CKIC 40014 CK# 40383

Date of Notification	Notification	of Asb	estos A	batement (Purs	uant to NJAC 8:60-7 a	nd 12:120-7)				4.7
0 4 1 1	9 1		Nan	ne of Buildi	na O	Vner/Operator			-1		-
		11 0	A INIA	CYS CORP	ORA	TE SERVICES					
	e of Notifica	tion	Stre	et Address				17	<u>) - 2</u>	1 3 9	1111
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C DCA/DOL	Notification						y.				
DOH	Amended Cancellat		City	State, Zip	Code	!	·				
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				ic of Conta	UL.		Telephone Nu	mber			
				WENRICH			513-579-7000				
ame of Facility Where Aba	1 1: =		FACI	LITY INFO	RMA	TION	1010-013-1000	-			
and of Facility vyhere ADS	stement is 1a	iking Pl	ace			Type of Facility				-	
ACY'S MONMOUTH MAL	L					() School (K-12)					
reet Address					\dashv	() Sub-Chapter 8	(Other than K-12)				
					1	(X) Other (I.e. prival buildings, homes	ate & Commercial				
tv 80 ROUTE 35	10				SF	of Bldg.	# Floor		IAA	e of Bld	
y.	County		County			200	0000	3	l'Ag	50+	g.
TONTOWN	MONMOU	ты	State us	se Only	Ci	rrent Use (prior if being	demolished)				
me of Monitoring Firm Hir	ed by Buildin	o Own	er	ASCM NO	Ma	me of Abatment Contra					
) tools it		the of Abatment Contra	ictor				
nnoni Associates Inc. eet Address					AC	M CONSULTING COR	P.				
eet Address						eet Address					
5 Grove Street Ste 1B											
y, State, Zip Code						50 STANLEY TERRACE	E				
					Cit	y, State, Zip Code	90. ni-cu				- 3V-
ddon Heights, NJ 08035					UN	ION, NJ 07083					
ject Manager for Monitori	ng Firm	Te	elephone	No.		ephone Number	License Numbe	r			
BE DETERMINED					1		LIGOTISC HAITIBE	1			
heduled Start Date	Scheduled	Comple	DETER	RMINED		-687-1008	005	75			
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5 2 2018		15	2018		EM	SL ANALYTICAL					
nth Day Year	Month	Day	Year			et Address					
cupancy Status During Ab	atement (Ch	eck Onl	y One)	25 (m) (m)	1						
Facility Closed/Vacated Abatement Outside Nor	mal Exciling	e Perio	d of Aba	etement		WEST 38TH STREET					
Describe: 9:00PM TO	5:30AM	nours			City	, State, Zip Code					100
Other - Describe:					NE	V YORK, NY 10118					
						, 101dd, 141 1011b					
pe of Work (Checl Only O Demolition	ne)			Abatement							
>3sf or >3lf					Full	Containment with Nega	tive Pressure				
≥ 160sf or ≥ 260lf						-Enclosure					
Renovation				X		rebag Procedure Friable Procedure					
		ls	Locatio	n Normally	14011	Describtion of	Amount to be	Inhat		-	
ation of ACM Facility		U	sed by	Custodial S	taff	ACM to be	Removed	Yosu	smeni	Туре	
SEMENT PADS B & E			Yes	NO		Removed	(Specify SF/LF)	Rem.	Rep	Enc.	Enc
		-				FLOOR TILE	2825 SF	X			1
SEMENT PADS B & E & K SEMENT PAD K / J	8					TILE & MASTIC	8325 SF	X			
		-				MASTIC	2480 SF	Х			
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e of Registered Waste Ha	auler		NIDED	Waste ID I	No.	Cubic Yds waste	N 75	1			
STATE TRANSFER ASS	OC., INC.			SW1896	10.	TBD	Name of Register MINERVA ENTER	ed Lan	dfill	10	
State			Disposa			City, State of Registere	ed Landfill	VLK12F	=5, IN		
NX, NY			TBD			WAYNESBURG, OHIO) ,				
npleted By (Print or Type)			Title			Signature /	1		Date		
TA SMOLAR		200	GENER	RAL MANAC	SER	(duta	Sha Ala	2		4/19/20	118

Original

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

chi 42.88

"Do not use this form for asbestos licensure exempled

Date of Notification (1) 4 12 18			Name Mg	e of Building Owner KATh LEE			RAID		
Agencies Notified Type Notification)		the beauty and the second second	t Address	parameter sold	11 200	And the state of t		
CI EPA Initial Amended			Chy S	State, Zip Code			c = 1 - 2018 - 1	11/2	
V DOL Amendmen		-	REI	D. BANK	NO	6770	· ·		
Li Emergency		19.	Name	of Confact		AS J	Telephone No	imbei	^
DOH justification Cancellation			1105	K. FITS	2 GE	RAId	and the second s	Forder	
Name of Facility Where Abatement is Takin	ng Place	(3)	FA	CILITY INFORMAT	FION	Type of Facility	(4)		
					34	D School (K	(-12)		
Street Address	t-esukcesske-spesysten	- Maria Mari	oorim und pid prysuupido n		er printere en	☐ Subchapt	er 8 (Other than K- private & commerc	12) Val 64	illelännis
To come and the co			the transport of the last of t	and a second		etc.)			
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County (6)		10	printed by the second	/ Code (7)			rior if being demolis	hed)	LU
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Name of Monitoring Firm Hired by Building	Owner (B)	ASC	M No.		of Abatement Co	AND THE RESIDENCE OF THE PARTY	ed outerprises	No. of the Owner, when the Owner, when the Owner, when the Owner, where the Owner, which is th
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Street Address					Street	Address	314		
City, State, Zip Code	******	interpretation of the			A Comment	ate, Zip Code	19 (
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Project Manager for Monitoring Firm	***************************************	Controvers	Teleph	one No.	Teleph 73a	0110 No. 0	60 COS	io.	
Start Date (10) 4 21 18	Schedu	led Co	npletion	Date (11)	1 .	OSHAMONION OATECN	INL		Managere
Occupancy Status During Abatement (Chec	k Only C	ne)			- Commence of the second	Address	2 ÷ 1. £		
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent		L.C). Box 8	14		
Abatement Performed Outside of Norm Other — Describe:	al Facilit	y Hour	5			ate, Zip Code Bried	N.O. 0	290	57
Scope of Work (Check All That Apply)				and a second se	OID	- Divere	10.01	000	
23 sf or ≥3 If □ ≥160 sf or ≥260 If		Renova Demolit			A	Full Containm Mini-Enclosur	ent with Negative P	ressu	re
						Glovebag Pro	cedure d (*) and Non-Friab	lo Din	coels
laineachta ann aide an an aide an	7 .	Locati	es.	No.	<u>l.d.</u>	-NOTHER REPORT	G (Della Hotel Haze		Abat
Location of		Vormali	y.	Nes	cription o	r l			7)
Asbestos-Containing Material (ACM) TO BE ABATED		ed Solei Intenar		Asbestoe Conta	aining Ma	terial (ACM)	Amount (Specify	20	
In Facility	Cus	todial S (12)	taff?	(f.e. thermal)	ing, VAT	or	SFor LF)	Removal	Repair
(13)	Yes	No	N/A	other m	iscollane	ous)		val	=
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Oity, State	······································		<u></u>	Dispoisa	Date .	City, State	-	1	Assessment
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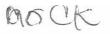
4/26/18

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

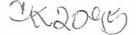
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Date of Notification (1) 4/26/18					of Building sun Sola			r (2)		200						
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	Emergency				eld, NJ					MI						
DOH DCA	justification) Cancellation				of Contact Preulich				ij] [Te	lephóne'	Numbe	r 20	118		
П всх	Cancellation				ILITY INF	ODMAT	ION	-115747	<u> </u>	1,						
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Street Address								H	School (K- Subchapte		ner than I	K-12)			15	
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City (5)								Sai	etc.) uare Feet	# 6	of Floors		Blo	lg. A	ne.	
Nutley								(%)	00	2	21 1 10013		72		ge	
County (6)					Code (7)			Cui	rrent Use (Pr	ior if be	ing demo	olished)		-		
Essex				(STATE	USE ONLY	n		ho	me			•				
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.				batement Co							
2/ ///							ABS	En	vironmenta	al Ser	vices, L	LC				
Street Address							Street									
City Chata 7:- Oad									483, 4 E C	Sate D	rive					
City, State, Zip Code									Zip Code	440						
Project Manager for Mor	itorina Firm			Tolopho	no No				od, NJ 074	418						
. reject manager for wor	morning i min			Telepho	ne No.		Teleph 973-		-2276		Licens 703	e No.				
Start Date (10)		Schedul	ed Co	mpletion	Date (11)			00000000	SHA Monitor		103				_	
5/8/18		5/21/1			(/		, turno	0, 0	OT IT T WOTHLOT							
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street	Addr	ess							
Facility Closed/Vac	ated During Entire F	Period of	Abater	nent												
Abatement Perform Other – Describe:	ed Outside of Norm	nal Facilit	y Hour	S			City, S	State,	Zip Code							
Scope of Work (Check A	ll That Apply)															
≥3 sf or ≥3 lf		×	Renova	ation				JF	ull Containm	ent with	n Negativ	a Prace	ura			
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Location	of		Norma	lly		De	scription	of						Тур	ре	
Asbestos-Containing			ed Sole aintena			tos Cont	taining M	/lateri	al (ACM)	Д	mount				Ш	
TO BE ABA			todial	Staff?	(i.e.	thermal	systems cing, VA				Specify or LF)	Ren		Re	nca	Encl
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City, State						Dispos	sal Date	7,	City, State	е	-		- No			
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Completed by A. Scott Higgins		Title	idost			S	ignature)	A.			Date				
Jook i nggins		ries	ident					200	11/			4/26/	18			

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Date of Notification (1)		Ne	erne of	Building C	Owner/Op		-0.00	100	110	<u> </u>	010 6	7		- Indiana
Agencies Notified Type Notification		Si	reet Ad	rinee	1001	111	roi I	<u>ec/09</u>	NIC		SOUTH	7 1	11 16	
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Emergency (in	cluding	-	LC		384	100	<u>d 1</u>	<u>UVi</u>			r I	1 20) lo	
DOH justification) Cancellation		A 1765	- 0	Contact QUTO	1974	1			Tel	sphone N	unber			
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Name of Facility Where Abatement is Taking I	Place (3)	West of the last o	A Salter Inches and	The Section of Contract of Con	The state of the s		Type	of Facility	(4)	Total Control				
Kesidential Due Street Address	lling		Carlo money many				D:	School (K-	12)					De projette
)	4	4		Distribution	阿	Subchapte Other (i.e. etc.)	r 8 (Oth private 8	er than K- 3. commer	12) ciel build	ings, i	nomes	A
City (5) Mount En	nrai	m		***************************************		National Property and Property		re Feet	# Ci	Floors	-	dg. Ag		- Indiana
County (6) Camde n		Co	runiy C	ode (7) SE ONLY)			Cure	int Use (Pr			shed)	<u> </u>	Yr =	2 Marie Communication of the C
Name of Monitoring Firm Hired by Building Ov	mer (8)	Trans.	ASCM	No.	<u>_</u>	Name	of Aba	KeSic dement Co	Macion ((9)		unoponia		- Control
Quality Environmental Concepts	TO SEE	menten	None		HOW THE BETTE			vironme						Committee or
Street Address 1053 North Tuckahoe Road						Street 1		ss h Tuckal	noe Ro	ad			-	
City, State, Zip Code Williamstown, New Jersey 08094	-		PARTICIPATE AND ADDRESS OF THE		1			ip Code wn, Nev	, lerse	ar nanga	i			
Project Manager for Monitoring Firm		· Te	lephon	e No.		Teleph				License		-	-	-
Edward Knorr		8	56-62	9-1166	(A) STATE OF THE S	856-6				01086	0.002			a policy for the party of
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	fied of Ab	ateme:	nt		CE STATE OF THE ST		*	h Tuckal	noe Ro	oad			-	
Other - Describe:	racinty in	iuurs		~~~	- Chustra Common			ip Code own, Nev	v Jeres	w nano	6			eliment id with
Scope of Work (Check All That Apply)			-			6 6 65556				13 0000-				-
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			Wile Control				1 No	m-Exemple	ed (*) an	d Non-Fri		-		
9	E .	ocation rmally	6						Sar Charles		Company	Abaie Ty		the annual series
Location of Asbestos-Containing Malerial (ACM)	Used	Solely tenano	by	Asbest	Des tos Contr	ecription aining N		d (ACM)	To second	Amount				-
TO BE ABATED In Facility	Custo	dial Sta	- 8	(i.e.	thermal:	system ring, VA	e insul	lation,	[6	Specify For LF)	Rer	75	Encapsulate	Enc
(13)		(12)	2000		other m	niscellar	necus))	2	rus way	Remova	Repair	osule	Enclosure
	Yes	No !	NVA				~		Solythorne		COLUMN TO THE PARTY OF THE PART	To Control	to.	Ø .!
Basement .	etaniani etaniani	home	\times	94	×9"	Flo	305	liles	70	0+/-				Vigera (III)
	Table 1	Appropriate (A	-	Tile	: Onl		5		5	F				
		WALL STATE				Ţ	-	And the second s	12	Úmerovena, maria				
		Address												
Name of Registered Waste Hauler	-		DEP W		Cubic C		**********	Name	Regist	ered Land		.4-		
Quality Environmental Concepts			710	eve.	of Was 4by		Су	La	isbn	launit.	1 san	i ca	£ 5	on the parties of the
City, State Williamstown, New Jersey					Dispos	sai Date)	City, St	ile		UZ			_
Completed by	Title	- County -			£	ignolum	8	1.37	<u>. OW</u>	Charles of the Contract of the	Date			
Edward Knorr Courant Thum	Vice P	resid	ent)	(3)	Su	reul)	Kn	w	04	-2	7-1	8



Date of Notification (1)			Name o	f Buildina	Owne	r/Operato	r (2)				113	i	11.4	5	1.1
04-26-18				ella Der			. (-)		KI		50000			F 12 - J 4	7
Agencies Notified Type Notification			Street A 40 De	ddress forest A	ve.	39.089-30-				MA'	Υ -	1	2018		U
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DOL Amendment Emergency (-		lanover	NJ 0	7936									
DOH justification) DCA Cancellation				f Contact Caravell	а				Tel-	ephone I	Numb	er		h	
		- 1	FACI	LITY INF	ORMA	TION						_			
Name of Facility Where Abatement is Taking Private Home	g Place (3)							of Facility School (K-							
Street Address								Subchapte Other (i.e.	er 8 (Oth			huile	dings	hom	96
City (5)							<u> </u>	etc.)			JiGlai				<u>.</u>
Paterson							Squa	re Feet	# 01	f Floors		B	ldg. A	\ge	
County (6) Passaic				Code (7) USE ONLY)		Curre	nt Use (Pr	rior if bei	ing demo	olished	d)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCN	/I No.				tement Co		(9)		-			
Street Address	Min line of the second					Street	Addres	SS							
City, State, Zip Code								ip Code							
Project Manager for Monitoring Firm			Telepho	ne No			n City	NJ 070	87	License	o No				
						201	216-9	603		01206	STATE OF THE STATE OF				
Start Date (10) 04-27-18	Scheduled 05-02-1	8	npletion I	Date (11)				HA Monitor tracting l							
Occupancy Status During Abatement (Check							Addres								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Al	oatem	nent				7th St	ip Code							_
Other – Describe:						THE PARTY OF THE P		NJ 070	87						
Scope of Work (Check All That Apply)	20.00						_								
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Location of	No	ormal	ly		D	escription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Used Main	Sole tenar			tos Co	ntaining N al system	/laterial		1000	mount Specify		71		m m	ш
In Facility	Custo	dial S (12)	Staff?	(1.6.	suri	facing, VA	T, or	ttiorr,		or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		otner	miscellar	neous)					val	₩.	ulate	ure
Entire Property	163	X	IWA	Dem	olitio	n Asbes	tos De	ebris			X				
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Name of Registered Waste Hauler Caravella Demolition Inc			JDEP W auler ID	No.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ic Yards /aste		Name of	Registe ESI	red Land	dfill				
City, State			3568	35	Dian	80		City, Sta		-					
E. Hanover, NJ 07936						osal Date 27-18		Bethlel		A					
Completed by	Title					Signature	- /	£7	- 5		Date				
Jaime Delgado	Proj. N	/lana	iger.				18				04-2	26-1	18		



	PAJ			FICATION	N OF ASE to NJAC	BESTOS	ABATE		T		EC	E I	1 11/	7 (c)	
Date of Notification (1) 04/26/2018				Name o	of Building ence	Owner/0	Operator	r (2)	Orac	1	The second secon	-			711
Agencies Notified	Type Notification	1		Street A	Address				- 10		MAY		2018)	111
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DEP DOL	Amended				ate, Zip C					E.	1				
	Amendmen Emergency		_		Orange		7079							L. &,	
DOH DCA	justification)				f Contact Swanso					Te	ephone Nu	ımber			
DOA	Cancellation	1		2/07/2012/2015	LITY INF		ION			Ĺ	_				
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILII I IINF	UKWAT	ION	Тур	e of Facility (4)					
Residence								П	School (K-12	20					
Street Address								×	Subchapter 8 Other (i.e. pr	(Oth			dings.	home	es,
City (5)			-					Sar	etc.) iare Feet	# 0	f Floors	E	Bldg. A	ae	
South Orange								3,6	00	3		1	06		
County (6) Essex					Code (7) USE ONLY	2		Cur	rent Use (Prior	if be	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	4 No		Namo	of Al	atamant Cant	-a atau	(0)				
A. Seine Lighthouse		Owner (o	,	ASCI	ii NO.				ank Service		(9)				
Street Address PO Box 354							Street								
City, State, Zip Code									erty Avenue Zip Code		en de la composition della com				
South Orange, NJ 0							Hillsi	de,	NJ 07205						
Project Manager for Mon Sarah Calandra	itoring Firm			Telepho 201-34	ne No. 19-2666		Teleph 844-		No. 7465		License N 01316	No.			
Start Date (10) 05/07/2018		Schedul 05/11/			Date (11)				SHA Monitor	0-1	.0				
Occupancy Status During	Abatement (Cher	cenera constant					Street		Lighthouse	5010	itions				
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Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	y Hour	S					Zip Code ange, NJ 0	7070					
Scope of Work (Check A	Il That Apply)						Sout	11 01	ange, NJ 0	1019					
≥3 sf or ≥3 lf	, pp. 77	Service Co.	Renova						ull Containmer	nt with	Negative	Pressu	re		
≥160 sf or ≥260 lf			Demoli	tion			×	G	lini-Enclosure lovebag Proce						
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TO BE ABA		0.303331	todial		(i.e.	thermal	systems				pecify or LF)	Rer	Re	nca	End
(13)	,		(12)				niscellar			31	OI LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u> </u>	8	ate	e
1st & 2nd Floor R	ear Hallways		Х			Vi	nyl Tile	e		6	6 SF	X			
Rear Basemer	nt Hallway		Х			Vi	nyl Tile	е		1	2 SF	X			
Name of Registered Was	te Hauler			JDEP W	/aste	Cubic	Yarde		Name of R	eniete	red Landfl				
Newark Carting			1	lauler ID 4509		of Was			Waste M				II		
City, State				.000		Dispos	al Date		City, State						
East Orange, NJ									Penn Arg	yle,	PA				
Completed by		Title				S	ignaturé				D	ate			

Office Manager

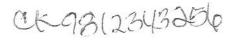
Alison Lamers

04/26/2018

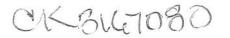
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Date of Notification (1) 04/27/2018					Building Ruggier		Operator	(2)	and a second		N/	4Y -	1	201	0	
Agencies Notified	Type Notification		1	Street A	ddress						Lave 1	93				rowal
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▼ DOH DCA	Emergency justification) Cancellation			Louis I	Contact Ruggier					Tel	enhone l	Numbe	er	1		
Name of Facility Where	Abatement is Takir	ng Place (3)		FACI	LITY INFO	ORMATI	ON	Type	of Facility (4	4)			7.2.5			
House	, ibatoment io Tailin	ig : idoc (o)						prome	School (K-1)							
Street Address								×	Subchapter Other (i.e. p etc.)	8 (Oth	er than k & comme	(-12) ercial b	uild	ings,	home	es,
City (5) Mountainside									re Feet	# or N/A	f Floors		BI N	dg. A	ge	
County (6) Union				County (Code (7) USE ONLY			Curre Hou	ent Use (Prid Se	or if bei	ng demo	lished)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	1 No.		100 100 100 100 100 100 100 100 100 100		tement Con ement, In		(9)					
Street Address								Addres	ss gren Aver	nue						
City, State, Zip Code									ip Code J 07512							
Project Manager for Mor	nitoring Firm			Telepho	ne No.		1	none N 345-8			License 01311					
Start Date (10) 05/10/2018		Scheduled 05/15/20		npletion (Date (11)				HA Monitor ement, In	c.						
Occupancy Status Durin	g Abatement (Che	ck Only One)					Addres								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Almal Facility I	aten Hours	nent S			City, S	State, Z	gren Aver	nue						
Scope of Work (Check A							loto	wa, N	IJ 07512							
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		Is L	ocat	ion						() () ()	G 11011 1			Abate	ement	
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D&S Abatement, Inc) .			lauler ID 0996	NO.	of Was	ste		Fairless	Land	dfill					
City, State Totowa, NJ						Dispos TBD	sal Date	1	City, State Morrisvi		A					
Completed by Oliver Hegedis		Title	t M-	anager		S	Signature	1/				Date 04/2	7/2	N1Ω		
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	e of Notification (1) /27/2018					of Building rt Bienen		Operator	(2)		T			1	201	n	And the second of the second o
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×	EPA	× Initial															
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	54-000000000000000000000000000000000000	Emergency (i				of Contact	01920	1 V / 2			Tol	ephone	Niconsk	or			4
×	DOH DCA	justification) Cancellation				Bienem	ann				i ei	eonone	Milimi	iei.			
		Bound:				ILITY INFO		ION									-
	ne of Facility Where / use	Abatement is Taking	Place (3)					Туре	of Facility (School (K-1							
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City	(5)									etc.) are Feet	1#0	f Floors		RI	dg. A	ne.	_
	atham								N/A		N/A				/A	ge	
	nty (6) orris				County STATE	Code (7) USE ONLY))		Curre	ent Use (Pri ISE	or if bei	ng demo	olishe	d)			
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Stre	et Address								Addre	ess gren Ave	nue						
City	, State, Zip Code							City, S	State, Z	Zip Code NJ 07512				-			
Proj	ect Manager for Mon	itoring Firm			Telepho	ne No.		Teleph		lo.		Licens 0131					
Star	t Date (10)		Schedul	ed Com	pletion	Date (11)				HA Monitor		0101	_				
	/9/2018		05/10/		picacii	Date (11)				tement, In	IC.						
Occ	upancy Status During	g Abatement (Check	Only O	ne)				Street									
	Facility Closed/Vaca	ated During Entire P	eriod of	Abatem	ent			U		gren Avei	nue						
×	Abatement Perform Other – Describe:	Occupied of Norm	al Facilit	y Hours				Control of the second s		Zip Code NJ 07512							
Sco	pe of Work (Check A	II That Apply)															
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	In Facil		Cus	todial S (12)	taff?	(i.e.	surfa	cing, VA	T, or			Specify or LF)		Remova	Repair	cap	Enclosure
	(13)		Yes	No	N/A		other r	niscellar	neous)					oval	air	Encapsulate	sure
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Toto	, State owa, NJ						Dispos TBD	sal Date	1.	City, Stat Morrisv		A					
	pleted by er Hegedis		Title Proje	ect Ma	nager		S	Signature	1/18	7 -			Date 04/2		018		



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Date of Notification (1) 04/27/2018	The state of the s			Name of	f Building t Sine	Owner/0	Operator	(2)	The state of the s		5 (5)			*****	10	The second secon
Agencies Notified T	ype Notification			Street A	ddress				111-		A S A \	,	1 .		-11	111
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ĭ DOH	Emergency (ir justification)	ncluding		Name of	f Contact					Tel	ephone	Num	ber	= P ₃	12	- !
DCA [Cancellation			Rober	t Sine					1						98
				FACI	LITY INFO	DRMATI	ON									
Name of Facility Where Aba House	atement is Taking	Place (3	3)					Тур	e of Facility (1. 5 20 12.20						
Street Address								H	School (K-1 Subchapter		er than	K-12)				
								×	Other (i.e. p					lings,	home	s,
City (5)								Sai	etc.) Jare Feet	T # 0	Floors	8	TR	ldg. A	70	
Essex Fells								N/A		N/A			1000	/A	ge	
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Essex					USE ONLY)		_	Но	use			10115116	su)			
Name of Monitoring Firm Hi N/A	ired by Building O	wner (8)		ASCN	/I No.				oatement Con atement, In		(9)					
Street Address				1			Street	Add	ess							_
									ngren Aver	nue						
City, State, Zip Code									Zip Code NJ 07512							
Project Manager for Monito	ring Firm			Telepho	ne No.		Telepl	none	No.		Licen	se No				
							973-	345	-8685		0131	1				
Start Date (10) 05/08/2018		Schedule 05/09/2		npletion	Date (11)				SHA Monitor atement, In	C.						
Occupancy Status During A	Abatement (Check	Only Or	ne)				Street	Addı	ess							
Facility Closed/Vacate									ngren Aver	iue						
Abatement Performed × Other – Describe: Occ	Outside of Norma cupied	al Facility	/ Hours	S		_	1 000000		Zip Code NJ 07512							
Scope of Work (Check All T	That Apply)															
X ≥3 sf or ≥3 lf		X	Renova	etion] F	full Containme	nt with	Negat	ive Pr	P66111	· P		
≥160 sf or ≥260 lf		-	Demolit				>	(1	/lini-Enclosure		rivegat	10011	Cooul	C		
		(00 mil)					>	me) >	Slovebag Prod	edure			0			
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Location of Asbestos-Containing Management		F	ed Sole	•	Achon		scription		ial (ACM)	^	mount					
TO BE ABAT			intena		(i.e.	thermal	system	s ins	ulation,		Specify		Z.	771	Enc	9
In Facility		Cus	todial ((12)	Stan?			cing, VA			SF	or LF))	Removal	Repair	aps	Enclosure
(13)			1	1		other r	niscella	neou	S)				val	air	Encapsulate	sure
		Yes	No	N/A											е	
Basemen	nt		Х			Pipe	Insula	ation		7	0 LF		Х			
Name of Registered Waste	Hauler		l N	J JDEP W	l Vaste	Cubic	Yards		Name of	Regista	red I a	ndfill				
	riddici		60000	lauler ID		of Wa				1,376		nunn				
D&S Abatement, Inc.			2	0996		TBD			Fairless	Land	11111					
City, State Totowa, NJ						Dispo TBD	sal Date	1	City, State Morrisv		A					
Completed by		Title					Signature	1/4	- INDITION	, 1	• •	Dat				
Oliver Hegedis		33555	ect Ma	anager			/ /	TI	1 _			24 100 500 0		2018		



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Date of Notification (1) 04/27/2018	JB. J	CARE S				f Building Pollack		Operator	r (2)	100 (No. 100)	3r	<u> </u>			- 1	1-7	Market Co. C. C. Market Co. C.
Agencies Notified	Тур	e Notification			Street A	ddress						MAY	_ 1	2	A10	twee and	
X EPA X DEP X DOL	×	Initial Amended Amendmen		_		ate, Zip Co lair, NJ					Lan.	344711	-		V10	7.2 mg	
× DOH DCA		Emergency justification) Cancellation				f Contact Pollack					Tel	ephone N	Viimhe	r -	,	• 44	
Name of Facility Where	Abata	amont in Takir	a Diago (2)	FACI	LITY INFO	ORMATI	ON	-								
House	Abatt	ement is rakii	ig Flace () 					Г	pe of Facility (4	2)						
Street Address									×	Subchapter Other (i.e. p etc.)				uildi	ings,	home	es,
City (5) Montclair									Sc	juare Feet /A	# o	f Floors A		Blo N/	dg. A	ge	
County (6) Essex						Code (7) USE ONLY)			urrent Use (Pric	r if bei	ng demo	lished)				
Name of Monitoring Firm N/A	n Hire	d by Building	Owner (8)		ASCN	/I No.				Abatement Con patement, Inc		(9)				1	
Street Address								Street 11 R		dress engren Aven	ue						
City, State, Zip Code								City, S	State	e, Zip Code NJ 07512							
Project Manager for Mor	nitorin	ng Firm		T	Telepho	ne No.		Teleph	hone		,	License				0.57	
Start Date (10) 05/07/2018			Schedul 05/09/2		npletion I	Date (11)		Name	of C	OSHA Monitor patement, Inc		J	×				
Occupancy Status Durin	g Aba	atement (Che						Street								712 112 7	
Facility Closed/Vac Abatement Perform	ated o	During Entire utside of Norr	Period of	Abaten	nent s					engren Aven	ue						
X Other – Describe:							_	Toto	wa	, NJ 07512							
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	dl Tha	at Apply)	and the same of	Renova Demolii	07337 (900)			×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	1014080 10170				1	
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City, State Totowa, NJ						Dispos TBD	sal Date	1	City, State Morrisvi		A				-		
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□ DCA □ Cancellation		-	TR	_ Al	LGA	BA							
			FACI	LITY INF								-	
Name of Facility Where Abatement is Taking Pla	ice (3)			22.2.2.2.2	0441.22.22		Type of Facility	(4)				C-51576	
MR. PEDRO			0 1										20
	MCC	200	(5 4				School (K-		4 V 12)				
Street Address					15		Subchapter Other (i.e.)	8 (Other	than K-12)	mildin	es ho	mes e	etc)
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County (6)			County (Code (7)		. (Current Use (Pric	or if being	demolished				
1) 1/101				USE ONLY)	E			10.7	0=N				
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Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCN	A No.		Name of	Abatement Cont	tractor (9))				
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Street Address						Street Ad		<u> </u>	-				
						450	South R	ivor	Stroo	÷			
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							ensack,	NJ (07601				
Project Manager for Monitoring Firm			Telephor	ne No.		Telephon	e No.		License No				
					1	201-3	329-7444		0038	Q			
Start Date (10)	Scheduled	Comp	letion Da	ate (11)			OSHA Monitor	+	.00.10	0			
< 9/12	5		118			7000 100 100 100 40							
Occupancy Status During Abatement (Check Onl		110	100			Omega Street Ad	Envir	nmer	ıtal				
Occupancy Status During Abatement (Check Offi	y One)			87	1								
☐ Facility Closed/Vacated During Entire Period					1	280 H	Iuyler S	Stree	et				
Abatement Performed Outside of Normal F	cility Hou	ırs	~ PF	1	Γ	City, State	e; Zip Code						
Other - Describe: 8: 20 AM	2	2:-	3361	,		South	Hacker	acaal	- NTT	076	06		
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≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovati	552				Full Containm		Negative Pres	sure			
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Location of		ormally I Solely			Desc	cription of				-			
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			uler ID		of Waste	1/	1	£20.					
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PAID				to NJAC				he	or K. S	20.5	2,0		EC.
Date of Notification (1)		dimension	Name of	Building		Operator Wilei			EG	77	90		
Agencies Notified Type Notification		\dashv	Street A		-11	11 C-1	irribery	dК	$\langle \cdot \rangle$		-		$\dashv H$
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DOH justification Cancellation	rocure eg	oppus to man	A 6	Contact		Noiv	nberg	Te	enfione Num	her	-	* * *	
Name of Facility Where Abatement is Taking	Olean F	<u> </u>		LITY INFO							-		- Company
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Street Address	The state of the s		7				Subchapte	r 8 (Oth	er than K-12 & commercia		inne	fromo) energiamen
City (5)	1						etc.) Square Feet		Floors		dg. A		D,
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Lamden		ta (County C STATE U	Jode (7) ASE ONLY)	***************************************		Current Use (Pr	iorii bei den	-	ed)			Tertainer
Name of Monitoring Firm Hired by Building Or Quality Environmental Concepts	vner (8)		ASCM None				of Abetement Co ity Environme	ntractor	(9)		economic plants		
Street Address 1053 North Tuckahoe Road							Address North Tuckai	too De		-			
City, State, Zip Code		-				City, St	late, Zip Code						
Williamstown, New Jersey 08094 Project Manager for Monitoring Firm			Telephon	na Alio		E	mstown, New	- Jerse	-	Metalogical	-00	na Vijirlanina jumo	- Construction
Edward Knorr		opulatele	856-62	9-1166			one No. 329-1166		License No 01086)_			gracesgast, A
Start Date (10)	icheduk	ed Con	pletion C	Date (11)			of OSHA Monitor ty Environme		ncente		-		
Occupancy Status During Abaiement (Check						Street /	Address				WWW.		- Total
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	Facility	r II-lineana				i	North Tuckal	10e Ro	ad	MACANA			- Company
Uner-Describe: ITES I dence	ेठ्ट	DE !	Hom				imstown, Nev	/ Jerse	y 08094				antitration and
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if						- Colored	-	-			-		
≥160 sf or ≥260 lf	TOWNSHIP	Renova Demoliti	-	*		100	Full Containn Mini-Ericlosu Glövebag Pro	re poedure					dinas division de la constanta
	le	Locati	on			Los	Non-Exemple	(-) an	u kun-riau	2	Abais	ment	
Location of Asbestos-Containing Material (ACM)	Use	Vormali ed Solei	he by	Achae	De	scription	of laterial (ACM)	and	10		Ty	pe	_
TO BE ABATED		intenar todial S		(i.e.	thermal	i systems cing. VA	s insulation,	6	mount Specify F or LF)	Flor	R	Enca	Enc
(13)		(12)	1			niscellan		2	w w j	Removal	Repair	Encapaulaté	Enclosure
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Name of Registered Waste Hauter Quality Environmental Concepts		H	UDEP W lauler ID 9710	laste No.	Cubic of Wa 4cy	Yards sie	Name of Sole	Regist	ounty	LQ,	198	(/)	Percentage of the Party of the
City, State Williamstown, New Jersey				****	1	sal Dale	Cliv. Sta	ile Nava t	, New	Tion	, Ce	W .	onempe Principal Albert
Completed by Edward Knorr	Title Vice	Presi	dent		18			mar	Da	e		-12	Toward or an

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Date of Notification (1) 4-25-2018				Name BMR	of Building 1-35, Ll	Owner/0	Operato	r (2)			M	AY ·	- 1	2018		
Agencies Notified	Type Notification				Address										-	Incumi
EPA DEP	Initial Amended				Main Stre tate, Zip C				!		ASIL			1.	. &	š
⊠ DOL	Amendmen Emergency	t#			dbridge,		95			• •	си ленитр оция,	1	1 %	i car		-
⊠ DOH □ DCA	justification) Cancellation		3	33000 000 100	of Contact						elephor					
	_				ILITY INF	ODMATI	ON			.7	32-63	6-66	90			
Name of Facility Where A	Abatement is Takir	ng Place	(3)	170	ALIT INF	ORMATI	ON	Тур	oe of Facility	(4)						
Street Address									School (K	-12)						
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Woodbridge, NJ 07	095	2.1						Squ 35	uare Feet	2	of Floo	rs		Bldg. A	ge	
County (6) Middlesex				County (STATE	Code (7) USE ONLY)		Cui	rent Use (P	rior if b	eing de	molish	- 5			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		Name	of Al	nvironme	ontracto	or (9)	- 11			-	
Street Address							Street	Addı	ess		ervice	S, LL				
City State, Zip Code									inia Aveni	ue						
									Zip Code ity, NJ 07	304						
Project Manager for Moni	toring Firm		Telepho	ne No.		Teleph	none	No.			nse N	٥.				
Start Date (10)		ed Cor	mpletion	Date (11)				8855 SHA Monitor	·	011	74					
5-5-2018		5-6-20	18						above							
Occupancy Status During X Facility Closed/Vaca		1.75.1					Street	Addr	ess							
Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	Abater / Hour	nent s		-	City, S	tate,	Zip Code			-				
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 If ≥160 sf or ≥260 If			Renova Demoli				×	M G	ull Containm ini-Enclosur lovebag Pro	e cedure						
		Is	Locat	ion				1 14	on-Exempte	o () ar	ia Non-	Friable		cedure Abate		
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TO BE ABA In Facilit (13)	TED		intena todial S (12)		Asbest (i.e.	tos Conta thermal s surfaci other mi	ystems ng, VA1	insu Γ, or	lation,	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
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Roof			X			Roofin	g mate	erial		17	'50 SF	-	X			
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No.																
Name of Registered Waste Green Environmental				JDEP W.		Cubic Y of Waste			Name of	Registe	ered La	ndfill				
City, State	Services		4	34889	100000	10			G.R.O.	W.S.	North	Land	fill			1
Jersey City						Disposa 5-6-20			City, State Morrisv		Δ					
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-maria Seriano		Office	Man	ager			ilic	u	LaSer	Jun	N	1000000	5-20	18		

2					Marines and a second	AC 8.00 and 12.1		_ 114/			10.4	
Date of Notification (1)	26-18	?			Name of Bui	ding Owner/Operat	or (2)	NISTRUM	<u> </u>	4 (1	201	10
Agencies Notified		tification		1	Street Addre	SS		X S T X S VIII	710	VCI	701	0
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Ø DOH □ DCA	Emen	gency (inchication)	uding	1=		A ISLE	Clip		08	50	13	
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			*		FACILITY I	NEORMATION						
Name of Facility Where A				3)			Type of Fac					
Street Address	ESID	ENLE					School (K-12)	10120			
							Other (i.e	eter 8 (Other than K- e., private & commer etc.)	12) cial b	uiktin	gs,	
City (5)	VALC	M					Square Feet	# of Floors	T	Bldg 57	Age	
County (6)	'E W	IAY			County Code (SE ONLY)	(7) (STATE	Current Use	(Prior if being demo	lished	1)	_	
Name of Monitoring Firm I			er	- I I ASI	CM No.	Name of Abaten	nent Contractor	ACHRIT			_	
(8)	TA	ag o		1	5111 TVO.	141	LM CO	INC				
Street Address	1					Street Address						
City, State, Zip Code						369 City, State, Zip C		PRUCE AL	6		_	
City, State, 2p Code						WAP		HADE M.	T	3C	05	>
Project Manager for Monito	oring Firm	::•	Te	elepho	ne No.	Telephone No. 856-27		License No.	100			_
Start Date (10)		Scheduled			Date (11)	Name of OSHA N		-1 -00	19.	4_	_	=
5-1-18		SF		-18			N,	14				
Occupancy Status During		**	201			Street Address						
Facility Closed/Vacated	0.50					0: 0: = 0						
Abatement Performed O Other - Describe:	rutside of N	iormai raci	пу по	urs		City, State, Zip Co	ode	. 4				
Scope of Work (Check all the	hat apply)					<u> </u>						
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≥160 sf or ≥260 if			emoliti			Giovebac	Procedure	-				
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IN Facility			Staff?			surfacing, VAT, o	or .	SF or LF)	Rem	Repair	Сар	nclo
(13)			(12)			other miscellaneou	s)		Removal	nac	Encapsulate	Enclosure
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MICHAEL CLO	MILL _	51	JP.			Hul	UK		1	<u> </u>	18	_

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Date of Notification (1)	26-18			1	Name of Bui	ding Owner/Opera		245	2.2 (23)	电音	- 1	201
Agencies Notified	Type Notific	ation		1	Street Addre		ins a	PUSTRUCT	[10	L		
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⊠ DOL	Amendm	ent#_		1	City, State, Zi		. –		1107277			
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Ø DOH □ DCA	justificat Cancellat			N	lame of Con			Telephone No			- 11	
					V-	RAMIC		_				
Name of Facility Where	Abatament is T		1 17	,	FACILITY II	NFORMATION						
	ESIDE)			Type of Fac					
Street Address	ESTOR	ule					School (K-12)				
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City (5)	2 2 2						Square Fee	t # of Floors		Bldg	Age	
	COAM	CITY					1500	1 1			+	
County (6)				To	County Code	(7) (STATE		(Prior if being demo	- J	11	_	
CAP	E MA	4		10	ISE ONLY)		1	MACHRIT	ASI ICE	-)		
Name of Monitoring Firm 1			er	ASC	CM No.	Name of Ahate	ment Contracto	(0)		_	_	
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Ch. Ch. T. O. I							2. 2A	PRUCE AL	15			_
City, State, Zip Code						City, State, Zip		1				
						_ WAF	IE SI	HADE N.	J	08	05	2
Project Manager for Monit	oring Firm		Te	lephor	ne No.	Telephone No.	0	License No.	10 10	375		
			. _			856-77	9-0472	_ 000	PF	4		
Start Date (10)	Sd	heduled	Comp	etion I	Date (11)	Name of OSHA	Monitor			_		=
5-7-18		5-	14-	-18			1/	10				
Occupancy Status During	Abatement (C)		<u> </u>			Street Address	- 4	14				_
Facility Closed/Vacated						0000171001055	7.					
Abatement Performed C						Chi Chi To C						
Other - Describe:	ALLESCE OF TROTT	HOI T GO	aty 110t			City, State, Zip C	ode	. F				
Contractive Contra												
Scope of Work (Check all to	hat apply)					Ö.5 . 0						
≥3 sf or ≥3 lf		Me	enovat	ion		☐ Fuil Cor	itainment with N	legative Pressure				
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(*)		l N	lormaily	•	1	_			1	Тур		
Location of	rial (ACM)		d Solet ntenan		Achaete	Description of			-			
Asbestos-Containing Mate TO BE ABATED			ustodia			s Containing Mate hermal systems in		Amount (Specify	-		En	ш
IN Facility			Staff?		(surfacing, VAT,		SF or LF)	l en	Re	cap	중
(13)		1	(12)			other miscellaneon	us)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1				1 2		ale	6
SIMIAIA			-	V	-	RANSIT	5	178	V	\vdash	-	-
SIDING		-		_		ICHAI 211		1250 SE	A	\vdash	-	
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ame of Registered Waste H	auter			DEP V uler ID		Cubic Yards of Waste	•	istered Landfill				
KLEMCO	INC.		-17	19°		Viene I I		C.MU.A.				_
ty. State	I. A.A.		_	20		isposal Date-	City, State 3°					
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empleted By	Title					Signature -	000	Date 7		10		
MICHHA CLO	JMM _	51	J.P.			Man	WIL		6-	18		
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Date of Notification (1)		1	Name of Buildin	ng Owner/Operator	DEV E	LOPTRS -	- 1	2018	3	The state of the s
Agencies Notified Type Notificati	on	5	Street Address	e cinc	SBORD	RD				
DEP Amended		-	City, State, Zip		300100	ICD	-			_
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DCA Cancellation	n		SAU	NE						_
			FACILITY IN	FORMATION		a.				
Name of Facility Where Abatement is Tal	king Place	(3)			Type of Facility	500 5 00 5 00				
RESIDEN	Ct				School (K-1	2) 8 (Other than K-12)			
Street Address					homes, etc	,				
City (5) STONE H	TARB	OR			Square Feet	# of Floors	9	dg. A		_
County (6) CAPE IMAY		T	County Code (USE ONLY)	7) (STATE		rior if being demolis	hed)			
Name of Monitoring Firm Hired by Building		AS	SCM No.	Name of Abatem						
(8) N/A				- KLET	MCO I	NC				_
Street Address				Street Address 369	S. Spr	EUCE AUX				
City, State, Zip Code				City State Zin C	ode	ANT II T		20	~5	5
					CE 2 HI	ADE M.T		20	0 3	<u>_</u>
Project Manager for Monitoring Firm			one No.	Telephone No. 856 71°		004	44			_
Start Date (10) Sch		ompletion	n Date (11)	Name of OSHA N	Monitor N	4				
Occupancy Status During Abatement (Ch	neck only o	one)		Street Address			97.			
Facility Closed/Vacated During Entire	Period of A	Abateme	ant .					_		_
Abatement Performed Outside of Norm Other - Describe:	nal Facility	Hours		City, State, Zip C	ode	1				
Scope of Work (Check all that apply)				□ Full Con	itainment with Ne	egative Pressure				
☐ >3 sf or ≥3 lf	Ren	novation		Mini-End	dosure	.ga470 . 1030010				
>160 sf or ≥260 lf	Den	notition		Gloveba	ig Procedure empted (*) and N	on-Friable Procedur	е			
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·		rmaliy Solely by		Description of		*	_	Typ		
Location of Asbestos-Containing Material (ACM)	Maint	enance/	Asbes	tos Containing Mate	erial (ACM)	Amount (Specify	77		Enc	ш
TO BE ABATED IN Facility		stodial taff?	(i.e.,	thermal systems in surfacing, VAT,		SF or LF)	Remova	Repair	caps	Enclosure
(13)	(12)		other miscellaneo	us)		oval	라	Encapsulate	ure
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Name of Registered Waşte Hauler	-1		EP Waste	Cubic Yards	Name of Reg	istered Landfill				
KLEMED INC		Hauk	904_	of Waste	<u></u>	M. C. M	. U	·K	<u> </u>	_
City, State MAPLE SHADE	W.	T		Disposal Date	City, State	OBINE	N	.T		
Completed By Tit	ie			Signature	0.00	Date) /	10	,	
MICHAEL KLEMM -	SUP	tir		_ Men	W K		(6-	- 13		

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Date of News-14													ì
Date of Notification (1)	76-18					ding Owner/Oper			III NAV		1 0	n10	-
Agencies Notified	Type Notifica	ation		+	Street Addre		- 000	AU K	LIED MAY		1 4	018	
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DEP DEP	Amended			-	City, State, Zi		- Cru		UE		_	-	rneb
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	☐ Cancellation	on				AME			Telephone No	mber			
				1-		NFORMATION		=					
Name of Facility Where	Abatement is Ta	aking Pl	ace (3)			Type of Fa	acility	(4)		-		
	SIPENIC	E					_ ☐ School						
Street Address							☐ Subcha	apter 8	Other than K-	12)			
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City (5)	7 to 7 200 1000	Marka W					Square Fe	et.	# of Floors		Dida	Age	
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CAPE	: MAY			1	USE ONLY)		VA	CA	NT	MSI IEC	1)		
Name of Monitoring Firm	Hired by Buildin	g Owne	er	AS	CM No.	Name of Abate	ement Contract						_
(8) W/	A					KLEM	CO IN						
Street Address						Street Address	S				_		=
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City, State, Zip Code .						City, State, Zip	Code	76	ALOE				=
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Project Manager for Monito	oring Firm		Te	epho	one No.	Telephone No.	28.11		License No.	VO.			_
			_			856-77	9-047	2	004	40	1		
Start Date (10)	Sch	eduled (Date (11)	Name of OSHA					1		_
5-7-18		5-		1-	18	-	NI	Δ					
Occupancy Status During /						Street Address				_		_	
Facility Closed/Vacated	During Entire P	eriod of	f Abate	men	t								
Abatement Performed O	lutside of Norma	al Facili	ty Hou	15		City, State, Zip C	Code	1500					_
Other - Describe:								55°					
Scope of Work (Check all the	hat apply)										-		_
≥3 sf or ≥3 lf		□ Re	enovati	00		Full Co	ntainment with	Negat	ive Pressure				
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Asbestos-Containing Mate			tenano		Asbesto	s Containing Mat	erial (ACM)	1	Amount				
TO BE ABATED IN Facility		100000	stodia		(i.e., t	hermal systems in			(Specify	R	D D	nc	En
(13)			(12)			surfacing, VAT, other miscellaneo	or Nus)		SF or LF)	Removal	Repair	Encapsulate	Enclosure
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lame of Registered Waste H	a rior		I ALI)ED	Waste T (S.E. V.	T	_					
A contract of the contract of					200000000000000000000000000000000000000	Cubic Yards f Waste	Name of Reg	gistere	ed Landfill				
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Lity, State	.0.	_				isposal Date	City, State	,,4	0.1				
MAPLE SHA		ال					_ Woo	DDI	BINE				
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MICHAEL KLEAN	4 3	UP.				Mall	y lu		_1_4-	16-	18		_
-41													_

	(P	ursua	nt t	0 <u>N</u>	.J.A.	<u>C.</u> 8:60 a	nd	12:120)	10),	5 5	No.		7	and the same
Date of Notification	(1)	Na	ame	of Bu	uilding	Owner / Ope	erato	or (2)			1 0	010	and district	
4-27-2018 Agencies Notified	Type Notification	The same of the same of	ON (-	tructio	n			ШШ	MAY	-12	2018		7
	Type Notification					eet, Suite 10	າດດ						and the second	
☐ DEP					& Zip (000			ASCI			- CX	
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□ DOH □ DCA	☐ Emergency ☐ Cancellation				ontact					The Company of the Co	Telepho			er
П рск	L Cancellation	A	ex C	ase							301-51	8-00	30	
N			FA	CILI	TY INF	ORMATION								
Cedar Brook – Buil	here Abatement is Taking F	Place (3)				Type of F								
Street Address	dilig # N					☐ Scho		n-12) oter 8 (Other t	han K	12\				
828 Blackwood C	lementon Rd, #37					☐ Othe	er (i.e	e. private & co	ommer	رح) cial buildi	nas. hom	nes. e	tc.)	
						Square F		# of FI			Bldg. Ag		/	
City (5)	County (6)	Cour	nty C	ode	(7)	4,500		2				70		
Pine Hill	Camden					Current l Apartmer	Jse (nt Ri	Prior if being	demol	ished)				
Name of Monitoring	Firm Hired by Building Ow	ner (8)		ASC	CM No			tement Contra	actor (9	9)				
Airtek Environmenta	al Corp.	2006 200 ma 0005.				Resource	e Ma	nagement Gr	oup, Ll	_C				
Street Address 39-37 29 th Street						Street Ac		ss n Ave, Suite 2	202					
City, State & Zip Co						City, Stat	e & 2	Zip Code	202					
Long Island, NY 111 Project Manager for		Toloph	ono 1	. I mail	h	Trenton,								
1 Toject Manager for	Worldoning Fillin	Telepho 718-93			ber	Telephon 609-914-				License	Number 0118	35		
Scheduled Start Da		mpletion	Date	(11)			A Monitor						
Occupancy Status F	During Abatement (Check o	5-8-20	18					nental Labora	tories,	Inc.				إ
Facility Clos	sed/Vacated During Entire F	Period of	Abat	eme	nt	Street Ad 2333 Rou								
	Performed during Normal F	lours:				City, Stat								_
Describe:	8:30am – 5:00pm					Union, N.	J 070	083						
Scope of Work (Che	upied During Abatement eck all that apply)										<u> </u>			
	500±00000 \$100±000 1 000±00 ±00₹ 61 € 1€							☐ Full Co	ontainn	nent with I	Negative	Pres	sure	
≥3 sf or ≥3 l≥160 sf ≥26			Reno					Mini-E						
☐ ≥160 sf ≥26	U II		Dem	OIIIIO	n					ocedures		. D		
Lo	ocation of	Is Lo	catio	n		Descri	ntion			ed and No Amount		ateme		
Asbest	os-Containing	Norma	lly U	sed		Asbestos-	Cont	taining	91	(Specify	Abe		,111, 1	ype
Mate	erial (ACM)		ely by			Materia	I (AC	CM)	0.00	F or LF)	D Z		E	Ш
	BE ABATED n Facility	Mainte				(i.e., therm insulation, su	ial sy	ystems			em	Repair	cap	nclo
	(13)		12)	uii.	1 '	or other mis					Remova	air	Encapsulat	Enclosure
		Yes N	No	N/A									at	Ф
Storage area					Pipe '	Wrap				8-9 LF				
				Ц										
			4	무							ᆜᆜ	Ш		Ц
			$\dashv +$	H	-				-			H		
Name of Registered	Waste Hauler		NJD	EP I	Naste	Cubic Yards	S	Name of Reg	nistere	d Landfill			Ш	Ш
December Manager			Hau	ler II	O No.	of Waste								
Resource Managem	ent Group, LLC		003	5218		TBD		Grows Lands	rill					
City, State Trenton, NJ 08619						Disposal Da	ate	City, State Morrisville, P	A					
Completed By (Print	or Type)		Title	8		Signature				1	Date			
Mr. Brian Haney	#5.0 D)			siden	it		/				04-27	-2018	3	

										551					
Date of Notification (4-27-2018	(1)		N	Name	of Bu	uilding tructio	Owner / Ope	erato	or (2)		MAY	- 1 20	18		1
Agencies Notified EPA	Type Notific	ation	S	Street	Addr	ess	eet, Suite 10	000		(e) pes					
☐ DEP ☐ DOL		*** (D) (O)	C	City, S	State 8	& Zip (7	10.00		4.0	<u>.</u>	
☐ DOL ☐ DOH		rgency			Y 100					,	4577	I	-2.1044		2
DCA DCA		cellation		Alex C		ontact						Telepho 301-51			er
				FA	ACILIT	TY INF	ORMATION								
Name of Facility Who Cedar Brook - Build	ere Abateme ling # M	ent is Taking P	lace (3))			Type of F ☐ Scho		lity (4) K-12)						
Street Address						Description of	☐ Subo	chap	oter 8 (Other	than K-	-12)				
828 Blackwood Cle	ementon Re	d, #37							e. private & c	ommer Floors		ngs, hom Bldg. Ag		etc.)	
City (5)		County (6)	Cou	inty C	Code ((7)	4,500	CCI	2	10013		blug. Ag	70		
Pine Hill		Camden					Current L Apartmer	Jse	(Prior if being	g demo	lished)				
Name of Monitoring	Firm Hired b	y Building Owi	ner (8)		ASC	CM No	. Name of	Aba	tement Cont						
Airtek Environmental Street Address	Corp.								nagement G	roup, L	LC				
39-37 29 th Street							Street Ad 2115 Han		ss on Ave, Suite	202					
City, State & Zip Coo Long Island, NY 111							City, State	e &	Zip Code						
	ct Manager for Monitoring Firm					per	Trenton, I Telephon				License	Number			
			718-93	37-37	20		609-914-4	4279	9		License	0118	35		
Scheduled Start Date 5-7-2018					e (11))			HA Monitor nental Labor	atorios	Inc				
Occupancy Status D	5-7-2018 pancy Status During Abatement (Check						Street Ad			atories,	1110.				-
☐ Facility Close ☐ Abatement P	ed/Vacated [During Entire Puring Normal H	eriod o	f Aba	teme	nt	2333 Rou								
Describe: 8	3:30am - 5:0	00pm	ours.				City, State Union, NJ								
Scope of Work (Che	ck all that ap	pply)													-
≥3 sf or ≥3 lf			\boxtimes	Pon	ovatio	n.					nent with I	Negative	Pres	sure	
≥160 sf ≥260	If				ovallo					Rag P	re rocedures				
				Severalité		X-2					ed and No		Pro	cedu	re
	cation of s-Containing	~		ocatio	0.0		Descrip			1	Amount	Aba	ateme	ent Ty	уре
	rial (ACM)	g	Norma	lely b			Asbestos-0 Materia				(Specify SF or LF)			m	
TO BE	E ABATED		Mainte	enánc	ce or		(i.e., therm	al sy	ystems	,	or or Lr)	Re	R	Enca	Enc
in	Facility (13)		Custo		taff?		nsulation, su or other mis					lemoval	Repair	ncapsulat	nclosure
	(10)			(12) No	N/A		or other mis	Cella	aneous)			<u> </u>	_	llat	re
Storage area					\boxtimes	Pipe '	Wrap			1	8-9 LF				
			井	H	H					-					
			$\exists +$	H	H					-			H	님	
															H
Name of Registered V	Waste Haule	er			DEP V		Cubic Yards of Waste		Name of Re	gistere	d Landfill				
Resource Manageme	ent Group, L	LC		Service and	5218		TBD		Grows Land	lfill					
City, State Trenton, NJ 08619							Disposal Da	te	City, State						
Completed By (Print of	or Tune\			T:0			TBD		Morrisville,	PA					
Mr. Brian Haney	or rype)			Pres	e sident	t	Signature				/	Date 04-27	-2018	3	
												200-200-200		20	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

HOTH TOATTO	11.6	01	70		.0	10	0 1	70	\sim 1	TIAIT!	l
(Pursuant	to	N.	ΙΔ	C	8-	60	an	d	12.	1201	

Date of Notification	(1)			Nam	ne of E	Building	Owner / Opera	ator (2)	112			# P 12	, , ,) rease	
4-27-2018 Agencies Notified	Type Notif	ication			V Con et Add	struction	on			MAY.	-1	2018		Ш,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, oation					eet, Suite 100	0		261 1.7.1		2010	-	Lorenzood
☐ DEP ☐ DOL				City,	State	& Zip	Code							5
⊠ DOL		ended ergency			NY 10	0017 Contact			- 1	A	=		e - E.C.	
□ DOH □ DCA		ncellation			Case						Telepho 301-51			er
				F	ACII	ITY IN	FORMATION			ľ				
Name of Facility W	here Abater	ment is Taking F	Place	(3)	71012		Type of Fac	cility (4)						
Cedar Brook – Buil Street Address	ding # L						☐ School							
828 Blackwood C	lementon I	Rd, #37					☐ Subcha	apter 8 (Othe (i.e. private &	r than K-1	2) ial huilding	as hon	nee c	atc)	
		23					Square Fee		Floors		Ildg. Ag			
City (5) Pine Hill		County (6)	C	ounty	Code	(7)	4,500	2				70		
THIC TIM		Camden					Apartment I	e (Prior if beir	ng demolis	shed)				
Name of Monitoring	Firm Hired	by Building Ow	ner (8)	AS	CM No	. Name of Ab	atement Cor	tractor (9)				
Airtek Environment	al Corp.						Resource N Street Addr	lanagement	Group, LL	С				
39-37 29 th Street								ess ton Ave, Suit	e 202					
City, State & Zip Co Long Island, NY 11							City, State 8	& Zip Code						
Project Manager for		Firm	Tele	phone	e Nun	nber	Trenton, NJ Telephone			License N	umher			
Cabadidad Ot 15	. (10)	10	718-	937-3	3720		609-914-42	79		LICENSE IV	0118	35		
Scheduled Start Da 5-7-2018		Scheduled Co	mpleti 5-8-2		ate (1	1)		SHA Monitor nmental Labo	ratories I	ne				
Occupancy Status [During Abate	ement (Check o	nly on	e)			Street Addre	ess	ratories, i	IIC.				
☐ Facility Clos	sed/Vacated	During Entire Fi during Normal H	Period	of Ab	atem	ent	2333 Route							
Describe:	8:30am - 5	5:00pm	iours.				City, State 8 Union, NJ 0							
Scope of Work (Che	upied Durin	g Abatement												
Coope of Work (Cite	ock all that a	appiy)						□ Full	Containm	ent with Ne	evitene	Pros	cura	
≥3 sf or ≥3 l			\boxtimes		novati	17000		☐ Mini-	Enclosure	9	.galivo	1 100	Suic	
\ ≥160 sf ≥26	U IT		Ц	De	molitio	on			e Bag Pro		Calable	- 0		
	cation of		Is	Loca	tion	T	Description	on of		d and Non- mount		ateme		
	os-Containi erial (ACM)	ng			Used		Asbestos-Co	ntaining	(:	Specify	1.00			,,,,
	BE ABATED			olely tenar	nce or		Material (A (i.e., thermal		Si	F or LF)	Re	R	Enc	En
ir	Facility			odial	Staff?		insulation, surfa	acing, VAT			Removal	epair	Encapsulat	Enclosure
95	(13)		Yes	(12) No	N/A		or other misce	llaneous)			Va	=-	ulat	ure
Storage area							Wrap			8-9 LF			П	
						1.00	тир		<u> </u>	3-9 L1			금	H
				H	H									
				-	++				-			H	님	님
Name of Registered	Waste Hau	ıler					Cubic Yards	Name of R	egistered	Landfill				
Resource Managem	ent Group,	LLC			auler I 35218	D No.	of Waste TBD	Grows Lan	dfill					
City, State	.,						Disposal Date	City, State						
Trenton, NJ 08619							TBD	Morrisville,	PA					
Completed By (Print Mr. Brian Haney	or Type)			Tit	le esider	a+	Signature				Date			
Silair riancy				-1	csidel	IL	1/4				04-27	-2018	li.	
				1			/	Α.			1			

- 112			
D	rint	Form	
	HILL	1 UIIII	

1194-02			FICATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 ar	ABATE)_[P	
Date of Notification (1) 4-27-2018				of Building Owner/ Chemical	Operato	r (2)	L	MAY -	20	18	-proseque	1
Agencies Notified Type Notification EPA Initial			Street A	Address ekeland Ave			Land Land			-0 L δ	in location	1
DEP Amended Amendment				ate, Zip Code esex NJ 08846	3	Alles and the	enteres entere		الماليان	y and the state of the	e en la companya de	performance.
 ☑ DOH ☑ DCA ☑ Emergency justification) ☑ Cancellation 				f Contact rd Wells			1000	lephone Nu 989 638-				
Name of Facility Where Abatement is Takin	n Place ((3)	FAC	ILITY INFORMAT	ION	Type of Facilit	v (4)					
Bound Brook Facility	9 1 1000 (.0)				School (I						
Street Address 65 Baekeland Ave						Subchap	ter 8 (Oth	ner than K-1 & commerc		dings,	home	es,
City (5) Middlesex						Square Feet >50,000	# 0	of Floors		Bldg. A -50	ge	
County (6) Middlesex				Code (7) USE ONLY)		Current Use (I	Prior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building Criterion Labs	Owner (8)	ASCN	√ No.		of Abatement Ca/BJDS, Inc	ontractor	(9)				
Street Address 400 Street Road				(-)		Address Industrial B	vd					
City, State, Zip Code Bensalem Pa 19020						tate, Zip Code hampton Pa	18966					
Project Manager for Monitoring Firm Eric Wysocki			Telepho 215 24	ne No. 14-1300	TO 2000 TO 1	none No. 322-2900		License N 00783	lo.			
Start Date (10) 5-7-2018	Schedul 5-21-2		npletion I	Date (11)	Name EHS	of OSHA Monite	or	I				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F					Design State Color	Address SOUTHGATI	E COU	RT SUITE	E			
Abatement Performed Outside of Norm Other – Describe: 7:00 AM-4:00 PM	al Facility	y Hours	S			tate, Zip Code KLETON NJ					75.	
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit			×	Full Contain Mini-Enclose Glovebag Pr Non-Exemp	ire ocedure					
Location of	1	Locati	07	_						Abate Typ	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surface	scription aining M systems cing, VA niscellan	laterial (ACM) s insulation, T, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
D	Yes	No	N/A	_	_	74 			٠,		Ф	
Door at Front of Bldg		X		Door	Caulk	ting	2	25LF	х			-
Name of Registered Waste Hauler		l NI	JDEP W	aste Cubic	Varda	Mana	f Dagiet	rod Lac Jen				
Service Transport Group Inc		Н	auler ID 0990			020000	r Registe va Land	red Landfill Ifill				
City, State 58 Pyles Lane New Castle DE 1972	0			Dispos	al Date	City, St Wayn	ate esburg,	ОН				
Completed by Christine Del Viscio	Title Asst	Admii	nstrator		ignature	stroll	\ h. h./	les 4-	te 27-20)18		

			90/50 10	State				(E) E	(P) I	2 []	ПЛ	Fr' I	m-rong
D&S Proj. #: 18-96			Noti	fication of As	bes	tos Abatement				; 1)	W	IS.	Π
10,10,110,100	1-		(Hucs	suant to NUA	U 8:	60 and 12:120)						
- (2) 1			L						MAY .	-1 2	2018		
Date of Notification (1)		Name o	f Building Ov	vner/Operator (2	2)			lesi les		-	.010	- 1	
0 4 / 2 6 / 1 8 Agencies Notified Type Notified		brian	hillman					-				-	
Agencies Notified Type Notific Initial	cation	Street A	ddress					- 50		CC (_ č<	+
DEP Amended								and the second s	M240 H-1 S4.44	(45-11). Tarabay	The thirt article to	emplorations.	
☑ DOL Amendment	#:	City, Sta	te, Zip Code										
Emergence	y	west	orange, nj	07052									
DOH (including justificatio	n)	Name of	Contact					Telepho	ne Num	per	_		
DCA Cancellati		brian	hillman							2008			
			FAG	CILITY INFORM	IATIO	ON							
Name of facility where abatemen	t is taking p	lace (3)					Т	Type of Facility	(4)				-
brian hillman		•							ol (K - 1	2)			
Street Address								☐ Subc	hapter 8	(Other	than	K-12)	
Officer Address								Other	(Private	Comm			
								Square Feet	./Homes, # of Flo		T 6	3ldg. A	100
City (5)	Cou	inty (6)			Co	ounty Code (7)	=	oquare rect	# 01110	013	'	nag. r	nge
wort and					(S	tate use only)		Current Use (F	Prior if be	ing de	molisi	hed)	
Name of Monitoring Firm Hired by	ess Plda Owa												
realine of weintering Firm Fined by	blug. Owr	ier (8)		ASCM No.		Name of Abater	nent (Contractor (9)			1		
Street Address					_	D & S REST	ORA	ATION, INC.					
0.0007/1001033						Street Address							
City, State, Zip Code					_	20 Californi		re.					
						City, State, Zip C							
Project Manager for Monitoring Fire	n	Ti	Phone Numb	er	-	Paterson, N Telephone Numb		503	History	a Niver	h		
				·		973-345-80			Licens	01169			
Start Date (10)	Sched	d. Comple	tion Date (1	1)	-	Name of OSHA I	Monit	or					
05/09/18				5.6		D & S Resto	ratio	on, Inc.					
Occupancy Status During Abateme	05/2.			A Company of the Comp		Street Address	V 230 23 20 10						
Facility closed/vacated during	entire peri	od of aba	tement			20 California		enue					
Abatement performed outside Describe:	of normal	facility ho	urs-			City, State, Zip C	ode						- 12
Other-Describe: NORMAL I	HOURS				-	Paterson, NJ	1075	:03					
Scope of Work (check all that appl	y)				-	r aterson, 143							
≥3 sf or ≥3 lf	Renovatio	n						ull Containment w Iini-enclosure	//negative	e press	sure		
☐ ≥160 sf or ≥260 lf	Demolition	1					⊠G	lovebag procedur					
Location of	Is location	normally	used solely		_		∐ N	lon-Exempted (*)	and Non		_	_	
asbestos-containing	by mainte staff(12)			l .	of a	sbestos-containing	,	Amount		R e	R	E n	E
material (acm) to be abated in facility (13)				material (A	CM)	- Containing	9	(Specify S	F or	m	p a	С	n c
	Yes	No	N/A					LF)		v	i	a p	L
basement		X		PIPE INSUL	ATI	ION		115 L FT		e			
												H	H
										T	$\overline{\Box}$	Ħ	Ħ
												百	
Registered Waste Hauler													
D & S RESTORATION, INC.	NJDE	P Hauler 06		ibic Yards of Wa yds.	aste	Name of Registe		andfill ESOURCE RE	COVER	v			
City, State			Disposal Da			City, State	ıv, K	LOUKCE KE	COVER	Y			
PATERSON, NJ 07503			05/10/18	E		TULLYTOW	N, P	A					
Completed by (Print or Type) BOGDAN JOLDZIC	Title	33 tm		Signature					Date				
	PRESIDE		for eah	s licensure exem		1 11 11			04/26	/2018			
11355 M	not use	4119 101111	101 danesto:	s ilcerisure exem	ipted	activities.							(2)

Check # 25681

NOT FICATION OF ASBESTOS ABATEMENT Pursuan to NIAC 8:50 and 12:120)

Date of Notification (1) 4/30/2018	Name	e of Building Ov	wner/Operator	(2)	[[[]	EG	E	11	1// 17
Acceptant Alexander of the state of the stat	1		Lawren	ceville School		5 6	L	<u>l</u>	₩ [5
Agencies Notified Type Notification EPA Initial	Stree	et Address	2500 Ma	ain Street	The state of the s	AA A`	/ _	1 20	118
DEP ☐ Amended X DOL Amendment #	City,	State, Zip Code		ceville, NJ 08	648	in r		1 71	710
□ DOH	Name	e of Contact Fred Mon	tferrat		Telephone (609)	896-04	00	SING	ROL
	F/	ACILITY INFOR	RMATION						
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility School (K	, ,				
Street Address				Subchapt Other (i.e	er 8 (Other than private & comr		uilding	s, hom	es,
City (5) Lawrenceville, NJ 08648				etc.) Square Feet 3000	# of Floors	5	Bldg.	Age)+/-	
County (6) Mercer		ty Code (7)		Current Use (P	rior if being den	nolished)	V-0.0400		
Name of Monitoring Firm Hired by Building Owner (8) MECS	AS	SCM No.		of Abatement C ens Environn		es, Inc.			
Street Address PO Box 341				Address Box 322					
City, State, Zip Code Chesterfield, NJ 08515			1.7	State, Zip Code	501			72-7	
Project Manager for Monitoring Firm Bill Weisgarber	100000000000000000000000000000000000000	hone No. 298-4070	Telepi	none No. 259-9688		ise No.			
		on Date (11)	Name	of OSHA Monito					
Occupancy Status During Abatement (Check Only One)			Street	Address Box 341					
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho Other – Describe:			City, S	State, Zip Code sterfield, NJ 0	18515				
Scope of Work (Check All That Apply)		10-10-10-10-10-10-10-10-10-10-10-10-10-1	0.10	3.0111010, 140	.0010				_
≥3 sf or ≥3 lf Ren	ovation olition		>	Mini-Enclosu Glovebag Pr				ıre	
55 Pro-1						1100101		temen	t
Location of North	cation nally		Description	of		-		уре	
TO BE ABATED In Facility (13) Mainte Custodi (1	olely by nance/ al Staff? 2)	(i.e. th	s Containing Mermal system surfacing, VA other miscellar	T, or	Amount (Specify SF or LF)) Removal	Repair	Encapsulate	Enclosure
1st Floor Kitchen	<	Ther	rmal Pipe Ir	nsulation	12 lf	Х			
2nd floor Bathroom	<	10000000	rmal Pipe Ir		4 lf	Х			
			(Wrap & C	Cut)			-	-	
Name of Registered Waste Hauler			Cubic Yards	Name o	 of Registered La	ndfill		1	
Stevens Environmental Services	Hauler 182		of Waste 1		ss Landfill				
City, State Allentown, NJ		I	Disposal Date 5/18/201		ville, PA				
Completed by Mahlon E. Stevens Title Project	Manage	er	Signature	WIL		Date 4/3	0/18		

Check # 25680



Date of Notification (1) 4/30	/2018			Name o	of Building (Owner/0			rs Properties					
Agencies Notified	Type Notification			Street A	Address									
□ ЕРА	× Initial						20	Nas	ssau Street		MAY	- '	20	18
DEP X DOL	Initial Amended Amendment	#		City, St	ate, Zip Co	de	Drin	nonte	n NI 00540	1 1-1 1	00.213		20	10
	Emergency		_	Name -	£011		PIII	iceic	on, NJ 08540			1.75		
DOH DCA	justification) Cancellation			Name o	of Contact Jeremia	ah Obe	ert			Telephone (609)			MA.	
				FAC	ILITY INFO	RMATI	ON							
Name of Facility Where	Abatement is Takin Retail Store	g Place (3)					Тур	e of Facility (4)					
Street Address	-4 Chambers S	treet						×	School (K-12) Subchapter 8 Other (i.e. priv	(Other than		ildings	, hom	es,
City (5)								Squ	etc.) uare Feet	# of Floors	Т	Bldg.	Age	
	rinceton, NJ 08	540							1000	1		100		
County (6) Me	ercer				Code (7) USE ONLY)		_	Cur	rent Use (Prior	if being dem	nolished)			
Name of Monitoring Firm MEC		Owner (8)		ASC	M No.				eatement Contra Environmen		es, Inc.			
Street Address PO B	Sox 341						Street PO E		(3/3/3/2)					
City, State, Zip Code									Zip Code					
Project Manager for Mon	erfield, NJ 085	15		Talaaha	N-				n, NJ 08501					
Bill Weisgar	Access to the contract of the			Telepho 609 2	98-4070		Teleph 609 2			0049	se No. 13			
Start Date (10) 5/10/2018		Schedule		mpletion 5/18/20	Date (11) 18		Name MEC		SHA Monitor					
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street							
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	Period of A	Abater Hour	ment s				tate,	Zip Code					
							Ches	sterfi	ield, NJ 085	15				
Scope of Work (Check Al	і і пат Арріу)		2					1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				×	M G	ull Containment lini-Enclosure lovebag Proced	dure				
		la la	Locat	ion				1 1/4	on-Exempted (') and Non-r	-riable Pi		re ement	
Location	of	1	Norma	lly		Des	cription	of					уре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED `	Ma	d Sole intena odial ((12)	nce/ Staff?	(i.e. t	os Conta hermal surfac		lateria s insu T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
()		Yes	No	N/A		other ii	liscellari	eous	,		val	=	ulate	ure
1st Flo	X		The	ermal F	Pipe In	sula	ition	30 If	Х					
Name of Registered Was	te Hauler		N	JDEP W	aste /	Cubic `	Yards		Name of Re	gistered Lar	ndfill			
Stevens Environmen			10000	lauler ID 18292	No.	of Was			Fairless L					
City, State Allentown, NJ							al Date 8/2018	8 / 4	City, State	e, PA				
Completed by Mahlon E. Stevens		Title Proje	ct Ma	anager			gnature	211 1			Date 4/3	0/18		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) 4-27-2018 Name of Building Owner / Operator (2) AION Construction

Agencies Notified	Type Natification		IOIV COI		11	-	11 111			111 11
EPA	Type Notification	S	treet Add	dress	N 102 120 13 13 13 13 13 13 13 13 13 13 13 13 13			MAY -	1 2018	- Louis
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	4	4 East 4	4" Stre	eet, Suite 1000)	Lat Let I			
☐ DEP	☐ Initial		ity, State		Code				N 10.0	rad
⊠ DOL	Amended		Y, NY 10				4			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
□ DOH □ DCA	Emergency	N	ame of C	Contact				Te	elephone Nu	ımber
☐ DCA	☐ Cancellation	A	ex Case						01-518-003	
			FAOU	1777111						
Name of English, M/h	oro Abotomontin Talin 5	21 (0)	FACIL	IIY INF	ORMATION					
Cedar Brook - Build	ere Abatement is Taking F	race (3)			Type of Faci					
	ing # C				School					
Street Address					☐ Subcha	pter 8 (Other th	nan K-12)			
828 Blackwood Cle	ementon Rd, #37				Other (i.	.e. private & co	mmercial b	uildings	s, homes, etc	c.)
					Square Feet	# of Flo	oors		ig. Age	
City (5)	County (6)	Cour	nty Code	(7)	4,500	2		10.0	70	
Pine Hill	Camden				Current Use	(Prior if being	demolished	4/	70	-
					Apartment B	uilding	demonstree	4)		
Name of Monitoring	Firm Hired by Building Ow	ner (8)	AS	CM No.		atement Contra	ector (Q)			
Airtek Environmenta	l Corp.	(-/				anagement Gro	oup IIC			
Street Address					Street Addre	ee	Jup, LLC			
39-37 29th Street						on Ave, Suite 2	na			
City, State & Zip Coo	de				City, State &		.02	4-		
Long Island, NY 111					Trenton, NJ					
Project Manager for		Teleph	one Nun	her	Telephone N		II taa	NI		
		718-93		ibei	609-914-427		Lice	nse Nu		
Scheduled Start Date	e (10) Scheduled Cor			1)					01185	
5-7-2018	Scrieduled Col	5-8-20		1)	Name of OSI					
	uring Abatement (Check o		10			mental Laborat	ories, Inc.			
Facility Class	diling Abatement (Check o	nly one)			Street Addre					
Abatement P	ed/Vacated During Entire F	eriod of	Abatem	ent	2333 Route 2					
	Performed during Normal H 3:30am – 5:00pm	ours:			City, State &					
Facility Occur	pied During Abatement				Union, NJ 07	083				
Scope of Work (Che	ok oll that annual									
ocope of Work (Che	ok all triat apply)									
≥3 sf or ≥3 lf						☐ Full Co		with Neg	gative Press	ure
		1000	Renovat				closure			
≥160 sf ≥260	-11		Demolitic	on			Bag Proced			
						☐ Non-Ex	empted and	d Non-F	riable Proce	edure
	cation of		cation		Description		Amou	unt	Abatemen	nt Type
	os-Containing		lly Used		Asbestos-Con		(Spec			-
	rial (ACM)		ely by		Material (A		SF or	LF)		m m
	E ABATED		nance or		(i.e., thermal s	ystems	1		er Re	nc nc
in	Facility		ial Staff?	' ii	nsulation, surfac	cing, VAT	1		Repair	Enclosure
	(13)		12)	4	or other miscell	aneous)	1		<u>a</u> =	
	24. V. M 25 1	Yes N	N/A							at e
Storage area				Pipe V	Vrap		8-9 1	I.F		
			TIT	1			0-71	J1		뒤H
			터뷰	-						러님
			= -							
			414							
N- CD 1										
Name of Registered \	Naste Hauler				Cubic Yards	Name of Reg	istered Lan	dfill		
			Hauler I		of Waste					
Resource Manageme	int Group, LLC		0035218	3	TBD	Grows Landfi	11			
City, State					Disposal Date	City, State				
Trenton, NJ 08619					TBD	Morrisville, PA	Δ			
Completed By (Print of	or Typo)	-	T:41 -			Wiotilisville, F/	1			
Mr. Brian Haney	n Type)		Title	. 1	Signature ₎				Date	
Drian Haney			Preside	π				10	04-27-2018	1
					- /					

D (N:6 .:						100000000000000000000000000000000000000		37.6	()	JA)		14)	-1.	
Date of Notification (1) 4/25/18					of Building Rempac			or (2)			11.7		- 5		1
Agencies Notified	Type Notification			Street A	0.110.110.110.110.110.110.110.110.110.1					l Ba	IAY -	1 201	n	A STATE OF THE PARTY OF THE PAR	
EPA DEP DOL	Initial Amended Amendmen	t #	Ī	City, St	ate, Zip C New Yo	ode	0700	2	1 1-1	[8]	A	201	5		4
	Emergency	(including	_		of Contact		0709	<u> </u>		/ 1 Tal	la a bassa A		- 17/va	<u> </u>	
DOH DCA	justification Cancellation			Art Kr	eutzer						ephone N 3-837-0				8
Name of Facility Where	Abatement is Takir	na Place (3	1	FAC	ILITY INF	ORMAT	ION	I =		/ 45					
RFC Rempac	Abatement is Takin	ig i lace (5	,					Туре	of Facility						
Street Address					2-487			H	School (K- Subchapte		er than K	-12)			
138 67th Street								×	Other (i.e. etc.)				ildings	s, hom	ies,
City (5)									re Feet	# o	f Floors	T	Bldg.	Age	
West New York						0		260		2			65		
County (6) Hudson				County (STATE	Code (7) USE ONLY)		hon	ent Use (Pr 1e	or if bei	ng demol	ished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASC	M No.				atement Co ronmenta		****	_C			
Street Address					AL		Street	Addre							
City, State, Zip Code									ip Code	Jale D	1146				
							1 0.00000000000000000000000000000000000		NJ 074	118					
Project Manager for Mor	nitoring Firm		Telepho	ne No.		1.5	hone N -764-2			License 703	No.				
Start Date (10) 5/7/18		Schedule 5/21/18		npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status Durin	g Abatement (Ched	k Only On	e)				Street	Addres	ss	-					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of A nal Facility	baten Hours	nent			City, S	State, Z	ip Code						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	1127	processor .	enova emolit				> >	Mir	Il Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure				ro	
3		ls	Locati	on					T Exemple	u () ain	3 14011-1 11	able i ii	- 39X.10 V	emen	t
Location		N	ormal Sole	ly		Des	scription	n of					_ T	уре	_
Asbestos-Containing TO BE AB In Facil (13)	ATED ity	Maii	ntenar odial S (12)	nce/	Asbes (i.e.		aining N system cing, VA niscellar	s insula T, or	(ACM) ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
basem	ent	163	110			!				4.0			-	-	
Daseilli		X			insula				25 LF	X	-	-			
		X		TI	oor tile			90	00 SF	Х					
Name of Registered Was	ste Hauler	1	11 (1)	JDEP W		Cubic			Name of	Registe	red Landi	fill			L
Tonys Cleanup & Ha	auling			auler ID 7787	NO.	of Was	ste		Chrin E	rother	s Sanit	ary La	ndfil		
City, State Bridgewater, NJ							al Date		City, State						
Completed by						ignature) /				Date		1-13-12		
A. Scott Higgins		Presid	dent					10	_	\		4/25/1	8		



	PA		(P		to NJAC					N E	i C	[77]	7 1	17	5	
Date of Notification (1) 4/20/2018					of Building Moonad		The state of the s	r (2)	to the state of th	才	words (C. C. L.		3111	1.5 500		
Agencies Notified	Type Notification		-	Street A		ine //	, LLO	_	- 11	111	1111		1 0/	110		
					assaic	Avenue	9				MAY	-	1 21)18	L	
× EPA × DEP × DOL	Initial × Amended			City, Sta	ate, Zip Co	ode				1					-	
X DOL	Amendment #			Fairfie	eld, NJ (7004				F	4,				6.	- !
× DOH	Emergency (in justification)	ncluding		Name o	f Contact					Te	elephone	e Num	ber	5 . 2		
DCA	Cancellation			Grego	ory Wov	na				. 9	08-31	9-417	76			
Name of Facility Where	Abatament in Tables	DI /	2)	FAC	ILITY INF	ORMAT	ION	-							72.	
77 Moonachie Ave	Abatement is Taking	Place (3)					Typ	oe of Facility	500						
Street Address							-	Н	School (K- Subchapte		hor then	V 12	,			
77 Moonachie Ave								×	Other (i.e.	private	& comr	nercia) I build	dings,	home	es,
City (5)	=							1000	uare Feet	# (of Floors	S	В	ldg. A	ge	
Moonachie Avenue								0.000	00000	1				4		
County (6) Bergen					Code (7) USE ONLY)			rrent Use (Pi ffice Spac		eing den	nolish	ed)			
Name of Monitoring Firm	Hired by Building O	wner (8))	ASCN	И No.		Name		batement Co		r (9)					
Bio Terra Solutions							Incir	nia (Contractin	g, Inc						
Street Address							Street									
1130 West Chestnu	ut Street								ifton Aven	ue Ur	it 365					
City, State, Zip Code							**************************************		Zip Code							
Union, NJ 07083									NJ 07012							
Project Manager for Mon Rick Eustaquio	itoring Firm			Telepho	ne No. 943762		Teleph		No. 9500			se No).			
Start Date (10)		Schedul	ed Com		Date (11)	_			SHA Monitor	-	010	36				
5/10/2018		5/10/2		ipicuon	Date (11)				Contracting	500						
Occupancy Status During			150105054				Street			9, 1110			00-00			
➤ Facility Closed/Vaca	ated During Entire Pe	eriod of	Abatem	ent			1360	0 Cli	ifton Aven	ue Un	it 365					
Abatement Perform	ed Outside of Norma	I Facility	/ Hours				City, S	State,	Zip Code	75.1						
1.50						_	Clift	on, l	NJ 07012		VI. Taran					
Scope of Work (Check Al	l That Apply)						_	_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renovat Demoliti				×		Full Containn Mini-Enclosu		h Negat	tive Pr	essur	e		
= 100 01 01 = 200 11		ы,	Jemonu	On					Slovebag Pro	ocedure						
		T					×		Non-Exempte	ed (*) ar	nd Non-	Friable		William .		
			Location Normall											Abate Ty		
Location Asbestos-Containing		Use	d Solel	y by	Ashes		scription		iai (ACM)		Amount			Ó		
TO BE ABA	(TED		iintenar todial S			thermal	system	s inst	ulation,	(Specify	8	Re	R	Enca	En
In Facili (13)	ty		(12)				cing, VA niscellar			S	F or LF)	Remova	Repair	Encapsulate	Enclosure
*****		Yes	No	N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- /				'al	-	late	ıre
Ground Fron	t Office		X	Х			VAT	Silve		19	934 SF	=	K			
Ground- Thro	X	Х	Mudd	led Pip	e Join	nt Ins	sulation	1	00 LF	8	X					
Name of Registered Was	te Hauler		5.73	JDEP W auler ID		Cubic of Was			Name of	- T				DOM:		
Atlantic Carting	12.5	J641/J		40 Y			Grand		ral Sar	nitary	Lar	dfill				
City, State				100	sal Date		City, Sta									
Wayne, NJ					TBD			Pen A	rgyl, F	PΑ						
Completed by Milena Zoric		Title Dire	otor			S	ignature	\	///		1	Date		110		
		Direct	2101				1	1	1/		-	4/2	20/20	110		



Date of Notification (1)			Nam	e of Buildir	ng Owner/Operator	(2)		77 1	1 11:	7 02
4/5/	18				mmunicatins	(2)				123
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ DOH ☐ Amendment		/26/18	City,	State, Zip		And a second sec	MAY	- 1	201	8
DCA Emergence		ng		e of Contact	y, NJ 08401	!	ASIN			The &
(NJAC 5:23-8) justification Cancellation			1000000000	e of Contac ian Kings	75-3		Telephone Num	919	27	n - 12"
17		-	_	150	NFORMATION		201-256-516	6		
Name of Facility Where Abatement is Ta	king Plac	ce (3)	ГР	CILITY	NFORMATION	Type of Facility	, (4)			
Verizon Atlantic City CO	,	1.7				School (K-1				
Street Address						☐ Subchapter	8 (Other than K-12)		
1609 Pacific Avenue						homes, etc.	private and commen	rcial b	uildin	gs,
City (5)		C-1.18 D-2				Square Feet	# of Floors	В	ldg. A	ae
Atlantic City						-+75,000	7	-	+-50	
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)		
Atlantic						Verizon		- 83	\$	
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))			
ESIS					BRISTOL EN	VIRONMENTA	AL, INC.			
Street Address					Street Address				-	
10 Exchange Place, 13th Floor					1123 BEAVE	R STREET				
City, State, Zip Code					City, State, Zip Co					9.00
Jersey City, NJ 07302 Project Manager for Monitoring Firm					BRISTOL, PA	19007				
Brian Kingsbury			ephone		Telephone No.		License No.			
	andulad (01-256		215-788-6040		00509			
<u>4</u> / <u>27</u> / <u>19</u>	neduled 5		1 /		Name of OSHA M BRISTOL ENV		L, INC			
Occupancy Status During Abatement (Ch					Street Address					
Facility Closed/Vacated During Entire	Period of	Abate	ement		1123 BEAVER	STREET				
Abatement Performed Outside of Norr Time of Abatement:AM	nal Facili PM/ <u>5:0</u>	ty Hou <u>0</u> PM- <u>2</u>	rs - Des ::00AM	scribe	City, State, Zip Co BRISTOL, PA			-		
Scope of Work (Check all that apply)					BRISTOL, FA	19007				
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-Encl ☐ Glovebag	Procedure	gative Pressure on-Friable Procedur	e		
	1	Loca	500					-	atem	ent Typ
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Us Ma	Norma ed Sol aintena todial (12)	ely by ance/ Staff?		Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
	Yes	No	N/A							6
Basement Stairwell				VAT and	d Mastic		100 SF	\boxtimes		
st Floor Storage Room				VAT and	d Mastic		375 SF			
th Floor and Loft				VAT and	d Mastic		100 SF	\boxtimes		
th Floor Office			\boxtimes	Ceiling	Tile		8 SF	\boxtimes		
		10000	IJDEP V lauler IE	No.	Cubic Yards of Waste	Name of Regis	tered Landfill eman Environm	enta	l Par	 k
ame of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.			40700					-:: LU		
BRISTOL ENVIRONMENTAL INC.			18706		Disposal Date	City, State				
BRISTOL ENVIRONMENTAL INC.			18706		Disposal Date TBD	City, State			il	
Bristol, PA	tle		18706		TBD	City, State	r Township, NJ	e ,	il	P

Date of Notification (1)				- N		dia - O io		IN B P		77 1	1 17	· · · ·
4 /	5 /	18				ding Owner/Operato	r (2)	11156		1		17-2
Agencies Notified	-				verizon C	Communicatins	APK Gaves	131	to at		* *	- Compa
⊠ EPA	Type Notifica	ation			treet Addres		100	IIII MAY	1	-		-
☑ DOLWD	⊠ Amended	i				ific Avenue	ĺ	U LI MAY	- 1	20	18	-
⊠ DOH	Amendme		v #1-		ty, State, Zi	1						1
□ DCA	4/19/18			L		ity, NJ 08401		ASU	Same?			
(NJAC 5:23-8)	☐ Emergend	cy (inclu	ding	3 (1777)	ame of Cont			Telephone Nu	mher	4	· · · · ·	*
	justification	on)			Brian King	gsbury		Telephone Nu 201-256-5	11001		*+ A5**	Τ.
					FACILITY	INFORMATION		201-200-0	100	_		_
Name of Facility Where A	Abatement is T	aking P	lace (3	3)			Type of Facility	(A)				
Verizon Atlantic Cit	y CO						School (K-1					
Street Address							→ Subchapter	8 (Other than K	12)			
1609 Pacific Avenue	е						Uther (i.e.,	private and comm	ercial	build	ings.	
City (5)				10-10-20-20-20-20-20-20-20-20-20-20-20-20-20			homes, etc	.)				
Atlantic City							-+75,000	# of Floors		Bldg.	Age	
County (6)				C	ounty Code	(7)(STATE USE ONLY)		7		+-5	0	
Atlantic					- ann, oodo	(1)(OTATE OSE ONLY)	1	rior if being demo	ished)		
Name of Monitoring Firm I	Hired by Buildin	ng Own	er (8)	ASC	M No.	Name of Abeter	Verizon	<u> </u>				
ESIS		v. 1220 - 1414- 0	(-/			Name of Abatem	ent Contractor (9)				
Street Address						Street Address	VIRONMENTA	L, INC.				
10 Exchange Place,	13th Floor											
City, State, Zip Code						1123 BEAVE						
Jersey City, NJ 0730	2					City, State, Zip Co			22			_
Project Manager for Monito			T	alamb	- 11	BRISTOL, PA	19007					
Brian Kingsbury				elephon		Telephone No.		License No.				_
Start Date (10)	Sol	odulad			6-5166	215-788-6040		00509				
ON HOLD	301	leduled		9 112	Date (11)	Name of OSHA M						_
The state of the s	- -			/		BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During A	During Fatter	eck only	one)			Street Address						_
☐ Facility Closed/Vacated Abatement Performed O	outside of Norm	Period o	of Aba	tement	122	1123 BEAVER	STREET					
Time of Abatement:	AM-	PM/5:0	ITY HO	urs - De	escribe	City, State, Zip Co	de				_	_
			<u>.</u>	2.00/10	"	BRISTOL, PA	19007					
Scope of Work (Check all th	at apply)								-			
≥3 sf or ≥3 lf		⊠R	enova	tion			ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			emolit	ion		☐ Glovebag	Procedure					
						☐ Non-Exen	npted (*) and Nor	-Friable Procedur	re			
Location of			s Loca Norm						_	atem	ont T	
Asbestos-Containing Mat	terial (ACM)	Us	ed So	lely by	Achor	Description of				_	_	-
TO BE ABATE	<u>D</u>	Ma	ainten	ance/	(i.e.	stos Containing Mate , thermal systems in	erial (ACM)	Amount	em	Repair	nc	
IN Facility (13)		Cus	(12)	Staff?		surfacing, VAT, o	or	(Specify SF or LF)	Removal	air.	Encapsulate	
		Yes	No	N/A	1	other miscellaneo	us)		=		ulat	1
asement Stairwell		-	-	-		and the second s					O	
		10			VAT and	Mastic		100 SF			П	Г
f Floor Storage Room				\boxtimes	VAT and	l Mastic		375 SF				Г
Floor and Loft					VAT and	Mastic		100 SF				-
Floor Office					Ceiling 7	Tile		8 SF			님	_
me of Registered Waste H		2.V. — 2.		JDEP V		Cubic Yards of	Name of Registe				Ш	L
BRISTOL ENVIRONME	NTAL INC.		H	auler ID 18706		Waste	ACUA Hane	nan Environm	om4-1	ь.	a	
/, State				10/00		Disposal Date	City, State	LIIVIIOIIM	riital	rari		
iristol, PA					1.	TBD		T		100		
mpleted By (Print or Type)	Title	9	-				Egg narbor	Township, NJ				
illan DeCaro		stimat	or			Signature	A 0	Date				
41		- Initial	JI			Dellan	DiCaro/	AL 4	-19	1-1	8	

ASB-41 JAN 13 00 18011

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

Ch# 3343

Date of Notification (1)	115				Na	me of Build	ing Owner/Operator	(2)	1 - A Paracamanana angan	ene Marin Villa	Variet Shipping	-www.crs.	an i
4 /	5	′	18		'	/erizon Co	ommunicatins		INEC	E		ŊŢ	. 1
Agencies Notified ⊠ EPA ₹718	Type Not Initial		on		100	eet Address	ic Avenue						
Ø DOLWD 8695	☐ Amen					, State, Zip			III MAY	_	1 20	118	
DOH 8701		dment		_			ty, NJ 08401		14 11 11111				
☐ DCA (NJAC 5:23-8)	☐ Emerg	gency cation)	(includ	ing	-	me of Conta			1-1-				
	☐ Cance				1	rian King			Telephone Nur	nber		11	
				-					201-256-51	66		V-1	-22
Name of Facility Where A	batement	is Tak	ing Pla	ce (3)		ACILITY	NFORMATION	1=		1			
Verizon Atlantic Cit		io ruit	ing i la	00 (0)				Type of Facility					
Street Address	,					*		School (K-1	12) 18 (Other than K-1	21			
1609 Pacific Avenue	е							☐ Other (i.e.,	private and commo	z) ercial l	buildi	nas.	
City (5)					45 - 5 - 5			nomes, etc	.)			-3-1	
Atlantic City								Square Feet	# of Floors	E	3ldg.	Age	_
County (6)					10-		7./07/77 1107 01111	-+75,000	7		+-5	0	
Atlantic					100	unty Code (7)(STATE USE ONLY)	1	rior if being demol	ished)			_
Name of Monitoring Firm	Hired by P	uildina	Ouma	- /0\	1000	4 NI-	IN	Verizon					
ESIS	med by Bi	ununng	Owne	(8)	ASC	VI No.	Name of Abatem			2.55			_
Street Address								IVIRONMENTA	AL, INC.		8		
10 Exchange Place,	13th Elas						Street Address						-
City, State, Zip Code	13 F100	AF .					1123 BEAVE						
	10						City, State, Zip C						-
Jersey City, NJ 0730							BRISTOL, PA	19007					
Project Manager for Monit	oring Firm				ephon		Telephone No.		License No.				-
Brian Kingsbury						6-5166	215-788-6040		00509				
Start Date (10)	10					ate (11)	Name of OSHA N						-
4/_19_/_					0_/	18	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During	Abatement	(Chec	ck only	one)			Street Address						_
Facility Closed/Vacated	During En	itire Pe	eriod of	Abate	ement		1123 BEAVE	R STREET					
Abatement Performed (Time of Abatement:	Jutside of I	Norma	I Facili	ty Hou	rs - De	scribe	City, State, Zip Co	ode					_
			W/ <u>5.0(</u>	<u> </u>	.00AN	ľ	BRISTOL, PA	19007					
cope of Work (Check all t	nat apply)									-			_
] ≥3 sf or ≥3 lf			⊠ Re	enovat	ion		☐ Full Cont☐ Mini-Enc	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			_	emoliti	27774		☐ Glovebac	Procedure					
							☐ Non-Exer	mpted (*) and No	n-Friable Procedu	re			
Location of				Loca Norma			4		2	Ab	atem	ent T	-
Asbestos-Containing Ma	aterial (ACI	M)	Use	d Sol	ely by	Ashes	Description of stos Containing Mat	f		_	1	1	Ť
TO BE ABATE	<u>ED</u>			intena todial		(i.e.	, thermal systems i	nsulation.	Amount (Specify	Removal	Repair	nca	1
IN Facility (13)			Cus	(12)	Stan?		surfacing, VAT.	Or	SF or LF)	oval	=	Encapsulate	1
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sement Stairwell						VAT and	Mastic		100 SF		-	-	+
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me of Registered Waste I				N	JDEP 1		Cubic Yards of	Name of Regis				П	1
BRISTOL ENVIRONME	ENTAL IN	łC.		10000	auler II	No.	Waste		eman Environm	onto	I Dan	L	
	-				18706		Disposal Date	City, State	- LIVITOIIII	ciild	rar	n	
y, State							TBD		Township, NJ				
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Bristol, PA)	Title					10: 1						
y, State Bristol, PA mpleted By (Print or Type Dillan DeCaro)	Title	stimat	05	Ed.		Signature	DeCarol	/ Dai	e /_5			-

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

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 / 24 / 2018 Mr Kevin Glennon Agencies Notified Type Notification Street Address ☐ EPA ☐ Initial **☆** DOLWD ☐ Amended City, State, Zip Code Amendment # ☐ DOH Ridgewood, NJ 07450 ☐ DCA Name of Contact Kevin Glennon justification) (NJAC 5:23-8) Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Mr Kevin Glennon Residence Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings. homes, etc.) City (5) Ridgewood, NJ Square Feet # of Floors Bldg. Age 50+ 200 County (6) BERGEN County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EA Services Corporation Street Address Street Address 426 69th Street City, State, Zip Code City, State, Zip Code Guttenberg, NJ 07093 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-295-1700 01074 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Same as above __04 / _26 / _2018 0学 / 27 /2018 Occupancy Status During Abatement (Check only one) Street Address XFacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 8 AM- PM/ PM-Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 If Renovation ☐ Mini-Enclosure ☐ ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Negative Air Is Location Abatement Type Normally Location of Description of Used Solely by Repair Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A **Detached Garage** ACM debris \square X 100 SF 🗆 П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. 14551 Waste TBD Tri-State Transfer Assoc. Minerva Enterprises, Inc. City, State Disposal Date City, State Waynesburg, OH TBD Bronx, NY Completed By (Print or Type) Gina Betances Signature Office Manager 04/23/2018

State of New Jersey

ATION OF ASBESTOS ABATEMENT

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

Check # 1167 Date of Notification (1) Name of Building Owner / Operator (2) April 27, 2018 Evelyn Paiz Agencies Notified Type Notification Street Address EPA DEP XDOL Initial City, State & Zip Code 2018 Amended Tuckerton, NJ 08087 X DOH Amendment # DCA Telephone Number & Cancellation Name of Contact Evelyn Paiz FACILITY INFORMATION 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) Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 1,824 178 years Tuckerton Current Use (Prior if being demolished) Residence County (6) County Code (7) Ocean USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 9, 2018 May 30, 2018 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure \boxtimes \geq 3 sf or \geq 3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 If Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsulate (13)insulation, surfacing, VAT Enclosure Removal Repair or other miscellaneous) N/A Yes No Back Hallway X Siding 30 SF X Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards of Waste Hauler ID No. Synatech, Inc. 27429 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ May 31, 2018 Morrisville, PA Completed By Title Signature Date la Diane Aloia **Executive Administrator** April 27, 2018

B & G proj. #:

2018-88

State of NU-Notification of Alsoesids Abatement (Pursuan) to NAC 8:60-7 and 12:120-7 Resume 04/30/2018

2 d 0 proj. #.		(III)	Resume	04/3	- <u>r</u> anja 12.120-7) 0/2 018	Chec	k # 8958				
Date of Notification (1)	I I Name	of Building Ou	vner/Operator (2	Witness and	072010	I process	F 0	17.7	fi v	\ []	
10 14 1/12 14 1/11 181	1.1	of Ballaling Ov NT, LLC	vner/Operator (2	2)			E Un		1	W.	E.H
Agencies Notified Type Notifical	ion L	Address				1 1 1 1					
LI EPA		Calcutta S	treet				MAY		1 2	018	1 1 1
U DEP	- II	tate, Zip Code				lock to-					
DOL Amend		wark, NJ 07					A. C.			SŲ.	L&
▼ DOH □ C		of Contact				Telepho	ne Number	re te me	1,11	i mara	and the deposit of the
DCA Cancelli		orge Stavro	ou								
		FA	CILITY INFORM	/ATIC	DN .	<u> </u>		-		_	
Name of facility where abatement i	s taking place (3)				Type of Facility	(4)				
Building B201					THE PERSON NAMED IN COLUMN NAM		ol (K - 12)				
Street Address						☐ Subc	hapter 8 (O	ther t	han l	<-12))
241 Calcutta Street						M Other Bldgs	(Private/Co	mme	ercial		
City (5)	10					Square Feet	# of Floor		Е	ldg.	Age
	County (6)				ounty Code (7)						
Newark, NJ 07114	Essex			(5)	tate use only)	Current Use (F warehouse	Prior if being	den	nolish	ed)	
Name of Monitoring Firm Hired by I T&M Associates	Bldg. Owner (8)		ASCM No.	-	Name of Abatement	Contractor (9)					
2765-276-2666 Sept. 2012-2665			0145		B & G Restorati	on, Inc.					
Street Address 11 Tindall Road					Street Address						
City, State, Zip Code					105 Ryerson R	oad					
Middletown, NJ 07748					City, State, Zip Code Lincoln Park, î	11.07035					
Project Manager for Monitoring Firm		Phone Num	ber	-	Telephone Number	10 07 000	License	Vumi	ner.		
Kevin Burns		732-676-4	1000		(973)696-6869	Market and the second s	1	378			
Scheduled Start Date (10)	Sched. Com	pletion Date (1	11)	-	Name of OSHA Monit						
04/30/2018	05/23/20	18 🕌 🖳			B & G Restorati	on, Inc.					
Occupancy Status During Abatemen					105 Ryerson Ro	oad					
Facility closed/vacated during Abatement performed outside	entire period of a	batement.			City, State, Zip Code			*			
Describe:Other-Describe:	or normal racility	110015-		_	Lincoln Dawle & Li	07005	15				
Scope of Work (check all that apply	\			-	LincolnPark, NJ	07035					11.1
V Domolitica	Renovation			X	- " 0						
	160 sf or ≥260 lf	17			Full Containment w/neg Mini-enclosure	ative pressure	Gloveba				
Location of	Is location norm		vl	П,	Wirii-ericlosure		Non-fria			_	
asbestos-containing	by maintenance staff(12)	custodial		n of a	asbestos-containing	Amount		R e	R	E n	E
material to be abated in facility (13)		T	material (ACM)	obcolos-containing	(Specify S	For	m o	p a	c	n
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Ext E Column W Firewall Sec B & C		X	spray on f			20 sf		X			
Ext E Column W Firewall Sec D & E		X	spray on f	-		20 sf		X			
			j opidy on	шер	Tooling	20 51		X	片		岩
Registered Waste Hauler Rovic Transport	NJDEP Hau 20785	ler ID# C	ubic Yards of V	/aste	Name of Registered L	 .andfill thleham Land	fill Co-	<u> </u>	<u> </u>	Ц	1
City, State Riverdale, NJ		Disposal D		8	City, State Bethleham,		iiii Corp.		-		-
	Title		Signature	_		FA	10-4-				
Gordana Luna	Secretary/Tre	asurer			Gordana Luna		Date 04/24/	201	8		

B & G proj. #: 2018-88

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

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Date of Notification	n (1)	11	Name of	Building Ow	ner/Operator (2)	THE RESERVE OF THE PARTY OF THE		-				
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Agencies Notified	Type Notifica	tion	Street Ad					1111	and a series of the	k = 4 = 1	150	11	111
☐ EPA	☐ Initial		Anna Mariante de Paris	alcutta S	treet				AY - 1	201	Q		
X DOL	✗ Amend	ment	370,0	e, Zip Code ark, NJ 07	114						0	- San-	
₩ DOH			Name of 0	Contact				Telepho	ne Number	M 2 8%	ブレ &	s a fed to object the	nar. i
DCA	L Cancell	ation	Geor	ge Stavro	u			973-5	22-2200	11.31	numerous property	ie itsoppani	
				FA	CILITY INFORM	MATIO	N						
Name of facility wi	here abatement	is taking p	place (3)					Type of Facility	(4)				
Building B201	1							Scho	oi (K - 12)	hort	hon V	101	
Street Address								The second secon	hapter 8 (Ot (Private/Co			-12)	
241 Calcutta	Street								./Homes, et	C.		dg. Ag	9
City (5)		Co	unty (6)			Co	unty Code (7)	Oquale i eet	# 011 10018	,	J.	ag. / \s	30
Newark, NJ	07114	E	ssex			(St	rate use only)	Current Use (F	Prior if being	den	nolish	ed)	
Name of Monitorin	ng Firm Hired by	Bldg. Ow	ner (8)		ASCM No.	1	Name of Abatement	warehouse					
T&M Associa					0145		B & G Restorati						
Street Address					1	=	Street Address	on, mc.					
11 Tindall R							105 Ryerson R	oad					
City, State, Zip Coo Middletown,							City, State, Zip Code Lincoln Park, I	V.I 07035					
Project Manager fo	r Monitoring Firn	1	T	Phone Num	ber	-	Telephone Number		License	Numb	er		
Kevin Burns	i			732-676-4	1000		(973)696-686	9		378	0.70.00		
Scheduled Start Da	ate (10)	Sche	ed. Compl	etion Date (11)	-	Name of OSHA Moni						
04/16/2018		05	/16/201	8			B & G Restorat Street Address	ion, Inc.					
Occupancy Status	During Abateme	nt (Check	only one)			-	105 Ryerson R	oad					
Facility close Abatement po	d/vacated during erformed outside	entire pe of norma	riod of ab	atement. ours-		l	City, State, Zip Code						
Describe:Other-Descri	ibe:					_	LincolnPark, N.	J 07035					
Scope of Work (ch		y)										- 13	=
▼ Demolition		Renovat	ion			X	Full Containment w/neg	ative pressure	Gloveb	ag pr	ocedi	ıre	
≥ 3 sf or >3 if		≥160 sf o	r ≥260 lf				Mini-enclosure		☐ Non-fria				
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material to be abated in fac		Yes	No	N/A	material	(ACM)	(Specify:	SF or	0	a	a	C
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xt E Column W Fire			#=	×	spray on	-		20 sf		X	屵	4	1
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Registered Waste F	Hauler A	INJI	DEP Haule	er ID#	Cubic Yards of	Waste	Name of Registered	Landfill			LL,	Ц.	
Rovic Transpor	rt ANT		20785		5		i de la	ethleham Land	dfill Corp.	*	->		
City, State Riverdale, NJ				Disposal 04/16	Date 3/18 - 05/16/	18	City, State Bethleham,					-	
Completed by (Prin Gordana Luna		Title Secreta	ary/Trea	surer	Signature		Gordana Luna		Date 04/13	/201	8	- 1	

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18		- I Produce	1/1	11 /		Things						
Date of Notification (1)	27, 2018		L	J L		Name of Building Owner			OITY O	ENI		
Agencies Notified	., 2010		- T			RUTGERS, THE S	SIAIE	JNIVER	SITYU	FNJ		
Agencies Notified		Notification Initial		ation (4	Dhoose)	Street Address ENVIRONMENTA	LUEAL	TILO	-A-15	DAR-F	2 1	DO IE
☐ EPA		X Amer				ZA CEDEET ASSO	LITEAL	111 0: 3/	AFEIL	DEPLIE	KEH	9) [
□ DCA						74 STREET 1603,	BLDG 4	1116, LIV	VINGS	ION CA	AMPU	S
X DOL		New Star				City, State, Zip Code						
☑ DEP- No Longer REQUI	DED	☐ Emer			ing	PISCATAWAY, N.	J 08854			MAY -	-12	010
☑ DOH	IKLD		cation))		Name of Contact			ephone N			010
ESS DOTT		□ Cance	lled			MICHAEL F. SMIT		. 848	8-445-2	550		
						HEALTH & SAFET	ΓΥ		A.S.	F . 7 . 2	Carried at	TOTAL O
None of Facility (Arthur Alex)	=			F	ACILITY IN	IFORMATION				1000	Trunka	77020
Name of Facility Where Abate	ment is Ta	king Place (3)	0 // =0			Type of Facility (4)		Districts	WEST TRANSPORT OF THE PERSON O	Car · · ·		and proper manufactures
SCHOOL OF DENTAL	- MEDIC	INE, BLD	G# 72	53		School (K-12)						
Street Address						☐ Subchapter 8 (other th						
RBHS NEWARK CAN	IDIIC					Other (i.e. private & c	ommercial	buildings, I	homes, et	ic.)		
RETO NEWARK CAN	11 03					Sq. Feet: N/A	# of Floo	rs: 4 Blo	dg. Age:	60+ ye	ears	
City (5)	County (6	5)	County	y Code (7	")							
NEWARK	ES	SEX	(State	Use Only	1)	Current Use (prior if being	ng demolis	shed): A0	CADEMI	0		
Name of Monitoring Firm Hired	d by Blda (Owner (8)	ASCM	No		Name of Contractor (9)				September 15-52		
ATC	a by blug.	541101 (0)	0009			Name of Contractor (9)						
			000.			GREENWOOD ABA	TEMEN	T CONS	HITAN	TS INC		
Street Address						Street Address	VI CIVICIA	1 00110	OLIAN	10, 1140	,.	
3 TERRI LANE						211001714411000						
						511 MAIN STREET						
City, State, Zip Code						City State, ZipCode						
BURLINGTON, NJ	08016					BUTLER, NJ 07405						
Project Manager for Monitoring	g Firm	Telephone	Number			Telephone Number		Lice	nse Numb	ner		
BRIAN R. KEARNEY		609-386						2.00	noo i vaim	701		
		-				973-492-0477		008	40			
Scheduled Start Date (10)		Scheduled	Completi	on Date (11)	Name of OSHA Monitor						
05/05/18	31	6/4/18	ř			ENVIROVISION, IN	C.					
Occupancy Status During At						Street Address						
☐Facility Closed/Vacated D	uring Entir	e Period of A	batemer	nt		20-21 WARGARAW	ROAD,	BLDG#	35E			
Abatement Performed Out	tside of No	rmal Facility	Hours -			City State 7ie Cada						
Describe:	. CDM	5444 D ''				City, State, Zip Code FAIRLAWN, NJ 074	10					
Other- Describe: Schedu	He: SPIVI -	- SAM Daily	/ (4 WE	EKENL)	TAINLAVIN, NO 074	10					
PHASES, 24 HOURS & V	WEEKEN	DS AS NEI	DED)									
Scope of Work (Check all that	annly)											
	<u>upp.</u> 17					1	Teul Con	tainmant.	uith Nacc	tiva Deca		
□≥ 3 sf or >3 lf			1	X Renov	ration			tainment v	with Nega	alive Pres	sure	
≥ 160 sf or ≥ 2	260 If			Dem Dem			Mini-En					
	200 11			Deni	Olition			ag Proced				. 1
Location of Asbestos-Containir	na Isla	cation Normal	ly I leed	Descri	ation of As	bestos Containing Material		empted (*)				ure
Material (ACM) in Facility (13)	- N. C.	y by Maint./Cu				nal systems insulation, surface	Contraction of the Contract of	pecify SF	Abatel	nent Type	Ė	
		? (12)			r other mis			LF)	Remov	e Repair I	Encap E	nclose
	YES	NO	NA					50-500	1			
C-LEVEL SURGERY SUITE	S	X		VAT				100 SF	X	1		
(4 PHASES)								100 01	123			
				and the second								
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID#		Cubic Yards of Waste:	20 CY	Name	e of Regis	stered Lar	ndfill	
See Hauler Below #1 &	2	See Below	/			Sabio . ardo of waste.	2001			North L		II
Hauler #1) Greenwood Abater	ment Cons	ultants Inc -	Butler 1	V.I 07405	- 1911-79		Disposa	I Date		City, State	0	
NJDEP # 12561	ment cons		Dutier, :	10 07 705			Disposa	Date		100 New		iii
Hauler #2) Newark Carting, I	nc., Newar	k, NJ 04509					06/04/	2019		Rd. Morr		Market 1
NJ DEP # 4509							00/04/	2010		19067		
0 11 11 15										215-736-	1700	
Completed by (Print or Type)		itle		_		Signature	4807	Date		50-5009-V200		
RAYMOND C. PEDAL		SENIOR PI		T		Raymond C. P.	edalina	Apr	il 27, 2	018		
	N	//ANAGER				Caymania C. 97	etter mer					

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 13, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Notification Type Agencies Notified Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) □Initial Notification (4 Phases) ☐ EPA ■ Amended Notification #1 – 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS D DCA New Start & Completion dates City, State, Zip Code X DOL ☐ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 □ Cancelled **HEALTH & SAFETY** THIN & FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK Current Use (prior if being demolished): ACADEMIC **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 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 R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/27/18 05/28/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ☑ Other- Describe: Schedule: 5PM - 5AM Daily (4 WEEKEND FAIRLAWN, NJ 07410 PHASES, 24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ > 3 sf or >3 lf □ Renovation ☐ Mini-Enclosure X > 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) VAT, or other miscell.) Remove Repair Encap Enclose or LF) NO YES C-LEVEL SURGERY SUITES X VAT 1100 SF X (4 PHASES) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill 20 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 05/28/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino April 13, 2018 MANAGER

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 3, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification (4 Phases) **ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)** ☐ EPA ■ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA ☐ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED **□**Cancelled Name of Contact Telephone Number **X** DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sa. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEWARK (State Use Only) **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 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 R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/13/18 05/14/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM - 5AM Daily (4 WEEKEND PHASES, 24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure $\square \ge 3$ sf or >3 If **X**Renovation ☐ Mini-Enclosure X ≥ 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Abatement Type Amount Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) NO YES NA **C-LEVEL SURGERY SUITES** X VAT X 1100 SF (4 PHASES) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 20 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 05/14/2018 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT April 3, 2018 Raymond C. Pedalino MANAGER

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



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

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Date of Notification (1)	A 0		N:		uilding Owner/Ope	erator (2)		201		2010	11 July 12 18 12 18 12 18 12 18 12 18 12 18 12 18 12 18 12 18 12 18 18 18 18 18 18 18 18 18 18 18 18 18	hames of	
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☐ EPA ☐ DEP DOL	☐ Initial ☐ Amended Amendment #		C	ity, State	Zip Code	, W	DG	E . ^	25	. 0	76	61		
DOH DCA	Emergency (including justification) Cancellation	uding	N	ame of C		0			Tele	phone Numb	ег			IJ
				FACILI	TY INFORMAT		T 6	Facility (4)						
Name of Facility Where Ab	patement is Taking Place	e (3)						nool (K-12)					,	
Street Address	12 1911						I Su	behanter 8 (Other	than K-12) commercial b	wilding	s. hom	ies, et	c.)
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City (5)	EN EDG	0		,			Square F							
County (6)	GEN			County Co	ode (7) SE ONLY)		Current	Use (Prior i	f being	g demolished)				
Name of Monitoring Firm		er (8)		ASCM	No.			ent Contrac						
Street Address							t Ren Address	noval	In	c		ESILE		
Sueet Address									ver	Stree	t			
City, State, Zip Code							State, Zip (Code ack, l	at i	07601				
Project Manager for Monit	oring Firm		T	elephone	No.		none No.	ick, i	. 10	License No				
							- 329- of OSHA	7444		0038	8			
Start Date (10) 5/9/	18	cheduled (Compl	etion Dat	e(11)	Ome	ga Er	viron	nme	ntal				
Occupancy Status During				*	*	1	Address	ler St	tro	o.t				
☐ Facility Closed/Vaca ☐ Abatement Performe ☐ Other – Describe:	ted During Entire Period d Outside of Normal Fa	of Abaten	nent S	(8		City,	State, Zip	Code			076	06		
Scope of Work (Check All						Sou	th Ha	ackens	sac.	k, NJ	076	Ub		
	· IIIda i kippiyy		novati					Containmen -Enclosure	nt with	Negative Pre	ssure			
≥160 sf or ≥260 lf		_ Do.		011			Glov	ebag Proced	dure (*) and	Non-Friable	Proced	ure		
		Is I	ocatio	on								Abate	ement pe	
Locatio		No	rmally Solely	y	D Asbestos Con	escriptio		(CM)		Amount		1		
Asbestos-Containing TO BE AE	BATED		ntenan	ice/	(i.e. thermal sys	tems ins	ulation, su	rfacing,	(Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
In Faci		1,500,500,500	(12)		other	miscella				i or bry	oval	pair	sulate	sure
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OUTSIDE HO CARAG	いらど			7	SIDING				t	750SF	X			-
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Name of Registered Wast	e Hauler			JDEP Wa	No. of Wa	Yards aste								
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J. Maiorano		Est	ıma	tor		X	1					- 4	. 0	

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

('h) 341	000		011	(Pi	irsuar	nt to Ni	C 8:60 and 51	e)					To the second second	
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	MAY	-1	201	8	11.6	
	27 / _	18			100000	Idspec			2	14	03	8	1	
Agencies Notified	Type Notifica	ation			Street	Address			AGUEL	900	1113	OL 8	A CONTRACTOR OF THE PARTY OF TH	
⊠ EPA					2 D	onald Pla	ace	L	Grander to the second s	1.154		COOK-TOOL		
⊠ DOLWD	Amended				City, S	State, Zip 0	Code					2.00		
☑ DOH □ DCA	Amendm		dina		Bay	ville, NJ	08721							
(NJAC 5:23-8)	justificati		lullig		Name	of Contac	t		Telephone Num	ber		-		
5	☐ Cancellat				Jos	eph Fran	nks		732-581-239					
					L		IFORMATION							
Name of Facility Where A	hatement is T	Taking P	lace	(3)	IA	CILITI IN	IFORWATION	Type of Equility	(4)					
Residence		annig i	1400	(0)		*:	85	Type of Facility ☐ School (K-12						
Street Address) 3 (Other than K-12	.)				
oti ooti / taaress								Other (i.e., p	rivate and comme	rcial bu	ilding	S,		
City (5)								homes, etc.)						
Toms River								Square Feet	# of Floors	Bldg. Age				
								1500 sf	1		65			
County (6)					Cour	ity Code (7)(STATE USE ONLY)	757	or if being demolis	shed)				
Ocean					1			Residence						
Name of Monitoring Firm		ding Ow	ner (3)	ASCM	No.	Name of Abateme							
Guardian Contracti	ng, Inc.							ntracting, Inc.						
Street Address							Street Address							
1889 Rte. 9, Unit 61							1889 Route 9							
City, State, Zip Code							City, State, Zip Co	ode						
Toms River, New Je		ii.					Toms River, I	New Jersey 08	755					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.					
Nicholas Fernicola				7:	32-349	-9932	732-349-9932		00624					
Start Date (10)		Schedule				The state of the s	Name of OSHA M	lonitor						
05/07/	18	05	_ /	08	_ /	18	E.M.S.L. Ana	lytical						
Occupancy Status During	Abatement (0	Check o	nly o	ne)			Street Address							
□ Facility Closed/Vacate	d During Entir	re Perio	d of A	bate	ment		1056 Stelton							
☐ Abatement Performed						cribe	City, State, Zip Co	ode						
Time of Abatement: _	AM	PM/_		_PM-		AM		New Jersey 08	854					
Scope of Work (Check all	that apply)							,						
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Name of Registered Wast				4 (33)	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis	tered Landfill					
Guardian Contraction	ıg, ınc.				20223		3	T.R.R.F.						
City, State							Disposal Date	City, State						
Toms River, New Je	ersey						05/08/18	Tullytown,	Pennsylvania					
Completed By (Print or Ty	rpe)	Title					Signature		V Da	ate /		T		
Nicholas Fernicola		Pro	ject	Man	ager			1:10	1	41.	17	110	<i>a</i>	

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1194-02				N OFFASE t to NJAC				Т		MAY	- 1	201	Ω	Medical Control
Date of Notification (1) 4-27-2018 amendment-4-30-2018	3			of Building CHEMI		Operator	(2)		los bac	101.7-1		CUI	0	The state of the s
Agencies Notified Type Notification EPA Initial				Address AEKELA	ND AV	E			ASI	JEJJC	100	VTR IG	OL	&
DEP X Amended Amendment				ate, Zip Co LESEX		46								
DOH justification) DCA Cancellation	including			of Contact ARD WE					Telephone					
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMATI	ON	Typ	e of Facility (4)						
BOUND BROOK FACILITY	•							School (K-12))	1200002				
Street Address 65 BAEKELAND AVE							×	Subchapter 8 Other (i.e. pri etc.)			uilding	s, ho	mes	
City (5) MIDDLESEX								are Feet 0,000	# of Floors	S	Bldg +50	_	9	
County (6) MIDDLESEX				Code (7) USE ONLY	n		Cur	rent Use (Prior	if being den	nolished)				
Name of Monitoring Firm Hired by Building (1) 1 SOURCE SAFETY AND HEALTH)	ASCI	M No.				patement Contr BJDS, INC	actor (9)					
Street Address 140 SOUTH VILLAGE AVENUE SI	JITE 1	30		0		Street 1345		ess DUSTRIAL E	BLVD		79			٦
City, State, Zip Code EXTON PA 19341			City, State, Zip Code SOUTHAMPTON											
Project Manager for Monitoring Firm BRIAN HOVENDON			Telephone No.				lephone No. License No. 15 322-2900 00783							
Start Date (10) 5-7-2018	Schedul							of OSHA Monitor						
Occupancy Status During Abatement (Chec		ne)		J		Street			OLIDT SI	IITE E				\neg
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00 Am	al Facility	v Hour	ment s P M		_	City, S	state,	Zip Code TON, NJ 08	08056					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If	×	Renova	ation		0] F	ull Containmen	it with Negat	tive Pres	sure			
≥160 sf or ≥260 lf		Demoli	tion			×	-	lini-Enclosure Blovebag Proce Ion-Exempted (Friable P	roced	ure		
Location of		Locat Norma			-						Aba	atem Type		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial (12)	nce/ Staff?		tos Cont thermal surfa		Materi s insu T, or	1000000000000	Amount (Specify SF or LF)		Kepair	Licapanian	Попровения	Enclosure
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DOOR AT FRONT OF BLDG	-	X			DOOR	CAUL	-KIN	G	25 LF	X	+	+	+	\dashv
													1	
Name of Registered Waste Hauler		100	NJDEP V		Cubic			Name of Re	egistered La	ndfill				-
SERVICE TRANSPORT GROUP IN	IC		Hauler ID 0990	NO.	of Was			MINERV	A LANDF	ILL				
City, State 58 PYLES LANE NEW CASTLE DE	19720	*			Dispos	al Date		City, State WAYNES	SBURG O	Н				
Completed by CHRISTINE DEL VISCIO	Title	T. AD	MINST	TRATOF		ignature		2 120	Jan. s	Date 4-30-	2018	3		