check# 12670

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ 1 2017 April 26, 2017 Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. **D**EPA 27 ROAD 1, BLDG 4086, LIVINGS TON CAMPUSITEOL & ■ Amended Notification # ☐ DCA □ Emergency (including City, State, Zip Code LICENSING X DOL justification) PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED Name of Contact □Cancelled Telephone Number X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COOK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/5/17 5/8/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe X Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure 図>3 sf or > 3 lf ■ Renovation Mini-Enclosure □ > 160 sf or > 260 lf ☐ Demolition ☐Glove bag Procedure / Wrap & Cut ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA 326, 327, 328 X SURFACING <25 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State Disposal Date 100 New Ford Mill NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 5/8/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT April 26,2017 Raymond C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement

	5	State of N	ew Jei	rsey - Notific	cation of Asbestos	Abateme	<b>1</b>	EC	EI	W	EG
Ch300	0(		(Pursi	uant to N.J.A.C	. 8:60-7 and 12:120-7)						
Date of Notification (1) April 25, 2017					Name of Building Owner Bloomfield Colleg		<del>U L</del>	MAY	-1	2017	
Agencies Notified  EPA  DCA  DOL  DEP		Amend  Emerg	al Notified Certifiency (ication)	fication ification ncluding	Street Address 467 Franklin Street City, State, Zip Code Bloomfield, NJ 0 Name of Contact Jack Mc Grane	the state of the s	-	SBESTO LIC	ENSI		)L &
X DOH		1		FACILITY INF		<del></del>					
Name of Facility Where Abates Bloomfield College- C					Type of Facility (4) School (K-12) Subchapter 8 (other	than K-12\					
Street Address 220 Liberty Street					Other (i.e. private & col Sq. Feet: 2,000 #	mmercial buil				rs	
City (5) Bloomfield	County (6 Essex			Code (7) Use Only)	Current Use (prior if being				. ,		
Name of Monitoring Firm Hired Envirovision, inc.	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)  GREENWOOD ABA	TEMENT C	ONSU	ILTANTS	S. INC.		
Street Address 20-21 Wagaraw Road	, Bldg #	# 35E			Street Address 511 MAIN STREET				,		
City, State, Zip Code					City State, ZipCode						
Fairlawn, NJ 07410 Project Manager for Monitoring	Firm	Telephone N	lumber		Butler, NJ 07405 Telephone Number		Licens	se Number			
Fred Larson	4 1 11111	973-636-			973-492-0477		0084				
Scheduled Start Date (10) May 12, 2017		Scheduled C		n Date (11)	Name of OSHA Monitor  EMSL Inc.		1000				
Occupancy Status During Ab					Street Address						
Facility Closed/Vacat Abatement Performed Describe					1056 Stelton Road City, State, Zip Code						
Other - Describe: No	n-Occı	upied			Piscataway, NJ 088	54					
Source of Work (Check all that	apply)										_
$\geq$ 3 sf or $\geq$ 3 lf $\boxtimes \geq$ 160 sf or $\geq$ 2	60			▼ Renovati  Demolition	on	x Full Con  X Min  x Tent /G  Non-Exen	i-Enclos lovebaç	ure g Procedu	re		
Location of Asbestos-Containir Material (ACM) in Facility (13)	Sole	ocation Normal ely by Maint./Cu f? (12) S NO		[[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	estos Containing Material al systems insulation, surfaci cell.)	ng, (Speci or LF)	fy SF	Abateme Remove		ncap Er	nclose
Room # B119-Mech Rr	55			TSI		190		X			
Room # B118-Storage	X			TSI		150	f	X			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Was See Below		ID#	Cubic Yards of Waste:			of Registe		dfill	
Hauler #1) Greenwood A NJ DEP # 125	61					Disposal Da	<u>te</u>	Cir Ro	ty, State oute 2, B idgeport		
Hauler #2) Newark Carti			04509,	NJ DEP # 19551		May 21,			4-842-2		
Completed by (Print or Type) Marin Graure		<u>Title</u> SENIOR PI MANAGER		т	Signature Marin Graun	re	Date Apri	l 25, 20°	17		

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

				(Pu	rsuan	nt to NJA	C 8:60 and 5:1	6)		4	20	17	
Date of Notification (1)					Name	of Buildin	Owner/Operator (	(2)	HI LI MAY		20	1/_	4
04 /	25 /	17				outy Ven			1 -7	, 71	/(	~	
Agencies Notified	Type Notific	ation			Street	Address			1 (1) (1)	tosto	***		&
⊠ EPA	☐ Initial	ation			739,500	100 00 1000	linister Drive			ICENS	SING		
□ DOLWD	☐ Amended	d		-		State, Zip (	CHINAS ALL MANY STREET, AND						
□ DOH	Amendm						NJ 07722						
DCA			ding	-		of Contac	STATE STATES STATE		Talaahaaa Nisa				
(NJAC 5:23-8)	justificati  Cancella					y Klein			Telephone Num	iber			
	- Caricella				_	-	FORMATION						
Name of Facility Where A	Abatamant is 7	Takina D	1000 /2	2)	FAC	CILITY IN	FORMATION	T	4				
Residence	ADALEITIETIL IS	raking P	lace (3	)				Type of Facility (	7				
Street Address								School (K-12)	) (Other than K-12	2)			
Street Address								Other (i.e., pr	ivate and comme		ilding	S,	
City (E)								homes, etc.)	T	1			
City (5)								Square Feet	# of Floors	- 1	dg. A	ge	
Middletown					10	1 0 1 7	VOTATE LIGE ON VA	900 sf	1		65		
County (6)  Monmouth					Coun	ity Code (/	)(STATE USE ONLY)		or if being demoli	shed)			
	15 11 5 3		(0)					Residence					
Name of Monitoring Firm	Hired by Build	aing Owi	ner (8)	1	ASCM	No.	Name of Abateme						
N/A								ntracting, Inc.					
Street Address							Street Address						
Oit. Otata 7: 0 1	55.5 US-CH 555U-110						1889 Route 9						
City, State, Zip Code							City, State, Zip Co						
Decinat Manager for Man								New Jersey 087				30,0001	-
Project Manager for Mon	itoring Firm			lele	phone	No.	Telephone No.		License No.				
Ct-+ D-1- (10)							732-349-9932		00624				
Start Date (10)	12.00	Schedule					Name of OSHA N						
04/26/					_ ′ -	17	E.M.S.L. Ana	lytical	mer someone and a second			5	
Occupancy Status During	****						Street Address						
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed Time of Abatement: _							City, State, Zip Co	ode					
						, uvi	Piscataway, I	New Jersey 088	354				
Scope of Work (Check al	I that apply)						□ Eull Cont	tainment with Neg	ativo Deagouse				
≥3 sf or ≥3 lf			Reno	vatio	on		☐ Mini-End	closure	alive Flessule				
≥160 sf or ≥260 lf		$\boxtimes$	Dem	olitio	n		Gloveba	g Procedure					
			le L	ocati	ion	T	⊠ Non-Exe	mpted (*) and Nor	n-Friable Procedu	-	-		
Location	of			rmal			Description of	of			atem		T
Asbestos-Containing		1)	Used			Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA			Maint Custoo			(i.e	., thermal systems		(Specify	Nov.	ai.	aps	losu
(13)	ty			12)			surfacing, VAT other miscellane		SF or LF)	<u>a</u>		ulat	Ге
77		Y	es	No	N/A							6	
exterior			] [	$\boxtimes$		asbesto	s siding		600 sf	$\boxtimes$	П		П
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		L	J   L		Ш						Ш	Ш	Ш
			] [										
Name of Registered Was				10000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill			O DATE A CO	
Guardian Contracti	ng, Inc.			H	auler II 20223		Waste 3	T.R.R.F.					
City, State				_			Disposal Date	City, State					
Toms River, New Je	ersey						4/28/17	Tullytown,	Pennsylvania				
Completed By (Print or T	ype)	Title					Signature		/) TD	ate /	i		
Nicholas Fernicola		Proj	ect N	lana	ager			V -	t H	4/2	-11	7	

ASB-41 JAN 13

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

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

				1,	ursua	110 1437	10 0.00 and 5.1	0)	1121	4	004	7	
Date of Notification (1)					27/10/2017/2017/2017		g Owner/Operator (	(2)	LL WAY	10.0	201	-	Symposi
/	25 /	17			Za	rrilli Hom	es	2	-	31	74	19	
Agencies Notified	Type Notific	ation			Stree	t Address			ASBESTO			ÔL (	ž.
⊠ EPA					180	6 Mantolo	king Road	1_	LICS	MSI	<u>iG</u>	- +	+004 5-70
⊠ DOLWD	Amende				City,	State, Zip (	Code			10.27			
☑ DOH □ DCA	Amendm  Emerger		ludino		Bri	ck, NJ 08	3723						
(NJAC 5:23-8)	justificat		iuuiiig	ł.	Name	of Contac	et .		Telephone Num	her		V	
	☐ Cancella	tion			Pa	trick Bott	azzi						
					FA	CILITY IN	FORMATION				-		
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facility	(4)				
Residence								School (K-12					
Street Address								Subchapter	8 (Other than K-12				
								homes, etc.)	rivate and comme	rcial bu	ıilding	JS,	
City (5)								Square Feet	# of Floors	BI	dg. A	ne	
Surf City								1500 sf	1		65	90	
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	117170701701	ior if being demolis				
Ocean							,, , , , , , , , , , , , , , , , , , , ,	Residence	io ii boilig dolliolic	mou			
Name of Monitoring Firm	Hired by Buil	ding Ov	wner (	8)	ASCM	No.	Name of Abateme		Y		S. 111100000		
N/A	and was true to # - samesa							ntracting, Inc.					
Street Address							Street Address	3,					
							1889 Route 9	). Unit 61					
City, State, Zip Code							City, State, Zip Co						
								New Jersey 08	755				
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Telephone No.		License No.			-	
							732-349-9932	2	00624				
Start Date (10)		Schedu	led C	omple	etion Da	ite (11)	Name of OSHA M	Ionitor					
05/05/	_17_	05	5_/	08	3 /	17	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address			1923-			
☐ Facility Closed/Vacate					ment		1056 Stelton						
☐ Abatement Performed							City, State, Zip Co	ode					_
Time of Abatement: _	AM	PM/		_PM		AM		New Jersey 08	854				
Scope of Work (Check al	I that apply)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		-	<b>-</b>		27505			tainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re ☑ De				☐ Mini-Enc	losure g Procedure					
					500 4		⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
				Loca						Ab	atem	ent T	уре
Location Asbestos-Containing		4)		lorma d Sol	illy ely by	Anha	Description o		1/1 <b>4</b> /11/17/04/17/07/48	R	Z.	ш	Ш
TO BE ABA		1)	Mai	intena	ance/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ncap	nclo
IN Facili	ty		Cust	odial (12)	Staff?	,	surfacing, VAT,	, or	SF or LF)	val	-	Encapsulate	Enclosure
(13)		-	Yes	No	N/A	1	other miscellane	ous)				ate	
avitariar			_	Olacea Page 44		<b>.</b>				+=		_	-
exterior			Ш			asbesto	os siding		1350 sf			Ш	Ш
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										+-	1		
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Guardian Contraction				1555	IJDEP I lauler II		Cubic Yards of Waste	Name of Regis	sterea Lanafill				
	119, 1116.				20223		3	T.R.R.F.					
City, State	real.						Disposal Date	City, State					
Toms River, New Je							05/09/17	Tullytown,	Pennsylvania				
Completed By (Print or Ty	/pe)	Title	1 120	12000		The second second	Signature	(	// Da			Marine.	
Nicholas Fernicola		Pro	oject	Man	ager		)		1	41.	) 5	11-	7

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



Date				wner	/ Operator (2)	Posts F	1	E C	El	W		m				
Agencies	Notified I	Type of Not	ificatio	n	Craig Street					Oliver and an artist of the second	1/5		Land 12			
	EPA			y Notificat		Adui	622			and the second s	7		77.25			
	DEP			ication		State	& Zip Co	de			1	MAY	-1	2017	-	lastament !
	DOL			Notification			ville, NJ		924	i ped	( Sec.)					
X	ООН	Can	cellatio	n	Name					1	-	SBEST	delen	hone	Nur	aber
	DCA				Craig	Bur	ns				A	SBEST	in ou	107.11		1
					FA	CILI	TY INFO	RM	ATION			,,,,,	-			
Name of F	acility W	here Abate			Place (3)			Тур	e of Facility (4)							
01			Reside	ence				4	School (K-12)							
Street Add	dress							1.	Subchapter 8 (0							
								-	Other (i.e., priva			cial build			, etc	48
0:1 (5)			10		-			Squ		# of Flo	ors		Bldg.			
City (5)				ity (6)	County C	ode	(7)		3,000		2			70	+	
Be	rnards	/ille	Som	erset				1000	rent Use (Prior if	f being d	emoli	ished)				
								Res	sidence							
		g Firm Hire	d by Bu	uilding Ow	/ner (8)	0.000	CM No.		ne of Abatement							
Environn		actics				N/A	1	_	bal Abatemer	nt Servi	ces,	LLC				
Street Add 64 Broad									et Address Schoolhouse	Road						
	ode							, State & Zip Co								
City, State & Zip Code Matawan, NJ 07716									nroe Townshi		8831					
Project Ma	anager fo	r Monitoring	g Firm		Telephone	Numl	ber		phone Number	,		License	Numbe	er		
Tom Geig	ger				732-290-2	217		732	-605-9062				00	714		1
Scheduled		ate (10)	Sched	uled Com	pletion Date	e (11)	)	Nan	ne of OSHA Mon	nitor						
	5/8/17				5/9/17			Glo	bal Abatemen	t Servi	ces,	LLC				
Occupancy X Facil	y Status lity Close	During Aba d/Vacated	tement Durina	t (Check of Entire Pe	only one) eriod of Aba	teme	nt		et Address Schoolhouse	Road						
200000 70		erformed O							, State & Zip Coo	7 0.000.000.000.000.00						
Desc					,			11733	nroe Townshi		8831					
Othe	r - Descr	ribe:								p, 110 0						
Scope of V	Vork (Ch	eck all that	apply)													
Dem	olition		X	Renovatio	n				Full Cont	ainment	with	Negative	Press	ure		
7	e Project								Mini-Encl	losure						
X Quar	ntity is ≥	3 SF or≥ 3	LF AC	CM					X Glovebag	Proced	ure					
Quar	ntity is ≥	160 SF or	≥ 260 L	_F ACM					Other:	Von-fria	able					
		cation of			Is Location				escription of		Α	mount		ateme		
		os-Containi erial (ACM)	ng		Normally U		/		stos-Containing			Specify		ecify:		ioval,
		E ABATED		1,	Solely by Maintenance		(		aterial (ACM) hermal systems			re Feet o		Rep		n or
		Facility		- 1	Custodial S		ins	ulatio	on, surfacing, VA	T	LIIIC	Jai i ccij		Enclo	sure	2)
		(13)			(12)				er miscellaneous							
	Ba	sement			N/A				TSI Pipe		- 1	6 LF	-	Rem	01/3	1
Dasement N/A									Torripe	-		O LI	+	IXCIII	Ova	-
Name of Registered Waste Hauler NJDEP Waste Hauler							auler ID #	ŧ	Cu. Yds. of Wa	ste	Name	of Regis	stered	Landf	ill	
Freehold Cartage 18693									1	ALCOHOL:		berland				
City, State									Disposal Date			State				
	rold, N								5/9/17		New	burg, P	A			
Completed			123	Title					Signature	-0.00 (CO)				100	ate	
Domini	ick Trin	gali	F	Vlanager	W.				Dominick Tri	ingali					4/26	5/17

$\Omega$	111								ESTOS A			F	0		п	D 7	
(//)	Uh	(	Pur	sua	nt	to <u>l</u>	N.J.	A.C	<u>.</u> 8:60 and	d 12:1	20)	ID)_E	C			$\mathbb{V}$	E
Date of Notification	(1)			N	ame	e of F	Buildin	na O	wner / Opera	tor (2)		115					
	2/2/17			V	ER	IZOI	N CO	MM	UNICATION	NS		Transfer of the second	MAY	_	1 0	017	Transaction of the second
Agencies Notified  EPA	Type Notif	ication		S	tree	t Add	dress					12 1	MAL		1	JII	- 1
DEP		-1							enue								1
□ DOL	⊠ Initi	ıaı ended #3 - 4/2	00117				& Zip					ASB	ESTOS	3 C	ON	TRO	L&
Ø DOH	The state of the s	erided #3 - 4/2 ergency	6/1/	N	ewa	ark I	New .	Jers	sey				LICE	NS	SINC	3	
DCA		ncellation				Bay		CT					Tele	pho	one	Numi	ber
													Ŧ				
Name of Facility Wh	nere Ahaten	nent is Taking	Dlace	2 (2)	FA	CILI	TY IN	1FO	RMATION				7.				
Humboldt Centra	I Office	noncio raking	i iacc	5 (3)					Type of Fac	(K-12)							
Street Address											Other than	K 12)					
67 Bloomfield Av	enue								Other (	i.e. priva	ite & comn	nercial buil	dinas h	on	200	etc \	
									Square Fee	t priva	# of Floor	e e	Bldg.			elc.)	
City (5)		County (6)	(	Cour	nty (	Code	(7)		4659	1000	0111001	A	Diag.	Ay	3		
Newark		Essex			•		,		Current Use		heing der	nolished)			75		
		Dis Avenue (1999) Autori							COMMUNI			nonsneu)					
Name of Monitoring	Firm Hired	by Building Ov	vner (	(8)		AS	CM N	0.	Name of Ab			r (Q)		_	-		
USA ENVIRONME	ENTAL MA	NAGEMENT		1995					BRISTOL								
Street Address									Street Addre	ess						-	
8436 ENTERPRIS City, State & Zip Coo									1123 BEAV								
PHILADELPHIA P									City, State &								
Project Manager for		Firm	Tal	onha		NI			BRISTOL,		07						
MARK JENKINS	Monitoring			epho 5-36			iber		Telephone N 215-788-60			License	e Numb				
Scheduled Start Date	e (10)	Scheduled Co					1)		Name of OS		itor		00	050	19		
ON Site 5/1	/17		5/	9/17		٠,,,	,		BRISTOL E			AL INC					
Occupancy Status D	uring Abate	ment (Check of	only o	ne)				_	Street Addre			TE IIIO			100		
☐ Facility Close	ed/Vacated	During Entire I	Perio	d of	Aba	teme	ent		1123 BEAV	ER ST	REET						
Abatement P	erformed C	utside of Norn	nal H	lours	<b>-</b> 7	am t	o 3pm	n [	City, State &	Zip Coo	le						
Describe:	5:00 PM -1	:30 AM							BRISTOL,	PA 190	07						
Facility Occu Scope of Work (Che	pled During	Abatement															
ecopo oi vvoik (one	on all that a	ppiy)									Eull Conta				_		
≥3 sf or ≥3 If			$\boxtimes$	F	Reno	vatio	on			⊠ F	Mini-Enclo	nment with	Negat	ive	Pres	sure	ž.
≥160 sf ≥260	If		ñ	100		olitio				_		Procedure	ic.				
			-									oted and N		hle	Pro	cedu	ıre
	cation of		5.760	s Loc		200			Description			Amount				ent T	
	s-Containin rial (ACM)	g		rmal				Α	sbestos-Con			(Specify	-	Т			7,50
TO BE	E ABATED			Sole nten				/i	Material (A e., thermal s			SF or LF	)	R		E	ш
in	Facility		Cus	todia	al St	aff?		insu	lation, surfac	cing, VA	т			Removal	Repair	aps	icls
	(13)			(1:				or	other miscell	aneous)				oval	air	Encapsulate	Enclsoure
and Flags Court			Yes	N	0	N/A										ē	
2nd Floor Generate				L	4	ᆜ			aust duct ir			55 SF					
2nd Floor Generat	or Room			1-	4	Ц.	E	Exha	aust duct ir	nsulatio	on	150 SF					
				L	1	Ш											
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Name of Registered V	vaste Haule	er		1	NJD.	EP V	Vaste No.		bic Yards	Name of	of Register	ed Landfill					-
SERVICE TRANSP	ERVICE TRANSPORT GROUP, INC.								Vaste	BRIDIT	D) (A ! A	DEII :					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 2/2/17 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address  $\boxtimes$ **EPA** 67 Bloomfield Avenue DEP X Initial City, State & Zip Code ASBESTOS CONTROL & LICENSING X DOL X Amended #2 - 4/25/17 Newark New Jersey X DOH Emergency Name of Contact Telephone Number DCA Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Humboldt Central Office** School (K-12) Street Address Subchapter 8 (Other than K-12) 67 Bloomfield Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 46596 75 Newark Essex Current Use (Prior if being demolished) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code PHILADELPHIA PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON Site 5/1/17 5/9/17 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm X City, State & Zip Code Describe: 5:00 PM -1:30 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclsoure Remova (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 1st Floor Generator Room X Exhaust duct insulation 55 SF 1st Floor Generator Room Exhaust duct insulation 150 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 3 MINERVA LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature PATRICK T. DECARO PROJ. MGR. 2/2/17

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# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification				Na	me o	of Buildi	ng Owner / Op	erator (2	2)		MAY	- 1	201	7
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Name of Facility Wh	nere Abatem	ent is Taking	Place	(3)	noii	L11 1 11	Type of F		1)					
Humboldt Centra				` '				ool (K-12						
Street Address							☐ Subo	chapter 8	Other tha	n K-12)				
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8436 ENTERPRISE	EAVE						1123 BE		TREET					
City, State & Zip Cod							City, State							
PHILADELPHIA PA			_				BRISTOL							
Project Manager for MARK JENKINS	Monitoring F	rm		phone			Telephone		г	License				
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Facility Close							1123 BEA	VER S	TREET					
Abatement Pe			nal Ho	urs –	7am	to 3pm	City, State	& Zip Co	ode					
Describe: 5:							BRISTOL	, PA 19	007					
Facility Occup														
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TRICK T. DECARO						GR.	2-11	2,0	1 1	•	2/2/17	,		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)    2/2/17
Agencies Notified    EPA   DEP   DEP   DOL2972   Initial   City, State & Zip Code   Newark New Jersey   Name of Contact   Alex Baylor
□ EPA □ DEP □ DOL⊋ 972 □ Amended □ DOH3 405 □ Emergency □ DCA □ Cancellation □ Cancellation □ CFB loomfield Avenue □ City, State & Zip Code Newark New Jersey Name of Contact Alex Baylor
DOL2972 DOH3405 DOA
DOLATION Amended Newark New Jersey  DOH3405 Emergency Name of Contact  Cancellation Alex Baylor
DOH3 405 Emergency Name of Contact Cancellation Alex Baylor
Alex Baylor
EACH ITY INCORPORTATION
Name of Facility Where Abatement is Taking Place (3)
Humboldt Central Office
Street Address  Subchapter 8 (Other than K-12)
67 Bloomfield Avenue  Other (i.e. private & commercial buildings, homes, et
Square Feet # of Floors Bido Age
County (b)   County Code (7)   46596
Vewark Essex Current Use (Prior if being demolished)
COMMUNICATIONS
lame of Monitoring Firm Hired by Building Owner (8)  ASCM No.   Name of Abatement Contractor (9)
Track Address
Street Address
IN COLOR OF THE STREET
LIII ADEL DILLA DE COCADO
IDINOTOL, FA 1300/
Oject Manager for Monitoring Firm   Telephone Number   Telephone Numbe
Telephone Number Telephone Number License Number License Number 215-365-5810
ARK JENKINS 215-365-5810 215-788-6040 License Number 215-788-6040 00509
ARK JENKINS   215-365-5810   215-788-6040   Circles Number   00509   Ci
ARK JENKINS  215-365-5810  215-788-6040  Name of OSHA Monitor  2/13/17  Cupancy Status During Abatement (Check only one)  215-365-5810  215-788-6040  Name of OSHA Monitor  BRISTOL ENVIRONMENTAL INC
ARK JENKINS  215-365-5810  215-788-6040  Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC  Street Address  Facility Closed/Vacated During Entire Period of Abatement  123 BEAVER STREET
ARK JENKINS    215-365-5810   215-788-6040   00509     13/17   Scheduled Completion Date (11)   2/15/17   BRISTOL ENVIRONMENTAL INC   Cupancy Status During Abatement (Check only one)   Street Address   1123 BEAVER STREET     Abatement Performed Outside of Normal Hours – 7am to 3pm   City, State & Zip Code     City State & Zip Code   City   Code   City   Code   City   Cit
ARK JENKINS  215-365-5810  215-788-6040  215-788-6040  20509  Name of OSHA Monitor  BRISTOL ENVIRONMENTAL INC  Street Address  123 BEAVER STREET  City, State & Zip Code  Describe: 5:00 PM -1:30 AM
ARK JENKINS  cheduled Start Date (10)  l/13/17  scupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Hours – 7am to 3pm  Describe: 5:00 PM -1:30 AM  Facility Occupied During Abatement  ARK JENKINS  215-788-6040  Name of OSHA Monitor  BRISTOL ENVIRONMENTAL INC  Street Address  1123 BEAVER STREET  City, State & Zip Code  BRISTOL, PA 19007
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ARK JENKINS       215-365-5810       215-788-6040       License Number 00509         >heduled Start Date (10)       Scheduled Completion Date (11)       Name of OSHA Monitor         ½/13/17       BRISTOL ENVIRONMENTAL INC         >cupancy Status During Abatement (Check only one)       Street Address         ☐ Facility Closed/Vacated During Entire Period of Abatement       Street Address         ☐ Abatement Performed Outside of Normal Hours – 7am to 3pm       Street Address         ☐ Describe: 5:00 PM: -1:30 AM       BRISTOL, PA 19007         ☐ Facility Occupied During Abatement       BRISTOL, PA 19007         ☐ Ontainment with Negative Pressure Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedures Non-Exempted and Non-Friable Procedures Absestos-Containing Material (ACM)       Description of Asbestos-Containing Material (ACM)       Asbestos-Containing (Specify       Amount Abatement Tymes Abat
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Pro	ect Manager for Moni	toring Firm			Telepho	ne No.		D 95	none No. 221-9092		License 1 01107	Vo.			
	t Date (10)		Schedul	ed Con	npletion	Date (11)		Name	of OSHA Monitor		L				
	/24/17		07/30/	20					aw Nalodka						
-	upancy Status During								Address Maple Ave.						
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	Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma	ed Sole iintenai todial S (12)	nce/		thermal surface			(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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	vark Carting Inc.			0:	5409		250		GCSL						
C. C. C.	, State vark, NJ						07/31	al Date	City, State Pen Arg		A				
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Leslaw Nalodka

04/24/17

Signature

President

Print Form

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Agencies Notified Type Notifi	cation	Sleume Ac	X2(m)m	TALA	IVED ADDE	101			-
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□ DCA □ Fmente	nent # ney (including		1	.5 08	848	*** **********	-	MP 4 - 241	***
(NUACI 5: 23-8) Justifica	hon)	Mame of	Contact	.0 08	Talephone No			ا که ما رستم	614
O Cancell	illon		RANK D. B.		AMPROVE NO	FFIDOT.			
Name of Facility Where Absterrent is	Tables Obere (2)	FACIL	ITY INFORMATION					4.0	Bird
KERNEWS	A All S & Senter (D)			Type of Facer		MILTERY AND	****	alips to any a	**
Street Address	and the second s		The state of the s	Subchapte	if a (Other than K.) private and comm	2)			
City (b)	comments that our comments are started		Lo		~1	englist	bulld	ngs,	
Michous				Square Feet	a of Fichre	T	Biog.	-	**
County (6)		County	ode THISTATE USE ONL		Prior if being demo	ir had	4		**
Name of Monitoring Firm Hired by Bush	distance of the second	La construction		RP	School of Ac.	arer repute,	1		
	nuch costies (\$)	ASCM No	Name of Abste	more Contractor (	9)	•••	*** ***	Fra 2000	
Street Address		<u> </u>	Street Address	itacting inc.			impi inta	~	-
City State, Zip Code	· · · · · · · · · · · · · · · · · · ·	rry menendatus to to according surages, in	185 Vreelar						
	Le.		City, State, Zip		Andrew Control of the Paris and the Paris an	***********	and afternoon		-
Project Menager for Monitoring Firm	1 tel	ophone No.	Teastigne Nu.	rk, NJ 07432	Licenza No.		we a		
Start Date (10)			201-252-68		00168				
4 / 25 / 17	chaduled Compl	etion Date (1						telle eller de par	***
Occaspancy Stellus During Abatement (C	heek nekennet		Street Address	nonmental Ser	Acer	Name (VAL)		10.1440.00	
Facility Closed/Veceted During East     Abstantiant Partnermed Cutside of No Title of Abstantiant	Partied of About	ment		St.					-
white and the state of the stat	PMPM	ra · Describe	i and commit make	(5.5		<b></b>	·	<u> </u>	4.6
Scope of Work (Check all that apply)	Market Market Harrison (194	ne di Carania da Maria	Hackensack	. NJ 07608	WW				
0 23 st or 83 H	☐ Renovat	io <del>n</del> On	Full Call Mini-En	nhinmont with his dozum g Procedute	galus Pressurs M-Frisbis Precedul		-		
Location of	la Lacai Momie				M-Frieble Procedu			ent Ty	14
Asbestos-Containing Material (ACM) TO RE ABATED	Used Sok	elv tru	Description Asbestos Conteining sa	nearlas XII calanda	Amaunt	1	September and the	Martin Walter	-
(N Fachty	Custodist :	1.000	(i.e. themsel systems)	insulation	(Specify	Remove	Repair	Епсарвий	
(13)	Yes No	TNIA	other macellane	HOUA)	SF or LF)	100		4	
Bestwar		<b>3</b>	VAT				/		
And the second s		ō	YAI	. Let Louis Comb. who of distriction	900SE	13			Γ.
	The terrape was a considerable was me.	percy and market				10			[
to all an a management of the contract of the						0			T. 1
			- 440			7	Pm	_	20.00
Name of Registered Weste Hauler Newsch Cartino		DEP Wasta	Cubin Yards of	Name of Regis	leyeg Landfill				L.
Name of Registered Weste Hauler Newerk Garting City, State		百十一	Wante rs	Name of Regist IES! PA Be	med Landfil thishem Landfil				L.
Newark Carting City, State Newark, NJ		DEP Wasia	Disposal Data	City, State	Mehem Lendill				L.
Newark Garting City, State Newark, NJ		COEP Whele Wier ID No. 04509	Cubits Yards of Wasta 4	INCLOSEDA	Mehem Lendill	Cor			L.

#### MO#24219184814

MCK

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

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Cancel	Latina
ii ancei	iation
Cuitori	Idilon

Date of Notification (1)		-		Name	of Buildin	g Owner/Operator	(2)	Feet				-
	26 / 17				Rumph	2	1-7	MEC	E		E	
Agencies Notified	Type Notification			Street	Address			III				11
⊠ EPA ⊠ DOLWD	│							MAN	Y - 1	201	7	
☑ DHSS	Amendment #			City, S	State, Zip (	Code		to be mix		LUI	1	1
☐ DCA	☐ Emergency (ir				Drange, N						and Agent	
(NJAC 5:23-8)	justification)			Name	of Contac	t		Telephone NI	in the CC	MIF	OL	8.
	□ Cancellation			Able 1	Rumph				CENSI	NG_		
				FA	CILITY IN	FORMATION		-		-		
Name of Facility Where A	batement is Takin	g Place	(3)				Type of Facility	r (4)				
Private house							School (K-1	2)				
Street Address								8 (Other than K- private and comm		ilding		
							homes, etc		ici ciai be	manig	٥,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
East Orange, NJ 07017												
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demo	olished)			
Essex												
Name of Monitoring Firm	Hired by Building	Owner (	(8)	ASCM	No.	Name of Abatem	ent Contractor (9	9)				
						Gr Tech LLC						
Street Address					Production of the Control of the Con	Street Address						
						576 Valley Rd	#283					
City, State, Zip Code						City, State, Zip C	ode					
						Wayne, NJ 074	70					
Project Manager for Moni-	toring Firm		Tele	phone	No.	Telephone No.		License No.				
21 / 5 / //21						973-638-1777		01127				
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Name of OSHA	Monitor					
04 /26 /				/ _	1/	Envirovision Co	onsultants,Inc					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate     ☐ Abatement Performed	d During Entire Pe	riod of	Abater	ment		20-21 Wagaraw		35E				
Time of Abatement:	AM- p	raciiiy W	PM_	s - Des	AM	City, State, Zip C	ode					
						Fair Lawn, NJ 0						
Scope of Work (Check all	that apply)						p and decontami tainment with Ne	nation with negat	ive press	sure		
>3 sf or >3 lf > 160 sf or >260 lf		<b>⊠</b> Re	novati	on		Mini-End	closure					
≥ 160 sf or ≥260 lf		☐ De	molitio	n		Gloveba Non-Exe	g Procedure	Tent with Negati	ive Press	sure		
		lo	Locat	0.0		M Non-Exe	empted (*) and N	on-Friable Proced	-	1		
Location		1	Vormal	ly		Description	of			ateme		T
Asbestos-Containing N			d Sole			stos Containing Ma	iterial (ACM)	Amount	Re	Repair	Enc	Enc
TO BE ABA  IN Facilit			todial (		(i.e	., thermal systems		(Specify	Remova	pair	aps	Enclosure
(13)	y		(12)			surfacing, VAT other miscellane		SIF or LF)	/ <u>a</u>		Encapsulate	Jr.e
		Yes	No	N/A					-		æ	
Basement		П	П	×	Pipe insu	lation		110 LF	×		П	
Basement				-								
Basement					VAT flo	or tiles		220 SF			Ш	Ш
		Ш										
											П	
Name of Registered Wast	e Hauler		NJD	EP Waste	Hauler ID No.	Cubic Yards of Was	te Name of Regi	stered Landfill				
Gr Tech LLC			0	03378	5	TBD	T.R.R.F. Inc					
City, State			10	00010		Disposal Date	City, State					_
Wayne, NJ 07470						TBD						
Completed By (Print or Ty	pe) Title	;				Signature	Tullytown, P		Date	7		
N.Jevtic						Jighatare	Hewic Wer	1000				
ASB-41	Ow	ier					//ewic Wer	nad 10	)4/26/17	/		

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

B & G proj. #: 2017-54

Check # 8352

Date of Notification (1)		IIN	lame of	Building Ow	ner	/Operator (2)				<b>-</b>	c n	7.77	E	lamora
0 4 1/12 18 1/11	7		Gail S	Marcinial	k							$\mathbb{V}$		
	Notification	S	treet Ad	iress			_		115					#
EPA X	Initial								promise to the property of the	MAY	_ 1	201	7	
☐ DEP	iiiiiai		ity State	e, Zip Code						MAI		7111		1
X DOL A	Amendme		100	el, NJ 070					MV Fule				and the second to see	_
<b>▼</b> DOH		N:	ame of C	Contact	-		-		Telepho	ne Numb	5000	11.4.1.1	OL	St.
□ DCA □ C	Cancellatio	on	Thor	nas Marcir	nia	k			1	LIL	ENSI	INCA		
			111011	as March	IIIa	in.								
				FAC	CILI	ITY INFORMA	TIOI	V						
Name of facility where abate	ement is t	aking pla	ice (3)						Type of Facility	(4) ol (K - 12	)			
Gail S Marciniak										napter 8 (	5.0	nan K	12)	
Street Address							-	1		(Private/			/	
0,000,7144,000									Bldgs	/Homes,	etc.		J = A	
		T 0	h. (C)					1017	Square Feet	# of Flo	ors	BIG	dg. A	ge
City (5)		Cour	ity (6)					unty Code (7) ate use only)	Current Use (F	Prior if be	na den	olishe	ed)	
Avenel, NJ 07001		Mic	Idlesex						residential				,	
Name of Monitoring Firm Hi	ired by Blo	lg. Owne	er (8)		T	ASCM No.	T	Name of Abatement	Contractor (9)					
						n/a		B & G Restorat	on, Inc.	-1752-176-176-176-176-176-176-176-176-176-176				
Street Address					-1			Street Address					1000	
								105 Ryerson R	oad			_	-	
City, State, Zip Code								City, State, Zip Code Lincoln Park,	N I 07025					
				DiN			_	Telephone Number	N3 07033	TLicens	e Numi	ner	_	
Project Manager for Monitori	ing Firm			Phone Num	ibei			(973)696-686	9	100000000000000000000000000000000000000	0378	,01		
0.1 11 101 10 10 10 10 10 10 10 10 10 10 1		TCohod	Compl	etion Date (1	11\		_	Name of OSHA Moni	tor					
Scheduled Start Date (10)		100000000000000000000000000000000000000	25/		11)			B & G Restorat	ion, Inc.					
05/09/2017		-	10/201					Street Address						
Occupancy Status During Ab								105 Ryerson R	oad —————					
Facility closed/vacated Abatement performed								City, State, Zip Code						
Describe:							-	Lincoln Park, N	J 07035					
Other-Describe:	ot apply)							l <del></del>						
Scope of Work (check all the Demolition		enovatio	n				$\Box$	Full Containment w/neg	ative pressure	<b>✗</b> Glove	ehaa ni	ncedi	ITE.	
							Service Control	Mini-enclosure	gative pressure		friable			
		60 sf or	_	ly used sole	did			Willi-Cholosure			TR	R	E	T
Location of asbestos-containing	b	y mainte			-19	Description	n of s	asbestos-containing	Amount		e m	е	n	E n
material to be	S	taff(12)			-	material (A			(Specify LF)	SF or	0	p a	c a	C
abated in facility (13)		Yes	No	N/A					2.,/		e e	i r	р	
Boiler room, main room	n,			×		pipe insula	tion		106 lf		X			
water meter roc	om [													10
											40			H
											ᆜᆜ		ᆜ	111
Registered Waste Hauler IN.IDEP Hauler ID# Cubic Yards of								INcome of Desisters of	Londfill			Ш	Ш	
Registered Waste Hauler   NJDEP Hauler ID#   Cubic Yards of B & G Restoration, Inc.   19563   1 1/2									Landfill Resource & R	ecoven	/ Cen	ter		
City. State Disposal Date								City, State						
Lincoln Park, NJ 05/10/2017								Tullytown,	PA	_				
Completed by (Print or Type) Gordana Luna  Title Signate Secretary/Treasurer								Gordana Luna		Date	8/20	17		
Gordana Luna		ecreta	ry/ i rea	surer	_			Julian Gound		04/2	.0/20	1.1		

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

B & G proj. #: 2017-55

Check # 8353

							CHECK	# 0333		
Date of Notification (1)	110	lame of Bi	ıildina Owi	ner/Operator (2	2)		20 10 MAR - 10 10 10 10 10 10 10 10 10 10 10 10 10			
0   4   /   2   8   /   1   7	11.	Janet E		ion operator (a	,		MEC	BIN	1 E	100
Agencies Notified   Type Notifica	tion	treet Addr						7 5 11	1 5	11 \11
EPA Initial		troot riadi	000							100000
☐ DEP ☐ I'IIIIai	11-	ity, State,	Zin Code				TITLE MA	y - 1 20	17	
X DOL Amend			dt, NJ 07	7072			and house the C	()		
₩ DOH		ame of Co	ntact				Aelepho	ne Number Ni	ROL	&
DCA Cancel	lation	Janet 8	Eure					io-kion/		
2			FAC	ILITY INFORM	MATIO	N	10 m	1 90 90 10		
Name of facility where abatement	is taking pla	ce (3)		-			Type of Facility			
Jant Eure								ol (K - 12) napter 8 (Other	than K	-12)
Street Address								(Private/Comn		-12)
							Bldgs.	/Homes, etc.		-1
City (5)	T Cour	ty (6)			I Co	unti Codo (7)	Square Feet	# of Floors	BI	dg. Age
	Coun	ity (O)			1	unty Code (7) ate use only)	Current Use (P	rior if being de	molishe	ed)
Carlstadt, NJ 07072		gen					residential	nor in boing ac		
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)			
				n/a		B & G Restorat	ion, Inc.			
Street Address						Street Address 105 Ryerson F	Road			
City, State, Zip Code	-				_	City, State, Zip Code	Contraction of the last of the		distance of the last of the la	
						Lincoln Park,	NJ 070 <b>3</b> 5			
Project Manager for Monitoring Firm	n	Pi	none Numb	per	_	Telephone Number (973)696-686	9	License Nur		
0.1-1-1-0:	I Cabad	0	D-t- //	2/	_	Name of OSHA Mon				
Scheduled Start Date (10)		50	on Date (1	1)		B & G Restorat	ion, Inc.			
05/08/2017		9/2017				Street Address			-	
Occupancy Status During Abateme						105 Ryerson R	oad			
Facility closed/vacated during Abatement performed outside						City, State, Zip Code				
Describe: Other-Describe:					_	Lincoln Park, N	J 07035			
Scope of Work (check all that appl	y)					1				121
☐ Demolition 🔀	Renovation	1				Full Containment w/neg	gative pressure [	Glovebag	orocedu	ire
	≥160 sf or ≥	260 lf			X	Mini-enclosure	[	Non-friable	proced	dure
Location of			used solely	/			T	R	R	EE
asbestos-containing	by mainter staff(12)	nance/cus	todial			asbestos-containing	Amount (Specify S	e m	e p	n c n
material to be abated in facility (13)	Yes	No	N/A	material (	ACM)		LF)	o v	a	a C
				1,7,= -				е		p
basement bathroom			X	VAT & ma	stic		25 sf	X		님님
									H	봄봄
									H	ㅐ뷰
									H	片뉴
Registered Waste Hauler		P Hauler I	D# C	ubic Yards of V	Vaste				اسا	
B & G Restoration, Inc.		9563		1			Resource & Re	covery Cer	nter	
City, State Lincoln Park, NJ			Disposal D 05/1	o/2017		City, State Tullytown,	PA			V.
Completed by (Print or Type) Gordana Luna	Title	//Traca:	ror	Signature		Gordana Luna		Date	17	
Cordana Luna	Secretar	y/ i least	11 (2)			o and		04/28/20	117	

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

Date of Notification (1)				Name	e of Buildir	g Owner/Operato	r (2)		<u> </u>	E		$\mathbb{W}_{1}$	
	/28/17						Terranova						
Agencies Notified	Type Notific	ation		Stree	et Address				333	<i>y</i>	1	2047	
EPA DEP	Initial Amended	d	- 1		0 7			de la constante de la constant	MA	<u> </u>	1	<u>20</u> 17	
<b>⊠</b> DOL	Amendm	ent #	_	City,	State, Zip (		Anneille NII O	0025					
₩ DOH	☐ Emerger justificat		g	Nome	e of Contac		Ianville, NJ 0	/ July	BES	<del>ros</del>	CO	NTR	
DCA	Cancella			INAITIE		a eidi Terranova	a	Telephone Nur	nber	ICE	VISIN	4G	
							4					_	
Name of Facility Where	Abatement is	Taking Place	2 (3)	FA	CILITY IN	FORMATION	Type of Facility	(4)					
Traine of Fability Where		Residenti	0.5				School (K-1)	` '					
Street Address							Subchapter Other (i.e., p	8 (Other than K- rivate & commerc		dings	,		
City (5)							homes, etc.	# of Floors	I D	ldg. A			
Oily (5)	N	Ianville,	NI				1800	# 01 Floors	В	250	.ge +/-		
County (6)	11	1011 + 1110,	110	Cou	nty Code (	7) (STATE		rior if being demo	—   — lished)	13	17-	$=$ $\mid$	
	omerset				ÓNLY)								
Name of Monitoring Firm		ding Owner		ASCM	No.	27.00	nent Contractor (9	***************************************	555			_	
(8)	MECS						vens Environr	mental Service	es, Ir	ic.		_	
Street Address	DO D	2/1				Street Address	20.2	222					
City, State, Zip Code	PO Box	341				Oit Otal Zia		322 Sox 322				_	
	rosswicks,	NJ 0851	5		3	City, State, Zip C		n, NJ 08501					
Project Manager for Mo				phone	No.	Telephone No.	1 III OII O W	License No.				=	
	eisgarber			•	8-4070		59-9688		0049	3			
Start Date (10)		Scheduled C	omple	tion Da	ate (11)	Name of OSHA	Monitor					=	
5/8/17			5/19/	17			M	ECS					
Occupancy Status Durin	_					Street Address		2.72					
Facility Closed/Vacat							ox 341						
☐ Abatement Performe ☐ Other - Describe:	d Outside of N	ormal Facilit	y Hou	City, State, Zip Code  Crosswicks, NJ 08515									
Scope of Work (Check a	all that apply)					П= ::0						=	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitic			Mini-En Gloveba	ntainment with Neg closure ag Procedure empted (*) and No	50.	ure				
			Locatio							bater	ment	$\neg$	
Location	of		omally Solel			Description of	f			Тур	е		
Asbestos-Containing I	Material (ACM)	Mair	ntenan	ce/		tos Containing Mat	terial (ACM)	Amount			m	_	
TO BE ABA IN Facility			Staff?	11	(I.e.,	thermal systems i surfacing, VAT.		(Specify SF or LF)	Ren	Re	ncap	incl	
(13)			(12)			other miscellane			Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A					-		ate	G,	
Baseme	×		Tr	ansite Ceiling	, Walls	520 sf	×			$\neg$			
Baseme	ent		×			VAT		360 sf	×				
												$\neg$	
												$\neg$	
Name of Registered Wa	ste Hauler			JDEP V		Cubic Yards	Name of Regis	stered Landfill					
Stevens Environmental Services, Inc.					290 292	of Waste 3 cu		Fairless Lar	dfill				
City, State						Disposal Date	City, Staté					=	
	Allentow					5/19/17	4-01/	Morrisville	, PA				
Completed By	viana.	Title D-	·o:	11		Signature	1 // /	Date	1/20	)/17			
Mahlon E. Ste	evens	PI	ojeci	. iviar	nager		4/28	0/1/					

# Ch 2003

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

m.	E	C	E		$\mathbb{V}$	E	In
K							
		MAY	_	1	2017	i i	IL

Date of Notification (1)	/				Mama	of Ruilding	Own	ner/Operator (	(2)			M.D	Y -		2017
04 /	27 /	17				of Garfi	S	nei/Operator (	(2)						
		17	-		City	oi Gain	eiu	23-2-0000-2-00-0000-2-0			L	SBES	100	000	וחחוו
Agencies Notified	Type Notifica	tion			Street	Address								VSIN	
⊠ EPA ⊠ DOLWD	☐ Initial				111	Outwate	r La	ne			- The Market Harman and all	THE OWNER OF THE PERSON NAMED IN	TOME VALUE	te construent annual	
⊠ DOH	☐ Amended Amendme	nt#			City, S	tate, Zip C	ode								200
DCA	Emergend		ludina		Gar	field, NJ	070	26							
(NJAC 5:23-8)	justification		laaling		Name	of Contact		The second secon			Telephone Nu	ımber			
***************************************	☐ Cancellati	on			Tho	mas Duo	:h								
			- 1000		FAC	II ITY IN	FOR	RMATION							
Name of Facility Where A	Abatement is T	aking	Place	(3)	1710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CHIP CHIOTE	Tv	ype of Facility (4	)				-
Commercial		ig	1 1000	(0)					10.27	School (K-12)	,				
Street Address									10	Subchapter 8 (	Other than K-	12)			
411 Midland Avenu	IA.									Other (i.e., priv homes, etc.)	ate and comn	nercial b	uildin	gs,	
City (5)		24.5					_		80	quare Feet	# of Floors	10	ldg. /	an a	
Garfield									30	quare reet	# 01 110015	,	ilug. /	nge .	
County (6)						b. Onda /7	VOTA	TE LICE ON M	0.		if hairs dans	- E-bd	_		_
					Coun	ty Code (7)	)(SIA	TE USE ONLY)	100	urrent Use (Prior	r ir being dem	olisnea)			
Bergen				a)					L					, estimate	
Name of Monitoring Firm		wner (	8)	ASCM	No.	-200			Contractor (9)	_					
EnviroVision Cons	ultants Inc.						Α	LL PRO MA	ANA	AGEMENT LL	C				
Street Address							Stre	eet Address							
20-21 Wagaraw Ro	ad, Building	35E					2	7 Outwater	Lar	ne					
City, State, Zip Code							City	, State, Zip Co	ode						
Fair Lawn, NJ 0741	0						G	arfield, NJ	070	026					
Project Manager for Mon	itoring Firm			Tele	phone l	No.	Tele	ephone No.			License No.				
Willy Morales				97	3-636	9145	9	73-928-4888	3		1188				
Start Date (10)	S	chedu	uled Co	omple	tion Da	te (11)	Nar	ne of OSHA N	/loni	itor					
05 /08 /	17	06	3_/	08	_ / _	17	Α	LL PRO MA	ANA	AGEMENT LL	C				
Occupancy Status During	g Abatement (C	heck	only o	ne)			Stre	eet Address							
☑ Facility Closed/Vacate					nent		2	7 Outwater	Lar	ne					
☐ Abatement Performed	d Outside of No	rmal F	Facility	Hour	s - Des	cribe	City, State, Zip Code								
Time of Abatement: _	AM	PM	/	_PM-		AM		arfield, NJ							
Scope of Work (Check a	II that apply)							arriora, mo	-				_		-
Coope of Work (Officer a	ii tilat appiy)							☐ Full Conf	tain	ment with Nega	tive Pressure				
□ ≥3 sf or ≥3 lf			Re					Mini-Enc							
≥160 sf or ≥260 lf			⊠ De	molitic	n			⊠ Gloveba     Non-Fxe		rocedure sted (*) and Non-	Friable Proce	dure			
			Is	Locat	ion	1	-	EZ HON EXC	- Inp	tou ( ) und ron	T Habie T Tool		hatar	nent T	VD0
Location	of		1	lorma	ily			Description of	of			-	-		
Asbestos-Containing		)		d Sole intena				Containing Ma	ateri		Amount	én	Repair	nc	nc
TO BE ABA				odial		(i.e		rmal systems surfacing, VAT			(Specify SF or LF)	Kemoval	ar	aps	Enclosure
(13)	ity			(12)				her miscellane			SI OI LIF)	=		Encapsulate	le
, ,			Yes	No	N/A									Ф	
Basement & 2nd Floo	or					Air Cell	Pip	e Insulation	1		180 LF			ПП	
Gun Room (Baseme				VAT	•				110 SF		_				
Records Rm under C						Floor B	oard	ds			510 SF		-		
Entrance Hallway- R						Ceiling	Plas	ster			150 SF		-		H
Name of Registered Was					JDEP I			oic Yards of	1	Name of Registe	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		1-	1-	-
ATC /	Century	Was	tello	. 1	lauler II	O No.	Wa	ste	- 1	100		IEGIF	044-1-	hom	
City, State	Contary	.143		S	W-24310/	32797		s Needed		Minerva Enter	prises /	IESI E	etnie	nem	
								posal Date	- 1	City, State					
Shirley, NY	Elizabet						'	BD	- \	Waynesburg, 0	OH	Bethle	hem	, PA	
Completed By (Print or 1	Гуре)	Title		B#				Signature	10	1		Date /	·)·-	1.	,
Allen Monchik		Pr	roject	wan	ager				-6	-11		4/	-1	11/	

State of New Jersey ASBESTOS ABATEMENT 12:120-7)

NOTIFICATION OF (Pursuant to NJAC 8-60-7 AND CONTINUATION SHEET



	_								
				411 Midland Avenue, Garfield	A Oro	Abateme	nt Type	2013	
					a productive program control of the	LICE	F 1 1		E
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	CM) TO BE ABATED In Solely by Maintenance/Cust odial Staff (12)  Yes No N/A  pe between floors eillings X X  fices, 2nd floor stair	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 I	R e p a i	E n c a p s u I	n c I o s u r e		
Ridg Envelope between floors	163	INO	IN/A						
and above ceilings			х	Air Cell Pipe Insulation	200 LF	x			
Basement			Х	Troweled Insulation on pipes, elbows, valves, and tees	20 SF	х			
2nd floor offices, 2nd floor stair landing, 2nd floor Locker Rooms			х	VAT/Mastic	900 SF	Х			
		$\exists$							
		$\dashv$	$\dashv$			$\dashv$			

				/ 1	
Completed by: (Print or type) Monchik	Allen	Title:	Project Manager	Signature:	Date:

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

Date of Notification (1)	/28/17		Name of Building Owner/Operator (2)  Whitesbog Preservation Trust E C E   W									// [5
Agencies Notified	Type Notifica	ation		Stree	t Address		799 Lakehurs	II				_
DEP IXI DOL	Amended		-	City, S	State, Zip C	Code		inter to the second	MAY		<del>-2</del> 0	17
☑ DOH	Emergence justification	cy (including	-	Name	of Contac		owns Mills, N	J 08015	ther!	SC	ONT	BO
□ DCA	☐ Ćancellati			TVallic		Rick Prickett		recononensum	iber i		0141	T TOP
				FA	CILITY INF	ORMATION				_		
Name of Facility Where	Abatement is T uningive-El			es Ho	use		Type of Facilit					
Street Address	Whitesbog I						☐ Subchapter	r 8 (Other than K-1 private & commerc		dings		
City (5)	D	M:11- N	TT 00	015			Square Feet	# of Floors	BI	dg. A	5	$\exists$
County (6)	Browns	Mills, N	J 080		ntv Code (	7) (STATE	1800 Current Use (F	Prior if being demol	ished)	150	)+/-	=
Bu	rlington				ONLY)							_
Name of Monitoring Firm (8)	기가 있는 아이는 아이를 하는데 사람이 되었다.	ing Owner		ASCM	No.		ment Contractor (		T.			
Street Address	MECS					Street Address		mental Service	es, II	ıc.		=
	PO Box	341						Box 322				_
City, State, Zip Code	rosswicks, 1	VI 0851	5			City, State, Zip		n, NJ 08501				
Project Manager for Mo		15 00515		phone	No.	Telephone No.	7 HICHO	License Ne-				=
	eisgarber		_		8-4070		59-9688		00493	3		
Start Date (10) 5/8/17	S	cheduled C	omple 5/12/		te (11)	Name of OSHA		MECS				
Occupancy Status Duri	ng Abatement (			Street Address								=
Facility Closed/Vaca												
☐ Abatement Performe☐ Other - Describe: _		ormal Facilit	y Hour	City, State, Zip Code Crosswicks, NJ 08515								
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	all that apply)		enovati emolitio			Mini-E	ag Procedure	egative Pressure	ure			
89 002	221	N	ocatio						1	bater Typ		
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Material (ACM) TED	Mair Ct	Solely ntenan- ustodia Staff? (12)	ce/		Description of the containing Matthermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, 「, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							(e)	
Basem				ermal Tank I		20 sf	×			_		
Basement X						Thermal Duct Insulatino 4 sf ×						
									+			$\dashv$
Name of Registered Waste Hauler					Vaste	Cubic Yards	Name of Reg	istered Landfill				$\dashv$
Stevens Environmental Services, Inc.					No. 292	of Waste		Fairless Lan	dfill			
City, State				Disposal Date 5/12/17	City, State	Morrisville.	DΛ					
Completed By	Allentow	Title				Signature		Date		W. ( Z-1)	_	=
Mahlon E. St	evens	Pr	oject	ect Manager 4/28/17								_

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

Chr # 3203

Date of Notification	(1)		Nai	me of Buile	dina O	wner / Operato	or (2)								
	4/26/17				unig o	mor operate	,, ( <u>-</u> )		Learn		a [	э п	71.77	E	Printerio.
Agencies Notified	Type Notific	ation	1			W				E (	5 6	3	M	G	In
□ EPA		27							1				ingelph marks		711
DEP	Initia		1	A STATE OF THE PARTY OF THE PAR											
⊠ DOL	Ame					103				M					l leaf
□ DOH □ DCA		rgency cellation				un na			94 05		lele	pho	ne N	umb	er
	L Carr	Cenation	п.	L. Trey S	maiiv	vood			1	LODEC	NT CC	500	ALTE	IO	ó.
				ACILITY	INFO									101-	O.
Name of Facility Wi		ent is Taking P	lace (3)								Secretaria de la companio del companio del companio de la companio del companio de la companio de la companio del companio de la companio del companio del companio de la companio de la companio de la companio de la c	*****	top - charges	H AF W 188-48	
Proposed AutoZ	one						1250						19 J.T.		
Street Address	22-27 W 02-														
200-210 East Wa	shington S	treet								al buildi				tc.)	
0:1 (5)		To				_		# of Flo	ors		Bldg	-			
City (5)		County (6)	Count	y Code (7	)				1				40+		
Washington Twp	)	Warren					(Prior if	being d	lemolis	hed)					
		<u> </u>													
		by Building Own	123 S Front Street   City, State & Zip Code   Memphis, TN 38103   Mame of Contact   May - 1 2017   Telephone Number   Telephone Number   Telephone Number   May - 1 2017   May - 1 2017   Telephone Number   May - 1 2017   May												
Environmental C Street Address	onnection							ental, I	nc.						
120 N Warren Str	root							of							
City, State & Zip Co							701 1000 201 110					-	-		-
Trenton, NJ 0860															
Project Manager for		Firm	Telepho	ne Numbe	er				L	icense	Num	ber			
Rollie Jones									0	0509					
Scheduled Start Da	te (10)	Scheduled Cor	npletion [	Date (11)		Name of OSH	HA Mor	nitor							
5/8/17			2.00 cm (1.00 cm)			Bristol Env	ironm	ental Ir	ıc.						
													_		
	7:00 AM -		al Hours	- /am to :	3pm		7.7								
	upied During					Bristoi, PA	19007								
Scope of Work (Che															
	zon un unat ap	- P.)/					П	Full Con	ntainme	ent with	Nega	ative	Pres	sure	
≥3 sf or ≥3 l	f		R	enovation											
≥160 sf ≥26	O If		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	emolition				Glove B	ag Pro	cedures	S				
N6578 II							$\boxtimes$	Non-Exe	empted	and No	on-Fri	iable	Prod	edu	re
	cation of			The state of the s								Aba	teme	nt T	уре
	os-Containin erial (ACM)	g												_	
	BE ABATED								SI	OI LF)		Re	æ	nca	Enc
	n Facility				ins	sulation, surfac	cing, VA	TF				mo	ера	psu	iso
	(13)				0	or other miscella	aneous	5)				<u>a</u>	=:	ılate	ure
Exterior						Window Gla	azing		9	6 LF			닏	닠	
				4141											님
						on marketing and the second						니	니	닏	님
				1111								님	井	님	井
					-330000						_	뭐	님	님	님
Name of Desistant	Mask- H- 1			J L L	4-10	Nulsia Vende	Me	-40-		1			Ш	Ш	Ш
Name of Registered	vvaste Haui	er	100		-0.00		IName	of Regi	stered	Landilli					
Service Transpor	rt Inc.				1		Mine	rva Lar	ndfill						
City, State							Control of the contro	TOTAL DESIGNATION							
New Castle, DE									g, OH						
Completed By (Print	or Type)		-	Γitle		Signature					D	ate		2-1/12	
Gino Pizzigon			- 112	Project		01- 6	)	1304	10	11			/17		
			1	Vlanager	1	LUNO F	NNY	1 york	17						

## CKLOSH

### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

M	E	C	E		$\mathbb{W}$	E
	ط	0	5	-11	U	5

	13.								1 10	1)	1				
Date of No 4/26/17	etification (1):			ilding O	wner/Operator (2): KER				arm-y-li	No.	en.	MA'	/ -	1 20	17
Agencies	Type Notification		t Addre								T				
Notified	(X) Initial	- 01	0	7: 0 1							AS	BEST			
() EPA	Notification ( ) Amendment			Zip Code ON, NJ (					-			L	CEN	SING	adjetes c. c felia
(X) DEP (X) DOL	Notification		e of Co		17039			Telephone	Numbe	-					_
	( ) Emergency	DIET		, italia				reiepiione	711411100	-					
(X) DOH ( ) DCA	( ) Cancellation														
					FACILITY INFO	ORM	ATION								
Name of F	acility Where Abate	ment is	Taking	Place (3	3): RESIDENTAL	Ту	pe of Facility	(4):							
							School (K-12		0.0020						
Street Add	ress.						Subchapter 8 Other (i.e., p			mile	dings				
Street / taa	1033.						homes, etc.)	arrate & com	incroidi o	,	50,				
City & Sta	te (5): LIVINGSTO	N				Sq	juare Feet: N	A	# of F	Floo	ors: 2	T	Bldg.	Age: 1	NA
0(0)			Ta		1 (7)	-	I ! . /D		1 1	1	15.				-
County (6) ESSEX				unty Co	de (7) ISE ONLY)		irrent Use (P ESIDENTAL		demolis	sne	a):				
LOSEX			(5	MILC	SE ONET)	1	COIDENTAL								
	Monitoring Firm	Hired	by .	Building		Na	ame of Abate	ement Contra	actor (9)	):					
Owner 8)	MENTAL CONSU	LING	EDOLID	110	NA	S/	M Enterpris	se of NJ, In	ic.						
Street Add		LING	IKOUI	, LLC		Sti	reet Address	. "							
71 ARCH						33	9 N. 6 <sup>TH</sup> . S	TREET							
City, State						50000	ty, State, Zip								
						1	ospect Park		,						
	ON, NJ 07522 mager for Monitorin	a Firm:			Telephone No.:		elephone No.	The state of the s	Licens	ee 1	Vo.				
	DO VILLA	g i iiiii.			973-418-4036	1 33			00641		10				
Start Date		Schedul	ed Con	nnletion	Date (11):	-	73) 595-6955 ame of OSH		00041	-					
5/5/17		5/7/17	cu con	inpiction	Date (11).	5538181	M Enterpris		Jersey,	Inc	<b>)</b> .				
Occupancy	Status During Abateme	ent (Chec	ck only o	one)			reet Address:								
	Closed/vacated During					1000000	9 N. 6 <sup>TH</sup> . ST					8			
( ) Abatem ( ) Other –	ent Performed Outside Describe:	of Norm	nal Facil	ity Hours			ty, State, Zip		500						
						PR	ROSPECT PA	AKK, NJ 07.	308						
	Vork (Check all that ap	ply):						( ) Full C	Containn	nen	t wit	h Nega	ative P	ressur	e
$(X) \ge 3 \text{ sf}$	$or \ge 3 \text{ lf}$ $sf \text{ or } \ge 260 \text{ lf}$			(X) I	Renovation Demolition			(X) Wrap (X) Glove	& Cut						
( ) ≥ 100 .	St 01 2 200 11			( ) -	- Cinonaron			() Non-F	riable Pr	oce	dure	_			
L	ocation of	l N	Vorma	lly	Do	escrip	otion of	(10)0					T	ype	
Asbestos-C	Containing Material		d Sole		Asbestos Con (i.e., therm:	taınır al svs	ng Material stems insula	(ACM)						H	-
тог	(ACM)		intena Lustodi		surfa	acing,	, VAT, or		Am			Removal	Re	Encapsulat	Enclosure
	BE ABATED  N Facility		Staff		other	misc	ellaneous)		(Sp			VOU	Repair	psu	uso
	(13)	V	(12)	T NI/A					SF o	or I	LF)	2	-	llat	li.e
BASEME	ENT	Yes	No X	N/A	PIPE INSULAT	ION	g		75 1	LF		X			
BASEME	ENT		X		FURNACE INS	ULA	TION		12 5	SF		X			
		+													
Name of R	egistered Waste Hau	ıler:		1	NJDEP Wast	te	Cubic Y	ards	Name	of	Regi	stered	landfi	11:	
	S TRANSPORT GR		NC.		Hauler ID No 20990	0.:	of Waste		IESI						
City, State				osal Date	e:	City, State:									
NEW CAS	TILE, DE		5/10/	17		WAYNESBBURG, OH									
Completed				Title:	IDENT	Signature: Date:									
MIKEAL	ΓADOUKA			PRES	IDENT	4/26/17									

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

Check # 9450

Date of Notification (1)				Building Ov				ME	(C	FI	IW	1 15	
4/25/17 Agencies Notified Type Notification		_				K LL		1111			1 (1)		
EPA Initial Amended Amendment #			30 City, Sta	TO O	DORE	imus J. O	AVE	The same of the sa	MAY	Di Store	50.	17	
		_	NE	WARY	C, N.	J. 0	7100	7					
DOH justification)	cluding		Name of	Contact					1000	<del></del>	-		
DCA Cancellation				L CIC		LA 							
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFOR	MATION	Type of Fa	cility (4)						
KB NEWARK LLC						ट्रम् <u>य</u>	ol (K-12)						
Street Address 3500 POREMUS	A	JE				Subc	hapter 8 (O	ther than K-1 e & commerc		dings,	home	es,	
Oity (5) NEWARK						Square Fe		of Floors	В	ldg. A	-		
County (6) ESSEX				Code (7) USE ONLY)		Current Us	se (Prior if b	eing demolis	shed)				
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCN	l No.	Nam	e of Abateme		/	,				
*	1,565					vlac Contra							
Street Address					100000000000000000000000000000000000000	et Address Vreeland	Ave.						
City, State, Zip Code						State, Zip Co land Park,							
Project Manager for Monitoring Firm		1	Telepho	ne No.		phone No. -262-5841		License I					
Start Date (10)			pletion I	Date (11)		e of OSHA Mega Enviro		Services I	nc.				
Occupancy Status During Abatement (Check	Only One	<del>2</del> )	,			et Address							
Facility Closed/Vacated During Entire Pe	riod of Al	batem	ent			Huyler Str							
Abatement Performed Outside of Norma Other – Describe:	Facility	Hours	City, State, Zip Code Hackensack, N.J. 07606										
Scope of Work (Check All That Apply)				***************************************	ria	JREHSack, I							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emoliti				Mini-End Gloveba	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	ls l	ocatio	חח			NON-LAC	impled ( ) a	illu IVOIPT IIa	DIE FIO		ement		
Location of		ormali Solel	-		Description					Ту	pe		
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mair Custo	ntenan dial S (12)	ice/ itaff?	(i.e. the	Containing ermal syster surfacing, V ther miscella			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								е		
MAIN BUILDING THROUGH	709		X		PIPE			5040	4X				
BULLOING 15			X		TRAWS	, T.E		00 3.4	1				
Bullowie 1>			X	1	Duct		6	rou sf	X				
Name of Registered Waste Hauler		l Ai	IDED W	(note ) (	2-4:- Vd-								
Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509  Cubic Yards of Waste 40  Name of Registered Landfill Grand Central Sanitary Landfill											
City, State Newark, N.J. 07105				0	Disposal Dat	December 1997	y, State n Argyl, F	PA 08072	-				
Completed by R. McDonald	Title Title					sident Signature/					7		
					11/	11 1/ 200	:		110	-11	,		

MO#24	06848	100	NOTII	FICATIO	N OF ASBE t to NJAC 8	STO	ABATE	MEN 0)	T Comment	)), <u>"</u> 1)	. (6)	<u> </u>	\1		
Date of Notification (1) 04/25/2017				l	of Building C asa Don F		11.5	(2)	The state of the s		MAY	- 1	2017	1000	- J
Agencies Notified	Type Notification			Street /	Address					ASI	BESTO	10.00	NTO	N 8.	
X EPA	× Initial			Cit. Ct	7. 0				1	AOI		ENSI		AL SA	
EPA DEP DOL	Amended Amendmen	t #		(C)	tate, Zip Cod ark,NJ,07							200			
100000	Emergency justification)		]		of Contact					Te	lephone	Numbe	r		
DOH DCA	Cancellation			Chris	topher pa	gan					Topilo.io	TTUTTIO			
N				FAC	ILITY INFO	RMA	TION			- 1					
Name of Facility Where A private house	Abatement is Takir	ng Place (	3)					Тур	e of Facility	(4)					
Street Address									School (K-	12)		IC 40)			
01/001/1000								×	Subchapter Other (i.e.				ildings	, hom	es,
City (5)									etc.) lare Feet	1#6	f Floors		Dida	Λ	
newark								N/A		# 0   N/			Bldg. N/A	Age	
County (6)				County	Code (7)				rent Use (Pri			olished)			
Essex					USE ONLY)	-			RIVATE HO			/			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASCI	M No.		- AL STREET, ASSOCIA		ATEMEN						
Street Address							Street		2.515.115.	I LLC					
							89 F	RAN	IKLIN STF	REET					
City, State, Zip Code									Zip Code						
Project Manager for Moni	toring Firm			Telepho	ano No		Teleph		ON,NJ,07	524	1111111				
	toring r irrit			releprio	one No.				.5144		Licens 0127				
Start Date (10)		Schedul						of OS	SHA Monitor						
5/05/2017		05/06/		17 EHV					ATEMEN	T LLC					
Occupancy Status During							Street			DEET				lone =	
Facility Closed/Vaca Abatement Performe	ted During Entire I ed Outside of Norn	Period of a	Abater	ment s					IKLYN ST	KEEI					
X Other – Describe: C	CCUPIE		, , , , , ,				55.0		ON,NJ,07	524					
Scope of Work (Check Al	That Apply)				Title				,,	-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Will Eliciosate							
		Is	Locat	ion									Abat	ement	
Location			Norma				escription					-	T	уре	
Asbestos-Containing I TO BE ABA		Ma	intena	nce/	Asbesto	s Cor herma	ntaining M Il systems	lateria insu	al (ACM)	570	mount Specify	7		四四	ш
In Facilit (13)	У	Cus	todial (12)	Staff?		surfa	acing, VA	T, or			or LF)	Kemova	Repair	caps	Enclosure
(13)		Yes	No	N/A	1	otner	miscellan	eous	)			oval	air	Encapsulate	sure
BASEME	NT	- 30	X		PI	IPE I	NSULA	TIOI	N		70	X			
													+		
Name of Registered Wast	e Hauler		1,000	JDEP W			Yards		Name of I	Registe	red Land	dfill			
TRY STATE TRANS	FER/YIMY BR	OTHER	17(50)	lauler ID 9551		of Wa	ste		MINER				S		
City, State 199 RANDALL AVE	BRONX ,NY							City, State 900 MINERVA RD WAYNESBURG OH					ОН		
Completed by		Title		Signature					1 2 2 2 1 1 1 1			Date			011
ICTOR ESPIRITU		PRO	PROJECT MANAGER						04/25/2017						

GL17-007 Lincoln			FICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE		т Раз	ge I		C			
Date of Notification (1) 4-21-2017				of Building rouck H			r (2)				MAY	_ 1	วก	47
Agencies Notified Type Notification				Address Soulevar	.d					1.5	BA YI		20	17
EPA Initial Amended				ate, Zip C					1	AGDI	ESTC	18 0	DIVI	FI II
X DOL Amendmen				rouck H		NJ 076	304		-			ENS		
▼ DOH				of Contact Itsianos					Tel	ephone N	umber	,		
Name of Facility Where Abatement is Takir	a Place /	3/	FAC	ILITY INF	ORMAT	ION	Turn	f F1114 . / 4	,					
Lincoln Elementary School	ig i lace (	J)					×	e of Facility (4						
Street Address 302 Burton Ave								School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Oth			ilding	s, hon	nes,
City (5) Hasbrouck Heights								are Feet 000 +	# o	f Floors	- 1	Bldg. 50+	Age	
County (6) Bergen				Code (7) USE ONL	n			rent Use (Prior	if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building Westchester Environmental	Owner (8)		ASCN 0012			Name GL G		atement Contro, Inc	ractor	(9)				
Street Address 307 North Walnut Street						Street 140 h		ess burg Tpke						
City, State, Zip Code West Chester, PA 19380			-2001182-20-0					Zip Code dale, NJ 07	403					
Project Manager for Monitoring Firm Philip Conteh			Telepho 610-43	ne No. 31-7545		Teleph (201)		No. -9725		License I	No.			
Start Date (10) 4-13-2017 at 4:30 pm	Schedule 4-21-20			Date (11) pm		Name GL G		HA Monitor , Inc						
Occupancy Status During Abatement (Chec	k Only Or	ie)				Street						1115-5		
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Abaten Hours	nent S			City, St	tate, z	ourg Tpke Zip Code						
Scope of Work (Check All That Apply)						Bloor	ming	dale, NJ 07	403					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emolit				×	Mi Gl	II Containmen ni-Enclosure ovebag Proce on-Exempted (	dure				re.	
	10-31	Locati										Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Use	lormal d Sole	ly by	Ashes	Des tos Conta	scription	of ateria	I (ACM)	۸۰	nount	-	T	/ре	
TO BE ABATED In Facility (13)	44,933	ntenai odial S (12)			thermal surfac		insul F, or		(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>		late	Ге
Boiler Room HB Smith Boiler	X				R	Roping			20	0 LF	x			
Boiler Room HB Smith Boiler	X				Boiler	Insula	tion		15	0 SF	Х			
											-			
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of Re	aister	ed Landfill				
GL Group, Inc		Н	auler ID )33034	No.	of Was			Minerva	giotoi	ca Lariaiii				
City, State Bloomingdale, NJ					Disposi TBD	al Date		City, State Waynesb	urg,	ОН				
Completed by Elena Solakov	Title Presid	dent		V = 000	Si	gnature	E	2	or.	) Da	ite 21-2	017		

GL17-007

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

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Page 1 of 1

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Date of Notification (1) 4-17-2017				of Building rouck He			r (2)								Adams
Agencies Notified Type Notification  X EPA Initial				Address Boulevar	d				[.]		WA)	-	- 1	201	7
DEP Amended Amendmen				tate, Zip C rouck He		NJ 076	604		i i	ASB	EST	OS	CO	NTR	OL,
▼ DOH				of Contact itsianos					Tele	phone I				<u> </u>	
			FAC	ILITY INF	ORMAT	TION			de la constante de la constant			and .			
Name of Facility Where Abatement is Takin Hasbrouck Heights HS/MS	ng Place (	(3)					Туре	of Facility (4 School (K-12							
Street Address 365 Boulevard								Subchapter ( Other (i.e. pr etc.)	3 (Other			build	lings	, hom	es,
City (5) Hasbrouck Heights								are Feet 000 +	# of F	Floors			ldg. <i>A</i> 0+	Age	
County (6) Bergen				Code (7) USE ONLY	)		Curr	ent Use (Prio	r if being	g demo	lished	i)			
Name of Monitoring Firm Hired by Building Westchester Environmental	Owner (8	)	ASCI 0012	M No. 27			of Aba Group	atement Cont	ractor (	9)		-			
Street Address 307 North Walnut Street				-		Street 140		ess burg Tpke				5			
City, State, Zip Code West Chester, PA 19380						City, S	State, Z	Zip Code dale, NJ 07	7403						
Project Manager for Monitoring Firm Philip Conteh		- 1	Telepho	one No. 31-7545		Teleph	none N			License					
Start Date (10) 4-28-2017 at 2:00 pm		duled Completion Date (11) Nan						HA Monitor		0.00.					
Occupancy Status During Abatement (Chec	The party of the control of the cont			P		Street									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abaten	patement 140 Hamburg Tpke												
Other – Describe:	7.4		_			Bloo	ming	dale, NJ 07	7403						
Scope of Work (Check All That Apply)	-	Renova Demolit				×	Mi Gl	III Containmer ni-Enclosure ovebag Proce on-Exempted	edure					e	
Location of		s Locati Normal	ly		De	escription	of							ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/		tos Con therma surfa	taining M I systems icing, VA miscellan	lateria s insul: T, or	ation,	(Sp	ecify or LF)		Removal	Repair	Encapsulate	Enclosure
Crawl Space	X	110	1,07	P	ine Fit	ting Ins	sulatio	on	69	LF	X				
Gram opaco					ipo i ii	ung me	Julan	511	00		Δ.				
Name of Registered Waste Hauler			JDEP W		Cubic	Yards		Name of Re	egistere	ed Land	Ifill				
GL Group, Inc			auler ID 033034		of Wa TBD			Minerva			N-SV-SHIP.				
City, State Bloomingdale, NJ			2.50		Dispo TBD	sal Date		City, State Waynest	ourg, C	ЭН			. =		
Completed by Elena Solakov	Title Pres	ident			3	Signature	E	Ceru Soli	Mar	j   '	Date 4-17	-20	17		

GL17-007
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Ph 4 ULAGV.	)	(F	Pursuan	t to NJAC	8:60 and	d 12:12	(0)	Che	eck#\	2845	C	F	I	W	
Date of Notification (1) 4-24-2017				of Building rouck He			r (2)			_15	0		U	U	
Agencies Notified Type Notification				Address Boulevard	ı				and but	-	MAY		1 :	2017	-
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DOL Amendmen Emergency				rouck He		NJ 076	604			ASBE					OL 8
DOH justification)		9		of Contact	Corni				1 Toku	hana	Mermah	×r ····	2117	2	1000
X DCA Cancellation	1			itsianos (		ON									
Name of Facility Where Abatement is Takir Hasbrouck Heights HS/MS	g Place	(3)	.,,,		21(111)2(11	OIT	Туре	e of Facility (4	)						
Street Address							×	School (K-12 Subchapter 8	) (Other	than k	( 10)				
365 Boulevard								Other (i.e. pr	ivate & c	comme	ercial l	buildi	ngs,	home	es,
City (5) Hasbrouck Heights								etc.) are Feet 000 +	# of F	loors		Blo 50	lg. A	ge	
County (6) Bergen			County (STATE	Code (7) USE ONLY)			Curr	ent Use (Prior	if being	demo	olished	1)			
Name of Monitoring Firm Hired by Building Westchester Environmental	Owner (8	3)	ASC: 0012	M No. 27		Name GL G		atement Contr	actor (9)	)					
Street Address 307 North Walnut Street						Street	Addre		172 - 19 - 12						
City, State, Zip Code West Chester, PA 19380		mans sic				City, S	state, Z	Zip Code dale, NJ 07	403				1,000		
Project Manager for Monitoring Firm Philip Conteh			Telepho 610-4	one No. 31-7545		Teleph (201)			1000	icense		-			
Start Date (10) 5/12/17 at 4:30 pm			d Completion Date (11)  Name of OSHA Monit  at 3:30 pm  Name of OSHA Monit												
Occupancy Status During Abatement (Chec	k Only O	ne)			SS				30						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	nent		ourg Tpke	400									
Scope of Work (Check All That Apply)					dale, NJ 07	403									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	Renova Demolit				×	Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (	dure				dure	2	
	Is	Locati	on						7				bate	ment	
Location of Asbestos-Containing Material (ACM)		Normalled Sole		Ashasta		cription		(4.044)		800040	-	Т	Ту	oe T	_
TO BE ABATED In Facility (13)	100000	todial S (12)			hermal s	systems ing, VAT	insula T, or		Amo (Spe SF or	cify	CHOVE	Removal	Repair	Encapsulate	Enclosure
Room 101	100	X	18/75	Pir	oe Fittii	na Ins	ulatio	nn l	11	f	x	+	-		
Room 103		X			oe Fittir				21		X	+	+		-
Room 105		X							91		x	+	+		-
			Pipe Fitting Insulation						0 1		-	+	+		-
Name of Registered Waste Hauler	1	1000000						Name of Re	gistered	Landi	fill				
GL Group, Inc		1 to 1 to 2 Gra	auler ID 33034		of Waste			Minerva							
City, State Bloomingdale, NJ			TBD Waynest					City, State Waynesb		Н					
Completed by Elena Solakov	Title Presi	dent	ent Signature							22 U 27	Date 1-24-	201	7		

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GL17-007 CL SST		NOTII	FICATIO	N OF AS	New Jers BESTOS C 8:60 ai	ABATE	MEN (0)	E.E.C.	Page 1	of) [ #2817	C	E		7 [5
Date of Notification (1) 4-24-2017			Name Hasb	of Buildir Prouck I	ng Owner/ Heights	Operato BOE	r (2)		The state of the s	11111	MAY	- 1	20	17
Agencies Notified Type Notific  EPA Initial	ation			Address Bouleva	ard				Part Control of the C	ASB	ESTO	SC	ONTI	ROL
DEP Amend Amend Amend	ment #			tate, Zip rouck h	Code Heights,	NJ 07	604		- [				ING	war w
DOH justifica		g		of Contac					Te	lephone N	Number			
					FORMAT	ION								
Name of Facility Where Abatement is ` Hasbrouck Heights HS/MS	Taking Place	(3)					_	e of Facility						
Street Address 365 Boulevard							×	School (K Subchapt Other (i.e	er 8 (Oth	er than K & comme	-12) rcial bu	ildings	s, hom	ies,
City (5) Hasbrouck Heights								etc.) lare Feet 000 +	# 0	f Floors		Bldg. 50+	Age	
County (6) Bergen		Т	County	Code (7)	Y)		Cur	rent Use (P		ing demol		30+ 		
Name of Monitoring Firm Hired by Build Westchester Environmental	ding Owner (8	5)	ASC	M No.	.,	Name	of Ab	hool patement C	ontractor	(9)				
Street Address			001			Street	Addre							
307 North Walnut Street								burg Tpk	e					
City, State, Zip Code West Chester, PA 19380		Telephone No.						Zip Code Jdale, NJ	07403					
Project Manager for Monitoring Firm Philip Conteh				one No. 31-754:	5	Teleph (201)		No. -9725		License 01084	No.			
Start Date (10) 5/5/17 at 2:00 pm	Schedul 5/7/17	led Cor at 3:3	npletion 30 pm	Date (11	)	Name GL G		SHA Monito	r					7
Occupancy Status During Abatement (C	Check Only O	ne)				Street					-			-
Facility Closed/Vacated During En Abatement Performed Outside of I	tire Period of Normal Facility	Abaten	nent			and the second		burg Tpk Zip Code	е					
Other – Describe:	-	6						dale, NJ	07403					
cope of Work (Check All That Apply)							-		-10-00			2005110	-	
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Decrees the same of the same o	Renova Demolit	W. 1200 cm			×	Mi Gl	ull Containn ini-Enclosu ovebag Pro on-Exempte	re ocedure	<del>-</del>			e ·	
Location of	L 4055	Locati										Abate	ement /pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Used Solely by Maintenance/ Custodial Staff? (12)  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  SF or LF)												
	Yes	No	N/A								-		ite	Ø
Maintenance Room	X			F	Pipe Fitti	ng Ins	ulatio	on	1	0 If	X			
Boys Bathroom		Х		F	Pipe Fitti	ng Ins	ulatio	on	1	8 If	Х			
					-						-			
ame of Registered Waste Hauler		l N.	JDEP W	aste	Cubic	′ards		Name of	Register	ed Landfi				
. Group, Inc		Ha	auler ID 33034	No.	of Wasi			Minerva		ou candil				
ty, State oomingdale, NJ					Disposa TBD	al Date		City, Stat	te sbura. OH					

Completed by

Elena Solakov

Date

4-24-2017

City, State Waynesburg, OH

Signature

Title

President

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

Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 6

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. LICENSING

I. NOTHECA	PIONINFORMATION
Date of Notification: 4 / 6 / 17  ☑ Initial ☐ Amended ☐ Cancellation ☐ Er  Type of Work: ☐ Demolition ☐ Renovation	mergency (must include Justification)
II. BUILDIN	10 INFORMATION
Name of Building Owner/Operator: American Propes Street Address: 517 Route 1 S, Suite 210@ity:  Name of Contact: Tom Mullen	Iselin State: NJ Zin: 08830
	TY INFORMATION
	5 West Franklin Avenue
Street Address: 105 W Franklin Ave City: I County Name: Mercer	Pennington State: NJ Zip:  County Code (State Use Only):
Scheduled Start Date:	Scheduled Completion Date: 5 / 31 / 17
Scope of Work (check all that apply):  Square Footage:	320 Percentage Asbestos: 2 %
x Mastic Square Footage:	320 Percentage Asbestos: 2 %
☐ Transite Square Footage: ☐ Rooling Square Footage:	Percentage Asbestos: %
☐ Siding Square Footage: Square Footage:	Percentage Asbestos: %
Other: Square Footage:	Percentage Asbestos: % Percentage Asbestos: %
IV. CONTRAC	AND
Company Name: ABS Environmental Services, L	
Street Address: 4 E Gate, PO Box 483 City:  New Jersey Asbestos License Number (if applicable):	IC       Telephone No.:       973-764-2276         Glenwood       State:       NJ       Zip;       07418         703
Monitoring (if applicable):	Telephone No.:
	BINA TURE
Completed By (lype or print legibly): A. Scott Higgins	Tille: President
Signature:	Date: <u>4/6/17</u>

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

							C K	STON TO		6	7 a	1	
Date of Notification (1) 4/6/17				of Building C ican Prop			nc.	-		MAY	V 52	2	017
Agencies Notified Type Notificati	on			Address				1	-1	IN PA			UII
EPA X Initial			517 F	Route One	South, S	Suite 2	100	1					
DEP Amended		Ì	City, St	ate, Zip Cod	le				ASB				
× DOL Amendm			Iselin	, NJ 0883	30-3011					1/16	JEN!	BING	à
	cy (including on)	Ī	Name o	of Contact				Told	nhone N	ımber	.00.000		
DCA Cancellat			Tom I	Mullen									
Name of Facility Where Abatement is Ta	kina Dlaga /2	\	FAC	ILITY INFO	RMATION								
house	king Place (3	)				Ту	pe of Facility (	4)					
Street Address							School (K-1		72 - 1100°				
Sileet Address						×	Subchapter Other (i.e. p	8 (Othe	r than K-	12) cial bu	ildinas	: horr	201
016.763			22				etc.)				nun ige	, 11011	103,
City (5) Pennington							uare Feet		Floors	- 1	Bldg.	Age	
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County (6) Mercer				Code (7) USE ONLY)		Cu	rrent Use (Prid	or if beir	ig demoli	shed)			
	- 0 (6)												
Name of Monitoring Firm Hired by Buildir	ig Owner (8)		ASC	M No.			batement Con			_			
Stroot Address							vironmenta	Servi	ces, LL	C			
Street Address					100000	eet Add							
City State Zie Code	Herman Harris				and the same of th		483, 4 E G	ate Dr	ive	15			
City, State, Zip Code							Zip Code	4.0					
Project Manager for Monitoring Firm			7 1 1				od, NJ 074	18					
rioject Manager for Monitoring Firm			Telepho	ine No.	2000	lephone			License	No.			
Start Date (10)	Cahadula	d C		Data (44)		73-764	and the second		703				
4/18/17	Schedule 5/31/17		npietion	Date (11)	Na	me of O	SHA Monitor						
Occupancy Status During Abatement (Ch	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT				Str	eet Add							
			20		3111	eet Add	1622						
Facility Closed/Vacated During Entire Abatement Performed Outside of No.	e Period of Al ormal Facility	baten Hours	nent s		City	y State	Zip Code						
X Other - Describe: roof					_   011	y, otate,	Zip Code						
Scope of Work (Check All That Apply)													
23 sf or ≥3 lf	X P	enova	tion			П							
× ≥160 sf or ≥260 lf		emolit					ull Containme Ini-Enclosure		Negative	Pressi	ıre		
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Location of Asbestos-Containing Material (ACM)	Used			Ashasta	Descript s Containin	tion of	(a) (A (A (A))			-	T	T	T
TO BE ABATED	Mair Custo	tenar		(i.e. th	ermal syste	ems inst	ulation,		ount ecify	σ,	-	EN	m
In Facility (13)		(12)	otall?		surfacing, other misce	VAT, or			or LÉ)	Remova	Repair	Scie	clos
(13)	-				mer misce	lianeous	5)			laval	事:	Encapsulate	Enclosure
	Yes	No	N/A			02 Table 10						0	
lower roof			X	pi	tch layer	materi	ial	600	SF	×			
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		20000											
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Name of Registered Waste Hauler			JDEP W	10.5000 HT 1993	Cubic Yards	S	Name of R	Register	ed Landfil		-		
Freehold Cartage		10000	auler ID 5939		of Waste TBD		Western	Berks	Landfi	11	X D		
City, State		110				nto.							
Freehold, NJ		Disposal Date City, State TBD Birdsboro, P											
Completed by	Title						birasbor	O, PA					
A. Scott Higgins	Presid	Signature					1 -		100000	ate			
	1 16810	CIII				(		-	4.	6/17			

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Date of Noti 04-26-20						Building ( Concep		perator	(2)		ì	MAY	- 1	201	7	
Agencies No	otified T	ype Notification			Street Ad	ddress				-	-					
X EPA	×				0:1 01	1- 7:- 0-	4-				A.	SBEST	75.00	3014 F	(())	.i
× DEP × DOL		Amended Amendment	#			te, Zip Co ic NJ 07							DENS			
□ DOH		Emergency justification)		-	Name of	Contact			-		Tal	ant *!	umber	-		
DCA		] Cancellation				Concep				1						
Name of Ea	cility Where Aba	atement is Takir	n Place (3	)	FACI	LITY INFO	DRMATI	ON	Tvr	oe of Facility (	4)					
Private D		atomont to Takin	g / 1000 (o	<u> </u>					П	School (K-1						
Street Addre	ess									Subchapter Other (i.e. p	8 (Oth	er than K-	-12)	Idinae	home	96
									×	etc.)						,0,
City (5)	NJ 07055								Sqi N/	uare Feet Δ	# 0	f Floors Δ		Bidg. A N/A	.ge	
County (6)	143 07033	f.,		-	County C	Code (7)			2020	rrent Use (Pri		M73				
Passaic						JSE ONLY)	0, <u>-</u>			rivate Dwell						
	onitoring Firm H		Owner (8)		ASCN	l No.				batement Cor		(9)				
	d Enviroment	al						Ama	W. 184	ontracting	LLC					
Street Addre	ess ton St, Suite	2A								< 734						
City, State,				-						, Zip Code						
	NY 11233									nd Park NJ	0742		-			
	nager for Monito	ring Firm			Telephor	ne No. 11-7673		Teleph		No. 2-6298		License 00126				
Start Date (	Adefisoye		Schedule	d Con		,			170.00	SHA Monitor		00120	0			
05-05-20			05-11-2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 410 ()				ontracting	LLC					
Occupancy	Status During A	batement (Che	ck Only On	e)				Street								
× Facility	/ Closed/Vacate	d During Entire	Period of A	baten	nent				200	X 734 , Zip Code						
	- Describe:		nai Facility	nouis	•					nd Park NJ	0742	24				
Scope of W	ork (Check All T	hat Apply)														
× ≥3 sf o				enova				×		Full Containm		n Negative	e Press	ure		
≥160 s	of or ≥260 If			emolit	ion			×	٠ (	Mini-Enclosur Glovebag Pro	cedure					
			_					-		Non-Exempte	d (*) an	d Non-Fri	able Pr		e emen	t
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Asbesto	Location of s-Containing Ma	aterial (ACM)	Use	d Sole	ly by		tos Cont		Mate	rial (ACM)		mount			щ	E
	TO BE ABAT In Facility	<u>ED</u>	1	odial S		(i.e.	thermal surface	system cing, VA				Specify F or LF)	Remova	Repair	caps	Enclosure
	(13)			(12)			other n	niscellar	neou	is)			oval	air	Encapsulate	sure
			Yes	No	N/A										ω	
	Basemen	t			Х		Pipe	Insula	atior	n		15 LF	X			
											D. 1		ien -			
	egistered Waste			1 1 1 2 2 2	IJDEP W lauler ID		Oubic of Was	Yards ste		1 1000 to 1000 A		ered Land	21111			
	ntracting LLC	,		0	036184	1	1 CY		98	Fairles		•				
City, State	d Park NJ 07	124						sal Date 3-2017		City, Sta		A				
Completed t			Title					Signature		1		$\cap$	Date			
Tome Mas			Proje	ct Ma	anager				1	1,-		)	04-26	-201	7	
ASB-41 (R-06	5-08)							*Do no	ot us	se this form fo	r asbes	itos licens	ure exe	empted	activ	ities.

State of New Jersey

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2772 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 / 26 / 17 Helen Rojas Agencies Notified Type Notification Street Address □ EPA X Initial □ DOLWD ASBESTOS CONTROL & ☐ Amended City, State, Zip Code LICENSING X DHSS Amendment # Emergency (including Elizabeth, NJ 07206 □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Helen Rojas FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Elizabeth, NJ 07206 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_05\_\_/\_\_05\_\_/\_\_17 05 / 06 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/ PM\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Repair Removal Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A X Basement Pipe insulation 20 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner ente Wenad 04/26/17 ASB-41

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Check # 3004 Windsor Prep 4/25/2017 ASBESTOS CONTROL & Street Address Type Notification Agencies Notified 60 West Midland Avenue LICENSING EPA Initial City, State, Zip Code Amended DEP X Amendment # Paramus, NJ 07652 DOL X Emergency (including Telephone Number Name of Contact justification) DOH Christine Liptak Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Windsor Preparatory School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 60 Wesr Midland Avenue etc.) Bldg. Age # of Floors Square Feet City (5) 50+ 20.000 2 Paramus Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) School BERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) **EA Services Corporation** N/A Street Address Street Address 426 69th Street City, State, Zip Code City, State, Zip Code Guttenberg, NJ 07093 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 01074 201-295-1700 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same as above 4/29/17 4/29/17 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, Removal (Specify Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes N/A No 8 SF X Clean-up debris Boiler Room X 2 SF X Boiler breaching Boiler Room X Name of Registered Landfill Cubic Yards N.IDFP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Cumberland Landfill Freehold Carting tbd 15939 City, State Disposal Date City, State Newburg, PA tbd Freehold, NJ Date Signature Completed by 4/25/2017 Office Manager Gina Betances

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

			(Pursua	nt to NJAC 8:	:60 and 12:11	20)	001	10	4	H	0	
Date of Notification (1) 4/26/17				of Building O rey Kutyush		or (2)		UE			0	
Agencies Notified Type Notific	ation	-	The second second	Address	iev							
EPA X Initial												
DEP Amend	led Iment #			State, Zip Cod								
Emerg	ency (includir	ng	1	own, NJ 08	850 ————							
DCA justifica			Andr	of Contact			Telephoi	ne Nun	nber			
				CILITY INFOR	RMATION		-					_
Name of Facility Where Abatement is House	Taking Place	(3)				Type of Facility	/ (4)			9	-	
Street Address						School (K						
Subdit Address						Subchapt  Other (i.e.	er 8 (Other tha . private & com	n K-12 mercia	) al bu	ildina	s. hor	nes
City (5)						etc.) Square Feet	# of Floo					
East Brunswick						2100	2	5	- 1	Bldg. 68	Age	
County (6) Middlesex			County	Code (7)		Current Use (P	rior if being de	molish				
Name of Monitoring Firm Hired by Built	dia a O	2.		USE ONLY)								
rame of workoning Firm Filed by Bull	ung Owner (	3)	ASC	M No.		of Abatement Co Environment				4		
Street Address			1			Address	al Services,	LLC				
						Gate Drive, P	O Box 483					
City, State, Zip Code			- W- 250			State, Zip Code						
Project Manager for Monitoring Firm						iwood, NJ 07	418			3		
Troject Manager for Morntoning Pilm			lelepho	one No.		none No. 764-2276		nse No				
Start Date (10)	Schedu	led Co	mpletion	Date (11)		of OSHA Monitor	703					
5/6/17	5/31/	7	*	, ,	, italiio	or our in a monitor						
Occupancy Status During Abatement (0		100			Street	Address						
Facility Closed/Vacated During En Abatement Performed Outside of N	tire Period of	Abater	ment									
Other - Describe:	vormai r aciiii	y nour	S		City, S	tate, Zip Code				4		
Scope of Work (Check All That Apply)												_
≥3 sf or ≥3 lf		Renova	ation		Ě	Wrap & Co	ut nent with Negai	ive Pr	20011			
× ≥160 sf or ≥260 lf		Demoli	tion			Mini-Enclosur	е	100 110	355U	16		
				_		Glovebag Pro Non-Exempte	cedure d (*) and Non-	Friable	Pro	cedu	e e	
		Locat								Abat	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	ly by	Ashastas	Description	of		+		1)	/pe	T
TO BE ABATED In Facility	Ma	intena todial S		(i.e. the	rmal systems	aterial (ACM) insulation,	Amount (Specify		Z)	_	Enc	ū
(13)		(12)			urfacing, VAT ner miscellan		SF or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u>a</u>	7	Jiate	ure
first floor			X	n	ipe insulat	ion	80 LF					
				Р	.po modiat	1011	00 LF	-	K			
Name of Registered Waste Hauler		I N.	JDEP W	aste C	ıbic Yards	Nome of	Posisto II	1611				
reehold Cartage		H	auler ID	No. of	Waste		Registered Lar					
City, State		15	5939	TE			rland Landfi	11		(i)		
reehold				TE	sposal Date BD	City, State Newbur						
Completed by	Title				Signature	1	9, 1 / 1	Date				
. Scott Higgins	Presi	dent			4			4/26	/17			

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Date of Notification (1) 4/26/17			Name of Bill Wi	f Building Ison	Owner/	Operator	(2)		7	M //		1	017	i
Agencies Notified Type Notification			Street A	ddress		10 15 E			To The Laboratory of the	ASBEST	TOS (			L&
DEP Amended Amendment Emergency		_		ate, Zip Co NJ 0872		1 200	1/1		A					
DOH justification)  Cancellation			Name of Bill	f Contact			V		Tele	ephone Nu	ımher			
	DI (0		FACI	LITY INFO	ORMAT	ION	T	of Facility /	4)	7				
Name of Facility Where Abatement is Takir Brick	ng Place (3	)					Туре	of Facility ( School (K-1	2)					
Street Address							×	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Brick							Squa	are Feet	# of	Floors	В	ldg. A	.ge	
County (6) Ocean				Code (7) USE ONLY	)		Curr	ent Use (Prid ne	or if beir	ng demolis	shed)			
Name of Monitoring Firm Hired by Building —	Owner (8)		ASCN	/ No.				atement Cor D PROFE						
Street Address						Street 6 WI		oss DOVE CO	DURT					
City, State, Zip Code						1		Zip Code OD, NJ 0	8701					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepi 732-	hone N 668-			License 1 1200	No.			
Start Date (10) 5/7/17	Schedule 5/9/17	ed Con	npletion	Date (11)	E.			HA Monitor D PROFE	SSIO	NALS		VI 60 50 5		
Occupancy Status During Abatement (Che-	ck Only On	ie)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Amal Facility	Abatem	atement ours 6 WHITE DOVE COURT  City, State, Zip Code  LAKEWOOD, NJ 08701											
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				e	
Location of		Locati			D.	escription			( )			Abate	ement	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	d Sole intenar odial S (12)	nce/		tos Cor therma surf		Materia s insu AT, or	na restaurant to	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure	
FYTEDIOD	Yes	No	N/A		Oiding					00SF	x		te	(0
EXTERIOR						Siding								
Name of Registered Waste Hauler		TN	 IJDEP W	/aste	Cubi	c Yards		Name of	Registe	red Landfi	ill			
NEWARK CARTING		H	Hauler ID No. of Waste 10 IESI					IESI						
City, State NEWARK, NJ					Dispo 5/9/	osal Date 17	•	City, Stat BETHL		1 PA				
Completed by JOSEPH PERLSTEIN	Title OWN	IER				Signatur	е				ate			

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Date of Notification (1) 04-26-17				f Building ( Sullivan	Owner	/Operator	(2)			1	MAY	-	1	2017	Minneson C. C. C.
Agencies Notified Type Notification  EPA Initial			Street A	ddress					Ā	SBE	STO	S (	CON	TRO	)L &
DEP Amended Amendment		_ [		ate, Zip Co eck, NJ 0											
Emergency justification) DCA Cancellation				f Contact Sullivan					Teleph	one N	lumbe	r			
Name of Facility Where Abatement is Takin	a Place (	2/	FACI	ILITY INFO	ORMA	TION	Tym	e of Facility (4	1						
Private Home	g i lace (c	2)					П	School (K-12							
Street Address							ĸ	Subchapter Other (i.e. pretc.)	8 (Other t	han Komme	-12) rcial b	uildi	ngs,	home	es,
City (5) Teaneck							Squ	are Feet	# of Flo	oors		Ble	dg. A	ge	
County (6) Bergen				Code (7) USE ONLY)	_		Cun	rent Use (Prio	r if being	demol	lished)	)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	Л No.				ntracting Ll							
Street Address						Street 522									
City, State, Zip Code								Zip Code ty NJ 07087	7						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201		No. 9603		cense 1206					
Start Date (10) 05-05-17	Schedule 05-08-	17 Delfa						SHA Monitor ntracting Ll	_C						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00am - 5:00pm					_	1 0000	State,	Zip Code ty NJ 0708	 7						
Scope of Work (Check All That Apply)						1 0		.,	-						$\dashv$
≥3 sf or ≥3 if ≥160 sf or ≥260 lf	THE REAL PROPERTY.	Renova Demoli					M G	ull Containme lini-Enclosure Blovebag Proc	edure						
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intena todial ( (12)	nce/ Staff?		os Co therma surf		Materia s insu T, or		Amo (Spe SF or	cify	, somover	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubi	c Yards		Name of F	Registered	d Land	Ifill				
Delfa Contracting LLC		1	lauler ID 3524	No.	of W	aste 4		Tullytow	n Reso			ove	ry F	acilit	У
City, State Union City, NJ					05-	osal Date -09-17		City, State Tullytow							
Completed by Jaime Delgado	Title Proj.	Mana	ager.			Signature	)	12		100	Date 04-2	6-1	7		

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Da	ate of Notification (1) 4/24/17				Name of Building Owner(Operator (2) Michael Debski							MAY - 1 2017 L								
Ag	encies Notified	Type Notification	٦-		Street A	rocedi uno usomos														
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	me of Facility Where i ichael Debski	Abatement is Taki	ng Place (3	)					Тур	e of Facility										
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	y. (5)								Squ	are Feet	#0	f Floors	1	3ldg. /	Age					
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	unty (6)				(STATE	Code (7) USE ONL	n			rent Use (Pri			hed)							
Na	me of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/l No.		100000000000000000000000000000000000000		atement Cor ement	ntractor	(9)								
Str	eet Address							Street 1009		ess h Street S	uite A	lite A4								
City	y, State, Zip Code					Delimines ——		120001 To 1200		Zip Code rgen, NJ (	07047									
Project Manager for Monitoring Firm						ne No.		Teleph	none l	_	License No. 01223									
Sta	rt Date (10)		Schedule	d Cor	mpletion I	Date (11)				SHA Monitor	2	0.1223								
	1/28/17		05/12/1		HILMAMM CONSULTING LLC															
_	cupancy Status During	9/			Street Address 1600 ROUTE EAST							SUITE 107								
×	Facility Closed/Vaca Abatement Performe Other – Describe: _	ated During Entire and Outside of Nor	Period of A mal Facility	baten Hours	THEFIT															
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Boiler Room - Basement					TSI						8	80 LF ×								
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Name of Registered Waste Hauler NEWARK CARTING					JDEP Wauler ID I		Cubic of Was			Secretaria de la constante de	f Registered Landfill E MANAGEMENT GROWS N.									
	, State LSIDE, NJ				Dispos	al Date		City, State		E PA										
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												G	Ę		VI [			
Date of Notification (1) 04/24/17					of Building ( el Santos			- 1	MAY	-	1 2	017						
Agencies Notified    X	Street Address  City, State, Zip Code Passaic, NJ 07055							ASBESTOS CONTROL & LICENSING										
DOH DCA	justification) Cancellation	•		Name of Contact							Telephone Number							
Name of Facility Where	(3)	FACILITY INFORMATION  Type of Facility (4)																
Daniel Santos Street Address					S S	chool (K-1 ubchapter							es,					
City (5) Passaic								Square	Feet	# of	Floors		В	lldg. /	\ge			
County (6) Passaic County				County (STATE	Code (7) USE ONLY)			Curren	t Use (Prid	or if bei	being demolished)							
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.			of Abate Abaten	ment Con nent	tractor	(9)							
Street Address				•				Address 87th	Street St	uite A	4							
City, State, Zip Code								tate, Zip n Berge	Code en, NJ 0	7047								
Project Manager for Moni	toring Firm			Telephone No. Telephone No. 201-293-6305							License No. 01223							
Start Date (10) 05/04/17		Schedul 05/18/		npletion	Name of OSHA Monitor HILMAMM CONSULTING LLC													
Occupancy Status During								Address			LE 10.	7						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	Period of a lateral Facility	Abaten y Hours	nent s 1600 ROUTE EAST SUITE 107  City, State, Zip Code  UNION NJ 07083														
Scope of Work (Check All	That Apply)						ONIC	JIN ING	07003	-/100								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit	T on containment with regative recoding								ıre								
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Normal Used Sol Mainten Custodial (12)				ly by nce/ staff?			aterial (A insulation T, or		(S	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
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1200					2277	Cubic \ of Was		100	Name of R WASTE	9730			T GF	ROWS N.				
City, State HILLSIDE, NJ						Disposa	al Date		City, State	VILLE	E PA							
Completed by Title Bryan Parra Project Ma						Si	gnature	3/4/1	Har	Pa	Date 04/24/17							

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Date of Notification (1) 03-24-17					of Building vella Der			r (2)			MA	γ -	4	201	7			
Agencies Notified	Type Notification			Street Address 40 Deforest Ave.							1917					]		
DEP DOL	Initial Amended Amendment				tate, Zip Co Hanover		7936			ASBESTOS CONTROL & LICENSING								
■ DOH □ DCA	Emergency justification) Cancellation		g	Name	of Contact Caravell					Telephone Number								
				FAC	ILITY INF	ORMAT	TION			-					_	-		
Name of Facility Where A Private Residence	Abatement is Takir				Тур	e of Facility	50 ±50 			2-5-20								
Street Address								r	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Newark					V.	***************************************		Squ	are Feet	# 0	f Floors		BI	dg. Ag	je			
County (6) Essex		County (STATE	Code (7) USE ONLY	)		Cur	rent Use (Pr	Prior if being demolished)										
Name of Monitoring Firm N/A	3)	ASC	M No.				ntracting I		(9)					-				
Street Address							Street 522 7											
City, State, Zip Code									Zip Code ty NJ 0708	37								
Project Manager for Moni	toring Firm			Telepho	one No.	Telephone No. License No. 201 216-9603 01206								-				
Start Date (10) 03-24-17		Schedu 03-30-		mpletion Date (11) Name of OSHA Monitor									-					
Occupancy Status During	Abatement (Chec						Delfa Contracting LLC Street Address											
Facility Closed/Vaca	ted During Entire F	Period of	Abaten	nent				7th St.										
Abatement Performe Other – Describe:	ed Outside of Norm	al Facilit	y Hours	3		_			Zip Code Ty NJ 0708	37								
Scope of Work (Check All	That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit										ire						
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Location Asbestos-Containing M		Use	Normal ed Sole	Description of						mount	-	Т	Тур					
TO BE ABA In Facility (13)	TED		aintenar stodial S (12)			thermal surfa	systems cing, VAT	ing Material (ACM) Amount stems insulation, (Specify g, VAT, or SF or LF)					0	Repair	Encapsulate	Enclosure		
Entire Prog	ort.	Yes	No	N/A									1		te	Ф		
Entire Prop		X		Demo	olition	Asbest	Debris			X	+	+	+	-				
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Name of Registered Waste Hauler					aste	Cubic	Yards		Name of	Registe	Registered Landfill							
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City, State E. Hanover, NJ 07936	3					Dispos 03-28	al Date -17		City, State Bethleh		Ą							
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