CONTRACTING, INC. Street Address Street Address 160 CLAY STREET 280 HUYLER STREET City, State & Zip Code City, State & Zip Code BROOKLYN, NY 11222 SOUTH HACKENSACK, NJ 07606 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number ALEX PALLETS 201-310-9665 718-706-6300 00511 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/12/2018 TESTOR TECH. 3/15/2019 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 10 59 JACKSON AVENUE \bowtie Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: MONDAY - FRIDAY 9:00 PM - 5:30 AM LONG ISLAND CITY, NY 11101 Other - Describe: Scope of Work (Check all that apply) Demolition Renovation Full Containment Large Project Mini-Enclosure X Glovebag Procedure Quantity is ≥ 3 SF or ≥ 3 LF ACM Other: EXTERIOR NON-FRIABLE PROCEDURES Quantity is ≥ 160 SF or ≥ 260 LF ACM Is Location Normally Description of Abatement Type Location of Amount Asbestos-Containing Material (ACM) Used Solely by Asbestos-Containing (Specify (Specify: Removal, Maintenance or Repair, Encapsulation Material (ACM) (i.e., thermal systems Square Feet or TO BE ABATED in Facility Custodial Staff? (12) insulation, surfacing, VAT Linear Feet) or Enclosure) (13)or other miscellaneous) 1ST FLOOR -FACADES WINDOW GLAZING 20 SF EXTERIOR NON-NO FRIABLE **PROCEDURES** Name of Registered Waste Hauler #1 NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Landfill #1 20 MINERVA ENTERPRISES, INC. JIMMY BYRNE T/A JIMMY BYRNE 19551 TRUCKING

Completed By (Print or Type) THOMAS AHERN

City, State

ASB-41 JUN 95 G4667

1199 RANDALL AVENUE, BRONX, NY 10474

Title
Project Executive

Disposal Date City, State 9000 MIN

9000 MINERVA ROAD, WAYNESBURG, OH 44688

Signature Date 3/8/2018

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noch			CATION		w Jersey ESTOS ABA 8:60 and 12:	-		The second secon) <u> </u>		<u> </u>	0046		
Date of Notification (1) ⁸ 3/16/2018					Owner/Opera					MAR	19	2018	}	٢
Agencies Notified Type Notification			Street A	ddress				-		RESTO	9.00	NTRO	3 10	
EPA Initial		-	Five (GreenTre	ee Center !	535	5 Rou	ite 73 Nor	th, Sùi	le"104	ENSI	\G	JL Q	
EPA X Initial Amended Amendment	#		City, Sta	ate, Zip Co on, NJ, C	ae									
Emergency (ncluding	_ -		f Contact					Telep	hone Nu	mber			-
DOH justification) Cancellation			Kate (Clancy						-554-03				1
Name of Facility Where Abatement is Taking	Diago (2)	FACI	LITY INFO	DRMATION		T	- 6 E - 171 //						
Former Seagrave Coatings Industr		3)					_	of Facility (4	50					
Street Address						ᅱ		School (K-12 Subchapter 8		than K-1	2)			1
320 Paterson Plank Road							×	Other (i.e. pr etc.)				dings,	home	es,
City (5)						1		re Feet	# of F	loors	В	ldg. A	ge	\neg
Carlstadt							30,0		1			18		
County (6) Bergen				Code (7) USE ONLY				ent Use (Prior nmercial	r if being	demolis	hed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN			me	0.20.000	itement Cont	ractor (0))				\dashv
Arcturus Environmental Services L				maria d iki				Contracts	0.70	7				
Street Address					Stre	eet .	Addres	ss	7/4					\neg
9 Prince William Road					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	311		on Avenue)					
City, State, Zip Code Marlboro, NJ 07751								ip Code	10704					
Project Manager for Monitoring Firm			Telepho	ne No			one N	New York		icense N	lo			_
Frank Tamargo			0.7	38-8455	- 1		966-0			32028	NO.			
	Schedul	ed Con	pletion	Date (11)				HA Monitor						
3/26/18	3/25/1	3			Sh	nor	eline	Contracts	, Inc.					
Occupancy Status During Abatement (Check	Only Or	ne)			1		Addres	**************************************						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm								on Avenue						
Other – Describe:	ar r domit	riours						New York	10704					
Scope of Work (Check All That Apply)							,							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demoliti				XXX	Ful Mir Glo	I Containmer	edure	**************************************				
	lo lo	Loosti	20			-	i NO	n-Exempted	() and i	Non-Friat		Abate	0.0	
Location of	1	Locati Vormali	у		Descript	ion	of						ре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole intenar			tos Containing	g M	laterial			ount			Ē	т
In Facility	Cus	todial S (12)	Staff?	(i.e.	thermal syste surfacing,	VA	T, or	ation,		ecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)	_		other miscel	llan	eous)				oval	air	sulat	sure
1022	Yes	No	N/A										е	
Roof			X		Roofi				29,4	50SF	х			
Exterior			X		Caulk/GI	laz	ing		34SF	/34SF	х			
Throughout			Х		Pipe Inst	ula	tion		414	LF	х			
			х											
Name of Registered Waste Hauler		0000	JDEP W auler ID		Cubic Yards of Waste	S		Name of R			I			
R.E.D. Technologies, LLC		1,176,233	036163					Minerva	Enter	orises				
City, State		-			Disposal Da	ate		City, State						
Bloomfield, CT	T:41 -				10:			Waynes	berg C					
Completed by Michael Coleman	Title Pres	ident			Signat	ure	50			100	ate /16/1	8		

D	NOTIFICA	TION OF A	AC 8:60-7	ABATEME AND 12:120	1-7	Lec	ik.	4 3	3062
Date of Notification (1) 03 / 16 / 18	1-17 II		Building O	Owner / Ope	erator (2)	[hemo]	E 6		77 5
		Street A		ALIVI INC.	100000000000000000000000000000000000000	- 	EC		-W E F
Agencies Notified Type of Notification			MERCE BI			113			
□ EPA ☑ Initial □ DEP □ Amended			te, Zip Cod			11111	111	-	111
☐ DEP ☐ Amended ☐ DOH Amendmen	. 44		ADT, NJ 07	072		11111		R 19	2018 1
	w/ justification		Contact CK TUCCI			Telepho	ne Numl	oer	l'ann
Cancellatio						201-487	-5657	TOS COI	NTROL 2
		ACILITY	INFORMAT	ION			L	ICENSIN	vG
Name of Facility Where Abatement is Takin FORMER MERCK UNION	g Place (3)		Type of F	acility (4)	(12)				
Street Address 1011 MORRIS AVE				Other (I.e	ter 8 (Other t ., private & comes, etc.)				
City (5) County (6) UNION UNION	County Code	(7)	Square F	eet	# Of Floors	3	Buildin	g Age	
ONION				500 Jse (Prior if	being demo	olished)	+	40 -	+
			GUARD H		being demic	Jiisiicaj		40	
Name of Monitoring Firm Hired by Bldg. Ow	mer (8)	ASCM NO) (C						
EHI			NORTHS	TAR CONTI	RACTING GF	OUD INC			
Street Address			Street Ad		01011110 01	1001, 1110			
655 WEST SHORE TRAIL									
City, State, Zip Code SPARTA, NJ 07871				ns Parkway					
Project Mngr. For Monitoring Firm	Telephone Nu	mher	City, State	e, Zip Code					
WILLIAM KIERBIL	973-729-5649	ilibei	East Hand	over, NJ 079	36				
	pletetion Date (1	1)		e Number		License	Number		
$\frac{-03}{26} / \frac{26}{18} = \frac{04}{26}$	//	18	070.0	04.0000					
Occupancy Status During Abatement (Chec	(Only 1)			84-8682 OSHA Moni	tor		0	0860	
☐ Facility Closed/Vacated During E	ntire Period of				RACTING GR	ROUP. INC			
Abatement			Street Ad						
Abatement Performed Outside of Hours - Describe:	Normal Facility		22 14/505	- DI					
☑ Other - Describe:) PM			s Parkway e, Zip Code					
				ver, NJ 079					
Scope of Work (Check All That Apply)									
□ Demolition	Renovation		Full Conta	ainment wit	h Negative F	Pressure			
☐ ≥3sf or ≥3lf ≥160 sf or >260 lf			Mini - End	losure					
≥160 sf or ≥260 If				Procedure					
		✓	Non-Exen	ipted (*) an	d Non-Friab	le Proced	ure		
Location of Is		Descript	ion of			Abateme	nt Type		
Asbestos Containing Location	Asi		ontaining			R		E	E
TO BE ABATED Used	1	Material			Amount	E	R	N	N
in Facility Solely			l systems facing, VAT		(Specify SF or LF)	M	E	C	C
(13) by Main-			ellaneous)	,	SF OF LF)	v	A	A P	0
tenance/			,			A	l î	S	s
Custodial Staff (12)	1					L	R	U	U
YES NO N/A						-		L	R
ROOF L L	ROOF & FLASH	IING			550 SF	V		1-	
INTERIOR	ADHESIVE				30 SF	7	H	++	
EXTERIOR	VAPOR BARRI	ER			100 SF	7			
Name of Registered Waste Hauler	NUDED Wester	G. L.							
NEWARK CARTING	NJDEP Waste Hauler ID No. 4509		I.E.S.I.	egistered l	andfill.				
City, State	-	-	City. State						
NEWARK, NJ		Date		EM, PA 181	05				
Completed by (Print or Type)	Title			Signature	J.	1 -		Date	
Steve Stiles	Project Manager			Seen	en 1	Lill		0.3	3/16/18

			P) A	ely Jense			710.		<u></u>	E	Pı	rint F
UN4319		NOTI (FICATIO Pursuan	N OF ASI	BESTOS 8:60 ar	ABATE nd 12:12	MENT 0)		1, 5	U	Ę	-11	74
Date of Notification (1) 03/15/2018	S20000111111111111111111111111111111111		Name of Denv	of Building ille Tow	Owner/ nship S	Operator	(2)	Jal la		MAR	1	9 2	2018
Agencies Notified Type Notification			A	Address Morris A	venue	Suite 2	79			70000 - 7000	property.	Name of the	- Children Land
DEP Initial Amended			City, St	ate, Zip C	ode		.70		ASE	ESTO LIC		ON SINC	
DOL Amendment Emergency (g		ille, NJ of Contact				Haderstein	Paraga de terror	and depression only to		or top tower	
DOH justification) DCA Cancellation				Marinel				Telephon 973-22					
Name of Facility Where Abatement is Taking	n Place	(3)	FAC	ILITY INF	ORMAT	ION							
Valley View School	g riace i	(3)					Type of Facil	5 * 1 * 1 * 1 * 1					
Street Address 320 Diamond Spring Road.					-		School of Subchar Other (i. etc.)	(K-12) pter 8 (Other tha e. private & con	ın K-12 nmerci	2) al build	dings	, horr	105,
City (5) Denville					5)		Square Feet 50,000	# of Floo	rs	100000	ildg. <i>A</i>	\ge	
County (6) Morris				Code (7) USE ONL)	n		Current Use Middle Sci	(Prior if being de	molish	ied)			
Name of Monitoring Firm Hired by Building C Detail Associates, Inc	Owner (8)	ASC! 012	VI No.			of Abatement	Contractor (9) on & Restora	tion.	Inc			
Street Address 300 Grand Ave.						Street	Address A Route 46						
City, State, Zip Code Englewood, NJ 07631						City, S	tate, Zip Code wa, NJ 0751						
Project Manager for Monitoring Firm Nadine Bello		I	Telepho	ne No. 81-4850		Teleph	one No.	Lice	nse No	٥.			
			mpletion	Date (11)		Name	256-7010 of OSHA Moni	57.61					
Occupancy Status During Abatement (Check	04/04/		·					on & Restora	tion,	Inc.			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other - Describe: Thu 3-ph-11 3-ph	eriod of al Facilit	Abater y Hour	S	4: 30pm		265 / City, S	Address A Route 46 State, Zip Code						
Scope of Work (Check All That Apply)			Upper Control			1010\	va, NJ 0751	2					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				888	Mini-Enclos Glovebag F					9	
		Locat							, , , , , ,		Abate	men	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma d Sole intena todial ((12)	ely by nce/		tos Cont thermal surfac		aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF	/	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							2		late	lre
Stage area Left & Stage area Right		X			Pipe	elbov	/S	45 Elbov	VS	X			
Stage areas left & Right, Gym area		X				ion Col		5Vibration	col.	Х			
Gym Area by Heating Unit		X				Elbov		17 Elbov	vs	X			
Gym area By corner Heating units Name of Registered Waste Hauler		X	LIDEE			Elbow		10 Elbov		X		V	
Bako Construction & Restoration, Ind).	H	IJDEP W lauler ID 0889		of Was 20yd			of Registered La cown Resourc		cove	ry F	acili	ty
City, State Totowa, NJ						al Date /2018	City, S Tullyt	tate own, PA					
Completed by Damir Valjevac	Title Proje	ect Ma	anager		Si	gnature	w das	alvec	Date 03	e /15/2	018		

				10	Por Com	state of N	П.,	laren.				- I	7 7	7 5	= =
ch24a			NOT	IFIC (P	ATIOI ursua	NOR AS	BES AC 8	STOS ABAT 3:60 and 5:1	6)			3 3	<u> </u>	<u> </u>	
Date of Notification (1)	16 /	18			1			vner/Operator (et Owners, L	10.50.		AR '	19	20	18	Commission of the last
Agencies Notified	Type Notific	ation			Stree	t Address		- 3.00			disease a delicate de	'mmere m	net Personal	number 1941	
⊠ EPA	☐ Initial						r Av	enue, Suite	203	ASBE	STOS			ROL	&
⊠ DOLWD	☐ Amende	2020			_	State, Zip			200	- Company of the Comp	LICE	:145	ING		
☑ DOH ☐ DCA	Amendm Emerger		ale calling			rchmont,									
(NJAC 5:23-8)	justificat		ciuain	g		of Contac	0.000			Telephone N	Jumher		5 - 8		-
	☐ Cancella	30100 N. W. V.			Pa	trick Dob	bins	5		914-833-					
					FA	CILITY II	(FO	RMATION				-			
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility	(4)	-	-	-		-
Commercial									School (K-1	2)					
Street Address	Si Contraction	32171							☐ Subchapter	8 (Other than k	(-12)				
540 Broad Street									Other (i.e., phomes, etc.	orivate and com	ımercia	l bu	ilding	3,	
City (5)									Square Feet	# of Floors		Blo	lg. Ag	e	-
Newark									****				J		
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if being den	nolishe	d)			
Essex									•			•			
Name of Monitoring Firm		ding O	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)			_		
Whitman Environm	ental						1	ALL PRO MA	NAGEMENT L	LC					
Street Address							Str	eet Address		5-17048					-
7 Pleasant Hill Road	Ė						2	7 Outwater	Lane						
City, State, Zip Code	Y						Cit	y, State, Zip Co	ode						-
Cranbury, NJ							(Garfield, NJ	07026						- 1
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	ephone No.		License No).				\neg
Kevin Lovely				7	32-390	-5858	9	73-928-4888		1188					
Start Date (10)		Schedu	ıled C	omple	tion Da	te (11)	Na	me of OSHA M	lonitor						\neg
03 /16 /	18	03	3_/	_ 19	_ / .	18	A	ALL PRO MA	NAGEMENT L	.LC					
Occupancy Status During	Abatement (Check	only o	one)			Str	eet Address					-		\dashv
□ Facility Closed/Vacate	d During Enti	re Peri	od of	Abate	ment		2	7 Outwater	Lane						
Abatement Performed	Outside of No	ormal F	acility	y Hou	s - Des	cribe	City	y, State, Zip Co	ode					-	-
Time of Abatement:	AM	PM	/	_PM-		AM		arfield, NJ							
Scope of Work (Check all	that apply)														
≥3 sf or ≥3 lf		1	⊠ Re	novoti	on			Full Cont	ainment with Ne	gative Pressure	2				
☐ ≥160 sf or ≥260 lf			☐ De					Mini-Enc Glovebag							1
NAME OF THE PARTY								☐ Non-Exe	mpted (*) and No	on-Friable Proce	edure				
Location	-£			Local Vorma								Aba	teme	nt Ty	/ре
Location (Asbestos-Containing N		1)		d Sole		Ashe	stos	Description o Containing Ma		Amount		20	Re	ш	ш
TO BE ABA	TED	"		intena	nce/ Staff?		., the	ermal systems i	insulation,	(Specify		Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Cusi	(12)	Stall?			surfacing, VAT,		SF or LF)		Val	7	Sul	sure
(10)			Yes	No	N/A	1	Ot	her miscellane	ous)					ate	
21st Floor						Pipe In:	sula	tion		23 LF		×			П
		_	П			•	2000	S. 17.00		20 1.	- 1			뭐	=
		-			-						- '	믜		ш	
N (D. 1.															
Name of Registered Wast				11.00	JDEP I		100000000000000000000000000000000000000	oic Yards of	Name of Regis	stered Landfill					
ATC / All Pro Manag	ement, LLC	3			lauler II W-243		Wa	ste Is Needed	Minerva Ente	erprises/G.R.O	.W.S. I	Nort	h Lai	ndfill	/
City, State	00 00000							posal Date	City, State	MILLIA MILLIAN					
Shirley, NY / Garfiel	d, NJ						T	BD	Waynesbu	ırg, OH / Mor	risvill	e, P	Α		
Completed By (Print or Ty	pe)	Title						Signature			Date				-
Allen Monchik		Pro	oject	Man	ager			Allon.	Monchik			2140			
CD 44								11,0000			3/16	11 10)		

Check No. 4871

Date of Notification (1)		-		Nam	e of Build	ing Owner/Operato	or (2)	IN E C	厚	- []	W/	FI
1						terson Univer			15		U	
Agency Notified	Type Notification				et Address		Sity	115				
						on Road		IIII MAI	7 1	9 2	018	A.A. spins
	☑ Initial □ Amended				State, Zip			lad las				- -
⊠ DOL	Amendment #			387	yne, NJ				and the same	C Name of Street	and a resident	
⊠ DOH	 Emergency (including justification) 	ng			e of Conta			ASBES	TOS (SON	RO	_ &
F	☐ Cancellation				l Pettit			973-720-336	entrete emergene	**************************************	A resconscion	MONTH WITH THE
						FORMATION		373-720-330	-			
Name of Facility Where Ab	atement is Taking Pla	ce (3	3)			- OTTALL TON	Type of Facility	(4)				
Hobart Manor	-		•				1 70 05					
Street Address			-				☐ School (K-12) 3 (Other than K-12)				
300 Pompton Road							Other (i.e. pr	ivate & commercial	buildi	ngs,		
City (5)							homes, etc.) Square Feet	# of Floors	Dide	^		
Wayne, NJ 07470							II. Dest Calabacapasasay	1 STAGE STAG		. Age		_
County (6)				Coun	ty Codo /	7) (STATE USE	14,716	4	U., 164925-3	77 /	1985	,
Pasaic				ONLY		(STATE USE	Marian and the second	or if being demolis	hed)			
Name of Monitoring Firm H	ired by Building Owne	r	ASCI	A No.		None of Abot	Education				175	
(१)TI Environmental Ir		"	000				ment Contractor (9					
Street Address	icorporated	- /	000	03		Street Address	storation Co.,	Inc.				
1253 North Church S	Street											
City, State, Zip Code	olicet		-			223 Randoli City, State, Zip (
Moorestown, NJ 080	57-1136					The State of the S						
Project Manager for Monitor		T	elenho	ne No.		Clifton, NJ (7011	I I a a a a a M				
Mike Stocku	3	100	CONTRACTOR	40-88	00	973-478-468		License No.				
Start Date (10)	Scheduled Co					Name of OSHA		00120				
March 26, 2018	April 30, 2			()			1016/01/02/17/17	ervices, L.L.C				
Occupancy Status During A	batement (Check only	one))			Street Address	vii Offineritai 3	ervices, L.L.C	•			_
							Brook Avenue					
☐ Facility Closed/Vacated ☐ ☐ Abatement Performed Ou	tside of Normal Facili	tv Ho	temeni urs	t		City, State, Zip C						
☐ Other - Describe:		,				Lyndhurst, I						
Scope of Work (Check all the	at apply)											-
≥ 3 sf or ≥ 3 If				⊠ Rer	novation	☐ Full (Containment with I Enclosure	Negative Pressure				
□ ≥ 160 sf or ≥ 260 If					nolition	☐ Glove	ebag Procedure					
				-	т——	⊠ Non-	Exempted (*) and	Non-Friable Proced	dure			
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Asbestos-Containing M TO BE ABAT			intena ustodi			stos Containing Ma , thermal systems i		Amount		_	ᄧ	ш
IN Facility			Staff?	777	(1.0.	surfacing, VAT		(Specify SF or LF)		em	cap	nclo
(13)			(12)			other miscellane	ous)			Removal	Encapsulate	Enclosure
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Name of Registered Waste H	lauler	NJ	DEP W	aste H	auler	Cubic Yards of	Name of Registe	red Landfill				Щ
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City, State	ANGE SAGET					Disposal Date	City, State					
Clifton, NJ 07011 / Bro	onx, NY					03/27/2018 - 04/30/2016	Waynesburg	, OH				
Completed by	Title					Signature	1/12/11	/ /	ate			
G. Roger Woodman	Safety Office	er				LAT ON	111/16	3	/14/2	018		

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Agencies Notified Type Notification	n		100000000000000000000000000000000000000	Address Riversid	e Drive	Э					MA	IR 1	1 9	201
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X DCA Cancellatio	n			Tarzik						373-49				
Name of Facility Where Abatement is Taki Maybrook Garden Apartments - B	ng Place	(3)	FAC	CILITY IN	FORMA	TION	Туре	of Facility (4))					
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City (5) Maywood							Squa	etc.) re Feet	# of Flo	oors		Bldg.	Age	
County (6) Bergen			County (STATE	Code (7)	Y)		Curre	ent Use (Prior		demolis		50		
Name of Monitoring Firm Hired by Building Crown Air Services LLC	Owner (8	3)		M No.	· -	Name	of Aba	idential tement Contr	actor (9)					
Street Address						Asbe		ys Solution	S					
478 Albany Street								ington Ave	nue					
City, State, Zip Code Brooklyn, NY 11203	oklyn, NY 11203							City, State, Zip Code Brooklyn, NY 11205						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one N	D.	Lic	cense N	lo.			
Start Date (10)	Schedu	led Co	mnletion	Date (11)		718-8			01	340				
3/29/2018	5/2/20	18	piotion	Date (11)				IA Monitor 's Solution:	S					
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Scope of Work (Check All That Apply)						Brook	klyn, i	NY 11205						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	_	Renova Demoli				×	Min	Containment i-Enclosure vebag Proced -Exempted (*	lure					
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TO BE ABATED In Facility (13)		intena todiai ((12)		(i.e.	thermal surfa	systems cing, VAT niscellane	insula , or	ion,	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
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meter room	X				pipe	insulati	on		25 lf		х			
Name of Registered Waste Hauler														
Newark Carting Inc		Н	JDEP W auler ID		Cubic of Was			Name of Reg				9 M		
City, State Jewark, NJ 07102		45	506		Dispos	al Date	-	Tully-town City, State	KE Fa	cility				
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lendy Gorodetsky		S	ignature	Date 3/16/2018										

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2) ial buildings, homes,	
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Abatement	

FICATION OF ASBESTOS ABATEMENT Fursuant to NJAC 8:50 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 3/15/2018 Maybrook Gardens Inc. Agencies Notified Type Notification Street Address 155 Riverside Drive **EPA** Initial × DEP Amended City, State, Zip Code ASDE × DOL Amendment # New York, NY 10024 Emergency (including DOH Name of Contact justification) Telephone Nu DCA Cancellation Brian Tarzik 212-873-49 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Maybrook Garden Apartments - Building 7 School (K-12) Street Address Subchapter 8 (Other than K-1 18-32 Maybrook Drive Other (i.e. private & commerci × etc.) City (5) Square Feet # of Floors Maywood County (6) County Code (7) Current Use (Prior if being demolish Bergen (STATE USE ONLY) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Crown Air Services LLC Asbestways Solutions Street Address Street Address 478 Albany Street 132 Washington Avenue City, State, Zip Code City, State, Zip Code Brooklyn, NY 11203 Brooklyn, NY 11205 Project Manager for Monitoring Firm Telephone No. Telephone No. License N 718-858-2600 01340 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/27/2018 4/30/2018 Asbestways Solutions Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 132 Washington Avenue Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Brooklyn, NY 11205 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative P × ≥160 sf or ≥260 lf × Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friab Is Location Normally Location of Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount Encapsulate (i.e. thermal systems insulation, Custodial Staff? In Facility (Specify Removal surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A (2) misc crawl spaces X pipe insulation 190 If x meter room X pipe insulation 100 If X basement X pipe insulation 75 If X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Newark Carting Inc of Waste Tully-town RE Facility 4506 City, State Disposal Date City, State Newark, NJ 07102 Completed by Title Signature Mendy Gorodetsky Date President 3/15/2018 Do not use this form for asbestos licensure exempted activities.

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Ch7409		NOT	(Pursua	nt to NJAG	ew Jersey BESTOS AB 8 60 and 12	2120	0)]	т	0	EC	E		\mathbb{V}	
Date of Notification (1) 3/15/2018			Name	of Building	Owner/Oper	rator	(2)			MA	R 1	9 2	018	
Agencies Notified Type Notification	n .		350	Drook Ga	rdens Inc				LL) IN A	11 1	JL	010	
			100000000000000000000000000000000000000	Riverside	Drive					AODICO	error andre-	direction course		
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justification	n)	ng		of Contact					Tel	ephone N	lumber			
X DCA Cancellati	on			n Tarzik						2-873-4				
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INF	ORMATION		Typ	e of Facility (4)					
Maybrook Garden Apartments - I	3uilding	6					, yb							
Street Address							Н	School (K-1 Subchapter	8 (Oth	er than K-	-12)			
2-16 Maybrook Drive							×	Other (i.e. p	rivate 8	& comme	rcial bu	ilding	s, hon	nes,
City (5) Maywood							Squ	are Feet	# 01	f Floors		Bldg.	Age	
County (6)									2		100	60		
Bergen			(STATE	Code (7) USE ONLY)		Curr	ent Use (Prid	or if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		M No.		mo		Residential of Abatement Contractor (9)						
Crown Air Services LLC		5.6	1.00		As	sbe	estways Solutions							
Street Address							eet Address							
478 Albany Street					13	32 Washington Avenue								
City, State, Zip Code Brooklyn, NY 11203								Zip Code				7.3		
Project Manager for Monitoring Firm			Tolonh	one No.		Brooklyn, NY 11205 Telephone No. License No.								
(SE)			relepin	one ivo.		Ephone No. License No. 01340								
Start Date (10)			mpletion	Date (11)				HA Monitor		01340				
3/27/2018	4/30/2							ys Solutio	ns					
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Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abater	ment					ington Ave	enue					
Other - Describe:	nai raciii	ty Hour	S					ip Code	8					
Scope of Work (Check All That Apply)					_ DI	OOK	iyn,	NY 11205						
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Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole aintena	nce/	Asbesto	os Containing hermal syste	Ma	terial	(ACM)		nount			ш	_
In Facility (13)	Cus	stodial ((12)	Staff?	1	surfacing, \	VAT,	or	ation,		ecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Τ	Т —		other miscell	lane	ous)			35. 6 0	lova	pair	sula	nusc
(A) mice enough	Yes	No	N/A										lte	ťD
(4) misc crawl spaces	Х				pipe insu	latio	on		38	0 If	x			
Name of Decists														
Name of Registered Waste Hauler		171	JDEP Wauler ID	100000000	Cubic Yards			Name of Re	egistere	ed Landfill	1			
Newark Carting Inc		100000	506	140.	of Waste			Tully-tow	n RE	Facility				
City, State Newark, NJ 07102					Disposal Dat	te		City, State					NAMES OF	
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Date of Notification (1) 3/15/2018			Name	of Buildi	ng Owner	/Operato	r (2)					Paris Balance	9 LI	
Agencies Notified Type Notification EPA DEP Initial Amended	on		Street	Address						la la	MA	R 1	9	2018
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□ DOH □ justificatio □ Cancellati	n)	g	1000000	of Conta Tarzik						lephone 1 12-873-4	lumbe	CRECORNS A	Mary and a s	O STATE OF THE STA
Name of Facility Where Abatement is Tal Maybrook Garden Apartments -	king Place	(3)	FA	CILITY IN	IFORMAT	TION	Тур	oe of Facility (4	4)					
Street Address 2-16 Hampton Court City (5)	Dullullig .	<u> </u>					×	School (K-1: Subchapter Other (i.e. pretc.)	8 (Oth	er than K & comme	-12) rcial bu	ilding	s, hon	nes,
Maywood							Squ	Jare Feet	# 0	f Floors	- 10	Bldg. 60	Age	
County (6) Bergen			County (STATE	Code (7)) .Y)		Cur	rent Use (Prio	r if be	ing demol				
Name of Monitoring Firm Hired by Building Crown Air Services LLC	g Owner (8)	ASC	M No.		Name Asbe	of At	patement Cont ays Solution	ractor	(9)				
Street Address 478 Albany Street						Street	Addr							
City, State, Zip Code Brooklyn, NY 11203						City, S	tate,	Zip Code NY 11205						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 718-8	one I	No.		License 01340	No.			
Start Date (10) 3/29/2018	5/2/20	18	mpletion	Date (11)	Name o	of OS	SHA Monitor ays Solution	15	01040				35-14-1
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Scope of Work (Check All That Apply)						Brook	klyn,	NY 11205						
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(4) misc crawl spaces	Yes	No	N/A								à	-	ilate	ıre
(v) mas cram opases	X				pipe i	insulati	on		38	30 If	х			
1														
Name of Registered Waste Hauler Newark Carting Inc		H	JDEP Wauler ID		Cubic Y of Wast			Name of Re Tully-towr						
City, State Newark, NJ 07102					Disposa	al Date		City, State					OTO STREET	
Completed by Mendy Gorodetsky	Title Presid	lent			Sig	nature	I	7		Da 3/	te 16/20	18		
ASB-41 (R-06-08)					(De not u	use th	nis form for as	bestos	s licensure	e exem	pted a	activiti	es.

1					State of	New	Jersey			E (2			V/
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Date of Notification (1)	2)wner/Operator			191.2	411	1 0		/10
	5 /	18		80	00 Center	nnia	I Urban Rene	wal, LLC		www.up.71/5e quite	Date of the Section	satur-fess	a nam stammid	-
	ype Notificatio	n		Stre	et Address	;			1	ASBE		Sistematical Control	ONT	
] Initial] Amended			27	'1 Main S	tree	et		And to the second second second	-	LIU	E19-	OMEO-MAN	DPALLED BY
⊠ DOH	Amendment	#1		City,	State, Zip	Cod	le							
□ DCA □	Emergency (includir	ng	GI	adstone,	, NJ	07934							
(NJAC 5:23-8)	justification)		J	Nam	e of Conta	ict			Telephone	Numbe	er			
] Cancellation			Do	on Bryan	t			732-735	-7481				
N				FA	CILITY	NFC	RMATION							
Name of Facility Where Aba	tement is Taki	ng Plac	e (3)				=======================================	Type of Facility (4)					
Commercial		.,.,,						School (K-12))					
Street Address		_						Subchapter 8 Other (i.e., pri	(Other than ivate and cor	K-12)	ial hı	ildin	ae.	
800 Centennial Avenu	e, Building	4						homes, etc.)	acc and col	miero	iai DC	arull l	gs,	
City (5) Piscataway								Square Feet	# of Floors	3	BI	dg. A	ge	
County (6)														
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Name of Monitoring Firm Hire	ed by Building	Owner	/0\	ASCN	I Ma	Т.								
Bio Terra Solutions	od by building	OWITE	(0)	ASCIV	I INO.	1 .		ent Contractor (9)						
Street Address						_		NAGEMENT LL	.C					
P.O. Box 1224							reet Address	• Newson						
City, State, Zip Code			-				27 Outwater							
Union, NJ						1	ty, State, Zip Co							
Project Manager for Monitorin	ng Firm		Te	elephone	No	_	Garfield, NJ	07026	Tre se					
Rick Eustaquio	3			973-494		00000	973-928-4888		License No	0.				
Start Date (10)	Sche	duled C	1	letion Da			ame of OSHA M	\	1188					
02 /28 /1				28_ /				NAGEMENT LL	C					
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□ Facility Closed/Vacated D	uring Entire Pe	eriod of	Abat	ement		TARREST .	27 Outwater I	ane						
☐ Abatement Performed Out	side of Norma	I Facilit	v Ho	urs - Des	scribe	_	ty, State, Zip Co							
Time of Abatement:	_AMP	M/	P	И	_AM	1	Garfield, NJ							
Scope of Work (Check all that	t apply)													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		□ Re					☐ Mini-Encl							
				ation				pas () and rion-	. 114516 1 100	Cuule	Δh	atem	ent T	vnc
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2 nd Floor						_	pards (Flue)		240 SF	_				
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ATC/ Century Waste LL				Hauler I	O No.	Wa		Name of Registe Minerva Enterpris		. North	Lan	dfill/		
City, State				SW-2431	0/989		Needed	Fairless Landfill						
Shirley, NY/ Elizabeth,	NJ						posal Date BD	City, State						
Completed By (Print or Type)	Title	2				'		Waynesburg, OH	/ Morrisville, I					
Allen Monchik			М	1200-			Signature			Date				
SR-41	F	roject	ivial	layer			Allen	Monchik		3/1	5/18	3		

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

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Date of Notification (1)				A101					1 5.4	h.l	2017-111	1000		010
2/19/18			Name 800 (of Buildin	g Own	er/Operator rban Ren	r (2)	11.0	-	<u> </u>	roder Heers	and in the Co	enter total a	S PACE IN
Agencies Notified Type	Notification			Address	101	oan nen	CWa	, LLO	-	AS	BEST	OS C CEN		
	initial			Main Str	VII. 1000				lance	WYON SURVINION SHAPE	lowers renew		ornani e	NO. FHOME
X DOL	Amended Amendment #			tate, Zip C stone, N		934								
DOH	Emergency (including ustification)			of Contact			-		Tele	ephone N	lumher	2		
	Cancellation			3ryant						2-735-7				
Name of Facility Where Abatem	ent is Taking Place (3)	FAC	ILITY INF	ORM	ATION	Typ	e of Facility ((A)					
Commercial Street Address								School (K-1	tores como					
800 Centennial Avenue-	Buildina 4						×	Subchapter Other (i.e. p	8 (Othe	r than K	-12)	ildinas	hom	
City (5)	- unaning .							etc.)				2,700		ies,
Piscataway							Squ	are Feet	# or	Floors		Bldg.	Age	
County (6) Middlesex			County (STATE	Code (7) USE ONL	0		Curr	ent Use (Prid	or if bein	ig demol	ished)			
Name of Monitoring Firm Hired t Bioterra Solutions	by Building Owner (8)		ASCI	M No.		Name All P	of Ab	atement Cor anagemer	tractor (9)				
Street Address			<u> </u>			Street			it, LLC					-
P.O. Box 1224 City, State, Zip Code								ter Lane						
Union, NJ						City, S Garfi		ip Code					T	
Project Manager for Monitoring F Rick Eustaquio	irm		Telepho			Teleph	one N	lo.		License	No.			
Start Date (10)	Schedule	d Con		94-3762 Date (11)		973-9		HA Monitor		1188				
2/28/18	5/28/18		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dute (11)				na wonitor anagemen	t, LLC					
Occupancy Status During Abater Facility Closed/Vacated During		7.0				Street		7.7						
Abatement Performed Outs	de of Normal Facility	baten Hours	nent			L		ter Lane						
Other – Describe: Saturday Scope of Work (Check All That A								NJ 07026						
23 sf or ≥3 if							1			Here of the Anna				
≥160 sf or ≥260 if		enova emolit					Fu Mir	ll Containme ni-Enclosure	nt with I	Vegative	Pressu	ire		
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TO BE ABATED In Facility	Custo				therm	al systems facing, VAT	insula		(Sp	ecify	Re	R	Enca	En
(13)		(12)			other	miscellane	eous)		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
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Exterior- Roof			X		Roo	fing Mate	erial		14,40	00 SF	Х			
				CONSTRUCTION TO SELECT										
	1													
Name of Registered Waste Haule	r	N	JDEP W	aste	Cubi	c Yards		Nome - 65	logi-t					
ATC / Century Waste, LLC		H	auler ID	No.	of W			Name of R Minerva Er Fairless La	terprises			th Lan	dfill/	
City, State		The state of the s			osal Date		City, State							
Shirley, NY / Elizabeth, NJ Completed by	T:0-				TBD			Waynesbu	ourg.OH / Morrisville, PA					
Allen Monchik	Title Project	A NA			Signature	7.	1 /	/	9 88	ate /10/19	3			
					Allen Monchik 2/19/18									

Chibloc)	ı	тои		ATIO	VOF AS	lew Jersey BESTOS A AC 8:60 and			DE	C	E		\mathbb{V}	E
Date of Notification (1)	45						g Owner/Opera	3.3	1 70		MAR	1 !	9 2	018	
	15 /	18	_		De	partmen	t of Veterans	Aff	airs						
Agencies Notified EPA	Type Notific	cation			Stree	t Address				ASF	3EST	25.0	ON	TRO	11 2
☑ DOLWD	☐ Initial ☐ Amende	d			-	5 Tremor				1			SINC		/L OC
☑ DHSS	Amendm	-262499			1 22	State, Zip									
□ DCA	☐ Emerger		luding	1		_	e, NJ 07018								
(NJAC 5:23-8)	justificati	100 CONTRACT				of Contac	1150			Telephone N					
	☐ Cancella	luon				rry R. Sti				(973) 676	5-1000	ext	142	0	
Name of Facility Where At			-	(0)	FA	CILITY IN	NFORMATIO	N							
Name of Facility Where At						. 0	B.//		Type of Facility (4	3 0					
VA East Orange Can Street Address	iipus -iviaii	n blag	IN	tcne	n-Aan	in Office	B11		☐ School (K-12) ☐ Subchapter 8		(-12)				
385 Tremont Ave.									Other (i.e., priv	vate and com	mercia	l buil	dings	5,	
City (5)									Square Feet	# of Floors		Bldg	g. Ag	е	
East Orange									771,175	16		6	1		
County (6)					Cou	nty Code (7	7)(STATE USE ON	VLY)	Current Use (Prio	r if being den	nolishe	d)			
Essex									Hospital						
Name of Monitoring Firm F	lired by Build	ding Ov	vner (8)	ASCM	No.	Name of Aba	teme	ent Contractor (9)					- 100	
Briggs Associates						112-11	SAI Envir	ronn	nental Services,	LLC					
Street Address							Street Addre	73							
3 Crosswicks	\1								Road, Suite 102						
City, State, Zip Code	0.5						City, State, Z								
Bordentown, NJ 085 Project Manager for Monito				-			Fairfield,		07004						
Douglas Ferry	oring Firm				phone		Telephone N			License No					
Start Date (10)	To	Schedul	- d C		09-298		(973) 852			01349					
03 / _23_ / _					3 /		Name of OSI SAI Envir		ionitor nental Services,	LLC					
Occupancy Status During A	Abatement (Street Addres								_
☐ Facility Closed/Vacated					ment				Road, Suite 102						
Abatement Performed C	Outside of No	ormal F	acility	Hour	s - Des	cribe	City, State, Z								-
Time of Abatement:	AM- <u>4:3</u>	0 PM/	F	PM- <u>1</u> :	: 00 AM		Fairfield,								
Scope of Work (Check all t	hat apply)														_
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati			☐ Mini- ☑ Glov	-Encl	ainment with Negar losure g Procedure mpted (*) and Non-						
				Locat						35		Abat	eme	nt Ty	/pe
Location of Asbestos-Containing Management	NAME OF TAXABLE PARTY.	.		lorma d Sole		Acho	Descripti stos Containing	ion of	f						*
TO BE ABAT	ED `	"		ntena		(i.e	., thermal syste	ems i	nsulation,	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cusio	(12)	Staff?		surfacing, \ other miscel			SF or LF)		va	7	Sul	sure
(10)	15	,	Yes	No	N/A		otrier miscer	lanec	ous)					ate	
Kitchen-Admin Office I	B11		J [\boxtimes	Ceiling	Tile			260SF	0	X I			
Kitchen-Admin Office I	B11		ן כ		\boxtimes	Pipe/Fit	ting Insualti	on		44 LF	0	X	5		
											1	o li	71	٦İ	
			5	П						TANKS -	_		7	7	П
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Yards o	of	Name of Registe	red Landfill	1	_ '			_
Service Transport Gr	oup, Inc			1.023	auler ID	No.	Waste		Minerva Lan						
City, State					SW21	1/	5 Disposal Date)	City, State						
New Castle, DE							03/28/2018		Waynesburg	h. OH					
Completed By (Print or Type	e)	Title					Signature		7 0	7 1	Data		à r	_	
Mary Petrovski	77.40	0.000	nage	r			Oignature	///	Jul Petin	The l	Date	=100	10		

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

Date of Notification (1)							,									
03 / 14	,	18				ing Owner/Operato		UL MAR	11	9 21	018	1				
				L	epartmei	nt of Veterans A	ffairs	1 -								
Agencies Notified Type ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Notification	on		3-0000-0	et Address	50.	Ī	ASBEST	to TO MANAGEMENT	()) () ()	17 nahrijagay	remission.				
	nended				85 Tremo		L	Li	CENS	UNT.	ROL	&				
	endment	t #		1 2	, State, Zip			The state of the s	Maria.		-	10 marian				
DCA Em	ergency	(includ	ing			ge, NJ 07018										
	tification) ncellation			10000000	ne of Conta			Telephone Nu	mber							
L Ca	ricellation	1		Н	arry R. St	illing		(973) 676-	1000	ext 1	420					
Name of Facility 14th				F.	ACILITY I	NFORMATION										
Name of Facility Where Abateme	ent is Tak	ing Pla	ce (3)				Type of Facility	(4)								
VA East Orange Campus Street Address	-Main B	ldg 1	Kitch	ien-Ad	min Offic	e B11	School (K-1	2)								
385 Tremont Ave.							Subchapter	8 (Other than K-1 private and comm	12)	L. CHER	2022					
City (5)							homes, etc.)	erciai	Dullali	ngs,					
East Orange						Carried Services	Square Feet	# of Floors	- 1	Bldg.	Age					
			450				771,175	16		61						
County (6) Essex				Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)							
							Hospital									
Name of Monitoring Firm Hired by	/ Building	Owner	r (8)	ASCN	/ No.	Name of Abatem	ent Contractor (9)								
Briggs Associates						SAI Environ	mental Service	s, LLC								
Street Address						Street Address										
3 Crosswicks						277 Fairfield	eld Road, Suite 102									
City, State, Zip Code					12	City, State, Zip C										
Bordentown, NJ 08505						Fairfield, NJ	07004									
Project Manager for Monitoring Fin	rm			elephone		Telephone No.	15-16-1	License No.	-							
Douglas Ferry Start Date (10)				609-29		(973) 852-344	14	01349								
					ate (11)	Name of OSHA N	Monitor									
				21 /	18	SAI Environr	nental Services	s, LLC								
Occupancy Status During Abatem	ent (Che	ck only	one)			Street Address										
Facility Closed/Vacated During	Entire Pe	eriod of	Abat	ement		277 Fairfield	Road, Suite 10	2								
Abatement Performed Outside Time of Abatement:AM	of Norma -4-30PM	al Facili I/	ty Ho	urs - De	scribe	City, State, Zip Co	ode	***								
				1.00AW		Fairfield, NJ	07004									
Scope of Work (Check all that app	ly)			in with order			V VS VS VS VS VS									
≥3 sf or ≥3 If ≥160 sf or ≥260 If		⊠ Re	enova	tion			tainment with Neg	ative Pressure								
≥160 sf or ≥260 If			emolit				Procedure									
		1				☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	ire							
Location of		0.00	S Loca Norma							atem	ent T	ype				
Asbestos-Containing Material (ACM)	Use	ed So	lely by	Asbes	Description o stos Containing Ma	f torial (ACM)			_	T =	T				
TO BE ABATED IN Facility				ance/ Staff?	(i.e.	, thermal systems i	nsulation.	Amount (Specify	Remova	Repair	nca	nclo				
(13)			(12			surfacing, VAT, other miscellaneo	or	SF or LF)	oval	=	Encapsulate	Enclosure				
2 D		Yes	No	N/A		other miscellane	ous)				ate	0				
(itchen-Admin Office B11				\boxtimes	Ceiling	Tile		260SF	100			-				
Citchen-Admin Office B11								2005F			Ш	Ш				
					Pipe/Fit	ting Insualtion		44 LF								
										П	П	П				
									10							
ame of Registered Waste Hauler			1	NJDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill			П					
Service Transport Group, In	С		1000	lauler ID	No.	Waste	Minerva Lai									
ity, State				SW21		5 Disposal Date		iuiii								
New Castle, DE						03/21/2018	City, State									
ompleted By (Print or Type)	Title						Waynesbur	gn, OH								
Mary Petrovski	100,000	anage				Signature	May At	_ / Da	te							
B-41	141	unaye	-1			///	My Kelle	an	3/1	4/20	018					

ASB-41 MAY 11

spesios Abatement 8:60-7-and 12:120-7)

		•)			Sub Chapt	CI 0	Project	CHECK	# 0013				_				
Date of Notification	(1)	11	Name of F	Building Owr	ner/Operator (2))					-						
10 13 1/11 16	1/11 8				ship Board		ducation	m	G	Ē [W	E	[
Agencies Notified	Type Notifica	tion	Street Add		iship board	OI E	aucation		- U L	5	W	E					
✗ EPA	X Initial		265 55	unset Hill	Pood			lim									
☐ DEP	initial	- 11		, Zip Code	Noau				MAR	10	2010	}	ЩД				
X DOL	Amend	iment		town, NJ (07825								lease,mark				
⋈ DOH	_	- 11	Name of C	ontact			The second secon	Telephor	e Numbe	r UU	NIH	JL &					
☐ DCA	☐ Cancel	lation	Tom A	Amalfitano				(908)	LICE 362-621	1	VG	and the same of	acto-parter herea. John o				
				FAC	ILITY INFORM	ATIO	N										
Name of facility whe	ere abatement	is taking p	place (3)					Type of Facility (4)									
Blairstown Ele	mentary Sc	hool						School Sc	ol (K - 12)		18 20	20020					
Street Address								A THE PERSON OF	apter 8 (C (Private/C			-12)					
One Sunset H	ill Road							Bldgs.	Homes, e	tc.							
City (5)		Co	unty (6)			Co	unty Code (7)	Square Feet	# of Floor	s	В	dg. A	ge				
Blairstown, N.	1 07825	١٨.	arren				ate use only)	Current Use (P	rior if bein	g den	nolishe	ed)					
			-					Sub chapter	8 projec	ct							
Name of Monitoring RK Occupatio		Blag. Owi	ner (8)		ASCM No.		Name of Abatement C						+5				
Street Address					0090		B & G Restoration	on, Inc.									
403 St James	Avenue						Street Address 105 Ryerson Ro	nad									
City, State, Zip Code			-			-	City, State, Zip Code					-					
Phillipsburg, N	NJ 08856						Lincoln Park, N	IJ 07035									
Project Manager for I		n	F	hone Numb			Telephone Number		License		er						
Pat McGuinne	ess			908-454-	6316		(973)696-6869		00	378							
Scheduled Start Date	(10)	Sche	d. Comple	tion Date (1	1)		Name of OSHA Monitor B & G Restoration	T000									
03/31/2018		04	06/2018				Street Address	on, mc.			-						
Occupancy Status Du						-	105 Ryerson Ro	n Road									
Facility closed/ Abatement per	vacated during	entire per	riod of abat	ement.			City, State, Zip Code	ode									
Describe:		- Tionna	- Idollity Ho			_	Lincoln Park, No	Park N 07035									
Scope of Work (che		<i>y</i>)				-1	Elifoliti alk, No										
Demolition	ok ali tilat appi	Renovati	on			П,			-								
☐ > <u>3</u> sf or > <u>3</u> If						_	Full Containment w/nega	ative pressure	Gloveb								
		≥160 sf o	77.5	used solely		X	Mini-enclosure		Non-fri	able p	proced						
Location of asbestos-conta	ining	by maint	enance/cu			6 -		Amount		e	e	E n	E				
material to be	ettes est est est est es	staff(12)	T		material (A		asbestos-containing	(Specify S	F or	m o	p a	С	n				
abated in facilit	y (13)	Yes	No	N/A				LF)		v	i	a p	L				
Shower Room				X	pipe insula	tion		75 lf		e X							
Storage room				×	pipe insula	ation		70 If		X							
Custodian Close	<u>t</u>			X	pipe insula	ation		_ 55 lf		X							
Teachers lounge				X	pipe insula	ation		85 If		X							
Registered Waste Ha	II.		his Varda et V	71-	aste Name of Registered Landfill												
B & G Restoration			EP Hauler 19563	10#	ubic Yards of W 5	covery	Cent	er									
City, State Lincoln Park, NJ	J			Disposal D 04/01/	ate 18-04/06/18												
Completed by (Print of	or Type)	Title			Signature Deta							У.					
Gordana Luna		Secreta	ry/Treas	urer		Gordana Luna 03/16/2018											

Ch 2490	NOT	IFIC	ATIO ursua	NOF AS	lew Jersey BESTOS ABA AC 8 60 and 5:1	6)	DE C]	201	8		
Date of Notification (1)			Nam	e of Buildin	ng Owner/Operator	(2)			U				
03 /15 /1	8		Me	etro Real	Estate Compan	ies		HICH HAD IN	Contribution (Tribalaccome	en anno en camb		
Agencies Notified Type Notification				t Address	ASBESTOS CONTROL 8								
☑ EPA ☑ Initial	☑ Initial ☐ Amended				2 Broad Street, Suite 400				LICENSING				
	Amendment #					City, State, Zip Code							
DCA Emergency (includin	g	Bloomfield, NJ 07003 Name of Contact Tolophone Number										
(NJAC 5:23-8) justification) Cancellation					Telephone Number								
Li Caricellation	VVa	rren Spr	973-429-7900 ext. 205										
			FA	CILITY IN	FORMATION								
Name of Facility Where Abatement is Takin	ng Place	(3)				Type of Facility	(4)						
Commercial						School (K-12	☐ School (K-12)						
Street Address		Subchapter 8 (Other than K-12)											
169 Minnisink Road- Meese Buildi		homes, etc.)	ivate and commercial buildings,										
City (5)		Square Feet	# of Floors	I p	ldg. A	20	_						
Totowa			oquare r cer	# 011 10015		iug. A	ye						
County (6)			Cou	ntv Code (7)(STATE USE ONLY)	Current Hee /Pri	ior if being demolis	hod)					
Passaic			1	., (No mile doe onely	odirent ose (i ii	ioi ii beilig delliolisi	neu)					
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No	Name of Abatomo	ont Contractor (0)							
Bio Terra Solutions		(,			Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC								
Street Address	Street Address												
P.O. Box 1224	27 Outwater Lane												
City, State, Zip Code													
Union, NJ					City, State, Zip Code								
Project Manager for Monitoring Firm		Tolo	nhana	Ma	Garfield, NJ 07026								
Rick Eustaquio	100000	phone No. Telephone No. 73-494-3762 973-928-4888			License No.								
	3000	0.000			1100								
, ,			on Date (11) Name of OSHA Monitor / _ 18 ALL PRO MANAGEMENT LLC										
			_ ′ -	10_		NAGEMENT LI	LC						
Occupancy Status During Abatement (Check only one) Street Address													
☐ Abatement Performed Outside of Normal Facility Hours - Describe 27 Outwater Lane City State 7 in Code													
Time of Abatement:AMP	ı Facılıy Mi	/ Hour	s - Des	CLIDE	City, State, Zip Code								
				CIVI	Garfield, NJ	07026							
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ Renovation □ Pull Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure								2					
N 50 702 West		Locati Iormal						_	ateme	ent T	vpe		
Location of Asbestos-Containing Material (ACM)	. Description of			f			_						
TO BE ABATED	Asbestos Containing Mai (i.e., thermal systems i			terial (ACM)	Amount	Removal	Repair	nca	Enclosure				
IN Facility Custodial S				aff? surfacing, VAT, or			(Specify SF or LF)	OVE	air	sde	uso		
(13)	NIA	-		-		Encapsulate	6						
Basement/Crawl Space	Yes	No	N/A	Pipe Insulation- Wrap and Cut			7,000 1 5						
1st Floor							7,000 LF 475 LF						
Basement/Crawl Space				Pipe Fitting Insulation			375 LF						
1st Floor					ting Insulation		50 LF						
Name of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Regist					Ш		

City, State

ATC/Century Waste, LLC/All Pro Management,LLC

Title

Project Manager

Shirley, NY / Elizabeth, NJ

Completed By (Print or Type)

Allen Monchik

Waste

TBD

As Needed Disposal Date

Signature

Allen Monchik

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

Date

3/15/18

Waynesburg,OH/Morrisville,PA/Bethlehem, PA

Hauler ID No. SW-24310/32797/989



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

				169 Minnisink Rd Meese Building	Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Solely by Maintenance/Cust odial Staff (12)		Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i r	E n c a p s u l	E n c l o s u r	
2nd Floor	, 53	No	X	Pipe Fitting Insulation	85 LF	Х				
Crawlspace			X	Duct Insulation	500 LF	X		-		
1st Floor			X	VAT	1,750 SF	X				
Lobby	_		X	VAT	1,000 SF	X				
2nd Floor				VAT	900 SF					
Basement			_	VAT	200 SF	X				
2nd Floor			-	VAT	575 SF	X				
1st Floor				VAT	800 SF	X				
1st Floor		-		Transite Panels	300 SF	X				
Lobby		\vdash	-	Textured Ceiling	1,000 SF	X				
					1,000 31					
		7								
			_							
		\dashv	\dashv				-			
	-		-							
								\dashv		

Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik		,	Allen Monchik	3/15/18

MERGEN	CY			F	State Fil	New Jers						ı	-	riii:
CKATE	5		NOT	(Pursua	ON OF A	BESTO	SABATE	MENT 0)) E C	E		\mathbb{V}	
Date of Notification (1) 3/16/2018					of Buildir			r (2)	In	l un		8 823		
Agencies Notified Ty	pe Notificatio	n		Stree	t Address				141	MAH	1 !	9 20	118	- 1
EPA DEP	Initial Amended				1 Tonne State, Zip					ASBEST	08.0	CIVIT	POI	O.
☑ DOL ☑	Amendmer		20		h Berge		7047			Lic	CENS	SING	TOL	Č
DOH DCA	justification Cancellation	1)	19		of Contac Maman					elephone Nu		•		
Name of Equility When Ale					CILITY IN		TION			01 921 60	J46			
Name of Facility Where Aba	tement is Taki	ing Place	(3)					Type of Facility						
Street Address 431-62nd street								Other (i.e.	er 8 (Oth	her than K-1	2) cial bu	ilding	s, hor	me
City (5) West New York								etc.) Square Feet 1100	# 0	of Floors		Bldg. unkr	38-5-	-
County (6) Hudson				Count (STAT)	y Code (7) E USE ONL	n		Current Use (P single family	rior if be	ing demolis		ai iNi		
Name of Monitoring Firm Hire	ed by Building	Owner (8	8)	ASC	CM No.		Name	of Abatement Co					_	_
Street Address							Scha	affer Demo &			Serv	ices	LLC	
								Address Hudson Ave						
City, State, Zip Code	N (*)							tate, Zip Code t New York N	J 0709	93				
Project Manager for Monitorir	ect Manager for Monitoring Firm				Telephone No. Telephone No. 201-304-382 Completion Date (11) Name of OSHA					License N 01354	lo.			
Start Date (10) 3/20/18		Schedu 3/26/1		ompletion	Date (11)	Name	of OSHA Monitor		0.001	-,			_
Occupancy Status During Aba			3.5				Street	Address						_
Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire utside of Norn	Period of nal Facilit	Abate ty Hou	ment rs			City, St	tate, Zip Code						_
Scope of Work (Check All Tha	at Apply)												2	_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renov Demol				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				-	
		5.4	s Loca					- Non Exemple	u () une	a Non-i Habi		Abate	emen	t
Location of Asbestos-Containing Mate	rial (ACM)	Use	Norma ed Sola aintena	ely by	Ashes	Des	scription	of aterial (ACM)	Λ.	mount	-		ре	T
TO BE ABATED In Facility (13)	L			Staff?	(i.e	. thermal surfac	systems cing, VAT niscellane	insulation, , or	(S	Specify or LF)	Removal	Repair	Encapsulate	
exterior of struct	ure	Yes	No X	N/A	-	ovto	rior sidi	na	400	20 6			te	-
			^			CALC	iioi siui	rig	190	00 sq ft	х			
Name of Registered Waste Ha	uler		100	JDEP W	((C)(C)(D)(T)(P)	Cubic \		Name of	Register	red Landfill				
Rovic Transport			0.22	Hauler ID 10785	INO.	of Was	ie	Conast	oga La	andfill				
City, State Riverdale, NJ						Disposa 3/26/1		City, State		D 4			251111	_
Completed by Dean Schaffer		Title	ect Mg	or .			gnature	Morgan	I own	Date	e 16/18			
Joan Condito														

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10 +1				91	promote to	450	62h m	- Tuis					L	Г	11111
IU-DA	cho	109	NOT	IFICATIO (Pursuai	NOF AS	Vew Vers BESTOS C 8:60 au	BABATE		}	(D)	EC	E			
Date of Notification (1) 3/16/2018					of Buildir			(2)		m					
	Tues Nette-ti-				ison Eq	uities L	LC				MAF	1 9	20	18	
	Type Notification				Address Tonne	llo Avo									
EPA DEP	Initial Amended				tate, Zip						ASBEST	OSO	ONTE	ROL	&
Ø DOL L	Amendment	#			n Berge		047		1		L	ICENS	ING		I PROGRAMMENT
П рон	Emergency (justification)	(includin	g		of Contac		017			To	lephone N	lumbar			
DCA [Cancellation			1 Sec. 11.	Maman					100000	01 921 6				
Name of Facility VVIII				FAC	CILITY IN	FORMAT	ION								
Name of Facility Where Ab	atement is Takin	g Place	(3)					Тур	e of Facility (4)					
Street Address									School (K-1						
6120 Harrison Place								X	Subchapter Other (i.e. p	8 (Oth	er than K- & commer	·12)	ildinas	hor	200
City (5)									etc.)				9733		165,
West New York									are Feet	1000	f Floors		Bldg.		
County (6)			_	County	Code (7)			500		1		1	unkr	own	1
Hudson				(STATE	USE ONL	y)		wa	ent Use (Prio rehouse bl	or it be da	ng demoli	shed)			
Name of Monitoring Firm H	ired by Building C	Owner (8)	ASC	M No.		Name		atement Con		(0)				
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Street Address							Street				minorital	OCIVI	003	LLC	
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City, State, Zip Code							City, St	ate, a	Zip Code						
Broiget Manager for Maria				11			1		w York NJ	0709	3				
Project Manager for Monitor	ring Firm			Telepho	one No.		Telepho				License	No.			
Start Date (10)		0-1	10				201-3				01354				
3/26/18		3/31/1		mpletion	Date (11)	Name o	of OS	HA Monitor						
Occupancy Status During A			_				Street A	ddro							
Facility Closed/Vacated Abatement Performed	d Durina Entire P	eriod of	Ahata	ment s					ip Code						- 2-2 71
Other – Describe:					and the second										
Scope of Work (Check All Ti	hat Apply)			100											
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internor or blug/t	cennig		Х		the	rmal sy	stem in	sula	tion	16	0 LF	х			
Name of Registered Waste H	Leader														
	nauler			JDEP Waller ID		Cubic \			Name of Re	egister	ed Landfill				
Rovic Transport			14	0785		2			Conasto	ga La	ndfill				
City, State						Disposa	al Date		City, State						
Riverdale, NJ						3/31/1	8	_	Morgan 7	Town.	, PA				
Completed by Dean Schaffer		Title	general.			Sig	gnature	0	1		Da	ite			
Jean Schaller		Proje	ct Mg	jr				X	1	and the same of	11	16/18	}		
ASB-41 (R-06-08)						0	* Do not	use th	form for as	sbesto	s licensure	e exem	pted a	activit	ies.

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Date of Notification (1) 3/16/2018						ing Owner		or (2)			1				
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Name of Facility Where At	natement is Tak	ing Dias	- (2)	FA	ACILITY II	NFORMAT	ION				. 021				
,	octoment is Tak	any Plac	e (3)					Ту	pe of Facility	y (4)					
Street Address									School (K	(-12)					
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City (5)								-	etc.)			er Clar D			
West New York								Squ 60	uare Feet		Floors			Age	
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Hudson				(STAT	E USE ON	Ĺη		2-0	rrent Use (Pi car garage	rior it beir A	ng demo	lished))		
Name of Monitoring Firm H	ired by Building	Owner	(8)	AS	CM No.		Name		patement Co		(9)				
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oreet Address							Street				monta	1 001	V1003	LLU	
City, State, Zip Code							6207	' Hu	dson Ave						
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Project Manager for Monito	ring Firm			T					w York N.	J 07093	}				
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Start Date (10)		Sched	uled Co	moletion	n Date (11	()			-3820		01354	3			
3/20/18		3/26/	18	ripicuoi	II Date (11	''	Name o	of OS	SHA Monitor						
Occupancy Status During A	batement (Ched	ck Only (One)				Street A	Addre	200						
Facility Closed/Vacated	During Entire	Period of	f Abate	ment			Outdock	luure	299						
Abatement Performed Other – Describe:	Outside of Norn	nal Facili	ty Hour	s		t	City, Sta	ate, Z	Zip Code						
cope of Work (Check All Ti	-1.4														
7	тат Арріу)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		×	Renova Demoli					Fu Mi	ill Containme	ent with N	legative	Press	ure		
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Location of			Normal	ly		Des	cription o	,¢	1			1		emen /pe	t
Asbestos-Containing Mat TO BE ABATE	terial (ACM)	Ma Ma	ed Sole aintena	ly by nce/	Asbes	stos Conta	ining Ma	teria	I (ACM)	Amo	ount				
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							or ordin	19		1200	sq II	Х			
me of Registered Waste Ha	auler		1.0	IDEE:											
vic Transport	udici			JDEP Wauler ID		Cubic Ya			Name of R	Registered	Landfill				
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r, State erdale, NJ						Disposal	Date		City, State		1				
mpleted by						3/26/18			Morgan	Town, F	PA				
an Schaffer		Title				Sign	and)		10		Da	te			_
Conditor		Proje	ct Mg	r			XX	X	7		100	16/19	2		

3/16/18

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	(Pursua		3:60-7 and 12:1: of Building O		perator (Up !		- 102 (I - 1		And?
Date of Notification (1)		MER	CK SHARP & D	OHME	CORP.	M					Section of the last of the las
3 / 14 /18			t Address		DO DOY	godg Pyor	MAR	1.9	20	18	l lan
Agencies Notified Type Notif			LINCOLN AVE		P.O. BOX	2000, RY28	3-414				5
DEP X Ame	I Notification nded Notification cellation	100	State, Zip Code VAY, NEW JER		7065	ALL			11.55	(Circle	
X DOH On H		Name	of Contact			Telephone	Numbe	er		.46.46	-
DCA EME	RGENCY NOTIFICAT	TION PATE	RICIA JOHNSON	N		732-594-22					
		ACILITY IN	FORMATION	, 0							
Name of Facility Where Abatement	is Taking Place (3)			S	of Facility School (K-	-12)					
MERCK SHARP & DOHME CORPOR	RATION - BLDG. 32					er 8 (Other the private & cor			., hor	nes, e	etc.)
Street Address	2 - 1966 (2 - 1975) 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			1000,000	are Feet	# of Floo	ors		_	. Age	
126 EAST LINCOLN AVENUE - BUIL					0,400	7				3	
City (5) Cou	nty (6)		ty Code (7) USE ONLY)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ior if being d BORATOR				ACILI	. 1
Name of Monitoring Firm Hired by E	70.00	(SIAIL	ASCM No.			ment Contr			1021	, (0,12)	
ENVIRONMETAL HEALTH INVESTIG	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		104	PAR E	NVIRON	MENTAL CO	DRPOF	RATIO	NC		
Street Address					Address					,	
655 WEST SHORE TRAIL					State, Zip	Codo					
City, State, Zip Code SPARTA.	NEW JERSEY 07871			1.00		V YORK 109	901				
Project Manager for Monitoring Firm	Telephone			Teleph	none Num	ber	Licen	se N	umbe	r	
WILLIAM S. KERBEL, CIH	973-729-5	649		845-36	39-7500		1101				
Expected State Date (10)	Sched. Comple	37	50		of OSHA						
3 / 9 /18 Month Day Year	Month 3 /	14 Day	/18 Year	AMER	ISCI LAB	ORATORIE	SINC		#1	1480	
Occupancy Status During Abatement				Street	Address						
Facility Closed/Vacated Du	(77)			117 E	AST 30TH	STREET					
X Abatement Performed Out				City	tata 7in	Cada					
	DAY 5 PM-3AM, SATU DAY 7AM-3PM	IRDAT /AIVI	- IZAIVI	City, S	State, Zip NEV	Code V YORK, NE	W YO	RK 1	0016		
Scope of Work (Check all that apply)			Full Conta	inment	with Nega	ative Pressu	ire				10
Demolition	X Renovation		X Mini Enclo		la constant						
>3SF OR LF X >160 SF OR 260 LF			Glovebag Non-Friab								
Location of	Is Location		escription of As					Ab	atem	ent T	уре
Asbestos-containing	normally used	Co	ontaining Materi		1)	Amour		RE	RE	E	E
Material (ACM) TO BE ABATED	solely by Maint/Custodia	ine	(ie. Thermal sysulation, surfacion		-	(Speci		REMOVAL	REPAIR	CAF	든
in Facility (13)	Staff (12)		or other miscella	•		0, 0, 2	.,	AL	<i>J</i> .	ENCAPSULE	ENCLOSURE
	Yes No N/A									m	<u> </u>
4TH FLOOR ROOM 32404	x	SPRAY OF	N FIREPROOFI	NG		70 SF		X			
4TH FLOOR ROOM 32405	X	SPRAY OF	N FIREPROOFI	NG		70 SF		X			
			7								
					9	<u> </u>					
4											
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yard	is of Waste			ered Landfill					
FREEHOLD CARTAGE, INC.	Hauler ID No.		15			OUNTY RES			ANAG	EME	NT SE
825 HIGHWAY 33 City, State	15939	Disposal D	ate	City, S		ER DRIVE/R	COUTE	15	S-511-CA		
FREEHOLD, NEW JERSEY		3/9-4/3018				, Y , PA 1775:	2				
Completed by (Print or Type)	Title		Signature	111	(X)	_	Date.	7	14	-/(
BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATIONS	1	1	XX		1 1	>	1	100	4

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Date of Notification (1)						•	wner/Operato OHME CORP	i tean t		C E		W I
2 /	23 /18				Stree	et Ado	dress		115				
Agencies Notified	Type Notif	fication	7/8-1-11		126	E. LIN	NCOLN AV	ENUE, P.O. B	OX 2000, RY2	3. 414 .	IAD 1	0 0	018
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DEP		nded No		1	1.000			RSEY 07065		į.			
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X DOH	On F				Nam	e of C	Contact		Telephone				1 1 1 1 1
DCA	EME	RGENC	Y NOTI	FICAT	ION PATI	RICIA	JOHNSOI	N	732-594-22		uznatur = 1.5	+ ++	7.1.0000
			ATCO 11.700A 95.40A		ACILITY IN	JEOR	MATION	7.00		PARTIE TO THE PA			
Name of Facility Whe	re Abatement	is Takin	g Place		AOILITTII	VI OIV	IVI/ATTOTY	Type of Faci	lity (4)				
			9	(0)				School					
MERCK SHARP & DO	HME CORPOR	ATION -	BLDG	32					pter 8 (Other th	an K-10) \		
		0111011	5250	-					e. private & cor			omes	etc.)
Street Address								Square Fee				lg. Age	
126 EAST LINCOLN A	VENUE - BUIL	DING 80	N					100,400	7			53	
City (5)	Cou	nty (6)			Coun	tv Co	ode (7)	The second second	Prior if being d	emolish	ed)		
RAHWAY	UNIC					97/2	E ONLY)		LABORATORY			FACIL	. 1
Name of Monitoring I	Firm Hired by B	Buildina	Owner	(8)	(_	SCM No.		atement Contra				
ENVIRONMETAL HEA				(-)			104		NMENTAL CO		•		
Street Address				1110-04			#392-61/L	Street Addres		71.1			
655 WEST SHORE TR	RAIL								ROCK ROAD				
City, State, Zip Code								City, State, Z	ip Code				
	SPARTA,	NEW JE	RSEY	07871				SUFFERN, N	EW YORK 109	901			
Project Manager for M	onitoring Firm		Tele	phone	Number	1 1/4		Telephone N	umber	License	e Numb	er	
WILLIAM S. KERBEL,	CIH		973	729-5	649			845-369-750)	1101			
Expected State Date	(10)	Sc	ched. C	omple	tion Date	(11)		Name of OSI	HA Monitor				
3 /	9 /18			11	30		/18	AMERISCI L	ABORATORIES	SINC		±11480	
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	sed/Vacated Du							117 EAST 30	TH STREET				
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Other - Des				SATU	RDAY 7AM	1-12A	M	City, State, Z		WW.		•	.
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X >160 SF O						-	-	le Procedure					- 1
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TO BE A	BATED	M	aint/Cus	stodial	in	sulati	on, surfacir	ng, VAT,	SF or LI	y F)	EPAIR	NCAPSULE	NCLOSURE
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		Ye	es No	N/A					215			m	H H
4TH FLOOR ROOM 3	2404			X	SPRAY O	N FIR	REPROOFI	NG	70 SF	X			
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Y		- -		-						_	-	-	
Name of Registered W	Vaste Hauler	N.	JDEP W	/aste	Cubic Yard	ds of	Waste	Name of Reg	istered Landfill				
FREEHOLD CARTAG	E, INC.	Ha	auler ID	No.		15		LYCOMING	COUNTY RESC	DURCE	MANA	GEME	NT SE
825 HIGHWAY 33			1593	9			2 - 1 - 1 - 1		DER DRIVE/R	OUTE 1	5		
City, State					Disposal D		75	City, State	7				, 7
FREEHOLD, NEW JE					3/9-4/3018			MONGONE	RY , PA 17752	1_			
Completed by (Print or	0.702.0 50	Title				Sign	ature//	XX.	_	Date-	1/1	31	10
BENJAMIN SANCHEZ		DIRECT	OR OF	OPE	RATIONS		11	$1\times X$	6	0	10	111	0

Mar 13 2018 14:21	NJ Asbestos Contr	200 10	.633.	0664		pag	e 1	7		letiner, pugge	narag	Madeffers	LEFT LATE
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Cete of Natificate	HP (1)			Name	al Building C	Wind Consts	dor (2)	+	ASSEST	Park.	CAN WALE	24	13
3/12 Agencia Notiles	7 Type Notification			- Olevert	KOTHI.	Punc	ISE .		T. N.	ΔΛ.	: - -	·	A:
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DEP DOL	Amended	ł A		City. 5	esto, sup type			_	MANAGER	10 m	1 3 5	5	Ţ
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Street Market							Subit	200	in 5 (Other from K-1 private & commerc	2) Iel bul	dina	. hoe	neta.
CK7 (6)	ul.						Square Fig		# of Floors		140		
Сошту (6)	HOWITH OLLIE			Course	6-3-5-		1750		2		4	50	
Passo	ıc			(STATE	Code (7) USE ONLY)				for it being describe	heters?			
Manua of Monthoric	g Firm Hired by Building	Owner (8)	10	ASC	M No.	Nati	ME DA MORRELLE	I G	TITIS COOF CH	·			
Street Address							MAC Contro	- HE	g inc.				
CF. St			P-950			18	5 Midland /		*				
City, Wate, Zip Co	Ď.						State, Zip Co		77492				
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Start Delp (10)		Schodules Completion Date (11)					6 of OSHA M	Tile	00158		_		
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Scope of Work (Cr						- j Ha	okensack,	70	7606	******			
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	Control of the second		-			- /NO	LAGRADU		_BOLF		-		
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City, State	II RG,			500		- a-			Central Sanitary	Lan	凯		
Nowark, NJ 0716	05					IN ALON	1		lyi, PA 08702				
Completed by		Title Vice P				Signature			Deta	/12/			\dashv
Joseph Vocaturo							Vote						- 1

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New Jersey Department of Health

Consumer, Environmental and Occupational Health Service

PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

	1. 14011110	CATION INFORMATION	ON	and the second	
Date of Notification:	☐ Cancellation ☐	Emergency (must inc	lude justification)		
I WE WALL	II. BUIL	DING INFORMATION		o tourist on	Thurs !
Name of Building Owner/Opera	ator: N	lew Jersey Depart	ment of Military A	ffairs	
Street Address: 101 Eggert		Lawrenceville			08648
Name of Contact: William N			lephone No.: 609-		
	III. FAC	ILITY INFORMATION			
Name of Facility Where Work A	Activity is to Take Place:	Westfiel	d Field Maintenan	ice Shop	
Describe Facility Use:		Maintenance S	Shop		
Street Address: 500 Rahwa			State: NJ	Zip:	07090
County Name: Union			ate Use Only):		
Scheduled Start Date:03	/ 23 / 2018	Scheduled Com	pletion Date: 03	/ 26	/ 2018
Occupancy Status During Act	G - 60 - 60 - 60 - 60 - 60 - 60 - 60 - 6				
 ☐ Facility Closed/Vacated Duri ☐ Activity Performed Outside N ☐ Other—Describe: 	ing Entire Activity Normal Facility Hours—Desc				,
 ☐ Facility Closed/Vacated Duri ☐ Activity Performed Outside N ☐ Other—Describe: ☐ Scope of Work (check all that 	ing Entire Activity Normal Facility Hours—Desc		T		
 ☐ Facility Closed/Vacated Duri ☐ Activity Performed Outside N ☐ Other—Describe: ☐ Scope of Work (check all that ☐ Floor Tile 	ing Entire Activity Normal Facility Hours—Description apply): Square Footage:	220 SF	Percentage Asbe		
 ☐ Facility Closed/Vacated Duri ☐ Activity Performed Outside N ☐ Other—Describe: ☐ Scope of Work (check all that 	ing Entire Activity Normal Facility Hours—Desc	220 SF	Ŧ	estos:	%
 ☐ Facility Closed/Vacated Duri ☐ Activity Performed Outside N ☐ Other—Describe: ☐ Scope of Work (check all that ☐ Floor Tile 	ing Entire Activity Normal Facility Hours—Description apply): Square Footage: Square Footage:	220 SF	Percentage Asbe	estos:	%
 ☐ Facility Closed/Vacated Duri ☐ Activity Performed Outside N ☐ Other—Describe: ☐ Scope of Work (check all that ☐ Floor Tile 	ing Entire Activity Normal Facility Hours—Description apply): Square Footage: Square Footage: IV. CONTRA	220 SF 220 SF ACTOR INFORMATIO	Percentage Asbe	estos:	% %
 ☐ Facility Closed/Vacated Duri ☐ Activity Performed Outside N ☐ Other—Describe: ☐ Scope of Work (check all that ☐ Floor Tile ☐ Mastic 	ing Entire Activity Normal Facility Hours—Description apply): Square Footage: Square Footage: IV. CONTR. Shade Environmental,	220 SF 220 SF ACTOR INFORMATIO	Percentage Asbe	estos: estos:	% %
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	ı	NOTIFICA (Pursi	State of New Jersey TION OF ASBESTOS AB uant to NJAC 8:60 and 1	BATEMENT (2:120)	DEC	F		11/7	
Date of Notification (1) 3/14// Agencies Notified Type Notification	8	PS	ne of Building Owner/Ope E&G	erator (2)	MA III	R 1	9 2	018	
EPA Initial Amended		400	eet Address 00 HADLEY ROAD , State, Zip Code		ASGES			. :O.	-&
DOL Amended Amended Emergen justificatio Cancellati	y (including n)	_ SO	OUTH PLAINFIELD, I		Telephone	Numbe	i iii.	, V - 1851 E	(1 mag), 1 mg
Name of Facility Where Abatement is Tall			ACILITY INFORMATION	ACOS Type of Facil	973-	64:	7-	81	01
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Summit County (6) UNIONI	4	Coun (STAT	nty Code (7) TE USE ONLY)	Square Feet All x 3500 Current Use (# of Floors	lished)	Bldg	. Age	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS Street Address	Owner (8)		CM No. ' Na	HEA	AD BUAR	761	R S	<u>S</u>	
64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747			Str 39	eet Address 96 WHITEHEA[y, State, Zip Code					
Project Manager for Monitoring Firm TOM GEIGER			hone No. Tel	OUTH RIVER, I ephone No. 2-432-8350	License	No.			
Start Date (10) 3/21/18 Occupancy Status During Abatement (Cher	Scheduled		n Date (11) Nar	me of OSHA Monito	01111 or MS OF AMERIC	 CA			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe: Out Docks	Period of Aba	tement ours	39 City	eet Address 6 WHITEHEAD , State, Zip Code					
cope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Reno	ovation olition	y corrections so	Full Containn Mini-Enclosu	nent with Negative	Pressui	re		
	Is Loc			Glovebag Pro	re Dedure ed (*) and Non-Friab				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norm Used So Mainter Custodia (12	olely by nance/ I Staff?	Description Asbestos Containing . (i.e. thermal system surfacing, V	Material (ACM) ns insulation, AT or	Amount (Specify		Ту	pe Enc	
ROD F	Yes No		other miscella	aneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
12001	\perp		ACM ROOFIN	a MATER.	22505=	11	-		

NJDEP Waste Hauler ID No. 1125

OFFICE MANAGER

Cubic Yards of Waste

Affr 60

Disposal Date

TBD

Signature

CAROL RAIMO

City, State ELIZABETH, NJ Completed by

Name of Registered Waste Hauler

WASTE MANAGEMENT

Date 3

Name of Registered Landfill

FAIRLESS
City, State
MORRISVILLE, PA

CK# 876	3	NO.	TIFICAT (Pursu	State of New Jers ION OF ASBESTO ant to NJAC 8:60 a	SABATI	EMENT	DE C			7 [
, -, ,	8		Nam PSI	e of Building Owner E&G	/Operato	ρr (2)	UU MAR	19	2018	3	
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DEP Amended Amendment Emergence	ent#	ling		State, Zip Code JTH PLAINFIEL	D, NJ	07080	1		Y . 176.	- &	L Fr
DOH justificatio	n)	inig	Name	of Contact	ATA	C05	Telephone 973	Number	er 7-	P 1	-
Name of Facility Where Abatement is Tall	king Plac	ce (3)	F.A	ACILITY INFORMAT	TION	Type of Facili		W/			
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Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS Street Address) Owner	(8)	AS0 004	CM No. ' 15	Name UNIO	of Abatement C	ontractor (9) VIS OF AMERI			•	
64 BROAD STREET City, State, Zip Code				-8-	Street	Address WHITEHEAD					
MATAWAN, NJ 07747 Project Manager for Monitoring Firm			Talant		SOU	tate, Zip Code TH RIVER, N	J 08882				
TOM GEIGER Start Date (10)	Sched	luled Co	732-2	290-2217	732-4	one No. 132-8350	License 01111	No.			•
Occupancy Status During Abatement (Che		3/	26/	18	UNIQ		r IS OF AMERI	CA			
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Scope of Work (Check All That Apply)	JDE	CES	SARY	Of GRATORS		TH RIVER, N	J 08882				
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Location of Asbestos-Containing Material (ACM)	Us	ls Locat Normal sed Sole	lly elv bv	Des	cription o	ıf	~ () and NON-FR	DIE Pro	Abate Ty	men	1
TO BE ABATED In Facility (13)	Cus	aintena stodial ((12)	nce/ Staff?	Asbestos Conta (i.e. thermal s surfaci other mi	aining Ma systems i ing, VAT, iscellane	nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	
Roo F	Yes	No ×	N/A	ACM Loo.	Fina	MATER:	225051			late	
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Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	auler ID 125	No. of Waste							
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Print Form



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PA	D	N		ICATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 an	ABATE		A Control of the Cont	D) _r	EC		11.7	F, 3	9
Date of Notification (1)		VE-2000			f Building Owner/0	Operator	(2)		MI					
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Agencies Notified	Type Notification Initial			Street A	^{ddress} /est 6th Street									ivence
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DOH DCA	Emergency justification) Cancellation		Ī	Name of	f Contact nuel Oliveira	2.			1355	lephone Nun				
	- Carrochattor		-	350.150.00.00.00.00.00	LITY INFORMAT	ION				30 100 00	-			
Name of Facility Where		g Place (3)					Туре	of Facility (4	1)					
Rectory- St Mary's	Church							School (K-1						
Street Address										ner than K-12 & commercia		dinge	home	ac .
516 W 6th Street							×	etc.)	iivate	& commercia			anici i	.5,
City (5) Plainfield							Squa 20,0	are Feet 000	1	of Floors		Bldg. A 50+	ge	
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Project Manager for Mor	nitoring Firm			Telephor	ne No.		hone N			License N 01074	0.			
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Facility Closed/Vac Abatement Perform	ned Outside of Norr					City, S	State, 2	Zip Code						
Other – Describe:														
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	чи тпак Арріу)		enova			D	Mi GI	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				e	
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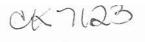
NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler Name of Registered Landfill Tri-State Transfer Assoc. Minerva Enterprises Inc 19551 tbd City, State City, State Disposal Date Bronx, NY tbd Waynesburg OH Completed by Date Title Signature 03/12/2018 Gina Betances Office Manager

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification	(1)		Ter			ind 12:120)		(a) 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	PA A	1	
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Agencies Notified	Type Notification			n Tone	ry		HUL	Miller Comment of the Comment of the Comment	- Salarania (M	7	
□ EPA	⊠ Initial		Stree	t Address							
□ DEP	☐ Amended		City	State, Zip	ada			MAR 10 20)18		
⊠ DOL	Amendment #			(A)	NJ 07109		A LA	MITTIL . J. ZI	110	1	-
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⊠ DOH	justification)	5	-				Telephone Numb	er	7 1 0	4	
□ DCA	Cancelation		DOLL	n Tone	гу			55 F 2 1 5 4 5 5			
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Name of Facility Wh	ere Abatement is Taking Place (3)				ACILITY INFORMA	Type of Facility (4)					
Residence						1.00					
Street Address						School (K-1					
							r 8 (Other than K				
						Other (i.e.	private & Comm	ercial buildings, h	omes, e	tc.)	
City (5)						Square Feet	# of Floors	Tall A	-		
Belleville, NJ 07	109					2,000	2	Bldg. Age			
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	Firm Hired by Building Owner (8)										
	at annual owner (a)				ASCM No.	Name of Abatement C					
						Unicorn Contrac	ting Corp.				
treet Address						Street Address					
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City, State, Zip Code						City, State, Zip Code					
						Woodland Park,	NJ 07424				3.5
roject Manager fo M	Ionitoring Firm			Telepho	one No.	Telephone No.		License No.			_
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tart Date (10)			Schedu	led Comp	etion Date (11)	Name of OSHA Monito	,	101001	-		
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			X	Renov	1500 h		ment with Negat	tive Pressure			
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	(13)		(12)		C	other miscellaneous)		3101217	Removal	,	Encapsulate
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March 15, 2018	Date of Notification (1	1)	Joh	#: 97	00.01	Na	me of Bu	ildina Owi	ner/Operator	(2)	5 4 4	11	MAD	1 (20	10	-			
Street Address Street	March 15, 2018		311-252				[2] [2]													
Amended Amended Amended City, State, Zip Code Condens	Agencies Notified	Notification	on Type			Str	eet Addre	ess	Jersey Mus	eum		-					1			
Amended Amen	A CONTRACTOR OF THE PROPERTY O		Notifica	tion								ACL				8	ż			
Camden, NJ 08103 Name of Contact S66-656-2875		☐ Amen	ded			City	y, State, Z	Zip Code				· · · · · · · · · · · · · · · · · · ·	randadi enarine	AT T	1 44		and the second			
DCA		Am ☐ Emer	endmen	t#	_	Cai	mden. N.	J 08103												
Cancellation		justific	cation)	iciuuiii	g							- 17	Teleph	one N	umbe	r				
Name of Facility Where Abatement is Taking Place (3) USS Battleship New Jersey Street Address Street		☐ Canc	ellation			Ala	n I lovd	Dannau!												
Type of Facility (4) SS Battleship New Jersey Street Address Stationary S												8	356-65	6-287	5					
School (K-12) School (K-1	Name of Facility When	re Abateme	ent is Ta	king P	lace (3)	ГА	CILITY	NFORMA	IION	Type of F	ocilit	(4)					-			
Street Address City (5) Camden County (6) Camden County (7) Camden County (8) Camden County (8) Camden County (8) Camden County (9) Camden County (9) Camden County (10) Camden County (10) Camden Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address Scheduled Start Date (10) Scheduled Completion (11) April 6,2018 Scheduled Start Date (10) Scheduled Start Date (11) Scheduled S				Ü	,															
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Caunden County (6) County (7) County (8) County (9) County (9) County (9) Camden Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Contractor (9) Pennoni Associates, Inc. Street Address Street	L., 8 101						-11						Floors		Bld	a Aae	4			
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Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. Street Address \$15 Grove Street, Suite 1B City, State, Zip Code Bensalem, PA 19020 City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 City, State City, State City, State Brighter, Value All Interpretation of SSHA Monitor Ascendaria, Pa 19020 Ascendaria, Pa 19020 Ascendaria, Pa 19020 Ascendaria, Pa 19020 City, State City, State City, State Brighter, PA 19020 City, State City, Stat						Cou	inty Code	(7) (ST	ATE	Current U	se (p	ior if be	eing de	molis	hed)		***			
Pennoni Associates, Inc. Street Address 1400 Adams Road, Suite I, P.O. Box 6 City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Telephone Number Alan Lloyd 856-656-2875 215-533-3503 00858 Scheduled Start Date (10) April 6,2018 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Check only one) Street Address 15 Grove Street, Suite IB City, State, Zip Code Bensalem, PA 19020 Pennoni Associates, Inc. Pennoni Associates, Inc. Street Address 15 Grove Street, Suite IB City, State, Zip Code Bensalem, PA 19020 Description of Abatement Performed Outside of Normal Facility Hours - City, State, Zip Code Haddon Heights, NJ 08035 Source of Work (Check all that apply) Source of Work (C									Museum											
Street Address 1400 Adams Road, Suite I, P.O. Box 6 City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Scheduled Completion (11) March 26, 2018 April 6, 2018 Pennoni Associates, Inc. Street Address 1400 Adams Road, Suite I, P.O. Box 6 City, State, Zip Code Bensalem, PA 19020 Pennoni Associates, Inc. Street Address 1400 Adams Road, Suite I, P.O. Box 6 City, State, Zip Code Bensalem, PA 19020 Pennoni Associates, Inc. Street Address 151-533-3503 00858 Scheduled Start Date (10) March 26, 2018 April 6, 2018 Pennoni Associates, Inc. Street Address 151 Grove Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street			y Buildir	ng Owi	ner (8)	ASCI	M No.	Name o	of Contractor	r (9)										
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Project Manager for Monitoring Firm Telephone Number 856-656-2875 215-533-3503 00858											125	0	6+= ====							
Alan Lloyd 856-656-2875 215-533-3503 00858 Scheduled Start Date (10) March 26, 2018 April 6,2018 Pennoni Associates, Inc. Street Address Source of Work (Check all that apply) 3 3 of or > 3 if	Project Manager for M	08035	1					Bensal	em, PA 1902	.0										
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March 26, 2018		(40)									008	58								
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Period Other - Describe: Street Address		(10)	Sched	uled C	ompletio	n (11)		Name o	f OSHA Mon	itor										
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - City, State, Zip Code Haddon Heights, NJ 08035		ina Abatan	April 6	,2018						s, Inc.										
Abatement Performed Outside of Normal Facility Hours - City, State, Zip Code Haddon Heights, NJ 08035								Street A	ddress											
Other - Describe:	□ Abstament Perform	ated During	Entire	Period	of Abate	ement		515 Gro	ove Street, S	uite 1B										
Source of Work (Check all that apply) Source of Work (Check all that apply)	Other – Describe:	ed Outside	of Norr	nal Fa	cility Hou	rs -		City, Sta	ate, Zip Code											
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Mini-Enclosure Mini	≥3 sf or >3 lf				⊠ Re	novatio	า		☐ Full Cont	ainment wi	th Ne	Negative Pressure								
Location of Asbestos- Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Boiler Room X Pipe Insulation Nome Group Remediation Inc. Disposal Date Project Manager Non-Exempted (*) and Non-Friable Procedure Abatement Type	_ 100 31 01 2200 II				∐ De	molition				osure										
Location of Asbestos- Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Boiler Room X Pipe Insulation Name of Reg. Waste Hauler Prime Group Remediation Inc. Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe Insulation Name of Reg. Waste Hauler Prime Group Remediation Inc. Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe Insulation Name of Reg. Landfill Western Berk Community Landfill Disposal Date Out/9, State Bensalem, PA 19020 Completed by Title Project Manager Project Manager Abatement Type Amount (Specify SF or LF) Amount (Specify SF or LF) Name of Reg. Landfill Western Berk Community Landfill Date Date									☐ Non-Exer	noted (*) a	e nd Na	n-Frish	ale Pro	codu						
Location of Asbestos- Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Boiler Room X Pipe Insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe Insulation Name of Reg. Waste Hauler Prime Group Remediation Inc. Name of Reg. Waste Hauler Prime Group Remediation Inc. Disposal Date Bensalem, PA 19020 Owal Amount (Specify SF or LF) Reg. Wasterial (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Reg. Waste Hauler Prime Group Remediation Inc. Disposal Date Od/6/2018 Date Project Manager			10	1						1		ATT TICK	210 1 10	T						
Location of Asbestos- Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Pipe Insulation Name of Reg. Waste Hauler Prime Group Remediation Inc. Prime Group Remediation Inc. Disposal Date Project Manager Project Manager Solely by Maintenance/ Custodial Staff? (12) Pipe Insulation Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation Name of Reg. Landfill Western Berk Community Landfill Disposal Date Od/6/2018 Birdsboro, PA 19608 Date Project Manager																	:			
Maintenance/ Custodial IN Facility (13) Yes No N/A Pipe Insulation NJDEP Waste Hauler Prime Group Remediation Inc. NJDEP Waste Hauler ID # 19272 Disposal Date Prompleted by Title Name of Reg. Waster Manager Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Prompleted by Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME of Reg. Landfill Western Berk Community Landfill Disposal Date City, State Bensalem, PA 19020 Outpleted by Title Project Manager Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME of Reg. Landfill Western Berk Community Landfill Disposal Date City, State Birdsboro, PA 19608 Date			5	Solely b	ру		De	escription	of		Am	ount			13	/pe				
IN Facility (13) Staff? (12) Yes No N/A Pipe Insulation Name of Reg. Waste Hauler Prime Group Remediation Inc. Disposal Date Disposal Date Output Date Project Manager In Surfacing, VAT, or other miscellaneous) Pipe Insulation 100 LF X Pipe Insulation 100 LF X Disposal Date Output Date Project Manager	TO BE ABATE	(ACIVI)				Asbe	estos Con	taining M	aterial (ACM)		4.2.11(2)					m				
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Boiler Room X Pipe Insulation 100 LF X Name of Reg. Waste Hauler Prime Group Remediation Inc. Disposal Date Bensalem, PA 19020 Completed by Title Project Manager Project Manager Project Manager												val	#	ulat	sure					
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Prime Group Remediation Inc. Hauler ID # 10 Waste 10 Western Berk Community Landfill Disposal Date 10 City, State Bensalem, PA 19020 Title Signature Date Date Date	Doller Room		X			Pipe II	nsulation			100 L	F			Х						
Prime Group Remediation Inc. Hauler ID # 10 Waste 10 Western Berk Community Landfill Disposal Date 10 City, State Bensalem, PA 19020 Title Signature Date Date Date										_					-					
Prime Group Remediation Inc. Hauler ID # 10 Waste 10 Western Berk Community Landfill Disposal Date 10 City, State Bensalem, PA 19020 Title Signature Date Date Date	Name of Dec Maste II																			
Prime Group Remediation Inc. 19272 10 Western Berk Community Landfill City, State Disposal Date City, State Bensalem, PA 19020 Completed by Title Signature Date	Name of Reg. Waste Ha	auler		7 832					Name of R	Reg. Landfi	1									
Disposal Date City, State Bensalem, PA 19020 Completed by Title Disposal Date City, State Birdsboro, PA 19608 Date Date	Prime Group Remedia	tion Inc.		1110		т	THE RESERVE AND ADDRESS OF	le	Western E	Berk Comr	nunit	v Land	fill							
Bensalem, PA 19020 Outpleted by Title Vincent Primavera Project Manager Date	City, State																			
/incent Primayera Project Manager	Bensalem, PA 19020	- 1 -					04/6/20	118												
Vincent Primavera Project Manager March 15, 2018								Signature												
	Vincent Primavera B-41			-		1)		Marc	h 15	2018									

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway - 21st Floor New York, NY 10007-1866

		New Yor	k, NY 10007-186	3		OETWE
	Ν	NOTIFICATION OF D	EMOLITION AND RE	NOVATION	IN E	CEIVER
Operator Project #	F	Postmark		Date Received	TUT-	Notification
						MAR 1 9 2018
I. TYPE OF NOTIFICATION (O-	Original / R= Revised):					
II. FACILITY INFORMATION (iden	ntify owner, removal co	O - Original ontractor, and other	operator)		A.5	Observation of the Company of the Co
OWNER:		,				Licariata
Battleship USS New J	ersey Museum					NOTE: 174 - 4
Address: 62 Battleship Place			E)			
City: Camden			State:		Zip:	
Contact:			NJ		Tel:	08103
Alan Lloyd, Pennoni A REMOVAL CONTRACTOR:						856-656-2875
Address: Prime	Group Remediation, Ir	nc. (NJ DOL# 00858)			
1400 Adams Road, Su	ite I, P.O. Box 6	_				
City: Bensalem			State:		Zip:	40000
Contact: Vincent Primavera			1.0		Tel:	19020
OTHER OPERATOR:	•					215-533-3503
Address: There	is no other operator.					
City:						
			State:		Zip:	
Contact:					Tel:	
III. TYPE OF OPERATION (D = Der	nolition / R - Renovation					
IV. IS ASBESTOS PRESENT? (Ye		R - Renovation	1			
V. FACILITY DESCRIPTION (inclu	Yes ide building name, numb	er and floor or room r	number).			
Building Name:						
Battleship USS Ne	w Jersey					
62 Battleship Plac	e					
Address:						
City: Camden			State:		County	r.
Site Location::			NJ			Camden
Boiler Room Building Size:	SqMeter:	SqFt:		T # - 6 E1		
Present Use:	Oqivictor.	20,00	00+	# of Floors:		Age in Years: 70
Museum				Prior Use: Museu	m	
/I. PROCEDURE, INCLUDING ANA OF ASBESTOS MATERAL:				PRESENCE		
Polarized light microscopy (PLM) a	nalysis of suspect mate	erials by a building i	inspector.			
/II. APPROXIMATE OF RACM TO E OF ASBESTOS BELOW:	E REMOVED AND NON	N-FRIABLE ASBEST	OS MATERIAL THA	T WILL NOT BE REM	OVED. SPEC	CIFY THE AMOUNT
						ble Asbestos Material
			RACM to be	Removed	N Category I	lot to be removed Category II
Pipes – Linear Feet Pipe Insulation			100 L	-		outogot) ii
ipes - Linear Meters			1001			
urface Area - Square Feet						
urface Area – Square Meters						
	Cubic Fact					
olume RACM off Facility Component						
olume RACM off Facility Component	- Cubic Meters					
III. SCHEDULED DATES OF ASBE	STOS REMOVAL: (MM	/DD/YY)			10000	
. SCHEDULED DATES OF DEMO	LITION/RENOVATION:	(MM/DD/YY)	Start: 03/26/18	Co	mpletion: 04/	/6/18
ederal Notification			Start: n/a	Completi	on: n/a	

m	E	C			11.7	11.1	
		marking to	ů.				
A chart in the case of the cas		MAR	1	n	2018		

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Glovebag Method.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS T	O BE USED TO PREVENT EMISSIONS OF	ASSESTOR AT THE DEMOLITION AND
Prime Group intends to follow all Federal and State of New Jersey Asbestos I	Regulations and Code in reference to all m	ajor and minor asbestos abatement work.
XII. WASTE TRANSPORTER #1		
Name: Prime Group Remediation, Inc.		
Address:		
1400 Adams Road, Suite I, P.O. Box 6 City:	State:	Zip:
Bensalem Contact:	PA	19020
Vincent Primavera WASTE TRANSPORTER #2		Tel: 215-533-3503
Name: David Geppert Recycling		
Address: 2692 Woodstream Drive		
City:	State:	Zip:
Hatfield Contact:	PA	19440
Joe Rispo XIII. WASTE DISPOSAL SITE		Tel: 215-842-0122
The Control of the Co		
Name: Western Berk Community Landfill		
Address: 455 Poplar Neck Road		197 (197 (197 (197 (197 (197 (197 (197 (
City: Birdsboro	State:	Zip:
Tel:	PA	19608
610-375-2772 XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE ID	ENTIFY THE AGENCY BELOW	
Name:	Title:	
This is not an "Ordered Demolition." Authority:	Title.	
	77.000.00.000.000.000.000.000.000.0000.0000	
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:	tion."	
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Inc		
and a serious discussion of inc	dustrial Operation:	
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT	INEXPECTED ASSESTOS IS FOUND OD	DDEVIOUSLY NON EDIADLE ASSESSED
BECOMES CROMBLED, POLVERIZED, OR REDUCED TO POWDER:		
The work will stop. The affected area will be isolated using plastic and caution using HEPA vacuuming and wet wiping techniques. Air monitoring for re-occu	signs. The materials will be adequately was	vetted. The area will be cleaned
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE		
DEMOCITION OF RENOVATION AND EVIDENCE THAT THE REQUIRED T	RAINING HAS REEN ACCOMPLISHED BY	M) WILL BE ON-SITE DURING THE THIS PERSON WILL BE AVAILABLE FOR
INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year aft	er promulgation).	
	03/15/18	
Signature of Owner/Operator Vincent Primavera, Project Manager	Date	- Kills III and The Control of the C
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
	ATVI-122-1	
Signature of Owner/Operator	03/15/18 Date	The Assert
Vincent Primavera, Project Manager Federal Notification		

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PALU				N OF ASE							6		1 14				
Date of Notification (1)			Name o	of Building	Owner/	Operator	(2)		In						₩		
3/15/18			Stacy	Janzer	Private	e Home	e			Quinter	MAR	19	201	8			
Agencies Notified Type Notifica	ation		Street A	Address			FF 40-5 FF		13 64	-	- Manual Control		W162398	37/0	loom		
☐ EPA ☒ Initial										-	are en en		ia Set		_		
DEP Amend			City, Sta	ate, Zip C	ode					Piel	3-1-1		27 / C C	to be d	k		
DOL Amend	ment # ency (including	_	Mana	hawkin	NJ 080	050				-107/1907	L.i.			****			
			13.5	of Contact					Te	elepho	one Nu	mher					
DCA Cancell	ation		Stacy						-			1,					
Nome of Facility Minage Abeternation	F-1:- DI	2,	FAC	ILITY INF	ORMAT	ION											
Name of Facility Where Abatement is 3 Stacy Janzer Private Home	aking Place (3)					Туре	of Facility	(4)								
Street Address								School (K-				•					
Street Address			9					Subchapte Other (i.e.					dinas	home	20		
Oit. (5)							15.51	etc.)	piirute			iai baii	unigo	110111			
City (5) Manahawkin NJ 08050								re Feet		of Flo	ors		Bldg. A	Age			
							100		1				35+				
County (6) Ocean				Code (7)	2		100 X 100 X	ent Use (Pr	rior if be	eing d	emolis	hed)					
Name of Monitoring Firm Hired by Build	dian Owner (0)				,		Hou										
N/A	aing Owner (8))	ASCN	vi No.		10.00		tement Co	ontracto	or (9)							
Street Address				**			naco I										
Street Address							Addre										
City, State, Zip Code						- 2 2227	Box 3										
Only, State, Zip Gode					100000000000000000000000000000000000000		ip Code	001									
Project Manager for Monitoring Firm		Telepho	no No			none N	lin NJ 08	1 600	1								
. Tojout Manager for Monitoring Film			relepilo	He No.			753-9			1 3 3 3 3 3 3	ense N 0727	10.					
Start Date (10)	Schedul	ed Cor	nnletion	Date (11)		177		HA Monitor		00	1121						
3/26/18	3/30/1		присцент	Date (11)		Sam		IA MONITO									
Occupancy Status During Abatement (Street		22					224 - 11 -				
☐ Facility Closed/Vacated During En			nont.			011001	, iaai o	30									
Abatement Performed Outside of	Normal Facility	Hours	ien.			City, S	tate. Z	ip Code					-		-		
Other – Describe:			City, State, Zip Code														
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf	Пв	Renova	tion			Г] Ful	I Containm	ment with Negative Pressure								
≥160 sf or ≥260 lf	-	Demolit					Mir	ni-Enclosur	re		gauve r	16330	16				
						×	Glo	ovebag Pro n-Exempte	cedure	ed No	n Frink	la Dra					
1.0	1	1					1 1401	II-LXeIIIpte	u () ai	na No	II-FIIau	T		ement			
Location of	100.00	Locati Normal												pe			
Asbestos-Containing Material (ACM		d Sole		Asbes	tos Cont	scription aining M		(ACM)		Amou	nt						
TO BE ABATED	5,000,000	intenar todial S			thermal	systems	s insula		(Speci	ify	Re	מ	inca	En		
In Facility (13)		(12)			surfa other n	cing, VA	T, or		S	F or L	_F)	Remova	Repair	sde	Enclosure		
()			T		ou let 1	illocciiai	icous)					val	=	Encapsulate	ure		
Exterior Siding	Yes	No	N/A		F. 4-	d 0:-			4	200	25			· CO			
Exterior Siding		X		Exte	rior Sic	aing		10	000	SF	х						
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered	Landfill						
United Roll Off		2000	auler ID	No.	of Was	ste		G.R.O	1.00								
		2	2459		3												
City, State Elm NJ					3.5	al Date		City, Stat			000						
Completed by	Tu				3/30/18 Morrisville PA 1960												
Anthony T Perna	Title Pres	ident			S	ignature	0				Da	te '15/1	R				

State of New Jersey

- SINCE # TWELS

Date of Notification		NOTIF: (Pursuar	ICATION of to NJ	OF ASBESTOS ABAS AC 8:60-7 and 12	TEMENT	IN E (o E	1	W	E IN
		Name o	f Buildi	ng Owner/Operat	27.120-77	111) 6	2.5.	J.	T.	-
3/15/18 Agencies Notified Tv	pe Notification	La	urer	Maris			15 1	0 0	212	To the second se
ממשו ו		Street	Address	3011		III III MA	AR_ 1	5 2	018	
[]DEP	[X] Initial Notification	.								
]Amended	City, S	State, Zi	ip Code		intramacu	Section 1			المسادة الا
	Notification			00d, NJ, (07246	President	Lioen			- 01
[X] DOH		Name of	Contact	JUO, 10 J, 1		The state of the s	W		æ41%	ar heathir to Marie
] EMERGENCY	11,		•	Tele	ephone Number				
1] Cancellation	11 Cai	iren		1.				79	
Name of Pagility			FACILITY	INFORMATION						
Name of Facility Where	Abatement is Ta	king Place	(3)	THE OTHER TON	Trime of T					
Lauren Mar	iman				11	acility (4)	in Neerous Co.			
Street Address	111011				[]Scho	ool (K-12)				
					[xlOthe	chapter 8 (Oter (i.e., pri	her th	nan H	K-12)	
. , , , ,	MYCYLL				cia	l buildings,	homes	con	mer-	*
City (5)	County		la-		Square Fee			100	g. A	
Maplewood	. 1 -	0.000	(5	unty Code (7) TATE USE ONLY)			0013	J	y. A	je
		SSCX	,	OSE ONLY)	Current Use	e (Prior if h	eina	demo	lich	2 21
Name of Monitoring Firm Owner (8)	nired by Buildi	ng 2004 2		1	Keside	nce	,carig	aemo	TISH	30)
Owner (8)		- 1	0.	Name of Abatem	ment Contrac	ctor (9)				
Street Address		67		AZTECH M	anagemen	NT, Inc.				
				Street Address						
City, State, Zip Code				86 Chris	topher S	St.				
ode zip Code		62		City, State, Z.						
		•		Montclair	r N.T O	1042				38
Project Manager for Momit	oring Firm Te	lephone Nu	mber	Telephone Number		U4Z				
	N	/A		(973)744-		þ	Licens	e Nu	mber	
Scheduled Start Date (10)	Sched. Comp.	letion Det	(11)	Lancación de la companya del companya del companya de la companya			003	71		
05-26-18 Month Day	03-2	18-1	8	Name of OSHA Mo N/A	nitor					
Occupancy Status During Al [X] Facility Closed/Va	patement (Check	only one)		Street Address						
of Abatement	Cated During En	tire Perio		indiess.	15.					
[]Abatement Performe	Outside of No.	rmal Facil	ity	City Ol						
				City, State, Zi	p Code					
[]other - Describe: (Scope of Work (Check all t	Juner Occupancy	Descript»	- 11							
t - work (check all f	hat apply)			20 42 A				_		
[X]≥3 sf or 23 lf []≥160 sf or >260) lf [Renovation Demolition		[X] Gloveba	ntainment w closure g Procedure able Proced	ith Negative	Press	ure		
Location of	Lo	Is cation					lab-	teme	nt =	N
Asbestos-Containing	, No	rmally Used		Description o	oż.			Ceme	E I	Ype
Material (ACM)	S	olely		Asbestor-Contain Material (ACM	ning	Amount	R	R	NC	N C
TO BE ABATED In Facility		Main- nance/	(i	.e., thermal sv	stems	(Specify SF or	M	E P	n l	L
(13)	Cus	todial	insu.	lation, surfacir	ng. VAT	LF)	0	A	PS	O S
	Yes	ff (12) No N/A	or	other miscellar	neous)	-0.740 CM.	A	R	U	U
Basement		V	Pin	2 100 10	1 - 1					R E
		11	PIL	2 Insulta	tion	110 LF	-X			
						•				50.00
									-	
Name of Borist							++	- i	-	
Name of Registered Waste Ha	uler NJDE	EP Waste	Cubic	Yards Na	ume of Regis	tered Landfi	11			
AZTECH MANAGEMENT	, INC. Haul	lez ID No.	of Wa	ste 1.5	AMPINE	O Talla			0 1	ACC
.ity, State			Diena		HILL A	1 tonto	(pr	120	- 1	IV C.
Montclair, NJ 0704:				,	ty, state	ourg, 0	hir		1.11	1-90
Completed By (Print or Type)	Title				7.100	2 , 0		, "	1-1	COM
Constantine Vivlan	President	=		Signature /	final /	ina	ate 21	<	18	_



D. C. C. C. C.							<u></u>	Check # 1	041			
Date of Notification	(1) March 15, 2	018			ie of Buildi nifer Grau	ng Owner / Operator	(2)	MEGI	E (11.7	[,12 [,12	Adamin of Strain
Agencies Notified EPA DEP	Type Notific	cation		Stree	et Address			MAR MAR	19 /	2018	-	
⊠рон ⊠рог		ended			State & Zi	***************************************	90. A. A. A. A. A. A. A. A. A. A. A. A. A.	Acusa				Insued
DCA		endment ncellation		10.000.000	e of Conta	ct	- !		elephor			r
				F/	ACILITY	INFORMATION						
Name of Facility Wh Residence	ere Abatemer	t is Takin	g Place (3)			Type of Facil						
Street Address						School (pter 8 (Other than	K-12)				
							i.e., private & co	ommercial building			c.)	
City (5) Hoboken						1,476		Basement	dg. Age	l 2 yea	rs	
County (6) Hudson		6.7	County Cod			Residence						
Name of Monitoring I	Firm Hired by	Building (Owner (8)		ASCM		tement Contracto	r (9)				
Street Address						Synatech, Inc Street Addres 829 Radio Ro	SS					
City, State & Zip Cod						City, State & 2						
Project Manager for I	1.000111 (1.0011 1.0011 1.0011 1.0011	m	Te	elephone	Number	Telephone Nu 609-296-6916	umber	License Nun	nber 0081	7		
Scheduled Start Date March 28,	2018			on Date I 27, 201		Name of OSH Synatech, Inc		-				
	ed/ <u>Vacated</u> D	uring Enti	ire Period of		ent	Street Addres 829 Radio Ro	s					
Other - Des				5		City, State & Z Little Egg Ha	Zip Code irbor, NJ 08087					
Scope of Work (Chec	upied During A		T.									
≥3 sf or ≥ 3 lf≥160 sf or ≥26	60 If			Renovat Demoliti			Mini-Enclosure Glovebag Proces	t with Negative Presidure or and Non-Friable P				
Asbestos-Conta	ation of ining Material ABATED	(ACM)	Solely b	y Mainte	ally Used	Description Asbestos-Co	on of ontaining	Amount (Specify	_	ateme	nt T	уре
IN	Facility (13)		Cusio	odial Staf	17 (12)	Material (/ (i.e., thermal insulation, surfa or other misce	systems acing, VAT	SF or LF)	Remova	Repair	Encapsulate	Enclosure
W.			Yes	No	N/A				val	air	ulate	sure
First Floor Living Ar	eas			Х		Floor Tile/I	Mastic	500 SF	X			Γ
									1			
Name of Registered V	Vaste Hauler		NJDEP V Hauler ID		Cubic Y	ards of Waste	Name of Registe	L ered Landfill				_
Synatech, Inc.			00000	429	10		Fairless Hills					
City, State					Disposa		City, State					
ittle Egg Harbor, N. Completed By	J	Title			April 30		Morrisville, PA					
Diane Aloia			tive Adminis	strator	Signatu	ave alore		late				

PAID

Date of Notification (1) 3/14/18	Name of Building Owner/Operator (2) Our Lady of Victories MAR 1 9 2018																
Agencies Notified	Check Type Notification	#5142	-	Street A		ICIONE	5		[]	1000	1	MAR	15	20	18	115	
					ge Ave				Ì								
EPA DEP	Initial Amended		H		ate, Zip Co						Pecus	t. 15-11-	17-10	4411	City (ž.	
X DOL	Amendment Emergency (City, N	J, 073	04		ŀ.	** 1 *** 1 ***	* ar mora a	1.1	<u>, j. j.</u>				
DOH	justification)	molading			f Contact					Te	lephor	ne Nur	nber				
□ DCA	Cancellation			Jorge	LITY INFO		ION			!							
Name of Facility Where	Abatement is Taking	g Place (3	3)	FACI	LITTINE	JRIVIA	ION	Туре	of Facility (4	4)					10940		
Empowerment Aca	demy Charter S	chool	200					×	School (K-12	2)					P.		
Street Address									Subchapter of Other (i.e. pr					dinge	home	20	
240 Ege Ave									etc.)					1883		:5,	
City (5) Jersey City								Squa 2,00	re Feet	3	f Floo	rs	1.0	ildg. A 0+	\ge		
County (6)				County (Code (7)			- A		Prior if being demolished)							
Hudson					JSE ONLY			Sch		nor it being demolished)							
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCN	No.				tement Cont	tracto	r (9)						
N/A Street Address				N/A				Servic									
N/A							A STATE OF THE STA	Addres 69th s									
City, State, Zip Code N/A	/A								ip Code g, NJ, 070								
Project Manager for Mor	roject Manager for Monitoring Firm							none N		License No.						31	
N/A Start Date (10)	N/A						20000000000	295-1	2,000,000		010	74					
03/17/18		3/17/18		Completion Date (11) Name of OSHA Monitor Same as above													
Occupancy Status During	g Abatement (Check	c Only Or	ne)				Street Address								- 61 194		
Facility Closed/Vac							N/A										
Abatement Perform Other – Describe:		al Facility	/ Hours	0.13, 0.1010, 2.15 0000													
Scope of Work (Check A	II That Apply)			N/A													
≥3 sf or ≥3 lf		X F	Renova	tion			Г	7 Eu	II Containme	ment with Negative Pressure							
2160 sf or ≥260 lf			emolit					Mir	ni-Enclosure	ure							
							×	GIO Noi	ovebag Proce n-Exempted	edure (*) ar	nd Non	-Friabl	e Pro	cedur	е		
		Is	Locati	on										Abate	ement	8	
Location			Normalled Sole				scription							Ту	pe		
Asbestos-Containing TO BE ABA		Ma	intenar	nce/	Asbes (i.e.	tos Con thermal	taining N systems	/laterial	(ACM)		Amoun Specif		D D	_	En	Щ	
In Facil (13)		Cus	todial S (12)	statt?		surfa	cing, VA	T, or			F or LF		Remova	Repair	aps	Enclosure	
(13)		Yes	No	N/A		outer i	niscellar	ieous)					val	=	Encapsulate	ure	
Bsmt Audi	torium		X		X's o	on air o	conditio	oner p	pipes		2 LF			X			
Bsmt Boiler	Room		X			Control Montal	pipe @		* X W S W	1	.5 LF	:		Х			
Name of Registered Waste Hauler				JDEP W auler ID		Cubic of Wa	Yards		Name of R	egist	ered L	andfill					
15 Tri-State Transfer Associates				9551	140.		705.27		Minerva		epris	e Inc					
City, State Bronx, NY						Dispo: TBD	osal Date City, State Waynesburg, OH										
Completed by Title						5	Signature Date										
Gina Betances	e Mar	ager				VA	(was	03/14/18									

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

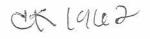
CK 31895

Date of Notification (1)				Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.										
				Street	Δdd	race	15.7	EP	G	\$1.77	1.3	A 747	i	
3 / 14 /18 Agencies Notified Type Notific	ation			126 E	. LIN	COLN AVE	ENUE, P.O BO	2000, RY28	-414				T. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	
DEP Amen	Notification ded Notification			City, S	State,	Zip Code	11 00-7	MAR	1 5	2018	8		and an arrangement of the second	
X DOH On Ho		NOTIF	ICATI	Name ON PATR		ontact JOHNSON	7	Telephone N	4 90	352.3	01.8	4	gipper view .	
			F	ACILITY IN	FORM	MATION	į.	100		1 t 1	411.E		,	
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility							
MERCK SHARP & DOHME CORPORA	ATION							-12) er 8 (Other the private & con		200	hon	nes e	tc.)	
Street Address							Square Feet	# of Floo		nago		Age		
126 EAST LINCOLN AVENUE - BUILD	ING 53						106,325	2			6	4		
City (5) Coun				Count	у Со	de (7)	Current Use (Pr	rior if being de	emolish	ned)				
RAHWAY UNIO				(STATE	USE	ONLY)	COMMERCIAL							
Name of Monitoring Firm Hired by B			(8)		AS	SCM No.	Name of Abate							
ENVIRONMETAL HEALTH INVESTIGA	ATIONS,	INC.				104	PAR ENVIRON	MENTAL CO	RPOR	ATIC	ON		_	
Street Address							Street Address	201/ 2012						
655 WEST SHORE TRAIL							313 SPOOK RO						-	
City, State, Zip Code SPARTA, I	NEW JER	SEY 0	7871				City, State, Zip SUFFERN, NE		901					
Project Manager for Monitoring Firm		Telep	hone	Number			Telephone Nun	nber	Licens	se Nu	umbe	r		
WILLIAM S. KERBEL, CIH		973-	729-56	349			845-369-7500		1101					
Expected State Date (10)	Sch	ed. Co	omple	tion Date (490.00	Name of OSHA							
3 / 27 /18			1	27		/18	AMERISCI LA	BORATORIES	SINC		#1	1480		
Month Day Year		onth		Day		Year	Street Address						-	
Occupancy Status During Abatement (X Facility Closed/Vacated During Abatement Performed Outs	ring Entire	Perio	d of A acility	Hours - Des		э:	117 EAST 30T	H STREET						
X Other - Describe: MON	DAY - FR	IDAY :	5:30 P	M -12:30 A	M		City, State, Zip	Code W YORK, NE	W YO	RK 1	0016			
Scope of Work (Check all that apply)				[Full Conta	ainment with Neg						- 1	
	X Rer	ovatio	n		X	Mini Encl								
X >3SF OR LF						Glovebag	Procedure							
2 >160 SF OR 260 LF						Non-Friab	ole Procedure							
Location of	ls	Locat	tion			iption of As				_		ent Ty		
Asbestos-containing		rmally				ning Materi		Amoun		RE	REPAIR	EN	EN	
Material (ACM)		solely				Thermal sy on, surfaci		(Specif SF or L	E/	EMOVAL	Ä	NCAPSULE	ICLOSURE	
TO BE ABATED in Facility (13)	110	int/Cus Staff (*				er miscella		31 01 L	'	Σ	۳	JSc)SU	
in racinty (10)	_		N/A	`	, , ,							Ē	ᇛ	
2ND FLOOR LUNCH ROOM			х	VAT & MA	STIC	;		20 SF		X				
Name of Registered Waste Hauler	NJI	DEP W	/aste	Cubic Yard	ds of	Waste	Name of Regis	tered Landfill	1					
FREEHOLD CARTAGE, INC.		uler ID			4		LYCOMING C				ANAG	EME	NT SE	
825 HIGHWAY 33		1593	9				447 ALEXAND	ER DRIVE/R	ROUTE	15			35	
City, State				Disposal D		20	City, State	12	_					
FREEHOLD, NEW JERSEY	I	F-1/2-31		3/27/18-4/			MONTGOMER	RY , PA 1775						
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR OF	OPE	RATIONS	Sign	nature	124X	<	Date	3-	14	18		

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4	=	1544

Date of Notification (1)				C12230.00			Owner/Operato	or (2)	and the state of t	NA PARAMETER		
				IMER	RCK	SHARP &	DOHME CORP	IN BO	<u>5</u>	9 1	7 [3 (2
3 / 14 /18						ddress		111111111111111111111111111111111111111	a rectation	1, 		aura :
	tification			126	E. L	INCOLN A	VENUE, P.O. B	0x 2000, RY28-4	114			-
	ial Notifica			City,	Sta	te, Zip Cod	е	ALL SE MAN	D 1	20	110	111
	nended No	tification	on	RAH	WA	Y, NEW JE	RSEY 07065	II III MA	R 1	U 20)18	trans.
	ncellation					NAME AND ADDRESS OF THE PARTY O						4
	Hold					Contact		Telephone Nu	mber		(<u></u>
DCAEN	IERGENC	Y NOT	TIFICA	TION PATI	RICI	IA JOHNSC	ON	732-594-2257				Œ
				FACILITY IN	VFO	RMATION		1	-		41	mark : 11 **
Name of Facility Where Abatemen	t is Takin	g Plac	e (3)				Type of Faci	lity (4)				
							School					
MERCK SHARP & DOHME CORPO	RATION							pter 8 (Other than	K-12)			
							X Other (i	e. private & comr	ncl. bld	as h	mes.	etc.)
Street Address				55-59-50 (M)			Square Fee				lg. Ag	
126 EAST LINCOLN AVENUE - BUI		M BRI	EAK F	ROOM			26,220	2			54	
	unty (6)			Coun	ty C	ode (7)	Current Use (Prior if being den	nolishe	d)		
	ION			(STATE	US	E ONLY)	RESEARCH	ABORATORY A	ND OF	FICE	FACIL	LI
Name of Monitoring Firm Hired by	Building	Owne	r (8)		P	ASCM No.		tement Contrac				
ENVIRONMETAL HEALTH INVESTI	GATIONS	, INC.				104	PAR ENVIRO	NMENTAL COR	PORAT	TION		
Street Address							Street Addres	7.U				
655 WEST SHORE TRAIL							313 SPOOK	ROCK ROAD				
City, State, Zip Code							City, State, Zi					
	, NEW JE							EW YORK 10901		_		
Project Manager for Monitoring Firm		_	10.5	e Number			Telephone Nu	mber Li	cense	Numb	er	
WILLIAM S. KERBEL, CIH		_	-729-				845-369-7500		101			
Expected State Date (10)	Sc			etion Date (11)		Name of OSH					
3 / 27 /18 Month Day Year	١,	Month	4 /	28		/18	AMERISCI LA	BORATORIES II	VC	#	11480)
Occupancy Status During Abatement			2)	Day		Year	04					
X Facility Closed/Vacated D	urina Entir	e Peri	od of a	Ahatement			Street Addres					
Abatement Performed Out	tside of No	ormal F	acility	Hours - Des	crib	ie.	117 EAST 30	IN STREET				
X Other - Describe: MO	NDAY - FF	RIDAY	5:30	PM - 12:30 A	M		City, State, Zip	Code				
								W YORK, NEW	YORK	10016		
Scope of Work (Check all that apply)						Full Conta	ainment with Ne	gative Pressure		10010		
Demolition	X Re	novatio	on		Χ	Mini Enclo		- SUCOMOCONTICNE IMPROBLEMENT				
X >3SF OR LF							Procedure					97
>160 SF OR 260 LF						Non-Friab	le Procedure					
Location of		s Loca		1 2000		iption of As			A	baten	ent T	уре
Asbestos-containing	- 1	rmally				ning Materia		Amount		교	四	四
Material (ACM) TO BE ABATED		solely				Thermal sys		(Specify	EMOVAL	REPAIR	Į į	امُ
in Facility (13)		int/Cus Staff (1		ion, surfacir		SF or LF)	I S	1	Pg	00
(10)		No No	N/A	1 "	Our	er miscella	neous)		15		NCAPSULE	NCLOSURE
107 51 005 555 11/ 505 11	1100	1100							+	+-	Ш	m
1ST FLOOR BREAK ROOM			Х	VAT & MAS	STIC			6 SF	X			
		T							+	+	 	\vdash
	_	+	-					-		-		
x described												
									\top	\vdash		\vdash
									-	-		\vdash
		+	-						-			
Name of Desirter 1141												
Name of Registered Waste Hauler	The second	DEP W		Cubic Yards		Waste	Name of Regis					
FREEHOLD CARTAGE, INC.	Hau	iler ID			1		LYCOMING CO	DUNTY RESOUR	CE MA	NAG	EMEN	T SE
825 HIGHWAY 33 City, State		1593	9	D:				ER DRIVE/ROUT	E 15			
FREEHOLD, NEW JERSEY				Disposal Da			City, State	7				
Completed by (Print or Type)	Title	_		10/23-04/05/			MONTGOMER				,	
BENJAMIN SANCHEZ	DIRECTO	R OF	OPE	RATIONS IS	igna	ature		Da	e 2	- j1	4-	11
portugues and the Control of the Con			OI L	CHOINS			1111		3	d.	1	1 2



			and the same of	TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)															
Date of Notification (1) 03/12/2018	T	Name o	f Building	Owner/0	Operator	r (2)	Annual Constitution	K		9	16. A			The second secon					
Agencies Notified Typ	e Notification			Street A					-			MAR	1.5	201	8	114			
× EPA × DEP × DOL	Initial Amended Amendment #				ate, Zip Co Fells, N		21				ASI.								
ĭ DOH	justification)	cluding			f Contact					Te	lephor			1-8		*'4 + '* •			
DCA L	Cancellation				Ramon	DMATI	ON			_					10-				
Name of Facility Where Abate Residence	ement is Taking I	Place (3	3)	1 AU	LIII INI	JUNIATI	ON	Тур	e of Facility (
Street Address)—————			×	School (K-1 Subchapter Other (i.e. p	8 (Oth				lings,	home	s,			
City (5) Essex Fells								Squ 222	etc.) lare Feet	# 0	of Floo	rs	BI	dg. A	ge	_			
County (6) Essex					Code (7))		Olive Sold	rent Use (Pri	_	ing de	molish							
Name of Monitoring Firm Hire		vner (8)		ASCN					atement Cor		r (9)					-			
A. Seine Lighthouse So Street Address	olutions						Brink		ank Service	es									
PO Box 354							1256	Libe	erty Avenu	iue									
City, State, Zip Code South Orange, NJ 0707							Zip Code NJ 07205							31					
Project Manager for Monitorin Sarah Calandra		Telepho 201-34	ne No. 19-2666		Teleph 844-		No. 7465		Lice 013	nse No 116	0.								
Start Date (10) 3/14/18		schedul		npletion	Date (11)				SHA Monitor Lighthous	e Sol	utions	s							
Occupancy Status During Aba	atement (Check	Only Or	ne)				Street									\neg			
Facility Closed/Vacated Abatement Performed O Other – Describe:							PO Box 354 City, State, Zip Code South Orange, N.I. 07079												
Scope of Work (Check All Tha	at Apply)				South Orange, NJ 07079														
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demolit	lition X Mini-Enclo						ninment with Negative Pressure Desure Procedure Inpted (*) and Non-Friable Procedure									
			Locati											Abate Ty	ment				
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Ma	Normal ed Sole iintenar todial S (12)	ly by nce/		tos Cont thermal surfa		Materia s insu AT, or		(Amoun Specif F or Li	y	Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A							11-5-6				te	LD.			
Basement X						Du	ict Wra	ар			25 LF		X			_			
							-711K-1												
Name of Registered Waste H Newark Carting	JDEP Wauler ID 4509		Cubic of Was			Name of Waste				andfil	ı								
City, State East Orange, NJ						Dispos	sal Date	1	City, Stat	ty, State enn Argyle, PA									
Completed by Alison Lamers	nager		S	gnature	M	Can	Date 3/12/18												

K1369 PAID

Date of Notification (1)	Name of	Building	(2)			AAD 1	0 001	0												
03-13-18		IBN C	onstruct	ion Cor	ф			ħ	MAR 1	3 201	ö	Lucian	21							
Agencies Notified	Type Notification	(**)					Street Address													
EPA DEP	Initial							A. S. A. S. A. &												
Amendment # News									wan d a				4-15	64° - 170° -						
Emergency (including justification) Name of Contact Nelson Espinosa								Telephone Number												
☐ DCA		elson Espinosa FACILITY INFORMATION					(973) 344-4568													
Name of Facility Where	Abatement is Takir	g Place (3)	FACI	LITINE	JKWATI	ON	Type of	e of Facility (4)											
Private Home						School (K-12)														
Street Address			Subchapter 8 (Other than K-12) Other (i.e. private & commercial building							ldina:	s. hom	nes.								
City (5)							etc.)													
West Windsor								Square	reel	# 0		Bldg. Age								
County (6)				County (Current	Use (Prio	r if bei	if being demolished)									
Mercer	15-11-5-15	0 (0)			JSE ONLY)	·														
Name of Monitoring Firm N/A	Hirea by Building	Owner (8)		ASCN	l No.			e of Abatement Contractor (9) fa Contracting LLC.												
Street Address				J				et Address												
City State Zin Code								7th St.												
City, State, Zip Code								State, Zip Code on City NJ 07087												
Project Manager for Monitoring Firm								phone No. License No. 216-9603 01206												
Start Date (10) Scheduled Co									e of OSHA Monitor											
03-14-18 03-17-08								fa Contracting LLC												
Occupancy Status During Abatement (Check Only One)								et Address 7th St.												
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou					ment				State, Zip Code											
Other - Describe:						2700	on City NJ 07087													
Scope of Work (Check A	II That Apply)				- io-o			_												
≥3 sf or ≥3 lf Renov									ontainme Enclosure	nt with	nt with Negative Pressure									
Demo								Glovebag Procedure												
		. 1			Ľ	J Non-E	xempted	(*) and Non-Friable Procedure Abateme					nt .							
Location of Some						Dec	cription	of					Туре							
Asbestos-Containing Material (ACM) TO BE ABATED Used S Mainte						tos Conta	aining N	Material (ACM)			Amount			血	_					
In Facility Custo (13)			odial (12)	Staff?	(i.e.	surfac	ing, VA			(Specify SF or LF)		Removal	Repair	caps	Enclosure					
				т		other m	iscellar	leous)				oval	air	Encapsulate	sure					
1st Floor / k	/itahan	Yes	No	N/A			VAT	**		4.5	0.05		-	+	\vdash					
2nd Floor / B			X								50 SF	X	-	-	\vdash					
***************************************		-					oleum				5 SF	X	1	+						
Exterior			X	-			Siding			20	00 SF	X	-	-	\vdash					
Name of Registered Was	te Hauler		IN	JDEP W	aste	Cubic \	Yarde	l N	Jame of E	eniete	red I and	Ifill								
Delfa Contracting LLC			H	Hauler ID No. of Waste			te	Tulk town Because Because					erv	Facility						
City, State				356240 20 Disposal Date																
Union City, NJ		03-19-18																		
Completed by Title				Signatur								Date								
Jaime Delgado Proj. Manag							JA.				03-13-18									



K ID IO	AD	N		CATION	te of New OF ASBE o NJAC 8	STOS A	BATE		The state of the s	7)/5	ECF							
Date of Notification (1) 03-13-18				Name of Paul Fi	Building C	Owner/O	And the second of the second o		MAR 1	0 2	018	Bearing Statement						
Agencies Notified Type Notification				Street Address														
EPA DEP DOL	Initial Amended Amendment		City, State, Zip Code Midland Park, NJ 07432							Feed and the second sec								
DOH DCA	Emergency justification) Cancellation		Name of Contact Paul Fine					Telephone Number										
П вол	Cancelladon		FACIL	ITY INFO	RMATI													
Name of Facility Where Private Home	Abatement is Takin	g Place (3))					Ту	pe of Facility (School (K-1	2)	N - 170 - 1706 700	10 N						
Street Address		legal kanal					Subchapter 8 (Other than K-12) Other (i.e. private & commercial building etc.)											
City (5) Midland Park							are Feet # of Floors			Bldg. Age								
County (6) Bergen					(STATE USE ONLY)					Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A					Delfa Contra						ement Contractor (9) racting LLC.							
Street Address				Street Address 522 7th St.														
City, State, Zip Code					Union					state, Zip Code n City NJ 07087								
Project Manager for Mo		Telephor		Telephone No. License No. 01206														
Start Date (10) 03-23-18	08	Delfa					of OSHA Monitor a Contracting LLC											
Occupancy Status Durin Facility Closed/Vac Abatement Perform	Abaten	ement 52				reet Address 22 7th St. ty, State, Zip Code												
Other - Describe:					177.60		City NJ 07087											
Scope of Work (Check /	Renova			F	7	Full Containm	nment with Negative Pressure											
≥160 sf or ≥260 if	emolit						Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Locat	ion								Abatement Type								
Locatio	Normal d Sole		A =1	Description bestos Containing					Amount		TIT							
Asbestos-Containing Material (ACM) TO BE ARATED Mair			intena todial ((12)	nce/		thermal surfa		ns in AT, d	sulation, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
Exter	ior	1	Х				Siding	}			5,550 SF	X						
Name of Registered Wa		JDEP W	Vaste Cubic Yards Name of					f Registered Landfill										
Delfa Contracting LLC				Hauler ID 356240			10			town Resource Recovery Facility								
City, State Union City, NJ							osal Date City, State 29-18 Tullytown, PA											

Date

03-13-18

Signature

Title

Proj. Manager.

Completed by

Jaime Delgado