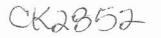
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) May 1, 2018 Tommac Construction Inc. Agencies Notified Type Notification Street Address PO Box 25 Initial DEP City, State, Zip Code Amended OL& × DOL Amendment # Franklin Lakes NJ 07417 Emergency (including Name of Contact DOH Telephone Number justification) DCA Cancellation Jim Macaluso 201-247-6923 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial Propoerty School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 15 Empire Blvd. etc.) City (5) Square Feet # of Floors Bldg. Age Hackensack 3000 SF 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Commercial Property Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) n/a Harmony Contracting Street Address Street Address n/a 360 Palisade Ave. City, State, Zip Code City, State, Zip Code Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 5/2/2018 n/a 973-460-6026 5/2/2018 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/12/2018 5/13/2018 Harmony Contracting Occupancy Status During Abatement (Check Only One) Street Address 360 Palisade Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Garfield, NJ 07026 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 5/2/2018 2/20 2/20 2/20 Asbestos Transite Panels 1,000 SF 5/2 5/2/ Garfield, NJ field 2/20 2/20 5/2/2018 5/2/ 5/2 2/20 5/2/2018 5/2 5/2/ 5/2/2018 5/2 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 5/2/2018 **GROWS Landfill** TBD City, State Disposal Date City, State Garfield, NJ TBD 5/2/2018 Completed by Title Signature Date E. Cirovic Secretary 5/2/2018

State of New Jersey



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

Date of Notification (1) 05-02-2018			f Buil		Owner / Operato	or (2)	In	CE	IVEN	
Agencies Notified Type Notification			ddres					approximate of the second	11	-111
⊠ EPA	10.000000000000000000000000000000000000				e Road		IIDII		and the second	
☐ DEP ☐ Initial			ate &				111 111	MAY - 7	2018	-
□ DOL □ Amended			eville,				111 11	PART I.		
☐ DOH ☐ Emergency	and the second second		f Con				1	Т	elephone Nun	nher
☐ DCA ☐ Cancellation	1000000		ter Ed				AS		09-896-5000	
		FAC	CILITY	INF	ORMATION				1 () () () () () () () () () (
Name of Facility Where Abatement is Taking P	lace (3)				Type of Facili	ity (4)				
Rider University – BLC					School (I					
Street Address					☐ Subchap	ter 8 (Oth	er than K-1	12)		
2083 Lawrenceville Road							& commerc		s, homes, etc	.)
0:1 (5)	-1-				Square Feet		of Floors	BI	dg. Age	
City (5) County (6)	Count	ty Co	de (7)	25,000		2		57	
Lawrenceville, NJ Mercer					Current Use ((Prior if be	eing demoli	shed)		
Name of Monitoring Firm Hired by Building Own	(0)		A 0.0A	1 h1	Campus Build					
Health & Safety	ier (8)	ľ	ASCN	/I NO.	Name of Aba Resource Ma					
Street Address			P. 17.00		Street Addres					
PO Box 365					2115 Hamilto	n Ave, Su	ite 202			
City, State & Zip Code					City, State & 2	Zip Code				
Berlin, NJ					Trenton, NJ 0	8619				
Project Manager for Monitoring Firm	Telepho	ne N	umbe	r	Telephone Nu			License No	umber	
Mr. Jim Proctor	856-452		75		609-977-6159	All the last of th			01185	
Scheduled Start Date (10) Scheduled Cor 05-14-2018 Scheduled Cor	npletion [5-31-201		(11)		Name of OSF J&S Environn			Inc.		
Occupancy Status During Abatement (Check o	nly one)				Street Addres					
Facility Closed/Vacated During Entire F	eriod of A	Abate	ement	× ×	2333 Route 2	2 West				
Abatement Performed During 1st Shift	n Americanis				City, State & 2					
Describe: 8:00am to 6:30pm Week D	ay & We	eken	ds		Union, NJ 070	083				
Facility Occupied During Abatement Scope of Work (Check all that apply)	-				1					
Scope of Work (Check all that apply)						⊠ Fu	II Containm	ont with No	antivo Drono	.ro
≥3 sf or ≥3 lf	⊠ R	2enov	vation				ni-Enclosur		egative Pressu	ne
≥160 sf ≥260 lf			lition				ove Bag Pr	271	ut & Wran	
		ZOIIIO	maori						Friable Proce	dure
Location of	Is Loc	cation	1		Description			Amount	Abatement	
Asbestos-Containing	Normall		7000		Asbestos-Cont		1	Specify	7 10010111011	1,700
Material (ACM)	Sole				Material (AC		1 82	F or LF)		m m
TO BE ABATED	Mainten				(i.e., thermal sy	ystems		8.5- NOVERNOONS	er R	Encl
in Facility	Custodia		aff?		nsulation, surfac				Repair	sos
(13)	(1:		1/0		or other miscella	aneous)			<u>a</u> =	Enclsoure Encapsulat
5 1 6 11	Yes N		N/A							
Bank Ceiling			\Box		Ceiling Plas			20 SF		
Bank Wall Front – 2 nd & 3 rd Floor			$\sqcup \bot$		Pipe Fitting			10 Each		
Ground Floor Exterior			4		Window Ca			70 LF		
Ground Floor Exterior			$\dashv +$		Door Cau Interior Door & Wa			30 LF		믞뷰
2 nd Floor Interior			井+		Interior Door & Wa			50 LF		井井
Name of Registered Waste Hauler			EP W		Cubic Yards		Registered	80 LF d Landfill		
Resource Management Group, LLC		Haule	er ID		of Waste TBD	Grows L	•			
		0000	210			Party Samuel Samuel	100 C			
City, State Trenton, NJ					Disposal Date	City, Sta Morrisvil	te le, PA			
Completed By (Print or Type)	T	Title			Signature	1			Date	
Mr. Brian J. Haney			ident		P)				05-02-2018	
					1/					

PATD

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

CK# 1637

Date of Notification (1)				Name o	f Building	Owner/0	Operator	r (2)		-				22.		
5/2/18				JJ Ele	k Realt	у Со				i	Te Vindenda	E	P	E	Π	W
Agencies Notified	Type Notification			Street A		8				1	M.	5	W			es re-
☐ EPA	X Initial				lain St					1	K					
DEP DOL	Amended	u.			ate, Zip Co						1111		MA	(-	7 2	018
_ DOL	Amendment :		- L		lbridge,	NJ 070)95				11 17					
X DOH	justification)	J		Name o	f Contact					Tel	ephone	Nun	ber			
☐ DCA	Cancellation			FAOI	I ISSA INIS	001/47	1011					AS	31.5		C.	TEO
Name of Facility Where	Abatement is Taking	Place (3)	FACI	ILITY INF	ORMAI	ION	Type	of Facility (4)			1	10.51	1	Ç.
Residential House		,	•					-		2000 2000						
Street Address								IT S	School (K-1 Subchapter	8 (Oth	er than	K-12)			
								X	Other (i.e. p	rivate 8	& comn	nercia	l buil	dings,	home	es,
City (5)				10000					etc.) re Feet	# 01	Floors		T B	lidg. A	ae	
Perth Amboy								2000		2		70.	10/10/22	50+	.50	
County (6)				County	Code (7)			Curre	nt Use (Prid	or if bei	ng dem	nolish	ed)			-
Middlessex				(STATE	USE ONLY)			idential H				1			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	Λ No.		Name	of Abat	tement Con	tractor	(9)		t			
n/a				n/a			Harr	mony	Contracti	ng Ind	2					.
Street Address							Street	Addres	ss							
n/a							360	Palisa	ade Ave							
City, State, Zip Code								State, Zi	The first that the first own							
n/a	u · =							1000	J 07026							
Project Manager for Mor	nitoring Firm			Telepho n/a	ne No.			none No			Licen).			
Start Date (10)		Sahadula	d Car	3.00.000	Date (11)			460.60			0125	55				
5/11/18		5/20/18		npiedon	Date (11)				IA Monitor Contracti	na Inc						
Occupancy Status Durin	g Abatement (Check		Hara -					Addres		ng me			11.			
	ated During Entire P			nent			360	Palisa	de Ave							
Abatement Perform	ed Outside of Norma	al Facility	Hours	6			City, S	State, Zi	p Code						22-54	-
Other – Describe:				—			Gar	field, N	NJ 07026							
Scope of Work (Check A	II That Apply)									11-11-1			1			
≥3 sf or ≥3 lf		and the same of	enova				×		Containme		Negati	ive P	essu	re		
2160 sf or ≥260 lf			emolit	ion			-		i-Enclosure vebag Proc							
									-Exempted		d Non-F	Friabl	e Pro	cedur	9	
		Is	Locati	ion						WW.25				Abate	ment	
Location			lormal			De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB			d Sole ntena		Asbes	tos Cont thermal	taining N	Material	(ACM)		mount		_		Щ	m
In Facil	ity	Cust	odial S	Staff?	(1.6.	surfa	cing, VA	T, or	uon,		pecify or LF)		Rem	Repair	icap	nclo
(13)			(12)	_		other n	niscellar	neous)			•		Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A											lt o	
Basement Cr	awispace			x		Pipe	Insula	tion		7	5 LF		K			
	•												-			
							-									
				-												
Name of D																
Name of Registered Was				JDEP W lauler ID		Cubic of Was	Yards ste	PER	Name of F	Registe	red Lar	ndfill				
Harmony Contracting	ig INc			33085	. 10.	TBD	0.0		GROW	S Lan	dfill					
City, State	4						sal Date	*****	City, State)					-	
Garfield, NJ						TBD			Morrisv		Α					
Completed by		Title			2 321	74 - 32	Signature					Dat	e			
E. Cirovic		Secre	etary			3	· an	nni				5/2	2/18			

CK 32090

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

Date of Notification (1)	D		Na Mi	ame of Building ERCK SHARP &	Owner	Operator E CORP.	(2)) E	C		l W
5 / 1 /18	1		St	reet Address	Bolletie		- 11	VI-	endines de la	- *	
	tification			6 E. LINCOLN A	VENUE	, P.O. BO	K 2000, RY28	414			
DEP And Ca	ial Notification nended Notifincellation Hold		Ci RA	ty, State, Zip Coo AHWAY, NEW J	de				WAY.	- 7	2018
		NOTIFICA	TION PA	ame of Contact ATRICIA JOHNS	ON		Telephone 1 732-594-774				
Name of Facility and			FACILITY	INFORMATION					The state of the s		The Steer Line
Name of Facility Where Abatemen	t is Taking	Place (3)			Туре	of Facilit	y (4)				
MERCK SHARP & DOHME CORPO	RATION					School (K Subchapte	er 8 (Other tha	an K-12)		
Street Address					X	Other (ie. uare Feet	private & com	nmcl. blo	lgs., h	omes,	etc.)
126 EAST LINCOLN AVENUE - BUI	LDING 75D					1,950	# of Floor	rs	Blo	lg. Ag	Э
	unty (6)		Cou	unty Code (7)	Curre	ent Use (Pr	ior if being de	molishe	d)		_
	ION		(STA	TE USE ONLY)	RESI	EARCH LA	BORATORY	AND OF	FICE	FACIL	.1
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST	GATIONS I	wner (8)		ASCM No.	Nam	e of Abate	ment Contra	ctor (9)			
Street Address	OATIONS, I	INC.		104		t Address	MENTAL CO	RPORA	TION		
655 WEST SHORE TRAIL							CK ROAD				
City, State, Zip Code						State, Zip			_		
Project Manager for Monitoring Firm	, NEW JERS				SUFF	ERN, NEV	V YORK 1090	01			
WILLIAM S. KERBEL, CIH		Telephon			151	hone Num	ber	License	Numb	er	
Expected State Date (10)	Cob	973-729-5		///		69-7500		1101			
5 / 11 /18	Sch	ed. Compl		⊋(11) 7 /18	Name	of OSHA	Monitor ORATORIES	INIO	200		
Month Day Year	Mo	onth	Day	Year	AWE	NISCI LAB	URATURIES	INC	#	11480)
Occupancy Status During Abatement X Facility Closed/Vacated D Abatement Performed Ou X Other - Describe: MO	urina Entire	Period of A	Hours - D	escribe:	117 E	t Address AST 30TH State, Zip (
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	X Reno	ovation		Full Cont Mini Enc Gloveba X Non-Frial	lainment lo , g Proced	NEW with Nega	YORK, NEV	V YORK	10016		
Location of	Is	Location		Description of A				Т,	baten	ont T	una .
Asbestos-containing		nally used		Containing Mater	ial (ACN	A)	Amount		T Z		
Material (ACM) TO BE ABATED		olely by		(ie. Thermal sy			(Specify	REMOVAL	REPAIR	NO.	S
in Facility (13)		t/Custodial taff (12)	į i	nsulation, surfac		ī.	SF or LF)	8	l ∯	Ą	[S
	Yes			or other miscella	aneous)			12		ENCAPSUL	ENCLOSUR
PERIMETER		х	WINDOW	/ GLAZING			3 SF	×	+		
							-		+		
								-	-	_	
									1		
								-			-
Name of Registered Waste Hauler	NJDE	P Waste	Cubic Yar	ds of Waste	Name	of Registe	red Landfill		_		
FREEHOLD CARTAGE, INC.	100000000000000000000000000000000000000	r ID No.		3	LYCO	MING COL	INTY RESOL	JRCE M	ANAG	EMEN	TSF
825 HIGHWAY 33 City, State	11	5939	D: ::	5-1-	447 AL	EXANDER	R DRIVE/ROL	JTE 15			
FREEHOLD, NEW JERSEY			Disposal [05/11-17/		City S	tate	, PA 17752				
Completed by (Print or Type)	Title			Signature	//	CONTENT		ate		, ,	7
BENJAMIN SANCHEZ	DIRECTOR	OF OPER	RATIONS	1/2	_	Y V	- -	5 -	-1-	-/ \	



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

The case that the same of									53.17	
4 /18 /	48				ing Owner/Operator		NEGI	5	W	Ē
Agencies Notified Type Not	ification		Stre	et Address			VI-	- 41-4-0	A	C I I HARDEN
			10000000		equake Road	1			0010	
⊠ DOLWD ⊠ Amen				, State, Zip			JLI MAY	/	2018	3
	dment #1-5		100	arlin, NJ						
(NJAC 5:23-8) justific	gency (inclu cation)	aing		ne of Conta			Total			2 8
☐ Cance			11 300000000000000000000000000000000000	chol Rei		1	Telephone Nur 732-613-24		10	
			F/	ACILITY	NFORMATION		1-32-013-24	00		
Name of Facility Where Abatement	is Taking Pl	ace (3)	.,	COLLITT	MICKINATION	Type of Facility	, (4)			
DuPont Parlin Facility - Bldg						School (K-1	1 (1)			
Street Address						→ □ Subchapter	8 (Other than K-1	2)		
250 Cheesequake Road						Other (i.e., homes, etc.	private and comme	ercial b	ouildin	ıgs,
City (5)						Square Feet	# of Floors	15	21-1-1	
Parlin						oquaic i eet	# 01 F1001S		Bldg. A	Age
County (6)			Cou	inty Code	(7)(STATE USE ONLY)	Current Lise /D	rior if being demol	in hard\		
Middlesex				,	(Normal ode one)	Odnem Ose (F	nor it being demoi	isnea)		
Name of Monitoring Firm Hired by Bo	uilding Own	er (8)	ASCN	1 No.	Name of Abatem	ent Contractor (9	1			
Cardno ATC						IVIRONMENTA				
Street Address					Street Address	WINCHWIE HTP	AL, INC.	510		
3 Terri Lane					1123 BEAVE	RSTREET				
City, State, Zip Code				-	City, State, Zip C					
Burlington, NJ 08016					BRISTOL, PA					
Project Manager for Monitoring Firm		Те	lephone	No.	Telephone No.	10007	linene M.			
John Lutz			609-386		215-788-6040	1	License No.			
Start Date (10)	Scheduled				Name of OSHA N		00509			
5 /4 /18			22 /		1	VIRONMENTA	LINC			
						A II COLUMN ELA LA	L, 1140.			
Occupancy Status During Abatement	(Check onl	v one)			Street Address					
☐ Facility Closed/Vacated During En	tire Period	of Abat	ement		Street Address	D STDEET				
☐ Facility Closed/Vacated During En☐ Abatement Performed Outside of I	ntire Period Normal Fac	of Abat	urs - Des	scribe	1123 BEAVE					
☐ Facility Closed/Vacated During En	ntire Period Normal Fac	of Abat	urs - Des	scribe	1123 BEAVE	ode				
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I Time of Abatement: 7:00AM-3:30	ntire Period Normal Fac	of Abat	urs - Des	scribe	1123 BEAVE	ode				
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I Time of Abatement: 7:00AM-3:30 Scope of Work (Check all that apply)	ntire Period Normal Fac DPM/	of Abat ility Hou PM	urs - Des AM	scribe	1123 BEAVE	ode 19007 tainment with Neo	gative Pressure			
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I Time of Abatement: 7:00AM-3:30 Scope of Work (Check all that apply) ☐ >3 sf or >3 If	ntire Period Normal Fac DPM/	of Abat	urs - Des AM	scribe	1123 BEAVE	ode 19007 tainment with Neglosure	gative Pressure			
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I Time of Abatement: 7:00AM-3:30 Gcope of Work (Check all that apply) ☐ >3 sf or >3 If	ntire Period Normal Fac DPM/	of Abat ility Hou PM Renova	urs - Des AM	scribe	1123 BEAVE City, State, Zip Co BRISTOL, PA	ainment with Neglosure		re		
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I Time of Abatement: 7:00AM-3:30 Gcope of Work (Check all that apply) ☐ >3 sf or >3 If	ntire Period Normal Fac DPM/	of Abat ility Hou PM Renova Demolit	AM tion ation	scribe	1123 BEAVE City, State, Zip Co BRISTOL, PA	ainment with Neglosure	gative Pressure on-Friable Procedu		natam	ont T
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I Time of Abatement: 7:00AM-3:36 Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☑ ≥160 sf or ≥260 If Location of	itire Period Normal Fac	of Abat ility Hor PM Renova Demolit Is Loca Norm	AM tion ation		1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe	ainment with Neglosure g Procedure mpted (*) and No		Ab	patem	
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I ☐ Time of Abatement: 7:00AM-3:36 ☐ Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ Location of ☐ Asbestos-Containing Material (ACI ☐ DE ABATED	M) U M) U M)	of Abat of	ation ally lely by ance/	Asbe	1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description o	ainment with Neglosure g Procedure mpted (*) and No	n-Friable Procedu	Ab	_	
Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement: 7:00AM-3:30 Cope of Work (Check all that apply) 3 sf or >3 If 160 sf or >260 If Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility	M) U M) U M)	of Abat of Abat ility Hor PM Renova Demolit Is Loca Norm sed So lainten ustodial	ation ally lely by ance/	Asbe	1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation,	Amount (Specify	Ab	patem Repair	
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I ☐ Time of Abatement: 7:00AM-3:30 ☐ Coope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ Location of ☐ Asbestos-Containing Material (ACI ☐ DE ABATED	M) U Cu	of Abat of Abat ility Hor PM Renova Demolit Is Loca Norm sed So fainten istodial (12)	tion ation ally lely by ance/	Asbe	1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description o stos Containing Ma	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	n-Friable Procedu		_	
Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement: 7:00AM-3:36 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	M) U Normal Fac DPM/ M Ve	of Abat of	ation ally lely by ance/ Staff?	Asbe (i.e	Total Paragraph of the miscellane of the miscell	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify	Ab	_	en Encapsulate
Scope of Work (Check all that apply)	M) U Cu	Renova Demolit Is Loca Norm sed So fainten istodial (12)	tion ation ally lely by ance/	Asbe	Total Paragraph of the miscellane of the miscell	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify	Ab	_	
Facility Closed/Vacated During En Abatement Performed Outside of Time of Abatement: 7:00AM-3:36 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) Exterior Roof Interior Storage	M) U Normal Fac DPM/ M Ve	Renova Demolit Is Loca Norms sed So Jainten ustodial (12)	ation ally lely by ance/ Staff?	Asbe (i.e	Total Paragraph of the miscellane of the miscell	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	_	
Facility Closed/Vacated During En Abatement Performed Outside of Time of Abatement: 7:00AM-3:36 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) Exterior Roof Interior Storage	M) U Normal Fac DPM/ M Ve	Renova Demolit Is Loca Norm sed So fainten istodial (12)	ation ally by ance/ Staff?)	Asbe (i.e	1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Ma thermal systems is surfacing, VAT, other miscellanes e sulation	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	_	
Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement: 7:00AM-3:36 Cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) xterior Roof aterior Storage	M) U Normal Fac DPM/ M Ve	Renova Demolit Is Loca Norms sed So Jainten ustodial (12)	tion ation ally lely by ance/ Staff?)	Asbe (i.e Transite	1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Ma thermal systems is surfacing, VAT, other miscellanes e sulation	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	All Removal	_	
Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement: 7:00AM-3:36 Scope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) xterior Roof atterior Storage ame of Registered Waste Hauler	M) U Normal Fac DPM/ M Vee	Renova Demolit Is Loca Norm sed So fainten istodial (12) S No	tion ally lely by ance/ Staff?	Asbe (i.e) Transite Pipe Ins Floor Ti	1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Mainstance of the miscellane of the sulation Cubic Yards of	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF) 1280 SF 61 LF 175 SF	Removal 🛛	_	
Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement: 7:00AM-3:36 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13) xterior Roof atterior Storage atterior Office ame of Registered Waste Hauler Bristol Environmental Inc.	M) U Normal Fac DPM/ M Vee	Renova Demolit Is Loca Norm sed So fainten istodial (12) S No	tion ally lely by ance/ Staff? N/A	Asbe (i.e	Total BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Ma thermal systems is surfacing, VAT, other miscellaned of the sulation of the surface of the surface of the sulation of the surface of the surface of the surface of the sulation of the surface of the surface of the surface of the sulation of the surface of the surf	a 19007 tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF) 1280 SF 61 LF 175 SF	All Removal	_	
Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement: 7:00AM-3:36 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13) Exterior Roof Interior Storage Interior Office ame of Registered Waste Hauler Bristol Environmental Inc. ity, State	M) U Normal Fac DPM/ M Vee	Renova Demolit Is Loca Norm sed So fainten istodial (12) S No	tion ally lely by ance/ Staff?	Asbe (i.e	1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description o stos Containing Ma thermal systems i surfacing, VAT, other miscellaned e sulation ile Cubic Yards of Waste 15 Cu Yd	ainment with Neglosure g Procedure mpted (*) and No feterial (ACM) insulation, or pus) Name of Regis Fairless La	Amount (Specify SF or LF) 1280 SF 61 LF 175 SF	All Removal	_	
Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement: 7:00AM-3:36 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13) Exterior Roof Interior Storage Interior Office ame of Registered Waste Hauler Bristol Environmental Inc. ity, State	M) U Normal Fac DPM/ M Vee	Renova Demolit Is Loca Norm sed So fainten istodial (12) S No	tion ally lely by ance/ Staff? N/A	Asbe (i.e	Total BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Ma thermal systems is surfacing, VAT, other miscellaned of the sulation of the surface of the surface of the sulation of the surface of the surface of the surface of the sulation of the surface of the surface of the surface of the sulation of the surface of the surf	A 19007 Italiament with Neglosure Italiamen	Amount (Specify SF or LF) 1280 SF 61 LF 175 SF	All Removal	_	
Facility Closed/Vacated During En Abatement Performed Outside of Time of Abatement: 7:00AM-3:30 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACITO BE ABATED IN Facility (13) xterior Roof atterior Storage atterior Office ame of Registered Waste Hauler Bristol Environmental Inc. ty, State Bristol, PA 19007	M) U Normal Fac DPM/ M Vee	Renova Demolit Is Loca Norm sed So fainten istodial (12) S No	tion ally lely by ance/ Staff? N/A	Asbe (i.e	Total BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Mainstance of the surfacing, VAT, other miscellanes of the surface o	A 19007 Italiament with Neglosure Italiamen	Amount (Specify SF or LF) 1280 SF 61 LF 175 SF tered Landfill andfill	Removal 🛛 🖂	_	
□ Facility Closed/Vacated During En □ Abatement Performed Outside of I □ Time of Abatement: 7:00AM-3:36 □ Scope of Work (Check all that apply) □ ≥3 sf or ≥3 If □ ≥160 sf or ≥260 If □ Location of □ Asbestos-Containing Material (ACI □ TO BE ABATED □ IN Facility □ (13) □ Asterior Roof	M) U Normal Fac DPM/ M) Vet	Renova Demolit Is Loca Norm sed So Mainten istodial (12) S No	tion ally lely by ance/ Staff? N/A	Asbe (i.e	Total BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Mainstance of the surfacing, VAT, other miscellanes of the sulation of t	A 19007 Italiament with Neglosure Italiamen	Amount (Specify SF or LF) 1280 SF 61 LF 175 SF tered Landfill Indfill Ils, PA 19047	Removal 🛛 🖂	Repair	Encapsulate

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

			100000		(Purs	uant to N	JAC 8:60 and 5:	16)	CAH	335	1
Date of Notification (1)					N	ame of Build	ding Owner/Operator	(2)	HATEC	F	I W F
4/	18	/_4	8				nt de Nemours	(2)			The second second
Agencies Notified	Type No	tification	1	New 1975		reet Addres					
⊠ EPA 8572							sequake Road	and the same of th	U U MAT	- /	2018
DOLWD 86 88	☐ Amen		20			ty, State, Zip			- Personal Property of the Personal Property o		
DHSS 867/		dment :		_	1	Parlin, NJ		-	ASSE	4.4	William P
(NJAC 5:23-8)	☐ Emerg	gency (i cation)	nclud	ing		me of Conta					17 - 17 - 18 - 18 - 18 - 18 - 18 - 18 -
	☐ Cance				1	Vichol Rei			Telephone Nu		1,000
	-						INFORMATION		732-613-2	400	
Name of Facility Where	Abatement	is Takir	g Pla	ce (3)		AOILITT	IN OKINATION	Type of Facility	. (4)		
DuPont Parlin Faci	lity - Bldg	. 2011		A MARK				School (K-1			
Street Address								☐ Subchapter	8 (Other than K	12)	
250 Cheesequake F	Road							Other (i.e.,	Drivate and comm	ercial b	uildings,
City (5)								homes, etc.	.)		
Parlin								Oquare Feet	# of Floors	BI	ldg. Age
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use /D	rior if being demo		
Middlesex	75					,	. ,,,	Canchi Ose (F	nor it being demo	lished)	
Name of Monitoring Firm	Hired by Bu	uilding (Owner	(8)	ASC	M No.	Name of Abateme	ent Contractor (9)		
Cardno ATC								VIRONMENTA			
Street Address							Street Address		L, 1140.		
3 Terri Lane							1123 BEAVER	RSTREET			
City, State, Zip Code		80/100 (2000)					City, State, Zip Co				
Burlington, NJ 0801							BRISTOL, PA				
Project Manager for Monit	oring Firm			Te	lephon	e No.	Telephone No.		License No.		
John Lutz						6-8800	215-788-6040		00509		
Start Date (10)	40					ate (11)	Name of OSHA Me	onitor	1 3333		
5_/_3_/_		6	/	_2	2_/	18	BRISTOL ENV	IRONMENTAL	L, INC.		
Occupancy Status During	Abatement	(Check	only	one)			Street Address				
☐ Facility Closed/Vacated	During Ent	tire Peri	od of	Abate	ement		1123 BEAVER	STREET			
Abatement Performed C Time of Abatement: 7:0	00AM-3:30	Normal I	acilit-	у Ног	ırs - De AM		City, State, Zip Coo	de			
						1	BRISTOL, PA	19007			
Scope of Work (Check all the	nat apply)										
⊇ ≥3 sf or ≥3 lf		[⊠ Re	novat	ion		☐ Full Conta	inment with Neg	ative Pressure		
☑ ≥160 sf or ≥260 lf		[_ De	moliti	on			Procedure			
		Т	le	Loca	tio-	T		pted (*) and Nor	-Friable Procedu	re	
Location of				lorma			Dannini			Abat	tement Ty
Asbestos-Containing Ma	terial (ACN	/I)			ely by	Asbes	Description of stos Containing Mate	rial (ACM)	A ========		
TO BE ABATE IN Facility	<u>-D</u>			ntena odial	ince/ Staff?	(i.e.	, thermal systems in:	sulation,	Amount (Specify	Remova	Encaps
(13)				(12)			surfacing, VAT, o other miscellaneou	1	SF or LF)	val	Encapsulate
			Yes	No	N/A		outer miodellariede	13)			ate
xterior Roof		1				Transite			1280 SF		
terior Storage			5	\boxtimes		Pipe Insi	ulation				
terior Office		Г	7	\boxtimes		Floor Tile			61 LF		
						FIOOT III	<u> </u>		175 SF		
me of Registered Waste H	lauler										
Bristol Environmental				1000	JDEP V auler ID		Cubic Yards of Waste	Name of Registe		1	
y, State					18706		15 Cu Yd	Fairless Lan	dfill		
Bristol, PA 19007						1	Disposal Date	City, State			
							6/22/18	Fairless Hills	s, PA 19047		
mpleted By (Print or Type) Bino Pizzigoni		Title					Signature			е	
-41 CT 10 - 0 c		Esti	mato	r			Min 1	Mare when	19/2 Date	1-11	P-18
" / T7 10 - 0 -								1000	1 //	1 1 0	10

MOUK

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

Date of Notification (1)					Man	o of Buildin	g Owner/Op	norotor /	2)	15 9	the H	ASSESSED FOR		Н
05/	01 /	18				ate of Ne	시하면 맛있다면 하면 나는 이 시스트	perator (31	+1 (n10	The second second	W
Agencies Notified	Type Notific	ation			Stro	et Address				III MAY	-72	U10	-	المصما
⊠ EPA	☐ Initial	ation				25 W. Stat	o Stroot		In	Ш			1	1
□ DOLWD		d						6			20,000 Ke 5	177	1 &	
⊠ DOH	Amendm	ent #3				State, Zip			1	ASSES	CELS!	Ġ.	egyczone z e	
□ DCA	☐ Emerger		cluding	3		enton, No			<u>}</u>	The second second		gent () and ()		
(NJAC 5:23-8)	justificati				100/47/3	ne of Conta	50			Telephone N				
	☐ Cancella	tion			E	d Weinleir	(Haverst	ick-Bor	thwick)	610-825-	9300			
					F	ACILITY II	NFORMAT	ION						
Name of Facility Where A			Place	(3)					Type of Facility ((4)				
New Jersey Execut	ive State H	ouse							School (K-12					
Street Address		11							☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K	(-12) mercial h	ildin	ne e	
125 W. State Street									homes, etc.)		iricidai b	andiri	33,	
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Trenton									100,00	4		80		
County (6)					Co	unty Code (7)(STATE USE	E ONLY)	Current Use (Prid	or if being dem	nolished)		4	
Mercer									State House					
Name of Monitoring Firm	Hired by Buil	ding O	wner ((8)	ASC	ΛNo.	Name of	Abateme	ent Contractor (9)					
N/A		-							nmental, LLC					
Street Address							Street Ad		,			10000		
N/A								utler Av	enue					
City, State, Zip Code							City, State						_	
N/A									NJ 08052					
Project Manager for Moni	toring Firm			Tal	ephon	a No	Telephon		140 00002	License No				
N/A	torning i mini			100	I/A	5 140.		55-0099			*			
Start Date (10)		Schod	ilod C		CACCALLY	ate (11)	Name of 0			00842				
03 /26 /							1979-055370033-1-		cal, Inc.					
Occupancy Status During	Abatement (Check	only o	ne)			Street Add		1947-44-1					
☐ Facility Closed/Vacate					ement			oute 130	North					
☐ Abatement Performed						escribe	City, State	- 1241226-011-0420	2.02.202.202.4		-			
Time of Abatement: _	AM	PM	/	_PN	1	_AM	1	70	, NJ 08077					
Scope of Work (Check all	that apply)							Eull Contr	ainment with Nega	otivo Proceuro				
≥3 sf or ≥3 If			⊠ Re					Mini-Encl		alive Flessule				
≥160 sf or ≥260 lf		[☐ De	molit	ion				Procedure					
							_ N	Non-Exer	npted (*) and Non	n-Friable Proce	edure			
1				Loca				III.			Ab	atem	ent T	ype
Location Asbestos-Containing N		n i			lely by	Ashe		ription of	erial (ACM)	Amount	Re	Re	Ē	E I
TO BE ABA	TED	"			ance/		., thermal s			(Specify	Removal	Repair	cap	clos
IN Facilit	у		Cust	odial (12	Staff?		surfacir	ng, VAT,	or	SF or LF)	Val		Encapsulate	Enclosure
(13)			Yes	No		7	other mis	scellaneo	ous)				ate	
Exterior						Windov	w Caulking	g		330 LF				
Exterior				\boxtimes		Windov	w Glazing			407 LF				
												П	П	П
				$\overline{\Box}$		1								
Name of Registered Wast	e Hauler					Waste	Cubic Yar	ds of	Name of Regist	ered Landfill				
Freehold Cartage				1	Hauler		Waste		GROWS No					
City, State					1593	9	5 Diamagal F	Date:		=				
							Disposal E		City, State	D.A				
Freehold, NJ							05/18/2		Morrisville,	PA				
Completed By (Print or Ty	pe)	Title					Signa	ature	11 ->		Date)	
Christina Lynch		Vic	e Pr	esid	ent of	Operatio	ns (🎢	NSLE	PIX)	5/1	119	(
SR-41							1 /1		-				44	

CK3971

B & G proj. #: 2018-112

State of NJ

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

						EMER	GE	N C Y ***	Check	#8971			east, dry 7	<u></u>
Date of Notification	1 (1)	1	Name of	Building O	wn	er/Operator (2)			III E		= 1	W	E	11
10151/1011	1/11 81	1		Hall Uni								e e		
Agencies Notified	Type Notificat	ion	Street Ad		VC			-						
☐ EPA ☐ DEP	✓ Initial			G. Orange	e A	venue			and the second	MAY .	- 7	2018		land)
_		[City, Sta	te, Zip Cod	е				Langua :	·			-1 -1	_
☑ DOL	Amend	ment	Sout	h Orange	e, N	J 07079			AS		. 61			
☑ DOH	П.		Name of	Contact					Telepho	ne Numbe	Г			
☐ DCA	☐ Cancell	ation	Tom	Lapcom	pte				973 2	04 4904				
				F	ACI	LITY INFORM	MOITA	ı						
Name of facility wh	nere abatement i	s taking	place (3)						Type of Facility	(4)		-		
Seton Hall Un	iversity - Mc	Quaid H	Hall							ol (K - 12)				
Street Address					_				2007.23	napter 8 (0			-12)	
400 S. Orang	e Avenue							1		(Private/C		rciai		
	- Trondo	100							Square Feet	# of Floo	rs	BI	dg. Ag	je
City (5)		100	ounty (6)					inty Code (7) te use only)						
South Orange			sex	N.	1		(Sta	ite use only)	Current Use (F University	rior if beir	ig dem	olish	ed)	
Name of Monitorin	20	8	589,5		T	ASCM No.	\neg	Name of Abatement (Contractor (9)					
Omega Enviro	onmental Ser	vices, I	nc.		1			B & G Restoratio	n, Inc.					
Street Address								Street Address						
280 Huyler St								105 Ryerson Roa	d -					
City, State, Zip Cod								City, State, Zip Code						
South Hacker								Lincoln Park, NJ	07035					
Project Manager for		1		Phone Nu	mb	er		Telephone Number		License	Numb	er		
Geiser Fajardo				201-489	-87	700	1	973-696-6869		0378				
Scheduled Start Da	te (10)	Sch	ed. Comp	letion Date	(11)		Name of OSHA Monit						
05/2/2018			05/3/201	8				B & G Restoration	on, inc.					
Occupancy Status I	During Abatemer	nt (Check	k only one)			_	105 Ryerson Roa	ď					
Facility closed	d/vacated during	entire pe	eriod of at	atement.			- 1	City, State, Zip Code						-
Abatement per Describe: 4:0	erformed outside	of norm	al facility h	nours-			1							
Other-Descrit	be:				_			Lincoln Park, NJ	07035					2
Scope of Work (ch	eck all that apply	<i>y</i>)				*				wrap	& cu	t		
☐ Demolition		Renova	tion				□ F	ull Containment w/neg		Glove			ıre	
$\sqrt{2}$ >3 sf or >3 if	П	>160 sf	or >260 If				_	Mini-enclosure		A A A A A A A A A A A A A A A A A A A	riable			
Location of		Is locat	ion norma	ally used so	lely	1			T		TR	R	Е	Г
asbestos-con	taining	by mair	ntenance/				n of a	sbestos-containing	Amount		e	е	n	E n
material to be abated in faci		staff(12	2)		_	material (/		obodico contaming	(Specify S	SF or	m	p a	c	c
abated in fact	iiity (13)	Yes	No	N/A	A				LF)		v e	i	p	L
Basement			7	T X		pipe (Wrap	& CL	it)	45 lf				П	
											盲			
Registered Waste H			DEP Hau	ler ID#	C	ubic Yards of V	Vaste	Name of Registered						
B & G Restoration	011, 111C.		9563	Disposa	al D	1 ate		Tullytown Resou	rce & Recovery	Center			or to the same	
Lincoln Park, N	J 07035			0.0		/2018		Tullytown, PA						
Completed by (Prin		Title			_	Signature				Date				
Gordana Luna	anna (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ary/Treas	riirer		100 miles and 100 miles and 100 miles		Gordana Luna		05/1/	2010			

05/1/2018

May 01 2018 16:16 NJ Asbestos Control 609,633,0664

Gordana Luna

Secretary/Treasurer

State of NJ Notification of Asbestos Abatement 5 & G proj. #: 2018-112 (Pursuant to NJAC 8:80-7 and 12:120-7) *** EMERGENCY *** Check # 397 Date of Notification (1) Name of Building Owner/Operator (2) MAY 2018 0 5 / 0 1 / 1 8 Seton Hall University Type Notification Agencies Notified | Street Address T EPA AL, N/ET 400 S. Orange Avenue 5 Initial CONTROLA OEP City, State, Zip Code DOL. Amendment South Orange, NJ 07079 DOH Name of Contact Telephone Number Cancellation 973 204 4904 ☐ DCA Tom Lapcompte FACILITY INFORMATION Name of facility where abatement is taking place (3) ype of Facility (4) School (K - 12) Seton Hall University - McQuaid Hall Subchapter 8 (Other than K-12) Street Address Other (Frivate/Commercial Bldgs.Allomes, etc. 400 S. Orange Avenue Square Feet | S of Floors Bidg. Age County (6) County Code (7) City (6) (State use only) Current Use (Prior If being demolished) South Orange FARAY University Name of Abatement C intractor (9) Name of Montaing From Hired by Bidg, Owner (8) ASCM No. Omega Environmental Services, Inc. B & G Restoration Inc. Street Address Strait Address 280 Huyler Street 105 Ryerson Road City, State, Zip Code City, Elete, Zip Code South Hackensack, NJ 07806 Lincoln Park, NJ 17035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 201-489-8700 Geiser Falardo Name of OSHA Months Sched, Completion Date (11) Scheduled Start Date (10) B& G Restoration, Inc. 05/3/2018 05/2/2018 Street Address Occupancy Status During Abstament (Check only one) 105 Ryerson Ros i Pacifity closed/vacated during entire period of abatement.

Absternant performed outside of normal facility hours—
Describe: 4:00 p.m. start City, State, Zip Code Lincoln Park, N. 07035 Other-Describe: Wrap & cut Scope of Work (check all that apply) ☐ Demotition T Resovation Full Containment wine; ative pressure Clovebag procedure Non-frieble procedure Mini-anciosurs ☑ >3 af or >3 If 2180 sf or ≥260 tf is location normally used solely E Location of by maintenance/custodies Ameunt n asbestos-containing Description of asbestos-containing m 2 C sisf(12) (Specify SF & material to be meterial (ACM) 0 a abated in facility (13) Yes No NJA pipe (Wrap & cut) 45 1 Basement Name of Registeres Landfill Cubic Veros of VVeste EP Hauler IO Requiremed Waste Haule 19563 Tullytown Reso Ires & Recovery Center B & G Restoration, Inc. Disposal Date City, State City, State 05/3/2018 Tullytown, PA Lincoln Park, NJ 07035 Signatule Completed by (Print or Type) Gurdana Suna

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

K (CO)				OF ASB to NJAC				IT		n		C			W		1
Date of Notification (1) 5/3/18				f Building Schreibe		Operator	(2)			N				*****	-21,0000		
Agencies Notified Type Notification			Street A	ddres's,					1	Ш		MA	Υ -	7	201	8	lispa
EPA Initial Amended Amendment	#			ate, Zip Co		1						BES	109			OL 8	
Emergency (f Contact						T	elen	hone	Num		HG.	Aldrados a	45)113.5
DOH justification) DCA Cancellation			Yitzi	A	*					-	olop						
			FACI	LITY INFO	ORMAT	ION											
Name of Facility Where Abatement is Taking	Place (3)					Тур	oe of Facil	ity (4)							
Street Address		0.000					×	School (Subchar Other (i. etc.)	pter	8 (0	ther e & d	than I	K-12) ercial	buil	dings	, hom	es,
City (5) Lakewood							Squ	uare Feet		#	of F	loors		B	lldg. A	Age	
County (6) Ocean				Code (7) USE ONLY)		Cui	rrent Use ((Pri	or if b	eing	demo	olishe	d)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	/ No.				batement AD PRO					y (- 1)(-	7-7-20			
Street Address				. 6	y.	Street 6 WH		ress E DOVE	CC	DUR	T						
City, State, Zip Code				2				Zip Code		8701	1						(
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6		No. -9078				icens 200	e No.				
Start Date (10) 5/13/18	Schedul 5/18/1		npletion	Date (11)				SHA Moni AD PRO		SSI	ON.	ALS					
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addı	ress							_		
Facility Closed/Vacated During Entire P						6 WH	HITE	DOVE	CC	DUR	T						
Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hours	S		_			Zip Code OOD, N		8701	1						
Scope of Work (Check All That Apply)	35,3540		10000000				_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	N	Full Contain Mini-Enclos Glovebag Fon-Exemp	sure Proc	e cedur	e	3				e	
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City, State NEWARK, NJ						sal Date		City, S			M F	 PA		-			
Completed by JOSEPH PERLSTEIN	Title	IER			S	Signature)						Date)			

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

Trenton, NJ 08625-0369

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Telephone: 609-826-4950

Fax: 609-826-4975

Must be submitted 10 days prior to the beginning of work. Please type or print legibly I. NOTIFICATION INFORMATION Date of Notification: 5 3 / 2018 ASBESTOS CONTROL & LICENSING Initial Cancellation ☐ Emergency (must include justification) □ Renovation II. BUILDING INFORMATION Name of Building Owner/Operator: **General Growth Properties** Street Address: 110 N. Whacker Drive City: Chicago State: IL 60606 Zip: Name of Contact: Kelly Webb Telephone No.: 410-992-6581 III. FACILITY INFORMATION Name of Facility Where Work Activity is to Take Place: Paramus Park Mall Describe Facility Use: Commercial Street Address: 700 Paramus Park City: Paramus NJ 07652 State: Zip: County Name: Bergen County Code (State Use Only): Scheduled Start Date: 05 / 04 Scheduled Completion Date: 05 07 2018 Occupancy Status During Activity (check only one): ☐ Facility Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: 8pm-4am Other—Describe: Scope of Work (check all that apply): 143 SF Square Footage: Percentage Asbestos: Square Footage: 143 SF Percentage Asbestos: IV. CONTRACTOR INFORMATION Company Name: Shade Environmental, LLC 856-755-0099 Telephone No.: Street Address: 623 Cutler Avenue City: Maple Shade State: NJ 08052 Zip: New Jersey Asbestos License Number (if applicable): Monitoring Firm (if applicable): Criterion Laboratories, Inc. 215-244-1300 Telephone No.: V. SIGNATURE Completed By Christina Lynch (type or print legibly): Title: Vice President of Operations Signature: Date: _____ May 3, 2018

PATE

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

-3. W M F		(F	ursuant	t to NJAC	8:60 an	d 12:12	O)	1	M	E (C		W		m
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Bryan Parra	Owr	er			T	1		<u></u>			10	/10/	17		

CK3117 D State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) May 4, 2018 Panta Mohan Agencies Notified Notification Type Street Address ☑ Initial Notification X EPA ☐ Amended Certification City, State, Zip Code POL& DCA Lyndhurst, NJ x DOL justification) Name of Contact **XDEP** Telephone Number □ Cancelled Panta Mohan x DOH FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bricon ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 70 years City (5) County (6) County Code (7) (State Use Only) Lyndhurst Current Use (prior if being demolished): Bergen Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) EnviroVision Consultants inc. 00079 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 Wagaraw Road, Bldg # 35E **511 MAIN STREET** City, State, Zip Code City State, ZipCode Fairlawn, NJ 07410 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Fred Larson 973-636-9145 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 7, 2018 May 8, 2018 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Describe City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Source of Work (Check all that apply) Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf Renovation Mini-Enclosure □≥ 160 sf or ≥ 260 Demolition Glovebag Procedure x 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 Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NA 2nd Floor X VAT 700 sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID# Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Meadowfill Landfill G.R.O.W.S Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State Route 2, Box 68 NJ DEP # 12561 NY DEP # May 8,2018 Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784 9000 Minerva Road Waynesburg, OH Completed by (Print or Type) Signature

Marin Graure

May 4, 2018

Marin Graure

SENIOR PROJECT

MANAGER

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AC # 2018-641			-									

May 3, 2018

Raymond C. Pedalino

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 637-2018 Date of Notification (1) Name of Building Owner/Operator (2) May 3, 2018 KEAN UNIVERSITY Agencies Notified Notification Type Street Address ☑Initial Notification **ENVIRONMENTAL SAFET** DEPA ☐Amended Certification 1000 MORRIS AVENUE □ DCA □Emergency (including City, State, Zip Code X DOL MAY - 72018 justification attached) UNION, NJ 07083 ☑ DEP- No Longer REQUIRED □Cancelled Name of Contact Telephone Number X DOH MS. ANA COYLE 908-737-4816 ASBEST ST PROGRAM ASSISTANT NTFOL& LICENSING OFFICE OF ENVIRONMENTAL **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MIRON STUDENT CENTER ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) MAIN CAMPUS - 1000 MORRIS AVENUE Sq. Feet: N/A # of Floors: 2 Bldg. Age: ~60 years City (5) County (6) County Code (7) (State Use Only) UNION UNION Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) TTI ENVIRONMENTAL, INC. 00003 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 1253 NORTH CHURCH STREET 511 MAIN STREET City, State, Zip Code City State, ZipCode MOORESTOWN, NJ 08057 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MR. JIM GUILARDI 856-840-8800 ext.31 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/14/2018 05/20/2018 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement X Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: 8:00 AM - 8:00 PM (24 HRS. & WEEKENDS AS NEEDED) FAIRLAWN, NJ Source of Work (Check all that apply) □ Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 If ■ Renovation ☐ Mini-Enclosure X > 160 sf or > 260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Description of Asbestos Containing Material Is Location Normally Used 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) YES NO NA CORRIDOR 43 (near little X FLOOR TILE (including mastic) 1056 SF X theater) CORRIDOR (near food X FLOOR TILE (including mastic) 50 SF X court, several damaged tiles by vending machines) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 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 05/20/2018 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date

MANAGER

SENIOR PROJECT

RAYMOND C. PEDALINO

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

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Date of Notification (1) 5/3/18					of Building		Operator	(2)					<i>)</i> (
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A. Scott Higgins		Pres	ident			5	ignature	11	1		Da 5/	te 3/18			

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

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City, State, Zip Code							34 53		ip Code							
Project Manager for Moni	itoring Firm			Talanha	NI-		4		, NJ 074	418	T					
. Tojout Managor for Mon	itoring r iirii			Telepho	ne No.		Teleph 973-	10ne N 764-2			License 703	e No.				
Start Date (10)		Schedule	ed Cor	mpletion	Date (11)				HA Monitor		700	-				
5/7/18		5/23/1	8	*												
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Addres	ss				-			-
Facility Closed/Vaca	ated During Entire F	Period of	Abater	ment												
Abatement Performe X Other – Describe: s	ed Outside of Norm sunroom	nal Facility	/ Hour	S			City, S	tate, Z	ip Code							
Scope of Work (Check Al																
23 sf or ≥3 lf	, тас пррву		Renova	.ti			×	1		257	00					
× ≥160 sf or ≥260 lf		and the same of th	Demoli					Ful Mir	l Containm i-Enclosur	ent with e	n Negativ	e Pres	sure	е		
								Glo	vebag Pron- n-Exempte	cedure	d Non Fr	riabla D		ندر داد ند		
		le	Locat	ion				1 140	1-Lxemple	u () ain	u Non-Fi	lable P		Abate		
Location	of	1	Vorma	lly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE ABA			d Sole intena			tos Con	taining M	laterial			mount				ш	_
In Facilit			todial		(i.e.		systems cing, VA		ition,		Specify or LF)	T G		Repair	псар	nclo
(13)			(12)				niscellan					Kelliova		pair	Encapsulate	Enclosure
		Yes	No	N/A											te	(D
sunroo	m			х		f	loor tile			25	50 SF	х	1			
300													7			
													+			
								11 - 175				-	+	-		
Name of Registered Wast	te Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Land	dfill				
Tonys Cleanup & Ha	uling		-	lauler ID		of Wa	100000000000000000000000000000000000000		Chrin E				an	dfill		
City, State			1	7787		TBD	cal Deta				o Jaili	tary L	all	uilli		
Bridgewater NJ						TBD	sal Date		City, State Exton,							
Completed by		Title	-				Signature		EXION,			Date				
A. Scott Higgins		Presi	dent									5/1/1	8			
										_		- mental contract	- 0/50			

D&S Proj. #: 18-97	7		(Pursl	ant to MIAC	besto C 8:60	Apatement and 12:120)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y - 7 2	₩ 2018		Constitution of the second	Management of the fact of the
Date of Notification (1) 0 4 / 3 0 / 1 8		joan bur	ns	ner/Operator (2)		ASUES	iós con	TRC	4.8	P-2-1110-E	- Annual Control
Agencies Notified EPA DEP Amended Amendment #: Emergency (including	_	_	Zip Code	NJ 07450			a municipal services and a service	est die 13 to 34 to 4 Profite des esterologies	J	nina aren		open.
DOH (including justification) Cancellation		joan bu					Telephon	e Number				
			FAC	ILITY INFORM	ATION	L	-					
Name of facility where abatement is joan burns Street Address	s taking pl	ace (3)					Subcha	(K - 12) apter 8 (Oth	nme		-12)	Ta Ta
City (E)	I Cou	ph/(C)					Square Feet	# of Floors		Ble	dg. A	ge
City (5) RIDGEWOOD		nty (6)			 1,556,7300,000 	nty Code (7) te use only)	Current Use (Pr	ior if being	dem	olishe	ed)	
Name of Monitoring Firm Hired by I		er (8)		ASCM No.		Name of Abatement C	and the second second second second					
Street Address City, State, Zip Code						Street Address 20 California Avocity, State, Zip Code	е.				_	
Project Manager for Monitoring Firm		P	hone Numb	er	-	Paterson, NJ 075 Telephone Number 973-345-8020	03	License N	umb	er		
Start Date (10)	Sched	d. Complet	ion Date (1	1)	-	Name of OSHA Monitor						
05/15/18	05/3					Street Address						
Occupancy Status During Abatemen Facility closed/vacated during Abatement performed outside Describe: NORMAL H	entire per of normal	iod of abat			_	20 California Ave City, State, Zip Code Paterson, NJ 075						
Scope of Work (check all that apply ≥ 3 sf or >3 lf ≥160 sf or ≥260 lf) Renovatio Demolitio					<u> </u>	ull Containment wallini-enclosure blovebag proceduration-Exempted (*)	е			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally enance/cu	used solely stodial N/A	1		sbestos-containing	Amount (Specify SI LF)	For	R e m o v	Repai	Encap	E n c L
basement		X		PIPE INSU	LATI	ON	70 l ft		e X			
crawl space		X		ceiling insu	lation		130 sq ft		X			
												H
								l	빆	屵	片	#
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler 506		Uubic Yards of V 2 yds.	Vaste	Name of Registered L TULLYTOWN, R		COVERY	<u> </u>		Ш	<u> </u>
City, State PATERSON, NJ 07503			Disposal D 05/00/1	ate		City, State TULLYTOWN, I						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature				Date 04/30/1	8			

2018-110 B & G proj. #:

State of NJ Notification of Asbestos Abatement (Pursuant to N)AC 8.60-7 and 12:120-7)

Β α ο pιοj. #.			,		1 /	1	ACTION OF THE PERSON OF T	Check	# 8967				
Date of Notification	(1)	111	Name of Buil	ding Own	er/Operator (2)	13		(territory)	E P	眉	П	\// [
10 14 1/13 10	1/118	11.	PSE&G	ung Own	siroperator (2)				E G	Ē		<u> </u>	
Agencies Notified	Type Notificat	ion	Street Addres	SS			4				-		1 1 1
☐ EPA	X Initial		4000 Ha	dley Roa	ad			The second	MAY	-	7 20)18	i i
DOL DE	☐ Amenda		South D		NJ 07080			ļ <u></u>	Star of the State of		· · · · · · · · · · · · · · · · · · ·	Till Topass	i i
₩ DOH	_		lame of Con		143 07000				ASSEST	A CONTRACTOR	and other ballions	ROL	å.
☐ DCA	Cancella	- 1	Chris Ne							N. 2 Pe 10 38	*15 * 10***	HP WO	THE WILLIAM
			OIIIS NO		LITYINGON	A TIO1		900-4	12-2419				
Name of facility wh	ara abatamant i	a takina ak	202 (2)	FACI	LITY INFORM	AHOr		Type of Facility	(4)				
Name of facility wh		47/48) newsysta	ace (3)						ol (K - 12)				
PSE&G Wave	One - Metro	Clifton							apter 8 (O			-12)	
Street Address 150 Circle Av	CONTO						**		(Private/Co /Homes, et		rcial		
	enue							Square Feet	# of Floor		BI	dg. Ag	ge
City (5)		Cou	nty (6)			l .	unty Code (7) ate use only)	Current Use (P	rior if hoins		olich	-d/	
Clifton, NJ 07	7011	Pa	ssaic			(0.0	ato doe emy)	Offices	nor ii being	y dell	10115111	su)	
Name of Monitorin			er (8)		ASCM No.	T	Name of Abatement	Contractor (9)					7
Burean Verit	as North Ame	erica			n/a		B & G Restorati	on, Inc.					
Street Address 109 North Co	enter Drive						Street Address 105 Ryerson R	oad					
City, State, Zip Cod North Brunsy		02					City, State, Zip Code Lincoln Park, I	V.I.07035					
Project Manager for	Monitoring Firm	1	Pho	one Numb	er	-	Telephone Number		License	Numb	er		
J.B. Chadwid	ck		732	2-623-45	555		(973)696-6869		00	378			
Scheduled Start Da	te (10)	Sched	d. Completion	n Date (11)		Name of OSHA Moni B & G Restorati						
05/14/2018		06/0	09/2018				Street Address	ion, mo.					
Occupancy Status I	사람 그래 그래 맛이 없는다.						105 Ryerson Ro	oad					
	d/vacated during erformed outside						City, State, Zip Code						
Describe: Other-Describ			8378			-	LincolnPark, N.	J 07035					
Scope of Work (ch												- 12	
☐ Demolition	X	Renovation	on				Full Containment w/neg	ative pressure	Gloveb	ag pr	ocedi	ıre	
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	X	≥160 sf or	≥260 If				Mini-enclosure		✗ Non-fri	able _l	proce	dure	
Location of			n normally u				-	A		R	R	E	E
asbestos-con material to be	9	staff(12)		T	Description material (asbestos-containing	Amount (Specify S	SF or	m o	p a	С	n
abated in faci	ility (13)	Yes	No	N/A				LF)		v e	i	p	L
Lower roof		×			roof flashi	ng &	tar	1,380 sf		X			
Loading Dock			X		transite ro	of &	sidina	17,000 s	f	X			
											님	부	H
										片	片	H	ዙ
Registered Waste H			EP Hauler II)# C	Lubic Yards of V	Vaste						<u> </u>	1—
B & G Restorat	tion, Inc.		19563	Disposal D	150		Fairless La	andfill					
Lincoln Park, N	۸J				/18 - 06/11/	18	City, State Morrisville,	PA					<u> </u>
Completed by (Print		Title Secreta	n/Treasu	ror	Signature		Cordana Luna		Date	1204	0		

CK147	NO	TIFICATIO	State of N ON OF AS Int to N. A	BESTOS	ABATE	MEN	Т			3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		W	
Date of Notification (1) 5/4/2018		Name Bou	of Building	g Owner/ eet Lan	Operator d Co. L	(2) LC			MA	Υ –	7 2	018	
Agencies Notified Type Notification	ation		Address West Ma	ain St					L ASSE	t ches	i, ,,,	TEST TW	9.
DEP Amend Amend	ment #	City, S High	State, Zip C Bridge	ode NJ 088	29			- Company		Profile Tropies			ndines intro-
DOH justifica	100 to 100 Miles		of Contact co Stank		roject N	/lana	ager		lephone N 73-570-2		()		
Name of Facility Where Abatement is	Taking Place (3)	FAC	CILITY INF	ORMAT	ION	-							
Tender Touch Car Wash	aking Flace (3)					Тур	e of Facility (4						
Street Address 615 Memorial Parkway							School (K-12 Subchapter Other (i.e. pretc.)	8 (Oth			ildings	s, hom	ies,
City (5) Phillipsburg		147					are Feet ,000	# o	f Floors		Bldg. 60	Age	
County (6) Warren			Code (7)	y)		Curi	rent Use (Prio occupied	r if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Build	ling Owner (8)	ASC	M No.		Name Ched	of Ab	atement Cont ark Industri	ractor	(9)	1 100			
Street Address					Street 54 N		ess an Dr						
City, State, Zip Code					City, Si	tate, ta N	Zip Code J 07871						
Project Manager for Monitoring Firm		Teleph	one No.		Teleph	one N			License I	No.			
Start Date (10) 5/17/2018	Scheduled 0 5/24/218	ompletion	Date (11)				HA Monitor ark Industria	al					
Occupancy Status During Abatement (0	Check Only One)				Street /			5360)					
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe:	tire Period of Abat Normal Facility Ho	ement urs				ate, 2	Zip Code						
Scope of Work (Check All That Apply)					Spar	ta N	J 07871						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 1	vation olition			×	Mi GI	Ill Containmer ini-Enclosure ovebag Proce	dure					
	Is Loc	ation			344	i ivo	on-Exempted	(*) and	Non-Fria	ole Pro	- 30	ement	
Location of	Norm	nally			scription						T	/ре	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Mainter Custodia (12	nance/ I Staff?	Asbes (i.e.		aining Ma systems bing, VAT niscelland	insul , or	ation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A								<u>a</u>		late	Ire
First floor	X			windo	ow glaz	ing		12	5 SF	Х			
						3/5/1							
Name of Registered Waste Hauler		NJDEP W	Vaste	Cubic '	Yards		Name of Re	eniste	ed Landfil				
Atlantic Carting		Hauler ID		of Was			Waste M						
City, State Wayne NJ				Dispos	al Date		City, State Tulleytov	vn PA	4				
Completed by Corey Stankovic	Title CEO			Si	gnature	< <	Farkon	()		te /4/20	18		

CK 1510		NOTII	FICATIO	State of Ni ON OF ASI	BESTOS	ABATE	MEN OF	ІТ	Commence of the commence of th	E C	e E	Transmit and the second	V/	rint Forr
Date of Notification (1) 5/3/18				of Building lartinez	Owner/0	Operator	r (2)			MA	Υ -	7 21	018	
Agencies Notified Type Notification Initial Amended Amendment			City, St	Address tate, Zip C						ASSES	Trigit Livete	(,,,) (,,,)	ROL	3.
DOH justification Cancellatio	(includino	3	Name	efield Pa of Contact artinez	State of the State	J/660			Tele	ephone N	lumber			
Name of Facility Where Abatement is Takin	ng Place ((3)	FAC	CILITY INF	ORMAT	ION	Tim	o of Facility	4)					
Residential Home	ig i idoc (3)					T I YE	oe of Facility (School (K-1	850					
Street Address							×	Subchapter Other (i.e. p	8 (Othe	er than K comme	-12) rcial bui	ldings	, hom	es,
City (5) Ridgefield Park							Squ 182	uare Feet	# of 2	Floors		Bldg. 70 +/	-	
County (6) Bergen			County (STATE	Code (7) USE ONLY	n			rent Use (Pricesidential H		ng demol	ished)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	M No.				es Abateme		(9)				
Street Address						Street 280 I		ess Iidland Ave						
City, State, Zip Code						City, S	tate,	Zip Code Brook, NJ 0						-
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none			License 01305	No.			
Start Date (10) 5/14/18	Schedul 5/16/1		mpletion	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Chec	2	28				Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	Period of and Facility	Abater y Hour	ment s			City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)														-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure				~	
Location of	1	Locat	lly		Dos	cription		S. Exempted	() and	NOTE TO	able i ro	Abate	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial s (12)	nce/		tos Conta thermal surfac	aining M	lateria insu T, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						V.		a	7	late	ıre
Basement		Х	-		Pip	e Wra	р		72	2 LF	x			
Я												_		
	5	-												
Name of Registered Waste Hauler All Stages Abatement		Н	JDEP Waller ID 036592	No.	Cubic \ of Was			Name of R				dfill		
City, State Saddle Brook, NJ					Dispos	al Date		City, State Pen Arg						
Completed by Richard Cristofol	Title Presi	dent			Si	gnature	11	1//		D	ate 5/3/18			-

CK. 385	56		NOT		CATIO	NOF	ASE	ESTOS ABA C 8:60 and 5:1		Constitution of the consti		3 (h	EL		W.		
Date of Notification (1)								Owner/Operator	(2)			MAV		7	2040	,	
	3 /	18			С	ity of E	Bridg	eton			lai	MAY	- T	1	2018	5	1 1 10°
Agencies Notified	Type Notific	ation			Stre	et Addr	ess										2
□ EPA	☐ Initial				18	31 Eas	t Con	nmerce Street			Francis	ADECT an	OF E	Òr	Pak)L. &	O. C. 41040
□ DOLWD	Amende				City	State,	Zip Co	ode		e romes	TIPPO SALVE	A fi	0.000	-cuter	ektanie St	APPLITERS	eranana
□ DOH □ DCA	Amendm Emerger	_			В	ridgeto	on NJ	J									
(NJAC 5:23-8)	justificati	ion)	ciuuiii	9	Nam	ne of Co	ontact				Teleph	one Nu	ımber				_
	☐ Cancella				De	ennis S	Shap	е				455-3			23		
								FORMATION									
Name of Facility Where Al	batement is	Taking	Place	(3)	(20)				Type of Facilit	v (4)							
Fire Damaged Hous	е								School (K-	5 500							
Street Address									☐ Subchapte	8 (0							
24 Bank Street									Other (i.e., homes, etc		ate an	d comm	nercia	l bu	ilding	js,	
City (5)									Square Feet		# of F	loors		Blo	dg. A	ne e	
Bridgeton, NJ									1500		2	10013			.g 50+	ge	
County (6)					Cor	unty Co	de (7)/	(STATE USE ONLY)	Current Use (F	Prior		a dema	licho		101		
Cumberland						, 00	00 (1)	OTTE OUR ONET	Abandond		ii beli	ig demo	JIISHE	4)			
Name of Monitoring Firm H	Hired by Build	dina C	wner	(8)	ASC	/ No		Name of Abatem		200							
N/A		5		(-)	, ,,,,,,,				vironmental S	5.00	icos	Inc					
Street Address							_	Street Address	vironinientai	oei v	1062	iiic.			_		
									Rd, Suite 10	2							
City, State, Zip Code							-	City, State, Zip C									
- 1,5, - tato, <u>-</u> 1,5 - 0 - 0 - 0								Kinnelon, NJ									
Project Manager for Monito	oring Firm			Te	lephone	- No		Telephone No.	07403	_	Licon	se No.		_			
								908-218-0880				7000					
Start Date (10)5 /7 / _	18	5	/	_1		ate (11)		Name of OSHA N Yannuzzi En	lonitor vironmental S	erv	ices	nc.					
Occupancy Status During								Street Address									
☐ Facility Closed/Vacated								135 Kinnelor	Rd, Suite 10	2							
Abatement Performed (Time of Abatement:						Scribe		City, State, Zip C	ode								
			<u> </u>		/	_Alvi		Kinnelon, NJ	07405								
Scope of Work (Check all t	that apply)								tainment with Ne	egati	ve Pre	essure					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Re ☑ De					☐ Mini-End	losure g Procedure								
			△ 50	,,,,					mpted (*) and N	on-F	riable	Proced	dure				
					ation					T				Aba	ateme	ent T	vpe
Location o				Norm				Description of					1				
Asbestos-Containing M TO BE ABAT		1)			lely by	Α.		tos Containing Ma thermal systems				ount	1	Demoval	Repair	nca	Enclosure
IN Facility			Cust		I Staff?	2	(i.e.,	surfacing, VAT				ecify or LF)	2		₹	psu	nsc
(13)		-	00000	(12				other miscellane			•	,				Encapsulate	G.
F			Yes	No	6.000	Fran	me										
Frame						1 I ai	iie							A			
Entire Structure						Enti	ire St	ructure					[
													[
]				
Name of Registered Waste	Hauler					Waste	100	Cubic Yards of	Name of Reg	ister	ed Lar	ndfill					
Yannuzzi Group Inc.					Hauler 1746		1	Waste 200	Cumberla	nd	(County	/	In	pro	vem	ent
City, State		71-2		_	77-40	-	[Disposal Date	City, State								
Kinnelon NJ								5-18-18	Millville								
Completed By (Print or Typ	e)	Title						Signature				ı	Date	_			-
John Mucha		Pr	oject	Mar	nger							1					

CK#1086.		NOT	IFICATI (Pursua	State of New Je ON OF ASBEST on to NJAC 8:60	OS ARNE	EMEN 20)	lΤ	F-Care	(E) (C	a E		Ñ 17	[₁ -2] *-
Date of Notification (1) 05/04/2018			Name	e of Building Own	er/Operate	đr (2)				n ic	1)	\#/ 	
Agencies Notified Type Notification	1			e Baez t Address									1
EPA Initial			0.00	e riddiess					MA	Υ -	1 2	018	and the same
DEP Amended Amendmer				State, Zip Code				· marriage	<u> </u>	V 12		14(4)	
Emergency	(includir	ng		ler Grove, NJ	07009		a the design of		ANDEL!	riji (Mari Clic	ROL	1/2
DCA justification Cancellatio			Jose	of Contact			50	Te	lephone N	lumbe	W/200 HW200	187,482/F =	Transcription
Name of Facility IAI				CILITY INFORMA	ATION								
Name of Facility Where Abatement is Takin Private Residence	ng Place	(3)				Тур	e of Facility (4	4)					
Street Address City (5)						×	School (K-12 Subchapter Other (i.e. pretc.)	8 (Oth	er than K & comme	-12) rcial bu	ilding	s, hor	nes,
Ceder Grove						Squ	are Feet	# 0	f Floors	T	Bldg.	Age	
County (6)			County	Code (7)		-							
Essex			(STATE	USE ONLY)		Cur	rent Use (Prio	r if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	CM No.	Name	of Ab	atement Cont	ractor	(9)				
Street Address					Ren	nova	Safety LL	С	(-)				
(1000)					Street								
City, State, Zip Code		CV-					Ave Zip Code				mente.		<u> </u>
Decimal							, NJ 07502						
Project Manager for Monitoring Firm			Telepho	one No.	Teleph				License	No.			
Start Date (10)	Schodu	lod Co	1-4	Date (11)	973-				01332				
05/13/2018	05/15	/2018	ripletion	Date (11)			HA Monitor						
Occupancy Status During Abatement (Chec	k Only O	ne)			Street		(9) above						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8:00 - 17:00	eriod of al Facilit	Abater y Hour	nent s				ip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Innerent	Renova Demoli			×	Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (dure					
8	100	Locat) und	TVOIT-I IIdi	T		ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal d Soie	iy by	De De	scription	of						ре	
TO BE ABATED In Facility (13)	Cus	intenar todial S (12)	Staff?	Asbestos Cor (i.e. therma surfa other	taining Ma I systems Icing, VAT miscellane	insula F, or	(ACM)	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A						38	-		ite	œ
Dasement			Х	FI	oor Tiles	S		12	SF	х		х	
Name of Registered Waste Hauler		N	JDEP W	acto O.	V								
Removal Safety LLC		Ha	auler ID	No. of Wa	Yards ste		Name of Reg						
City, State		00	037007				GROWS	North	1				
Paterson, NJ				Dispos TBD	sal Date		City, State						
Completed by	Title				ignature	0	Morrisville	, PA		10			
asko Veskov	Presi	dent			Xash	10	Cestos	/	Da 05	te 5/04/2	018		

40														Р.	rint F
nock		N		CATION	ate of Ne NOF ASE to NJAC	ESTOS	ABATE		IT	And the second second second	1)_E				
Date of Notification (1) 05/04/2015					f Building gh Dicki							MAY	- 7	201	18
	Type Notification)		Street A						+	- L				181.2
DEP [Initial Amended		1		ate, Zip C					- Park	Prois	۱۱ ای نیازی ۱۱ ا	(1) (1)	12.078 21.22 3	KOL. 8
	Amendmen Emergency	it #	_		ck, NJ	07601				lers.	AND THE STATE OF	age of the	13.92.00	engliss and in the	AND STREET
☑ DOH ☐ DCA ☐	justification Cancellation)			f Contact Gorczyd	ca			///	100000000000000000000000000000000000000	ephone 3-560-				
Name of Facility Where Ab	natement is Taki	na Dinas (2)		FAÇI	LITY INF	ORMAT	ION								
Robison Hall	Jatement is Takii	ng Place (3))					Тур	oe of Facility (4						
Street Address 1000 River Road								×	School (K-12 Subchapter Other (i.e. pr	8 (Oth	er than h & comme	(-12) ercial bu	ildings	s, hom	ies,
City (5)								Sq	etc.) uare Feet	T#0	f Floors		Bldg.	Age	
Teaneck													Diag.	, 190	
County (6) Bergen				County (Code (7) USE ONLY)			rent Use (Prio iversity	r if bei	ng demo	lished)			
Name of Monitoring Firm F EDI	lired by Building	Owner (8)		ASCN 0095					batement Cont mpany Inc	ractor	(9)	~			
Street Address 5434 King Ave			z				Street	Add						-	
City, State, Zip Code Pennsauken, NJ 081	00						City, S	tate,	Zip Code						
Project Manager for Monito			1	Telepho	ne No.		Clifto		J 07011		License	No.			
Jay Murray Start Date (10)				888-30	6-4545		973-2	253	-8828		00704				
05/24/2018		Schedule 05/26/2	018	npletion [Date (11)				SHA Monitor mpany Inc						
Occupancy Status During	Abatement (Che	ck Only One	e)				Street	Addı	ess						
X Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I Outside of Norr	Period of A mal Facility	baten Hours	nent S			City, S	tate,	Zip Code					****	
Scope of Work (Check All	That Apply)					_		10,000			37				
≥3 sf or ≥3 If≥160 sf or ≥260 If		× Re	enova	ition ion			×	I F	ull Containmen lini-Enclosure Blovebag Proce Ion-Exempted	edure				ro.	
Location o	f	N	Locati ormal	ly		Des	scription		-				Abat	emen ype	t
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED ·		l Sole ntena odial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	aining M	lateri s insu T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								3		ate	6
Mechanical F	SCHOOL WATER	×				insulat				1	8 LF	×			
Mechanical F		X			pipe	insulat			& cut"	5	0 LF	×			
Mechanical F		×	41100			Tank	insula	tion		6) SF		х		
Mechanical F		X					insulat	ion			0 LF		х		
Name of Registered Waste Newark Carting Inc	nauler		Н	JDEP Waller ID I 5409		Cubic of Was			Name of R Grand C				ndfill		
City, State Newark NJ						Dispos	al Date	0399	City, State Pen Argy		(
Completed by Voytek Roszkowski		Title Presid	lent			Si	gnature		2	_\		Date 05/04/	2018		

Date 05/04/2018

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

CMC# 3356

Date of Notification (1)			-	Nam	e of Buildi	ng Owner/Operator	(2)	Ol .				
	18	_		The second	rizon	ng Owner/Operator	(2)	The E			W	
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Amende ☐ DHSS ☐ Amendn	ed			15	et Address East Mo State, Zip	ntgomery Place	, Lower Level	W	AY	-7	201	
□ DCA □ Emerge		udina		Pit	tsburgh,	PA 15212		4				
(NJAC 5:23-8) justificat	tion)	uumg		Nam	e of Conta	ct		Telephone Num	ber	- 1-21	4 4 4	OL X
☐ Cancella	ation			An	thony Po	orta		412-633-402				radion is
				FA	CILITY	NFORMATION					THE PERSON	FAIR CONTRACTOR
Name of Facility Where Abatement is	Taking F	Place	(3)				Type of Facility	(4)				-
Verizon Unionville C.O.							School (K-12)				
Street Address							Subchapter 8	(Other than K-12 ivate and comme) roial h	uildia		
1067 Stuyvesant Ave.							homes, etc.)	ivate and comme	Ciai D	ullain	gs,	
City (5)				1142			Square Feet	# of Floors	В	ldg. A	ge	
Union												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Union			-									
Name of Monitoring Firm Hired by Buil		mer (8	3)	ASCM	No.		nent Contractor (9)					
USA Environmental Managem Street Address	ent						VIRONMENTAL	., INC.				
8436 Enterprise Ave						Street Address						
City, State, Zip Code						1123 BEAVE						
Philadelphia, PA 19153						City, State, Zip C						
Project Manager for Monitoring Firm			Tal		NI-	BRISTOL, P	A 19007					
Mark Jenkins				ephone 15-365		Telephone No.	0	License No.				
	Schedule	ed Co				215-788-604 Name of OSHA I		00509				
5/22/18				5 /		The state of the s	WONTED TAL	INC				
Occupancy Status During Abatement (IVINONWENTAL	., INC.				
☐ Facility Closed/Vacated During Enti				ement		Street Address 1123 BEAVE	D STREET					
☐ Abatement Performed Outside of N	ormal Fa	cility	Hou	rs - Des	scribe	City, State, Zip C						
Time of Abatement:AM	PM/ <u>5</u>	5:00F	M- <u>1</u>	:30AM		BRISTOL, PA						
Scope of Work (Check all that apply)							1 1 1 0 0 1			11.0000		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Ren Den				Mini-End Gloveba	tainment with Nega closure g Procedure empted (*) and Non		e			
1 2			oca		-				Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACN	1)			ely by	Ashe	Description of stos Containing Ma		Ameunt	R	R	ш	ш
TO BE ABATED	· ,			ance/ Staff?		, thermal systems	insulation,	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)			(12)			surfacing, VAT other miscellane		SF or LF)	val	~	sula	sure
	Y	'es	No	N/A]	other miscellane	(Jous)				ate	
Basement HSB Room				\boxtimes	Pipe In:	sulation		50 LF				
Basement Mech. Equipment Roc	m [\boxtimes	Duct In	sualtion		250 SF				
]										
]										
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	INC		1000	IJDEP V lauler ID	(일급하게 과무리	Cubic Yards of Waste	Name of Registe					
City, State	,			20990		Dianas-I D.	MINERVA L	ANDFILL				
NEW CASTLE, DE 19720						Disposal Date	City, State WAYNESBU	IRG, OH 44688				
Completed By (Print or Type)	Title					Signature		Dat				
Brian Scafiro	Estir	mato	r				u Sophia			3 -	18	

D&S Proj. #: 18-95 Date of Notification (1)	9	Name of	(Pursi	State cation of Asiuant to NAC	besto 860	s Abatement and 12:120		GE			3 3 3	The second secon
0 4 / 2 5 / 1 8		WILLI	AM HANS	SON			A. 101	557073	tan T	HÖL	(&	
Agencies Notified Type Notifica EPA Initial DEP Amended		Street Ad					ARTECOMO DO SERVICIO DO SERVICIO DE SERVIC	P. Car. Car. Special	2 + 4°CX	4.000	erwer its	raspasoen
DOL Amendment #	11		e, Zip Code	7.01								
DOH (including	l tr	Name of C	nsack, nj (7/601			Telephon	e Number				
☐ DCA ☐ Garaglatication)							Теюрион	e realines				
Cancellation	1	CHRI	S MARTEI									
			FAC	ILITY INFORM	ATION	1						
Name of facility where abatement	is taking p	lace (3)					Type of Facility (4) I (K - 12)				
WILLIAM HANSON							\equiv	apter 8 (O	ther th	an K	-12\	
Street Address							Other (Private/Co	mme		12)	
							-	Homes, et		Di	da ^	
City (5)	Cou	inty (6)			Cou	nty Code (7)	Square Feet	# of Floor	S	DI	dg. A	.ge
		(T A)(T)			11-3057000	te use only)	Current Use (Pr	ior if being	dem	olishe	ed)	
hackensack	ess	1014.01			L.,						317	
Name of Monitoring Firm Hired by	Bldg. Own	ier (8)		ASCM No.		Name of Abatement Co				omm= R		
Street Address					_	D & S RESTORAT	ΓΙΟΝ, INC.					
Street Address						Street Address						
City, State, Zip Code						20 California Ave. City, State, Zip Code		WILLIAM CO.	and the same	-		
						Paterson, NJ 0750	13					
Project Manager for Monitoring Firm)		Phone Numb	er	-	Telephone Number	13	License	Numb	er		
						973-345-8020		01	169			
Start Date (10)	Sche	d. Comple	etion Date (1	1)	-	Name of OSHA Monitor						
05/08/18	05/3	1/18				D & S Restoration Street Address	, Inc.					
Occupancy Status During Abatemer					-	20 California Aver	2110					
Facility closed/vacated during Abatement performed outside Describe: NORMAL H	of normal				_	City, State, Zip Code Paterson, NJ 0750						
Scope of Work (check all that apply					- 1			t		_		
≥3 sf or >3 if ≥160 sf or ≥260 if □	Renovatio Demolitio					⊠ Mir ⊠ Glo	Il Containment wani-enclosure ovebag procedure on-Exempted (*)	e			dur	
Location of			y used solely	/			T-Exempted ()	and Non-i	R	R	E	1 1000
asbestos-containing	by maint staff(12)	enance/cu	ustodial			sbestos-containing	Amount	_	e m	е	n c	l E
material (acm) to be abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify Si	For	0 V	a	а	C
		140	IN/A						e	r	р	L.
basement		LX		PIPE INSU		ON	80 l fT				ᆜ	111
basement (A POVE POULER)		LX	4	boiler insula			40 SQ FT			닖	부	ዙ
basement (ABOVE BOILER)		₩ ×		TRANSITE chimney thi	A STATE OF THE PARTY OF	William Co.	20 SQ FT			님	井	#
2ND FLOOR - BATHROOM			=	LINOLEUN			4 SQ FT			\vdash	믐	쓔
Registered Waste Hauler	NJD	EP Haule	rID# I C			Name of Registered La	15 SQ FT		\boxtimes		Ц	1—
D & S RESTORATION, INC.	133		2	gyds.		TULLYTOWN, RI		COVER	Y			
PATERSON, NJ 07503			05/09/1			City, State TULLYTOWN, P.	A					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature				Date 04/25/1	18		UHB	
								-			_	

D&S Proj. #: 18-98 Date of Notification (1) 0 5 / 0 1 / 1 8 Agencies Notified	joan nix Street Addres City, State, Z	lding Owne	State ation of Asb and to NJAO er/Operator (2)	estos 8:60	Abatement and 12:120)		MAY		NTR		The second secon
DOL Emergency			KES, NJ 070	046							
DOH (including justification)	Name of Con	tact				Telephon	e Number				
Cancellation	joan nix										
		FACII	LITY INFORMA	ATION							
Name of facility where abatement is taking	ng place (3)					Type of Facility (4) I (K - 12)				
joan nix						Subcha	apter 8 (O	ther t	han K	-12)	
Street Address							Private/Co		rcial		
							# of Floor		BI	dg. Ag	je
City (5)	County (6)				nty Code (7)						
MOUNTAIN LAKES	MORRIS			(State	e use only)	Current Use (Pr	rior if being	g dem	nolishe	d)	
Name of Monitoring Firm Hired by Bldg.	Owner (8)		ASCM No.	TI	Name of Abatement Co	ontractor (9)					
					D & S RESTORA	TION, INC.					
Street Address					Street Address						
City, State, Zip Code				-	20 California Ave City, State, Zip Code						
•					Paterson, NJ 0750	03					
Project Manager for Monitoring Firm	Pho	one Numbe	er	— -	Telephone Number		License		er		
					973-345-8020		0	1169			
Start Date (10)	Sched. Completion	n Date (11))	- II'	Name of OSHA Monito D & S Restoration	7.					
	05/30/18			;	Street Address	.,		_			
Occupancy Status During Abatement (Che Facility closed/vacated during entire Abatement performed outside of not Describe: NORMAL HOURS	period of abaten			1	20 California Aver City, State, Zip Code	nue					
				-	Paterson, NJ 0750)3					
Scope of Work (check all that apply) >3 sf or >3 f Reno	ovation			-	□ Fu □ Mi ☑ Gl	Il Containment wini-enclosure ovebag proceduron-Exempted (*)	re			edure	
Scope of Work (check all that apply)	ovation olition cation normally used internance/custor (12)		Descriptio material (A		□ Fu □ Mi ☑ Gl	II Containment wini-enclosure ovebag procedur	re and Non-f			E n c a	E n c L
Scope of Work (check all that apply)	ovation olition cation normally unaintenance/custor(12)	odial	material (A	ACM)	Fu Mi Mi Mi No	ini-enclosure ovebag procedur on-Exempted (*) Amount (Specify S LF)	re and Non-f	friable R e m o v	proce R e p	E n c	n
Scope of Work (check all that apply)	ovation olition cation normally unaintenance/custor(12)	odial	material (A	ACM)	Fu Mi	Ill Containment wini-enclosure ovebag procedur on-Exempted (*) Amount (Specify S LF) 45 L FT	re and Non-f	friable R e m o v	proce R e p	E n c a	n
Scope of Work (check all that apply)	ovation olition cation normally unaintenance/custor(12)	N/A	PIPE INSUI	ACM) LATIC LATIC	Fu Mi Age	ini-enclosure ovebag procedur on-Exempted (*) Amount (Specify S LF)	re and Non-f	friable R e m o v e	proce R e p	E n c a	n
Scope of Work (check all that apply)	ovation olition cation normally unaintenance/custor(12)	N/A	material (A	LATIC LATIC LATIC	Fu Mi	Amount (Specify SLF) 45 L FT 50 I ft	re and Non-f	friable R e m o v	proce R e p	E n c a	n
Scope of Work (check all that apply) Something Scope of Work (check all that apply) Something Something	ovation cation normally unaintenance/custo (12) Solution No	N/A	PIPE INSUI PIPE INSUI PIPE INSUI PIPE INSUI	LATIC LATIC LATIC LATIC	□ Fu □ Mi □ No	Amount (Specify SLF) 45 L FT 50 I ft 15 I ft 7 L FT	re and Non-f	friable R e m o v e	proce R e p	E n c a	n
Scope of Work (check all that apply) Something Scope of Work (check all that apply) Something Something	ovation olition cation normally unaintenance/custor(12)	N/A N/A	PIPE INSUI PIPE INSUI PIPE INSUI	LATIC LATIC LATIC LATIC	Fu Mi	Amount (Specify SLF) 45 L FT 50 I ft 7 L FT	e and Non-f	friable R e m o v e M M M M M M M M M M M M M M M M M M	proce R e p	E n c a	n
Scope of Work (check all that apply) Sa Sa Reno Demo Is loo by material (acm) to be abated in facility (13) Basement Basement Basement Registered Waste Hauler Registered Waste Hauler	ovation cation normally unaintenance/custor(12) es No No NJDEP Hauler ID 13506	N/A N/A	PIPE INSUI PIPE INSUI PIPE INSUI PIPE INSUI PIPE INSUI bic Yards of W yds. ate	LATIC LATIC LATIC LATIC	bestos-containing DN DN DN DN DN DN DN DN DN	Amount (Specify S LF) 45 L FT 50 I ft 7 L FT andfill ESOURCE RE	e and Non-f	friable R e m o v e M M M M M M M M M M M M M M M M M M	proce R e p	E n c a	n

CK4348



Print Form

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

Date of Notification (1) 05/02/2018		The second second	Name of McWil	Building liams Fo	Owner/Corge Co	Operator Ompan	(2) ly		-	File Ville	17 12 1		1000	n. A
Agencies Notified Type Notification			Street A	ddress ranklin A	lve.			***************************************			~			
EPA Initial Amended Amendment #	A STATE OF THE PARTY OF THE PAR	-		te, Zip Co way, NJ										
DOH justification) DCA Cancellation	cluding	e de la company		Contact n Hunni	cutt		·			ephone No 3-627-0				
I Research			FACI	LITY INFO	ORMATI	ON						1107/961		
Name of Facility Where Abatement is Taking McWilliams Forge Company Bldg.#)						of Facility (4 School (K-1)						
Street Address 387 Franklin Ave.								Subchapter Other (i.e. p etc.)				dings	, hom	3S,
City (5) Rockaway					***************************************			re Feet	# 01	Floors	100	3ldg. /	Age	
County (6) Morris	- L'34 30 43		County (Code (7) USE ONLY)			nt Use (Prio ehouse	r if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building On RK Occupational & Environmental,			ASCN 0009					tement Con struction			, Inc			
Street Address 401 St. James Ave.			4				Addres	ss te 46 Suit	e 3D	•			S. of Carlot Company	
City, State, Zip Code Phillipsburg, NJ 08865					*****************			ip Code J 07512		-				
Project Manager for Monitoring Firm Jon Gilbert			Telephor	ne No. 34-6316		Telepf	none N 256-7	0.		License 0666	No.			
	Schedule 05/25/2		npletion I	Date (11)		The second secon		HA Monitor struction	Res	storation	Inc	-		
Occupancy Status During Abatement (Check							Addres			7.01 0.11011	, 1110			
Facility Closed/Vacated During Entire Pe			aont					te 46 Suit	e 3D					
Abatement Performed Outside of Normal Other – Describe:	I Facility							ip Code IJ 07512	10-2-3-379					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 ff ≥160 sf or ≥260 lf		enova emolit				E	Mir	Containme ni-Enclosure ovebag Proc n-Exempted	edure					
	lo.	Locati	ion			17	3 140	II-LAGINDICU	1 Jane	G 14011-LIFE	DIE FIC	****	emen	1
Location of	N	ormal	ly		Do	scription	of	l					уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial S (12)	nce/		tos Cont thermal surfa	aining N	faterial s insula T, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		ite	a
Bldg#4 wall between hammer		X		Asbes	stos Tra	ansite	wall p	anels	350	00 SF	X	1	1	
#20 and #50											1			
											-	-	-	
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of F	Registe	red Landf	ill	1	1	
Bako Construction & Restoration, Inc	;		lauler ID 0889	No.	of Was			Tullytov	n Re			ery l	-acili	ty
City, State Totowa, NJ						sal Date 5/2018		City, State Tullytow		1				
Completed by Damir Valjevac	Title Proje	ct Ma	anager		S	Signature	ew 1	Jugar	_	1) ate)5/02/	2018	3	

										and the second s	grown of the con-					
(KILL	18	NOTIF	ICATION	ate of Mey Jerse OF ASBESTOS to MAC 8.60	ABATE		т	The second of the second	E C	原 - 7	50 	7 Pr	int F		
67335	ar an international designation of the property of the state of the st					Operator	(2)			i i				7.49		
	EPA	Type Notification Initial							A STATE OF THE STA	Falls III		910	KIL.	8		
Oliterate.	DOL	Amendment #		South	Orange, NJ 0	To	lonbono Num	abar		homes, ge						
Ě	DOH DCA	justification) Cancellation		Scott I	Lieberman				Te	lephone Nun	iber					
Na	me of Facility Where	Abatement is Taking	Place (3)	FACI	ILITY INFORMAT	ION	Tyr	e of Facility	(4)							
							.,,	50	3 ()							
Str	eet Address						×		r 8 (Oth	er than K-12 & commercia		dings,	home	es,		
				ar			Sq. 29:	Jare Feet	# o 2	f Floors	15000		ge			
						rent Use (Pr sidence	ior if be	ing demolish	ed)							
			wner (8)	ASCN	/ No.			nvironme		1-7		-				
		eet				Street 2744		ess lan Blvd #	200		Tre-c-viio	30.1N z. (15.)				
		A ()-0/4				City, S	state,	Zip Code								
Pro	ject Manager for Mon	itoring Firm				Telephone No. 718-273-1122			License No. 01324							
								SHA Monitor								
			5/25/2018			Unipro Environmental LLC										
X DEP				ment		Street 2744		ess an Blvd #:	200							
	May 1, 2018 Igencies Notified Initial Amended Amendment # Emergency (includi justification) Idence of Facility Where Abatement is Taking Place Residence Idence Idence Idence of Monitoring Firm Hired by Building Owner M2M Environmental Services Corp Idence Address Idence Address Idence Address Idence Ide			S		72270		Zip Code sland, NY	10306							
Sco	pe of Work (Check A	II That Apply)														
×						×	N G	fini-Enclosur Glovebag Pro	e cedure	n Negative Pr		asure Procedure Abatement Type				
	130 80	NOTIFICATION OF ASBEST (Pursuant to MAC \$ 50 c) Name of Building Own Daniel Mancini														
	Asbestos-Containing TO BE ABA In Facili	Material (ACM) ATED	Used Sole Maintena Custodial	ely by nce/ Staff?	Asbestos Cont (i.e. thermal surfa	escription of taining Material (ACM) I systems insulation, acing, VAT, or miscellaneous)			(5	mount Specify or LF)	Removal			Enclosu		
			Voc No	NIA							<u> </u>		ate	Ге		

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. SW2105	Cubic Yards of Waste 5	Name of Registered Minerva Enterp		
City, State Shirley, NY 11967			Disposal Date 5/28/2018 / /	City, State Waynesburg, O	H 44688	
Completed by Raymond Blum	Title Operat	ions Manager	Signature		Date May 1, 2018	

Х

X

plaster walls & ceilings

plaster walls & ceilings

1st Floor Foyer

2nd Floor bedroom closet & outer

220 SF

160 SF

x

CK 10/19)		NO	TIFI	CATIC Pursu	ON DETAIL	New Jersey SBESTOS ABA AC 8:60 and 5:	TEMENT		15_1	5.1	<u> </u>	E		
Date of Notification (1)			1111151111		Mai	ne of Buildir	ng Owner/Operator	(2)		WAY	- 7	201	Q		
	4 /	1	8		1	PSE&G / Job # 1804-5301 Check #10115							U		
Agencies Notified	Type Notif	ication	1	-118-	Stre	eet Address			ASS	ESTO:	900	PITRE	OL &		
⊠ EPA		- 14			4	000 Hadle	y Road		Commence of the con-	1.103	1231	43			
☑ DOLWD ☑ DHSS	☐ Amenda Amenda		ц		City	, State, Zip	Code								
□ DCA	☐ Emerge			_ ng	S	South Plainfield, NJ									
(NJAC 5:23-8)	justifica	tion)	Holudii	ig	Nar	ne of Conta	ct		Telephone Nu	umber	_				
	☐ Cancell	ation			K	en Sheetz	:		215-768-1						
					F	ACILITY II	NFORMATION								
Name of Facility Where Al	batement is	Takir	g Plac	ce (3)				Type of Facility (4	4)				- 100		
PSE&G- Burlington	Gas Facil	ity						School (K-12)							
Street Address			- 120					Subchapter 8			سالسان				
300 Connecticut Dri	ve							Other (i.e., pri homes, etc.)	vate and comin	nerciai i	oullair	igs,			
City (5)	A Secretarian							Square Feet	# of Floors	E	Bldg. /	Age			
Burlington															
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (Pric	or if being demo	olished)			-		
Burlington								Utility							
Name of Monitoring Firm H	lired by Bui	Iding (Owner	(8)	ASC	И No.	Name of Abateme	ent Contractor (9)							
Health & Safety Serv	rices						AbateTech, I								
Street Address							Street Address								
PO Box 365							30 Maple Ave								
City, State, Zip Code					12-1-7-1		City, State, Zip Co						_		
Berlin, NJ 08009							Lumberton, N								
Project Manager for Monito	oring Firm			Tel	ephone	e No.	Telephone No.		License No.				_		
Jim Proctor				1		4-8850	609-265-2107	,	00529						
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☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or >260 lf			⊠ Re	enovat			☐ Mini-Encl								
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(13)			la de la composição de	(12)	_	-	other miscellaned	ous)		-		Encapsulate	6		
			Yes	No	N/A										
Exterior						Window	Caulk		950 LF						
Name of Registered Waste	Hauler			100		Waste	Cubic Yards of	Name of Registe	red Landfill						
Waste Management				1	1875		Waste 40	Fairless Lan	dfill						
City, State					1010		Disposal Date	City, State							
Camden, NJ							5/25/18	Morrisville, F	PA						
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Gwendolyn Trumbetti		Or	erati	ons	Coord	inator		M/X		Date	41	1 %	1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification Name of Building Owner/Operator (2) PSE&G / Job # 1802-5272 5 Check # Agencies Notified Type Notification Street Address **EPA** ☐ Initial 4000 Hadley Road ☑ DOLWD City, State, Zip Code ☑ DHSS Amendment #6 South Plainfield, NJ ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Ryan Thomasen 973-941-8155 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Plainfield Gas Facility ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 40 Rock Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Plainfield, NJ 07036 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Union **District Office** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 24 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/____PM-___ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ☐ Glovebag Procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Repair Encapsulate Used Solely by 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 Exterior \boxtimes Roof Flashing 1,200 SF \boxtimes Exterior X Roof Tar 130 SF X П Exterior \boxtimes Roof Walking Pads 600 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **Environmental Transport Group** G.R.O.W.S. NJD0006920 40 City, State Disposal Date City, State Flanders, NJ 07836 5/8/18 Morrisville, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti Operations Coordinator

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⊠ DHSS	Amended Amendmer	nt#		City,	ty, State, Zip Code									
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Name of Facility Where Aba		1500	e (3)					Type of Facility	(4)					
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Street Address 173 Ryders Lane								Subchapter Other (i.e., p	private and con		al bu	ildin	gs,	
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Name of Monitoring Firm Hire	ed by Buildin	a Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	1					_
ATC Associates, Inc.			(-)	009			AbateTech, li	ne dae neemaan ah nama mada ah ah ah ah B	(=)					
Street Address							eet Address							
3 Terri Lane							0 Maple Ave	. PO Box 25						
City, State, Zip Code						-	y, State, Zip Co	and continuent and an extendition of						_
Burlington, NJ 08016							umberton, N							
Project Manager for Monitorin	na Firm		Te	lephone	No.		ephone No.	10 000 10	License No	2				_
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Scope of Work (Check all that □ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf	t apply)	⊠ Re					☐ Mini-Encl							
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(10)		Yes	No			Oti	iei iiliscellariec	ous)		1			te	
Floor #1					Floor tile	e &	Mastic		8,500 SF	=				
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Name of Registered Waste Ha AbateTech, Inc.	auler		144	NJDEP V Hauler ID	No.	Was		Name of Regis						
City, State	-			18750		Disn	osal Date	City, State						_
Lumberton, NJ							13/18	Tullytown,	PA					
Completed By (Print or Type)		tle					Signature	1		Date	1		1,0	7
Gwendolyn Trumbetti		Operati	ons	Coordi	nator		(M)	WO		4	11	3	118	5

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 5 4 18 1 Mark Irwin Associates, Inc. / Job #1805-5310" Check # Agencies Notified Type Notification Street Address ASSESTOS CONTROL & **⊠** EPA ☑ Initial PO Box 575 **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Southampton, PA 18966 ☐ DCA Name of Contact justification) Telephone Number (NJAC 5:23-8) ☐ Cancellation Pam Richards 215-598-3907 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Property ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address ○ Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Margate, NJ 98042 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Atlantic Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __5__ / _12 / _18 __5__ / 12 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount nclosure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) N/A Yes No Exterior X **Transite Shingles** 1.000 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. **ACUA** 18750 25 City, State Disposal Date City, State Lumberton, NJ 5/12/18 Egg Harbor Twosnhip, NJ Completed By (Print or Type) Title Signature Gwendolyn Trumbetti Operations Coordinator

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Name of Monitoring Firm H		ilding (Owner	(8)	ASCN	/ No.	N	ame of Abateme	ent Contractor (9	tor (9)						
Health & Safety Serv	ices							AbateTech, I								
Street Address							St	treet Address								
PO Box 365							_	30 Maple Ave								
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Berlin, NJ 08009 Project Manager for Monito	-i Fi		25-20-1	1-			-	Lumberton, N	IJ 08048							
Jim Proctor	ning Firm				ephone	No. 2-1311_	1 000	elephone No.		License No	•					
Start Date (10)	T.	Sched	ulad C			ate (11)	-	609-265-2107 ame of OSHA M		00529						
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Gwendolyn Trumbetti		Ор	erati	ons (Coordi	inator		OW	VO		4	30	1	8		

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Name of Facility Where Aba	atement is T	aking	Place	(3)					Type of Facility	(4)							
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63 Hamilton Street									homes, etc.	.)	nerciai b	ullullig	5,				
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Name of Monitoring Firm H	ired by Build	ding O	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9))				-			
50	•	1	0009		100000000		patement Inc										
Street Address							-	eet Address						-			
300 Kimball Drive								Henderson	Drive								
Agencies Notified □ EPA □ DOLWD □ DHSS □ DCA □ (NJAC 5:23-8) □ DCA □ Street Address 63 Hamilton Street □ City (5) Paterson □ County (6) Passsaic □ Name of Monitoring Firm Hired by Buildin Langan □ Street Address 300 Kimball Drive □ City, State, Zip Code Parsippany, NJ 07054 Project Manager for Monitoring Firm Vijay Patel □ Start Date (10) □ 10 / 23 / 17 □ Occupancy Status During Abatement (Cr □ Abatement Performed Outside of Non Time of Abatement: _AMPM/_ □ Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing Material (ACM) □ Abatement Performed Outside of Non Time of Abatement Performed Outside Outside Outside Outside Outside Outside Outside							0 - 27	, State, Zip Co									
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Parsippany, NJ 07054 Project Manager for Monitoring Firm Vijay Patel Telegraphics August 1985 Telegraphics 1985 Telegraphics 2085 Telegraphi						0-4900		973) 808-161	6	00411							
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Time of Abatement: _Ai	VIPIV	/I/	PM-		_AM		V	lest Caldwe	II, NJ 07006								
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DOLWD DHSS DCA (NJAC 5:23-8) Name of Facility Where Abatement is Passsaic County Courthouse Street Address 63 Hamilton Street City (5) Paterson County (6) Passsaic Name of Monitoring Firm Hired by Builtangan Street Address 300 Kimball Drive City, State, Zip Code Parsippany, NJ 07054 Project Manager for Monitoring Firm Vijay Patel Start Date (10) 10 / 23 / 17 Dccupancy Status During Abatement Facility Closed/Vacated During Entry Abatement Performed Outside of Name of Abatement: AMP Cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13) 1 containment)Grnd,1st, 2nd, Attic Areas Ground, 1st, 2nd, Attic Areas Ground, 1st, 2nd, Attic Areas Ground, 1st, 2nd, Attic Areas Forumd, 1st, 2nd, Attic Areas Counders Group, Inc. City, State New Castle, DE		İ	Yes	No	N/A	1	otr	ner miscellane	ous)				ate				
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Ground, 1st, 2nd, Attic	Areas				П	Pipe Jo	oint I	nsulation		826 EA		-	П				
						re situa		iling Plaster	r	67,763 SF				П			
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Date of Notification (1)	1 Lazier 100 100 100	0.71		Nam	Name of Building Owner/Operator (2) MAY 7 2018									
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City, State, Zip Code						Cit	y, State, Zip Co	ode						
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Occupancy Status During A	Abatement (Chec	k only	one)			Str	eet Address							
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☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	00 to		novat		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedu									
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Location of Asbestos-Containing Ma			Norma		Asha	etec	Description o Containing Ma		Amount			100	T	
TO BE ABATE			intena			., the	ermal systems i	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)		Cus	(12)	Staff?			surfacing, VAT, her miscellane		SF or LF)	Val	-	sula	sure	
(10)		Yes	No	N/A	1	Ou	ilei illiscellariei	ous)				ate		
Ground, 1st, 2nd and 3	rd Floors		\boxtimes		Plaster	Deb	oris		550 SF	: 🛛				
Ground, 1st, 2nd and 3	rd Floors		\boxtimes		Suspen	ded	Ceilings w/	ACM debris	15,500 SF					
Ground, 1st, 2nd, 3rd F	loors & Attic		\boxtimes		Duct Ins	sula	tion		1,290 SF					
Ground, 1st, 2nd and 3			\boxtimes		Duct Se	em	Tape		8 SF					
Name of Registered Waste	Hauler		1059	JDEP V auler ID		Cub	oic Yards of ste	Name of Regis	stered Landfill					
City, State					Disposal Date City, State									
Completed By (Print or Type	e) Title						Signature			Data				
	1106	•			Signature					Date				

CKDU	285	NO.	ΓΙFIC (P	AT O	m to No	BE	STOS ABAT 8:60 and 5 1	6)		<u>CE</u>		<u> </u>	E
Date of Notification (1)	290-274 A-	19007040		Nam	e of Buildir	ng O	wner/Operator (MAY -	7 2	010	- 1
	03 /	18						(Page 3 of 3)		1 6	010	11.
Agencies Notified EPA	Type Notific	cation		Stree	t Address				ASS	TCE E	Çinî,	ROL	&
□ DOLWD				City,	State, Zip	Code	e		fire and the second		-10	or more man	TOWN TOWN
☐ DCA	Amendm Emerger												
(NJAC 5:23-8)	justificat	ion)	ig	Name	e of Contac	ct	MI - Partition - P		Telephone	Number			
				FA	CILITY II	VFO	RMATION						
Name of Facility Where A	batement is	Taking Plac	e (3)				· · · · · · · · · · · · · · · · · · ·	Type of Facility	(4)			-	
Passsaic County C		T.:	18 (2)	ı				School (K-1:	2)				
Street Address								Subchapter	8 (Other than	K-12)			
63 Hamilton Street								Other (i.e., phomes, etc.		nmercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Paterson												Q	
County (6)				Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pi	rior if being der	molished)			
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9))				
Street Address						St	reet Address						
City, State, Zip Code					59-771 (E - 19	Cit	ty, State, Zip Co	ode					
Project Manager for Moni	torina Firm		Tele	ephone	No	Te	lephone No.		License No				
120				Pil					License No	J.			
Start Date (10)		Scheduled (ite (11)	Na	me of OSHA M	onitor					
Occupancy Status During	Abatement (Check only	one)			Str	eet Address		-	=====			111
☐ Facility Closed/Vacate													
Abatement Performed Time of Abatement: _/					scribe	Cit	y, State, Zip Co	ode					
Scope of Work (Check all	that apply)												
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovat emolitic				☐ Mini-Encl ☐ Glovebag						
1.0			Loca							Ab	atem	ent T	уре
Location of Asbestos-Containing N		18	Norma ed Sole		Acho	otoo	Description of		A 4	70	Z	ш	ш
TO BE ABA	TED	" Ma	intena	ince/			Containing Mat ermal systems in		Amount (Specify	1 3	Repair	Encapsulate	Enclosure
IN Facility (13)	У	Cus	todial (12)	Starr?			surfacing, VAT, ther miscellaned		SF or LF) va	-	suk	sure
(13)		Yes	No	N/A	1	Ot	rier miscellaned	ous)				ate	
1st Floor Space 1-14A	\		\boxtimes		Woode	n Do	oor with Core	Insulation	20 SI	F 🛛			
Ground, 1st, 2nd and	3rd Floors				Floor T	ile a	nd Mastic		17,800 S	F 🛛			
Ground, 1st, 2nd and	3rd Floors		\boxtimes		Old Ele	ctric	Panel Board	d	56 SI				
Ground and 1st Floor	s (Exterior)				Windov	v/Do	or/Louver Ca	aulk	210 LF	- X			
Name of Registered Waste	e Hauler		1000	JDEP \		Cul	bic Yards of este	Name of Regis	stered Landfill				
City, State						Dis	posal Date	City, State			-15-		
Completed By (Print or Ty	pe)	Title					Signature			Date			

									III III MAY	7	00	40	31
Date of Notification (1)					Name	of Building	Owner/Operator (2)	ILL MAY	1	-20	10	
09 /	29 / _	17			Cou	inty of P	assaic (Page	1 of 3)	T-apidity.				
Agencies Notified EPA	Type Notifica ⊠ Initial	ation				Address Grand S	*****		Abbasi	00 OX 05/13	JET NG	UL.	3
⊠ DOLWD	Amended	i		-	1100000				Landrane and the second	, crees white	Freedom (STORY LITTLE BY
☐ DHSS	Amendme	ent#_				itate, Zip C							
☐ DCA	☐ Emergen		cluding			erson, N							
(NJAC 5:23-8)	justification					of Contac			Telephone Numb				1
	☐ Cancellat	Jon				Irew Tho			(973) 881-442	14			
11 CF 301 140					FAC	ILITY IN	FORMATION						
Name of Facility Where								Type of Facility					
Passsaic County C	ourtnouse /	Anne	K Buil	ding				Subspanter	!) 3 (Other than K-12)				
Street Address 63 Hamilton Street								Other (i.e., p	rivate and commerc	cial bui	Iding	5,	
City (5)								homes, etc.)		[DI	. A		
Paterson								Square Feet 40.000	# of Floors	1	g. Ag	8	
County (6)					Coun	ty Code (7)(STATE USE ONLY)		ior if being demolish		27 y	rs	_
Passsaic					Coun	ty Code (/	JOINTE OSE ONLY	Vacant	or it being demolist	iea)			
Name of Monitoring Firm	Hired by Build	lina O	wner (8	3)	ASCM	No	Name of Abateme					_	\dashv
Langan		9 0		,	0009		Superior Aba						
Street Address			-				Street Address					-	-
300 Kimball Drive							2 Henderson	Drive					
City, State, Zip Code							City, State, Zip C						
Parsippany, NJ 070	054						West Caldwe						
Project Manager for Mon				Tele	phone I	No.	Telephone No.		License No.				-
Vijay Patel	•			(9	73) 56	0-4900	(973) 808-161	16	00411				
Start Date (10)	15	Schedi	uled Co			te (11)	Name of OSHA N						-
10 / _10_ /							Superior Aba						
Occupancy Status Durin	g Abatement (Check	only o	ne)			Street Address				-	-	\dashv
□ Facility Closed/Vacate	[구성시시] [[[[[[[]]]]]] [[[[]]] [[[]]] [[[]]]				nent		2 Henderson	Drive					
☐ Abatement Performed						cribe	City, State, Zip C	100000000000000000000000000000000000000					-
Time of Abatement: _	_AMPN	Μ	PM-		_AM		West Caldwe						
Scope of Work (Check a	II that apply)											-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Rei	novati	on on		☐ Mini-End	tainment with Neg closure g Procedure	gative Pressure				
Z - 100 31 01 - 200 11				Homac			□ Non-Exe	empted (*) and No	n-Friable Procedure	е			
with the state of				Locat				1700		Ab	ateme	ent Ty	/pe
Location Asbestos-Containing		4)		lorma d Sole		Asha	Description of		A	Z)	Ŋ	m	Щ
TO BE AB		17	Mai	ntena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil	100 M		Cust	odial ((12)	Staff?	****	surfacing, VAT		SF or LF)	val		Sula	sure
(13)			Yes	No	N/A		other miscellane	eous)				ate	.
Ground, 1st, 2nd, 3rd	d Floors & A	ttic		\boxtimes		Pipe In	sulation		1,553 LF				
Ground, 1st, 2nd, 3r	d Floors & A	ttic		\boxtimes	\Box	Pipe Jo	oint Insulation		826 EA				
Ground, 1st, 2nd and	d 3rd Floors			\boxtimes		Wall an	d Ceiling Plaste	PΓ	37,293 SF				
Ground, 1st, 2nd and	d 3rd Floors		П	\boxtimes		Plaster	Skim Coat		1,030 SF				
Name of Registered Wa	ste Hauler				JDEP \	/Vaste	Cubic Yards of	Name of Regis	stered Landfill		1		
Service Transport				H	auler II		Waste	Minerva La					
City, State		-			SW21	11	1000 Disposal Date	City, State					
New Castle, DE							12/22/2017	Waynesbu	ırgh, OH				
Completed By (Print or 1	Гуре)	Title	·				Signature		// Da	te			
Nick Petrovski	- · · · ·	2000	reside	nt			-11	11/11		9-	2	7-	17

Date of Notification (1)					Nama	of Building	Own	ner/Operator (2)		MAY	- 7	2016	1
	29 / _	17	_		Name	or building	JOWI	ier/Operator (,	(Page 2 of	3)	mAI	1	2010	,
Agencies Notified EPA	Type Notifica				Street	Address	W			AS	aesic uo	3 CO 21 Sti	VTR(33	1L&
☑ DOLWD ☑ DHSS ☐ DCA	☐ Amended Amendme	ent #	udina		City, S	tate, Zip C	ode							
(NJAC 5:23-8)	justification Cancellati	on)	uaing		Name	of Contact			_	Telephone No	umber			
					FAC	ILITY IN	FOR	MATION	_		+			
Name of Facility Where A	Abatement is T	aking F	Place	(3)					Type of Facility (4)				
Passsaic County C	ourthouse A	nnex	Buil	ding					School (K-12)					
Street Address 63 Hamilton Street						93000			Subchapter 8 Other (i.e., prinomes, etc.)			ullding	ıs,	
City (5)					14				Square Feet	# of Floors	В	ldg. A	ge	\neg
Paterson									**					
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Name of Monitoring Firm	Hired by Build	ling Ow	vner (8	3)	ASCM I	No.	Nan	ne of Abateme	ent Contractor (9)					
Street Address							Stre	et Address						
							5.00							
City, State, Zip Code							City	, State, Zip Co	ode					
Project Manager for Moni	itoring Firm			Tele	phone i	No.	Tele	ephone No.		License No.	×			
Start Date (10)	S	chedui	led Co		tion Dat	37 - 25	Nan	ne of OSHA M	lonitor	1				
Occupancy Status During	Abatement (0	Check of	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacate														
Abatement Performed Time of Abatement:						cribe	City	, State, Zip Co	ode					
Scope of Work (Check al	I that apply)													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Rer					☐ Mini-Enc						
			ls	Locat	ion			☐ NOIPEXE	Tripted () and 140i	I Habie Floce		batem	ent T	vne
Location	U-T-00			lorma d Sole				Description of			-		_	
Asbestos-Containing TO BE ABA)	Mai	ntena	nce/			Containing Ma mal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facili			Cust	odial ((12)	Staff?		s	urfacing, VAT	, or	SF or LF)	va	-	Sul	sure
(13)			Yes	No	N/A		otr	ner miscellane	ous)				ate	
Ground, 1st, 2nd and	3rd Floors					Plaster	Deb	ris		550 SF				
Ground, 1st, 2nd and	3rd Floors			\boxtimes		Susper	ided	Ceilings w/	ACM debris	15,500 SF	= 🗵			
Ground, 1st, 2nd, 3rd	d Floors & A	ttic		\boxtimes		Duct In	sula	tion		1,210 SF				
Ground, 1st, 2nd and	3rd FI-Chas	ses		\boxtimes		Duct Se	eem	Tape		8 SF				
Name of Registered Was	te Hauler			2.50	JDEP V auler ID		Cub	oic Yards of ste	Name of Regis	tered Landfill				
City, State							Disp	oosal Date	City, State					
Completed By (Print or T	ype)	Title			is .	***************************************	-	Signature			Date			

				4				.00 2110 0.11	-,		120201000			
Date of Notification (1)				0.536	Name	of Building	g Ow	ner/Operator (2)	141	MAY	7	2018	3
	29 /	17							(Page 3 of 3)					
Agencies Notified ☑ EPA	Type Notific	ation			Street	Address				AS.	8651G	10	MPK 19	71, 8,
DOLWD	Amende				City, S	state, Zip C	Code						K. 18. 19.	
☑ DHSS ☐ DCA	Amendm		ldi											
(NJAC 5:23-8)	☐ Emerger justificati		auding		Name	of Contac	t			Telephone N	umber	-		-
	☐ Cancella	tion									33580			
Name of Facility Where	Abatament is	Tokina	Plans	(2)	FAC	CILITY IN	IFOF	RMATION	- C= :::: /					
Passsaic County (Type of Facility (- ☐ School (K-12)					
Street Address	Jour Grouse	-unic)	Dun	umg					Subchapter 8	Other than K	-12)			
63 Hamilton Street	•								Other (i.e., pri			uilding	ıs,	
City (5)		-							homes, etc.)	4-6	I D	J- A		
Paterson									Square Feet	# of Floors	В	dg. A	ge	
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Price	or if being dem	olished)			
Name of Monitoring Firm	n Hired by Buil	ding O	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
Street Address							Stre	eet Address						
City, State, Zip Code		***					City	y, State, Zip Co	ode					
Project Manager for Mor	nitoring Firm		-	Tele	phone I	No.	Tele	ephone No.		License No.	·			
Start Date (10)	. ;	Schedu	aled Co	omple	tion Da	te (11)	Nar	me of OSHA N	lonitor			-		
//			/		_ / _									
Occupancy Status Durin							Stre	eet Address						
☐ Facility Closed/Vacat														
Abatement Performe Time of Abatement:						cribe	City	, State, Zip Co	ode					
		-												
Scope of Work (Check a	ill that apply)							□ Full Cont	tainment with Nega	ative Pressure				
≥3 sf or ≥3 lf			Re					☐ Mini-Enc	losure	alive i lessure				
≥160 sf or ≥260 lf			_ De	molitio	n				g Procedure mpted (*) and Nor	Eriable Proce	dura			İ
			ls	Locat	ion			□ Non-Exe	impled () and Non	I-I Hable Floce		atem	ont T	V/DO
Location				lorma				Description of				-		
Asbestos-Containing TO BE AB		Λ)		d Sole intena		Asbe	stos	Containing Ma emal systems	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Faci				odial	Staff?	(1.6		surfacing, VAT		(Specify SF or LF)	ova	ai-	nsdt	osur
(13)		-	V	(12)	1 2110			her miscellane		ASSAC ACAMBICATION	-		late	.e.
1st Floor Space 1-14	1A		Yes	No 🖂	N/A	Woode	n Do	or with Cor	e Insulation	20 SF	: 🛛			
Ground, 1st, 2nd an	d 3rd Floors			\boxtimes	I_{I}	Floor T	ile a	nd Mastic		17570 SF		-	П	П
Ground, 1st, 2nd an	Company of the control of the contro	-						Panel Boar	rd	56 SF		-		
Ground and 1st Floo	ors (Exterior)	\Box		$\overline{\Box}$	Windov	v/Do	or/Louver C	aulk	210 LF		-		П
Name of Registered Wa			JDEP V	0.0000000000000000000000000000000000000		oic Yards of	Name of Regist		-	1-				
			auler IE	No.	Was									
City, State							Disp	posal Date	City, State					
Completed By (Print or	Гуре)	Title	-				1	Signature	1		Date			

1	马	110		1	11.77	[c]	-	
	l'a	11.12	11-1	1	17	1		
						-		

Date of Notification (1)					Name	of Building	Owner/Operator (2)	MAY - 7	20	18	-	-11
	05 / _	17			Cou	unty of P	assaic (Page	1 of 3)	mrs) j	40	113		
Agencies Notified	Type Notifica	ation			Street	Address			Machine Mark				13-11
⊠ EPA	☐ Initial				401	Grand S	itreet	i i					
☑ DOLWD					City, S	State, Zip C	Code						
☑ DHSS	Amendme	-	No. of the last			erson, N							
DCA (NJAC 5:23-8)	☐ Emergend justification		duding	}		of Contac			Telephone Numb	er			
(140/10 0.20-0)	☐ Cancellati					drew Tho			(973) 881-442				
					FAC	CILITY IN	FORMATION		,				
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility	(4)				
Passsaic County Co	ourthouse A	Annex	x Buil	lding				School (K-12					
Street Address									(Other than K-12)				
63 Hamilton Street								homes, etc.)	rivate and commerc	cial bu	iilding	js,	
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Paterson								40,000	4		127	/rs	
County (6)			77		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demolish	ned)		72	
Passsaic								Vacant					
Name of Monitoring Firm	Hired by Build	ling O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Langan					0009	9	Superior Aba	tement Inc					
Street Address					-		Street Address						
300 Kimball Drive							2 Henderson	Drive					
City, State, Zip Code				190			City, State, Zip Co	ode					
Parsippany, NJ 070	54						West Caldwe	II, NJ 07006					
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No.		License No.			7.00	
Vijay Patel				(9	73) 56	0-4900	(973) 808-161	16	00411				
Start Date (10)	100				tion Da		Name of OSHA M	20230000					
10 /16 /		_0	1_ /	16	_ / _	18	Superior Aba	tement Inc					
Occupancy Status During			3.5				Street Address						
☐ Facility Closed/Vacate	-						2 Henderson	Drive					
☐ Abatement Performed Time of Abatement: _/						cribe	City, State, Zip Co						
		"					West Caldwe	II, NJ 07006					
Scope of Work (Check all	that apply)						⊠ Full Con	tainment with Neg	native Proceure				
☐ >3 sf or >3 lf			⊠ Re	novati	on		☐ Mini-End		gauve Flessule				
≥160 sf or ≥260 lf			☐ De	molitic	on			g Procedure	- Friehle December				
			le	Locat	ion	Г	□ Non-Exe	impted (*) and No	n-Friable Procedure	1			
Location	of		1	Norma	lly		Description of	of			atem		1
Asbestos-Containing I	Material (ACM)		d Sole intena			stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABA					Staff?	(i.e	., thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	NOL	ai.	aps	OSU
(13)	.y			(12)			other miscellane		31 01 11)	=		Encapsulate	Гe
			Yes	No	N/A							е	
Ground, 1st, 2nd, 3rd	Floors & A	ttic				Pipe In:	sulation		1,553 LF				
Ground, 1st, 2nd, 3rd	Floors & A	ttic		×		Pipe Jo	int Insulation		826 EA				
Ground, 1st, 2nd and	3rd Floors					Wall an	d Ceiling Plaste	r	37,293 SF				
Ground, 1st, 2nd and	3rd Floors					Plaster	Skim Coat		1,030 SF				
Name of Registered Wast				4.00	JDEP \		Cubic Yards of	Name of Regis					200
Service Transport 6	Froup, Inc				SW21		Waste 1000	Minerva La	andfill				
City, State							Disposal Date	City, State					
New Castle, DE							1/16/2018	Waynesbu					
Completed By (Print or Ty	/pe)	Title					Signature	11/1	/ Dat	_			
Nick Petrovski		Pr	eside	ent			Mu	MAKIN	Mrs 1	0	-5	-/	17

MAY - 7 2018

Date of Notification (1)				Name (of Building	Own	er/Operator (2	2)					
10/	05 / 17	7						(Page 2 of	3) 4.5	BEG.		1.5	15t-
Agencies Notified ☑ EPA ☑ DOLWD	Type Notification			Street	Address								
☑ DHSS	Amended Amendment #	1		City, S	tate, Zip C	ode							
☐ DCA (NJAC 5:23-8)	☐ Emergency (in justification) ☐ Canceliation	ncluding		Name	of Contact				Telephone Nu	mber			_
		-		EAC	ILITY IN	ENDI	MATION		L				-
Name of Facility Where A	Abatement is Takin	o Place	(3)	IAG	PHESI I CITE	- ON	MAILON	Type of Facility	(4)				-
Passsalc County C		:77 (C	133					School (K-12	•				
Street Address								Subchapter 8	Other than K-	12)	.11.11	120	
63 Hamilton Street								Other (i.e., pr homes, etc.)	Ivaus and comn	nercial di	ıllalınş	S,	
City (5)								Square Feet	# of Floors	B	dg. A	ge	
Paterson													
County (6)				Count	ty Code (7)	KSTAT	E USE ONLY)	Current Use (Pri	or if being demo	olished)		***	
Name of Monitoring Firm	Hired by Building	Owner (8	3) /	ASCM I	Vo.	Nam	e of Abateme	ent Contractor (9)					\dashv
Street Address			j			Stree	et Address						\dashv
City, State, Zip Code			-			City,	State, Zip Co	ode					\dashv
Project Manager for Mon	Itoring Firm		Tele	phone l	√o.	Tele	phone No.		License No.				\dashv
Start Date (10)		eduted Co				Nam	e of OSHA N	Ionitor					
Occupancy Status During	g Abatement (Che	ck only o	ne)			Stre	et Address						
☐ Facility Closed/Vacate ☐ Abatement Performed	d Outside of Norma	al Facility	Houn	s - Dese	cribe	City,	State, Zip Co	ode				-	
Time of Abatement:		PIM-		_AM									
Scope of Work (Check a	il that apply)						☐ Full Con	tainment with Neg	gative Pressure				
≥3 sf or ≥3 if≥160 sf or ≥260 if		☐ Rei					☐ Mini-End						
		Is	Locat	ion				, , , , , ,			aten	ent T	ype
Location Asbestos-Containing TO BE AB/ IN Facil (13)	Material (ACM) ATED lity	Use	ntena	ly by		., then si	Description of Containing Ma rmal systems urfacing, VAT her miscellance	aterial (ACM) Insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		100.00					_	-	
Ground, 1st, 2nd and			×		Plaster				550 SF	-	-		
Ground, 1st, 2nd and			×		 			ACM debris	15,500 SF		+		
Ground, 1st, 2nd, 3n			×		Duct In				1,210 SF		-		
Ground, 1st, 2nd and			×		Duct S		•	TN- 15	8 SF				
Name of Registered Was	ste Hauler		100	IJDEP \ lauler il		Cub	oic Yards of ste	Name of Regi	stered Landfill				
City, State						Disp	posal Date	City, State					
Completed By (Print or 7	Type) Ti	tie					Signature			Date			
ASR.41													

MAY - 7 2018

Date of Notification (1)					Name	of Building	Owner/Operator (2)					
	05 / _	17						(Page 3 of 3)	/	1,5(5) T 117 17		CA	P.
Agencies Notified EPA	Type Notificat	ion			Street.	Address	***					1.0	1500
☑ DOLWD					City, S	tate, Zip C	ode					-	\dashv
☑ DHSS □ DCA	Amendme					5 %							
(NJAC 5:23-8)	☐ Emergenc justificatio		idding		Name	of Contact			Telephone Nu	mber	-		-
	☐ Cancellation												
					FAC	ALITY IN	FORMATION						
Name of Facility Where		_						Type of Facility ((V. C.)	X221201512		30530	
Passsalc County C	ourthouse A	nnex	Bull	ding				School (K-12 Subchapter 8		12\			
Street Address								Other (i.e., pr	ivate and comm		ilding	s,	
63 Hamilton Street								homas, etc.)					
City (5) Paterson								Square Feet	# of Floors	Bk	ig. A	je	
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Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM I	No.	Name of Abatem	ent Contractor (9)	_				
Street Address							Street Address	//			-		\dashv
City, State, Zip Code							City, State, Zip C	cde					
Project Manager for Mon	itoring Firm	-		Tele	phone I	No.	Telephone No.		License No.				
Start Date (10)	S	chedu	led C	omple	tion Dat	te (11)	Name of OSHA R	Aonitor					
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☐ Facility Closed/Vacat													
Abatement Performer Time of Abatement:	d Outside of No _AMPM	rmal I /	Facility PM-	/ Hou	s - Des _AM	cribe	City, State, Zip C	ode					
Scope of Work (Check a	Il that apply)												
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if			□ Re				☐ Mini-End ☐ Gloveba	itainment with Neo closure ig Procedure empted (*) and No		dure			
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TO BE AB		,	Ma	Intena	nce/		a, thermal systems		(Specify	Remova	Repair	Cap	Clos
IN Faci	lity		Cus	todial (12)	Staff?		surfacing, VAT		SF or LF)	Va.	"	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	other miscellane	eous)				ile	-
1st Floor Space 1-14	IA			×		Woode	n Door with Co	re Insulation	20 SF	×			
Ground, 1st, 2nd an	d 3rd Floors			×		Floor T	ile and Mastic		17570 SF	×			
Ground, 1st, 2nd an	d 3rd Floors			×		Old Ele	ctric Panel Boa	ırd	56 SF	×			
Ground and 1st Floo	ors (Exterior)			×		Windo	w/Door/Louver	Caulk	210 LF	×			
Name of Registered Wa	ste Hauler			1 .	JDEP 1		Cubic Yards of Waste	Name of Regi	stered Landfill				
City, State							Disposal Date	City, State					
Completed By (Print or	Гуре)	Title					Signature			Date			
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Date of Notification (1)				Nam	e of Duildie	ng Owner/Operator	(0)	MAY - 7	50,	18		91
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(NJAC 5:23-8)	justification) Cancellation			The state of the state of	e of Contac	57		Telephone Num	ber		_	
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Nome of Facility 1865 A				F/A	CILITY	NFORMATION				10 (100)		
Name of Facility Where A							Type of Facility					
Passsaic County Co	Durthouse Ann	ex Bu	Ilding	1			School (K-12)				
							Other (i.e., n	(Other than K-12 rivate and commer) rolal h	uildin		
63 Hamilton Street						_	homes, etc.)	The Continue	OIGI D	unun	ys,	
City (5)							Square Feet	# of Floors	B	ldg. A	Age	
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County (6)				Соц	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			-7
Passsaic							Vacant					
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCIV		Name of Abateme						
Langan				000	99	Superior Aba	tement inc					
Street Address						Street Address						
300 Kimball Drive						2 Henderson						
City, State, Zip Code						City, State, Zip Co						
Parsippany, NJ 0705						West Caldwe	II, NJ 07006					
Project Manager for Monit	oring Firm		1	phone		Telephone No.		License No.				
Vijay Patel					10-4900	(973) 808-161		00411				
Start Date (10)	19 19 19 19 19 19 19 19 19 19 19 19 19 1				ite (11)	Name of OSHA M		-				
//				<u> </u>	18_	Superior Aba	tement Inc					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated	During Entire Pe	riod of	Abate	ment		2 Henderson	Drive					
Abatement Performed Time of Abatement: _A	Outside of Norma	Facility	y Hour	S - Des	cribe	City, State, Zip Co	de					
				_Puvi		West Caldwel	I, NJ 07006					
Scope of Work (Check all	that apply)											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati molitic			☐ Mini-Encl	Procedure	ative Pressure 1-Friable Procedur	e			
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Location of Asbestos-Containing M			d Sole			Description of			_		1	-
TO BE ABAT		Ma	intena	nce/		stos Containing Mat ., thermal systems in		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
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(13)		Yes	No	N/A	1	other miscellaned	ous)				late	G.
Ground, 1st, 2nd, 3rd	Floors & Attic				Pipe Ins	sulation		1,553 LF				_
Ground, 1st, 2nd, 3rd					-	int Insulation	- 	828 EA				
Ground, 1st, 2nd and						d Celling Plaster		37,293 SF				
Ground, 1st, 2nd and 3			\boxtimes			Skim Coat		1,030 SF				
Name of Registered Waste	Hauler		N.	JDEP V		Cubic Yards of	Name of Regist		E3			
Service Transport Gr	oup, Inc			auler ID		Waste	Minerva La					
City, State				SW21	11	Disposal Date	City, State					

Waynesburgh, OH

Date

1/16/2018

Signature

New Castle, DE

Nick Petrovski

Completed By (Print or Type)

Title

President

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) 2018 Date of Notification (1) Name of Building Owner/Operator (2) 10 12 / 17 (Page 2 of 3) Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment #2 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Passsaic County Courthouse Annex Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 63 Hamilton Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paterson County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor _ / __ ____1___1 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _AM-____PM/___PM-__AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 if≥160 sf or ≥260 if ☐ Renovation ☐ Mini-Enclosure ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Remova Encapsulate Enclosure 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 П Ground, 1st, 2nd and 3rd Floors DC Plaster Debris 550 SF X 1 П Ground, 1st, 2nd and 3rd Floors П X Suspended Ceilings w/ACM debris 15,500 SF X Ground, 1st, 2nd, 3rd Floors & Attic X **Duct Insulation** 1,210 SF X П Ground, 1st, 2nd and 3rd Fl-Chases X П **Duct Seem Tape** 8 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste City, State Disposal Date City, State

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

Signature

Date

Completed By (Print or Type)

Title

Date of Notification (1)					Name	of Buildin	ng Own	ner/Operator ((2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W.	1	1-6	918
10 /	12 /	17						•	(Page 3 of 3)	ļ				
Agencies Notified	Type Notific	ation			Street	Address	-				ASSCT	77.5	1.151	FROL
⊠ EPA	Initial									En they wanted			i agrandi. Garaga ay	ia) pr manachtain mart
☑ DOLWD ☑ DHSS	Amender Amendm				City, 8	State, Zip (Code							
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(NJAC 5:23-8)	justificati		adirig		Name	of Contac	ct			Telephone I	Vumber		-	
	☐ Cancella	tion						:						
Nome of Egality Miles A		- 11 -	71		FA	CILITY IN	VFOR	MATION						
Name of Facility Where A									Type of Facility					
Passsaic County Co	ourmouse /	Annex	Build	ling					School (K-12 Subchapter 8	2) R (Othor than 1	(40)			
Street Address									Other (i.e., p	rivate and con	imercial	buildi	ias.	
63 Hamilton Street								,	homes, etc.)	<u> </u>			٠.	
City (5)									Square Feet	# of Floors		Bldg.	Age	
Paterson														
County (6)					Cour	ity Code (7	7)(STAT	E USE ONLY)	Current Use (Pri	ior if being der	nolished)		
Name of Monitoring Firm	Hired by Build	ding Ow	mer (8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)					
Street Address				_			-							
Olioci Addices							Street	et Address						
City, State, Zip Code							City,	State, Zip Co	ode			-	ate	
Project Manager for Moni	torina Eirm		- 1	Tolo	phone	No	Tolor	nhana Ata		111 01				
rojectiviatinger for types	toling rillit			1 616	priorie	NO.	i ele	phone No.		License No	٠.			
Start Date (10)		Schedul					Nam	e of OSHA M	lonitor		-	-		
			_ / .		_ / _									
Occupancy Status During							Stree	et Address				-		
☐ Facility Closed/Vacate	d During Entir	re Perio	d of Al	bater	nent									
Abatement Performed Time of Abatement:	Outside of No	ormal Fa	acility .	Houn	s - Des AM	cribe	City,	State, Zip Co	ode		7-72			_
Scope of Work (Check all							<u></u>	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2						
			_						ainment with Neg	jative Pressure	à			İ
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rend					☐ Mini-Encl						1
			7 Dell	Ollido	11			☐ Non-Exer	mpted (*) and No	n-Friable Proc	edure			
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Location (Asbestos-Containing N		n	Used			Acho		Description of containing Mar		Amount	-	7 7	m	m
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Ground and 1st Floor	s (Exterior)] [1	X		Window	v/Doo	r/Louver C	aulk	210 LE	: [2			
Name of Registered Wast	e Hauler				JDEP V auler ID		Cubic Wast	c Yards of te	Name of Regis	tered Landfill				
City, State							Disno	osal Date	City, State					-
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Completed By (Print or Ty	ne)	Title						Cinnolus			D.			
ormproted by training Ty	Po)	1166						Signature			Date			1
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Date of Notification (1)					Name	of Buildin	ig Ov	vner/Operator	(2)		MAY	-	7-2	018	- 11
12 /	22 /	17						aic (Page		land free					G. H.
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	Cancella				An	drew Tho	omp	son		(973) 881					
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Name of Facility Where A									Type of Facility	(4)			_		
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Street Address							241		Subchapter 6	3 (Other than I	K-12)		:1-01	_	
63 Hamilton Street									homes, etc.)	IVACE AND CON	imercia	ıı ou	liaing	5,	
City (5)									Square Feet	# of Floors		Blo	lg. A	ge	_
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Name of Monitoring Firm I	Hired by Buil	ding O	wner (i	8)	ASCM	No.	Na	me of Abatem	ent Contractor (9)				-		
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Street Address	PARITICIS-XITTERS CAND						Str	eet Address	-x				25.00		
300 Kimball Drive							2	? Henderson	Drive						
City, State, Zip Code							Cit	y, State, Zip C	ode						
Parsippany, NJ 0705		nide un dece					V	Vest Caldwe	II, NJ 07006						
Project Manager for Monit	oring Firm			Tele	phone	No.	Tel	ephone No.		License No).				
Vijay Patel			Anna ann an an an		The state of the state of	0-4900	(973) 808-161	6	00411					
Start Date (10)					tion Da			me of OSHA N							
10 /23 / _					3_/	18	S	Superior Aba	tement Inc						
Occupancy Status During							Str	eet Address							
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≥160 sf or ≥260 lf		I] Den	noliti	on			☐ Glovebag	p Procedure mpted (*) and Nor	n Edeble Deser					
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Asbestos-Containing M		1)			ely by ince/			Containing Ma	terial (ACM)	Amount		Removal	Repair	Enc	Enclosure
TO BE ABAT IN Facility					Staff?	(i.e		mal systems surfacing, VAT,		(Specify SF or LF)		200	<u>air</u>	sqs	SOSI
(13)		-		(12)				her miscellane		Of ULLY		<u>m</u>		Encapsulate	6
		-	Yes	No	N/A									0	
Ground, 1st, 2nd, 3rd			-	×		Pipe Ins	sula	tion		1,553 LF	= [X			
Ground, 1st, 2nd, 3rd	Floors & A	ttic		\boxtimes		Pipe Jo	int I	nsulation		826 EA	1 /	X			
Ground, 1st, 2nd and	3rd Floors			×		Wall an	d Ce	eiling Plaste	r	41,793 SI	F	X			
Ground, 1st, 2nd and 3	3rd Floors			\boxtimes		Plaster	Skir	m Coat		1,030 SF	: [X			
Name of Registered Waste				1000	JDEP V		1 (1) (2)	oic Yards of	Name of Regist	tered Landfill					
Service Transport G	roup, Inc			-	lauler ID SW21		Wa:	ste 500	Minerva La	ndfill					
City, State					SPVVB I		_	posal Date	City, State						
New Castle, DE							V	arious	Waynesbur	rgh, OH					
Completed By (Print or Typ	oe)	Title	-					Signature	1 1	11	Date		-		-
Nick Petrovski		Pre	side	ıt				11/1	1/2///	hun		1_	22	-	7
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Date of Notification (1)	32			Nam	e of Buildi	ng Owner/Operator ((2)	111		MAY		7 1	018	
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Agencies Notified EPA	Type Notification Initial	1		Stree	et Address		~~~~~ <u>~~</u>	7 etter to	Phi	5¢5; 17		100		<u>. L</u>
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63 Hamilton Street							Other (i.e., p homes, etc.)	rivate	and con	nmerci	al bi	ılldin	gs,	
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Paterson							- 4	1 11	01110015		51	uy. P	Яв	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if b	peina der	molish	(be			
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Street Address		-				Street Address						-		
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Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		Lic	cense No	D.				
Start Date (10)	I Sobor	duled Co		San Da	te (11)	111 (00111111								
/		/	anpie.	/	ite (11)	Name of OSHA M	onitor							
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address					_			
☐ Facility Closed/Vacated	During Entire Pe	riod of A	bater	nent										
Abatement Performed 6 Time of Abatement: _A	Outside of Norma MPM/	FacilityPM-	Hour	s - Des _AM	cribe	Clty, State, Zip Co	de						-	
Scope of Work (Check all	that apply)		_	Virginia.								unu-o-		
≥3 sf or ≥3 lf		☐ Rer	ovatio	מור		☐ Full Conta	inment with Neg	ative	Pressure	9				
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TO BE ABAT	ED		ntenar		(i.e.	., thermal systems in	sulation,		Specify		Removal	Repair	BOL	Tolo
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		Yes	No	N/A			us)						ate	
Ground, 1st, 2nd and 3		-			Plaster	Debris			550 SF		X			
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Ground, 1st, 2nd and 3					Duct Se	em Tape			8 SF	: 1	X			
Name of Registered Waste	Hauler		250000	DEP V	Service and the service and th	Cubic Yards of Waste	Name of Regist	ered (Landfill					
City, State						Disposal Date	City, State							
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Completed By (Print or Typ	e) Title					Signature	,			Date				
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Date of Notification (1)			Nan	ne of Buildin	ng Owner/Operator	(2)	111	MAY		12	018
12 / 22	17					(Page 3 of 3)				fue	0,0
Agencies Notified Type Not ☑ EPA ☐ Initial			Stre	et Address			Acco	AT P.	3		121
☑ DOLWD ☑ Amen			City.	State, Zip	Code		(CP) resident (opposite process)		0.0	11-4-	
	dment # <u>3</u> gency (includi										
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			F	ACILITY II	NFORMATION		1		-		
Name of Facility Where Abatement	is Taking Pla	ce (3)				Type of Facility	(4)	-		-	
Passsaic County Courthous	e Annex B	uildin	9			School (K-12	2)				
Street Address						Subchapter 8	(Other than K-12 rivate and comme)	.11 .27		
63 Hamilton Street						homes, etc.)	iivate and comme	CIAI DI	uiiqin	gs,	
City (5)						Square Feet	# of Floors	IB	ldg. A	vae	
Paterson						-		-	-gi-	-50	
County (6)			Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or If being demolis	hed)			
Name of Monitoring Firm Hired by 8	uilding Owne	r (8)	ASCN	No.	Name of Abatem	ent Contractor (9)					-
Street Address					Street Address						
City, State, Zip Code											
Org, Otato, Zip Code					City, State, Zip Co	ode					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				_
					1 3.55		License No.				
Start Date (10)	Scheduled	Compl	etion D	ate (11)	Name of OSHA M	lonitor		-			
			/								
Occupancy Status During Abatemen					Street Address					_	_
☐ Facility Closed/Vacated During El ☐ Abatement Performed Outside of	ntire Period o Normal Facil	f Abate	ement	scriba	011 011 011					79.71	
Time of Abatement: _AM	PM/PI	/I	_AM	20,100	City, State, Zip Co	ede					
Scope of Work (Check all that apply)											
≥3 sf or ≥3 if	Пв		U		☐ Full Conf	ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-Enc ☐ Glovebag						
					☐ Non-Exe	mpted (*) and Nor	1-Friable Procedur	e			
1		s Loca Norma						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (AC		ed Sol	ely by	Ashe	Description o stos Containing Ma		Amount	70	70	Щ	T I
TO BE ABATED	M	aintena	ance/ Staff?		., thermal systems i	nsulation,	(Specify	Remova	Repair	Cap	ICIO
IN Facility (13)	04.	(12)			surfacing, VAT, other miscellane		SF or LF)	val	7	Encapsulate	Enclosure
	Yes	No	N/A		Outer Interestance	Jusy				ite	
1st Floor Space 1-14A		×		Woode	n Door with Core	Insulation	20 SF	×		П	F
Ground, 1st, 2nd and 3rd Floor	s 🗆	×		Floor T	ile and Mastic		17570 SF				E
Ground, 1st, 2nd and 3rd Floor	s 🛮	×		Old Ele	ctric Panel Boar	d	56 SF				
Ground and 1st Floors (Exterio	r) 🗆		10	Window	//Door/Louver Ca	aulk	210 LF	×	П	П	F
Name of Registered Waste Hauler			JDEP :		Cubic Yards of	Name of Regist					
			lauler II	D No.	Waste						
City, State					Disposal Date	City, State					
Completed By (Print or Type)	Title				l Cinnai						
- surprises by the title of Type)	1100				Signature		Dat	9			
SR-41											
ASB-41 MAY 11	* Do no	fuee #	de form	for ashort	ns licensure evern	ind notivities					

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Date of Notification (1)					1.51	45.00			THE MA	11		.U10	
01 /	16 /	42					g Owner/Operator		Manager Annual Philosophy (1974)				i
Agencies Notified							assalc (Page	1 of 3)	AGEES	STOD !	JON	TEO	L.&
Agencies Notified ☑ EPA	Type Notific	ation				Address			Part State Control of			errores e	
☑ DOLWD	Amende	d				Grand S							
☑ DHSS	Amendm					State, Zip (
☐ DCA (NJAC 5:23-8)	☐ Emerger	icy (Inc	duding			erson, N							
(1407/0 0.20-0)	justificati Cancella					of Contac	170		Telephone Num				
	- Gartoona					drew Tho			(973) 881-44	424			
Name of Facility Where A	Ahatement le	Takina	Plana	2)	FA	CILITY IN	IFORMATION						
Passsaic County C	ourthouse	Anna	Page ((S)				Type of Facility	2 (1 f) (1				
Street Address		ruiii62	r meille	ang				School (K-12	!) 8 (Other than K-12	2)			
63 Hamilton Street								Other (l.e., p	rivate and comme	rcial bu	ilding	js,	
City (5)		-						homes, etc.)					
Paterson								Square Feet 40,000	# of Floors		dg. A	-	
County (6)		700			Cour	nty Code (7)(STATE USE ONLY)				127	yrs	
Passaic						-y 2020 ()	Now Took Office)	Vacant	or if being demoli	sned)			
Name of Monitoring Firm	Hired by Buil	ding O	wner (8) [ASCM	No.	Name of Abatem	ent Contractor (9)					
Langan					9000	99	Superior Aba						
Street Address	**						Street Address						_
300 Kimball Drive						5	2 Henderson	Drive					
City, State, Zip Code	. 10						City, State, Zip C	ode					
Parsippany, NJ 070							West Caldwe	II, NJ 07006					
Project Manager for Mon	itoring Firm				phone		Telephone No.		License No.			-	-
Vijay Patel						0-4900	(973) 808-161		00411				
Start Date (10)						te (11)	Name of OSHA N						
10 / 23 /					_ ' -	18_	Superior Aba	itement inc					
Occupancy Status During					COMMONEY		Street Address						
☑ Facility Closed/Vacate ☐ Abatement Performed	o During Enti Cutcide of M	re Peri	od of A	batei	ment		2 Henderson						
Time of Abatement:	AM- Pi	M M	PM-	пои	S - Des AM	cnoe	City, State, Zlp Co						
Scope of Work (Check all					-0.		West Caldwe	II, NJ 07006					
Service Servic	mat apply)						X Full Con	tainment with Neg	saffue Drescure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Ren Derr	ovati	on		☐ Mini-End	losure	Jauve Flessule				
			Den	Ollac	n		∐ Gloveba	g Procedure	n-Friable Procedu	100			
			ls L	ocat	ion	Γ		inplica () and red	II- Habie Flocedo		atem	ont T	
Location Ashestos Containing		.	No Used	Solo		١	Description of			-		-	T
Asbestos-Containing TO BE ABA		1)	Mair	itena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	nca	nck
IN Facili	ty			dlal (12)	Staff?	(surfacing, VAT	, or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		1	Yes	No	I N/A	1	other miscellane	ous)				late	0
Ground, 1st, 2nd, 3rd	Floors & A	ttic		X		Dine in	sulation		4 550 1 5				-
Ground, 1st, 2nd, 3rd			-			-	Int Insulation		1,553 LF 826 EA				
Ground, 1st, 2nd and			_			<u> </u>	d Ceiling Plasta	r	41,793 SF	-			片
Ground, 1st, 2nd and				X		-	Skim Coat						닏
Name of Registered Was					JDEP V	L	Cubic Yards of	Name of Regis	1,030 SF			Ш	Ш
Service Transport (100	auler II	No.	Waste	Minerva La					
City, State			77.3		SW21	11	1500 Disposal Date	City, State					
New Castle, DE							Various	Waynesbu	rgh. OH				
Completed By (Print or Ty	ype)	Title					Signature	1 - 1		ate /		,	
Nick Petrovski		Pro	esider	rt			In. h	W. Thath		1//	61	12	
ASD 44					discountries		11/11/11/11	10-1168 6 C	1	. 1 .	W /	10	

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MAY	- /	2018	

Date of Notification (1)				Name	of Bulldin	g Owner/Operator (2)	The least	2017-11	-	2010	- A
	16 /	18					-/ (Page 2 of	3)	MEST.31	71.55		
Agencies Notified ☑ EPA ☑ DOLWD	Type Notificatio ☐ Initial ☐ Amended	n			Address						1 (01.) 	h. 0:
⊠ DHSS	Amendment	#4		City, S	State, Zip (Code '						
☐ DCA	☐ Emergency	_ (including										
(NJAC 5:23-8)	justification) Cancellation			Name	of Contac	t		Telephone N	lumber			-
			-	-								
Name of Facility Where A	hatement is Tob	na Place	(2)	FA	SILITY IN	IFORMATION						
Passsalc County C							Type of Facility (551,51				
Street Address	Out thought Mil	FOX LIGHT	anns				School (K-12) Subchapter 8) (Other than K	(-12)			
63 Hamilton Street							Other (i.e., pr	ivate and com	mercial bu	uilding	s,	
City (5)			_				homes, etc.) Square Feet	# of Floors	I DI	de A		
Paterson							Oquare i oct	# UI FIOUIS	Di	dg. A	ge	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prid) or if being dem	nolished)		7W 25	
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.	Name of Abatems	ent Contractor (9)		-			_
Street Address						Street Address						\dashv
City, State, Zip Code												- 1
5.ty, 5tate, 21p 650e						City, State, Zip Co	ode					
Project Manager for Moni	toring Firm		Tele	phone l	No.	Telephone No.		License No.				-
Start Date (10)	Sch	eduled Co	mple	tion Dal	te (11)	Name of OSHA M	lenitor					-
		/		/ _								
Occupancy Status During				-		Street Address						
☐ Facility Closed/Vacate												1
Abatement Performed Time of Abatement: _	Outside of Norm AMPM/_	al Facility PM-	Hou	rs - Des _AM	cribe	City, State, Zip Co	ode					
Scope of Work (Check all	that apply)			All Property and the Control of the								-
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if		☐ Rei				☐ Full Cont ☐ Mini-End ☐ Glovebag		ative Pressure)			
						☐ Non-Exe	mpted (*) and Nor	n-Friable Proce	edure			
Location	of		Loca Ioma			Description o			Ak	atem	ent T	уре
Asbestos-Containing	Material (ACM)			ely by ince/	Asbe	stos Containing Ma	terial (ACM)	Amount	Re	Repair	En	田田
TO BE ABA				staff?	(i.e	., thermal systems i surfacing, VAT,	insulation,	(Specify	Remova	Dair	Sabs	Enclosure
(13)	· /		(12)	7		other miscellane	ous)	SF or LF)	<u>D0</u>		Encapsulate	ure
Ground, 1st, 2nd and	3rd Floors	Yes	No	N/A	Plaster	Debrie		550 SF	- 101		0	
Ground, 1st, 2nd and				16-		ided Cellings w/	ACM debrie	15,500 SI				
Ground, 1st, 2nd, 3rd						sulation	MONI GODIN	1,210 SF				
Ground, 1st, 2nd and					Duct Se	em Tape		8 SF				
Name of Registered Was			-	JDEP V		Cubic Yards of	Name of Regist				ᆜ	띡
			1000	lauler ID		Waste	1	eres serium				
City, State						Disposal Date	City, State					-
							1,,					
Completed By (Print or Ty	/pe) T	file				. Signature	1		Date			
ASR-41									L			

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MAY - / 2018

Date of Notification (1)			T	Name o	of Building	Own	er/Operator (2	2)		-				
	16 / 18						•	(Page 3 of 3)		332	176			 201
Agencies Notified EPA	Type Notification Initial			Street /	Address				hr	-4-1			1	
☑ DOLWD ☑ DHSS	Amended Amendment #4		Ī	City, St	ate, Zip C	ode								-
□ DCA	Emergency (inc													
(NJAC 5:23-8)	justification) Cancellation	naan iy		Name	of Contact				Telephone Nu	mber				
				FAC	ILITY IN	FOR	MATION				-			_
Name of Facility Where A	Abatement is Taking	Place	(3)		4-00 0 0 04 01	-	11014	Type of Facility (4)					
Passsalc County C								School (K-12)					
Street Address								Subchapter 8	(Other than K-	12)	4 5 !!.	-1*		
63 Hamilton Street								Other (i.e., pr homes, stc.)	ivate and comi	nercia	ii Dulii	aings	5,	
City (5)	-700							Square Feet	# of Floors		Bldg	g. Ag	9	
Paterson														
County (6)				Count	ly Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being demo	olishe	d)			
Name of Monitoring Firm	Hired by Building C	wner (8	3) /	ASCM P	No.	Nam	ne of Abateme	ent Contractor (9)	I.					
Street Address						Stre	et Address							
City, State, Zip Code						City,	, State, Zip Co	ode						
Project Manager for Mon	itoring Firm		Tele	phone i	No.	Tele	phone No.		License No.	8				
Start Date (10)	Sched					Nam	ne of OSHA N	lonitor						
Occupancy Status Durin						Stre	et Address		4.010				-	
☐ Facility Closed/Vacat					_									
Abatement Performer Time of Abatement:					cribe	City,	, State, Zip Co	ode						
Scope of Work (Check a	Il that apply)					I								011
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Re					☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No						
		ls	Locat	ion	1		LI MONETAGE	impled () and 140	THE HOUSE FIGURE	Judic	Aha	teme	ent T	vne
Location	THE PARTY OF THE P		lorma d Sole				Description of			+				1
Asbestos-Containing TO BE AB			u sue intena		Asbe	stos (Containing Ma mal systems	aterial (ACM)	Amount (Specify		eme	Repair	nca	nck
IN Faci	lity	Cust		Staff?	(1.0	S	urfacing, VAT	, or	SF or LF)		Removal	7	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		oth	ner miscellane	eous)					ate	9
1st Floor Space 1-14	IA .		X		Woode	n Do	or with Cor	e Insulation	20 SF		\boxtimes			
Ground, 1st, 2nd an	d 3rd Floors		×		Floor T	ile a	nd Mastic		17570 SF	=	\boxtimes			
Ground, 1st, 2nd an	d 3rd Floors				Old Ele	ctric	Panel Boa	rd	56 SF	3	\boxtimes			
Ground and 1st Floo			×				or/Louver (Caulk	210 LF		\boxtimes			
Name of Registered Wa	ste Hauler			IJDEP \ lauler lû		Cub	oic Yards of ste	Name of Regis	stered Landfill					
City, State						Disp	posal Date	City, State	***************************************					
Completed By (Print or	Type) Title	9					Signature			Date	9			
ACD 44														

Date of Notification (1)			1	Vame o	f Building	Owner/Operator (2	2)	MAY	aun.	1-21) i8	\neg
02 / 15	/18			Coul	nty of Pa	ssalc (Page 1	of 3)				- 22	
	e Notification Initial		1		Address Grand St	reet		ASSES:	OO A Gizir		.KA	. 24,
	Amended		-	Cltv. St	ate, Zip Co	ode		PHONE STATE		710		-
	Amendment # <u>5</u>	-			rson, NJ							
	Emergency (in-	cluding	h		of Contact			Telephone Numbe	er .			\dashv
	Cancellation				rew Thor	noson		(973) 881-442				
						FORMATION		(0.0) 00.				\dashv
Name of Facility Where Abate	ment is Taking	Place ((3)				Type of Facility (4	1)			m Solitable	\neg
Passsaic County Court	house Anne	x Build	ing				School (K-12)					
Street Address							Subchapter 8	(Other than K-12)	al bui	dines	60	
63 Hamilton Street							homes, etc.)	vate and commerc	al bui	aings	,	
City (5)							Square Feet	# of Floors	Bld	g. Ag	е	
Paterson							40,000	4	1	27 y	rs	
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolish	ed)			
Passsaic							Vacant					
Name of Monitoring Firm Hire	d by Building (Wner (8	3) A	SCM N	lo.	Name of Abateme	ent Contractor (9)					
Langan		_00		00099	9	Superior Aba	itement Inc					
Street Address						Street Address						
300 Kimball Drive						2 Henderson	Drive	en la ser museo et e nestrant e con e				
City, State, Zip Code						City, State, Zip Co	ode					
Parsippany, NJ 07054						West Caldwe	ii, NJ 07006					
Project Manager for Monitorin	ig Firm			hone N		Telephone No.		License No.				
Vijay Patel					-4900	(973) 808-161		00411				
Start Date (10)	Land to the second	luled Co				Name of OSHA N						
10 / 23 / 1	7 0)5_ /		_ ' -	18	Superior Aba	itement Inc					
Occupancy Status During Ab						Street Address						
☐ Facility Closed/Vacated D						2 Henderson						
Abatement Performed Out Time of Abatement: _AM-					onbe	City, State, Zip C						
		1 141	-	-7 (10)		West Caldwe	ill, NJ 07006					
Scope of Work (Check all that	t apply)					⊠ Full Con	tainment with Neg	ative Pressure				- 1
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-End	closure	duvo i roscuro				
≥160 sf or ≥260 lf		☐ De	molitio	n			g Procedure	n-Friable Procedure	9			
		le	Locati	07	Ī	LI NOTE-EXC	stipted () and 140i	I-I Habie i Tocedui	-	ateme	om (T)	une
Location of		N	lormal	ly		Description of	of			_		
Asbestos-Containing Mate			d Sole			stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATES	<u>D</u>		odial S		(1.6	., thermal systems surfacing, VAT		(Specify SF or LF)	BAO	=	nsdı	unsc
(13)		_	(12)		ļ	other miscellane			-		late	G)
		Yes	No	N/A					-	_	_	
Ground, 1st, 2nd, 3rd Fl	oors & Attic		×			sulation		1,553 LF		므		
Ground, 1st, 2nd, 3rd Fl	oors & Attic		X		-	int Insulation		826 EA	×		Ш	빌
Ground, 1st, 2nd and 3r	d Floors		\boxtimes		Wall an	d Celling Plaste	er	41,793 SF	×	Ш		빋
Ground, 1st, 2nd and 3rd			\boxtimes		Plaster	Skim Coat		1,030 SF	X		Ш	
Name of Registered Waste H			1,705	JDEP \		Cubic Yards of Waste	Name of Regis					
Service Transport Gro	up, Inc			auler II SW21		1500	Minerva La	andfill		77.039		
City, State						Disposal Date	City, State	TO VALUE OF THE REAL PROPERTY.				
New Castle, DE						Various	Waynesbu	rgh, OH				
Completed By (Print or Type) Tit	le				Signature	1111	Da	te	1	1	· n
Nick Petrovski	1	reside	ent			JANA M	M. Anth		21	15	-//	1

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Date of Notification (1)	15_ / _ 18	_		Name of	F Building (Owner/	Operator (2	(Page 2 of 3	M A		20	10	
Agencies Notified EPA	Type Notification Initial			Street A	ddress		· ·		ASSES	TOS O		VOL.	&
☑ DOLWD ☑ DHSS	Amended Amendment #5		Ī	City, Sta	ate, Zip Co	de		akkinga gipan kaganda pada kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan kanan					
☐ DCA (NJAC 5:23-8)	☐ Emergency (including justification) ☐ Cancellation	uding	l	Name o	f Contact		AND THE WATER OF		Telephone Num	ber			
	1-			FACI	LITY INF	ORM	ATION						
Name of Facility Where	Abatement is Taking F	Place (3)					Type of Facility (4	1)	-			
Passsalc County C	Courthouse Annex	Build	ing					School (K-12)					
Street Address			200					☐ Subchapter 8	(Other than K-1)	2) ercial bui	dinas		
63 Hamilton Street	t							homes, etc.)	ato bing commi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City (5)					- Anna Anna anna anna anna anna anna ann	_		Square Feet	# of Floors	Bld	g. Age	9	
Paterson											-	77	
County (6)				County	y Code (7)(STATE	USE ONLY)	Current Use (Prio	r if being demol	ished)			
Name of Monitoring Firm	n Hired by Building Ov	vner (8) /	ASCM N	lo.	Name	of Abateme	ent Contractor (9)					
Street Address				-		Street	Address					1041-00 17	\neg
City, State, Zip Code						City, S	State, Zip C	ode					
Project Manager for Mo	nitoring Firm		Tele	phone N	lo.	Telep	hone No.		License No.				
Start Date (10)	Schedu /			tion Dat	2000000000000	Name	of OSHA N	Monitor					
Occupancy Status Duri						Stree	t Address						
☐ Facility Closed/Vaca				ment									
☐ Abatement Performe Time of Abatement:	ed Outside of Normal I _AMPM/	Facility PM-	Hou	s - Desc _AM	cribe	City,	State, Zip C	ode					
Scope of Work (Check	all that apply)					L	☐ Full Cor	ntainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if		☐ Rei	novat molitic	ion on			☐ Mini-En			dure			
		ls	Loca	tion							atem	ent T	уре
Location Asbestos-Containin TO BE AI IN Far	ng Material (ACM) BATED cility	Use Ma	intena	ely by ance/ Staff?		stos C ., then su		aterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13	5)	Yes	No	N/A		out	or rendoonar					0	
Ground, 1st, 2nd a	nd 3rd Floors		×		Plaster	Debr	is		550 SF		+		
Ground, 1st, 2nd a	nd 3rd Floors		×		Susper	rded (Cellings w	//ACM debris	15,500 SF		10		
Ground, 1st, 2nd, 3	3rd Floors & Attic		\boxtimes		Duct In	7.50			1,210 SF		-		唱
Ground, 1st, 2nd a	nd 3rd FI-Chases		X		Duct S				8 SF				
Name of Registered W	/aste Hauler		4.0	NJDEP I Hauler II		Was	ic Yards of te	Name of Regis	stered Landfill				
City, State						Disp	osal Date	City, State					
Completed D. (Park)	r Type) Title	9					Signature			Date			
Completed By (Print o	Title	o .					2.51.0.010						

Date of Notification (1)		P	Vame of	Building C	wner/Operato	r (2)			MAT	1	ZU10	'
	8					(Page 3 of 3)					
Agencies Notified	1	5	Street A	ddress				A.C.	SESTIONS LICE	CO		H. B.
☑ DOLWD ☑ DHSS ☑ Amended Arnendment:		(Clty, Sta	ite, Zip Coo	de			***************************************				
□ DCA □ Emergency (justification) □ Cancellation	_	1	Name of	f Contact				Telephone Num	nber			
			FACI	LITY INFO	ORMATION							
Name of Facility Where Abatement is Taki	ng Place (3	3)	_			T	Type of Facility (4	4)				
Passsaic County Courthouse Ann	nex Build	ing					School (K-12)		c \			
Street Address					- MARINE STATE OF THE STATE OF	7	Subchapter 8 Other (i.e., pri	(Other than K-1)	2) ercial buil	dings		
63 Hamilton Street						"	homes, etc.)					
City (5)			-			S	Square Feet	# of Floors	Bld	g. Age	3	
Paterson												
County (6)			County	/ Code (7)(5	STATE USE ONL	y) C	Current Use (Pric	or if being demol	ished)			
Name of Monitoring Firm Hired by Building	g Owner (8) <i>F</i>	SCM N	lo.	Name of Abat	emen	t Contractor (9)					
Street Address				1	Street Addres	3				. 15		
City, State, Zip Code					City, State, Zij	Cod	de					
Project Manager for Monitoring Firm		Tele	phone N	lo.	Telephone No			License No.				
C(-1 D-1-140) Col	reduled Co	mnlei	lion Date	2 (11)	Name of OSH	A Mo	mitor					\dashv
Start Date (10) Sch					rialitie of oo.							
Occupancy Status During Abatement (Ch					Street Addres	S						
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norm	nal Facility	Hour	s - Desc	cribe	Clty, State, Zi	р Сос	de			-		\dashv
Time of Abatement: _AMPM/_	PM-		_AM							22-1100-111		_
Scope of Work (Check all that apply)					☐ Full	Conta	ainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	☐ Rer	novati nolitic	on on		☐ Mini- ☐ Glov	ebao	osure Procedure npted (*) and No	n-Friable Proce	dure			
	ls	Local	don							atemo	ent Ty	/pe
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Mai	ntena	ely by ince/ Staff?	Asbes (i.e.	Descript stos Containing , thermal system surfacing, other misce	Matems in VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A						_		(D	
1st Floor Space 1-14A		×					e Insulation	20 SF				
Ground, 1st, 2nd and 3rd Floors		Ø		Floor Ti	le and Mast	ic		17570 SF		10	닏	
Ground, 1st, 2nd and 3rd Floors		×			ctric Panel I			56 SF				
Ground and 1st Floors (Exterior)		\boxtimes			//Door/Louv			210 LF				
Name of Registered Waste Hauler		100	VJDEP V Hauler II		Cubic Yards Waste	Οĩ	Name of regi	stered Landfill				
City, State					Disposal Dat	е	City, State					
Completed By (Print or Type)	Title				Signatu	re			Date			

Date of Notification (1)					1			117		MAY -	. 7 2	018		11/	11
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Name of Monitoring Firm H	ired by Build	ding (Owner (8)	ASCM	No.	Name of Abateme	ent Contractor	(9)						
Langan					0009	99	Superior Aba	tement inc							
Street Address	()						Street Address								
300 Kimball Drive							2 Henderson	Drive							
City, State, Zip Code							City, State, Zip Co	de						-	
Parsippany, NJ 07054							West Caldwe	II, NJ 07006							
Project Manager for Monito	ring Firm		-	Tel	phone	No.	Telephone No.			Licerise No).				
Vijay Patel				(5	73) 56	0-4900	(973) 808-161	6		00411					
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Project Manager for Monitor	ring Firm		Tel	ephone	No.	Telephone No.		License No.				
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TI I COUNTY CHOSCUT AGOSTOR I	During Entire F	eriod of	Abate	ment								
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Date of Notification (1)					Nam	e of Buildir	ng On	wner/Operator	(2)	- MAY	= / 2	918		4	
03 /	12 /	18							(Page 3 of	3)			4		
Agencies Notified EPA DOLWD	Type Notific Initial Amende					Street Address City, State, Zip Code									
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63 Hamilton Street									Other (i.e. homes, et	, private and co	mmercial	bulld	ings,		
City (5)									Square Feet	# of Floor	s	Bldg.	Age		
Paterson					(5										
County (6)					Cour	ity Code (i	7)(ST/	ATE USE ONLY)	Current Use (Prior If being de	molished)	1000		
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor ((9)					
Street Address					L		Str	reet Address							
City, State, Zip Code					***************************************		Cit	y, State, Zip Co	ode						
Project Manager for Monit	oring Firm			Tel	ephone	No.	Tel	ephone No.		License N	0.				
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Na	me of OSHA N	lonitor						
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☐ Facility Closed/Vacated															
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Location of Asbestos-Containing M		n l	Use		ely by	Acho	etne	Description o Containing Mar		A	-	1		1	
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IN Facility (13)			0000	(12)				surfacing, VAT, her miscellane		SF or LF	7) 2	-	SUL	ame	
			Yes	No	N/A				-				6		
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Ground, 1st, 2nd and 3			×		Floor Ti	ile a	nd Mastic		17570 S	FE					
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Date of Notification (1) Name of Building Owner/Operator (2)										7	2018		
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Agencies Notified	Type Notifica	ation			Street	Address			えるうごうべい	FARE!	TA.	. 4	-2-et üleses
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					FAC	CILITY IN	FORMATION		(0.0)		-		-
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63 Hamilton Street								□ Other (i.e., property) homes, etc.)	rivate and comme	rcial bu	ildings	5,	
City (5)								Square Feet	# of Floors	Blo	ig. Ag	е	
Paterson								40,000	4		127 y	rs	
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Name of Monitoring Firm	Hired by Build	ling O	wner (8	3)	ASCM	No.	Name of Abateme	ent Confractor (9)		M 1			
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300 Kimball Drive							2 Henderson	Drive					- 1
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Parsippany, NJ 070	54						West Caldwe	II, NJ 07006					
Project Manager for Monli	toring Firm			Tel	ephone	No.	Telephone No.		License No.		-		
Project Manager for Monitoring Firm Vijay Patel Start Date (10) Scheduled Con					973) 56	0-4900	(973) 808-161	6	00411				
Start Date (10) Scheduled Comp							Name of OSHA M	lonitor					
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Scope of Work (Check all							West Caldwe	II, NJ 07006					_
	arat appriyy							ainment with Neg	ative Pressure				
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Name of Registered Wast	te Hauler			175	VJDEP !		Cubic Yards of	Name of Regis	tered Landfill				
Service Transport 6	Froup, Inc				lauler II SW21		Waste 1500	Minerva La	ındfill				
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Agencies Notified Type Notification ☑ EPA ☐ Initial		-			tuin an	ner/Operator ((Page 2 of	2)		34.5	118	
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				☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial but homes, etc.)								
City (5)				_			Square Feet	# of Floors	В	ldg.	Age	-
Paterson												
County (6)			Cor	unty Co	ode (7)(STA	ATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	l No.	Na	me of Abateme	ent Contractor (9)					
Street Address					Str	eet Address						
City, State, Zip Code					Cit	y, State, Zip Co	ode	•		2000		
Project Manager for Monitoring Firm		Tel	lephon	e No.	Te	Telephone No. License No.						
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						☐ Mini-End	ainment with Neg losure g Procedure mpted (*) and No					
		T						bate	ment 7	Гуре		
					Acheetos	Description of Containing Ma		Amount	2	7	e l g	m
TO BE ABATED				,	(i.e., the	ermal systems	insulation,	(Specify	Kemova	Vahan	Encapsulate	Enclosure
	Cusi	(12				surfacing, VAT ther miscellane		SF or LF)	a		sulai	ure
	Yes	No	N/	A							0	
Ground, 1st, 2nd and 3rd Floors		\boxtimes		Pla	aster Del	bris		550 SF				
Ground, 1st, 2nd and 3rd Floors		×		Su	spended	d Ceilings w	ACM debris	15,500 SI	F 🗵			
Ground, 1st, 2nd, 3rd Floors & Attle		Du	ct Insula	ation		1,210 SF						
Ground, 1st, 2nd and 3rd Fi-Chases		\boxtimes		Du	ct Seem	Таре		8 SF				
Name of Registered Waste Hauler		- 1	NJDE! Hauler		100000	bic Yards of aste	Name of Regis	stered Landfill				
City, State					Dis	sposal Date	City, State					
Completed By (Print or Type)	tle					Signature			Date			

Date of Notification (1)					Name	of Building	Owr	ner/Operator (2)	MAY	- / 7	3102		9.1			
03/	03 /12 /18						(Page 3 of 3)										
Agencies Notified							Street Address										
⊠ EPA	☐ Initial																
⊠ DOLWD	☑ Amended				City, S	tate, Zip C	ode			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				-			
☑ DHSS ☐ DCA	Amendme																
(NJAC 5:23-8)	justificatio		auung		Name	of Contact				Telephone N	umber	17000					
	☐ Cancellati	on															
					FAC	ILITY IN	FOR	MATION		-							
Name of Facility Where A				CITATION					Type of Facility	(4)							
Passsalc County C	ourthouse A	nne	x Buil	ding	10 27 				School (K-12	!)	40)						
Street Address									☐ Subchapter 8 ☐ Other (i.e., p	o (Omer than K	-12) mercial b	uildi	ias.				
63 Hamilton Street									homes, etc.)				3-1				
City (5)									Square Feet	# of Floors	E	ldg.	Age				
Paterson																	
County (6)		30,000			Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished)						
Name of Monitoring Firm Hired by Building Owner (8)					ASCM	No.	Nan	ne of Abateme	ent Contractor (9)			-					
Street Address	-						Stre	et Address									
City, State, Zip Code							City	, State, Zip Co	ode		icense No.						
Project Manager for Mon	Itoring Firm	3,1		Tele	phone l	No.	Tele	ephone No.		License No.		-					
Start Date (10)	S	ched	uled C	omple	tion Dat	te (11)	Nan	ne of OSHA N	lonitor				-				
		-	/		/ _												
Occupancy Status During							Stre	et Address									
☐ Facility Closed/Vacate																	
Abatement Performed Time of Abatement:						cribe	City	, State, Zip Co	ode								
Scope of Work (Check al	I that apply)				-					9724 +2020							
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			☐ Re														
			Is	Loca	tion				Abatement Typ								
Location				loma				Description of			-						
Asbestos-Containing TO BE ABA)						Containing Ma mal systems		Amount (Specify	Kemovai	Velori	Encapsulate	Enclosure			
IN Facil			Cus			(1.0	S	surfacing, VAT	, or	SF or LF)	IBAC	. =	nsd	SUL			
(13)			Yes	(12) No	N/A		oti	her miscellane	ous)	10 - 10 da 9 (late	0			
1st Floor Space 1-14	A			×		Woode	n Do	or with Cor	e Insulation	20 SI	= 🗵	3 [
Ground, 1st, 2nd and	d 3rd Floors	Used Sol Mainten Custodial (12 Yes No			Floor T	ile a	nd Mastic		17570 SF	= 🗵							
Ground, 1st, 2nd and	3rd Floors	Yes No Yes No Floors				Old Ele	ctric	; Panel Boar	rd	56 SF	= 🗵						
Ground, 1st, 2nd and 3rd Floors				\boxtimes		Windov	v/Do	or/Louver C	aulk	210 LF	- 2						
					UDEP \	Vaste	Cub	olc Yards of	Name of Regis	stered Landfill							
870				1	lauler II	No.	Wa	ste									
City, State							Dis	posal Date	City, State								
11																	
Completed By (Print or T	ype)	Title				5		Signature	Date								
		1										_					

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Section 2	Grandal S. (12)		The Party of the P	r Wat no	deniione.	Anna Spoty Fals	SUMPLE ANTHONY	Major	ICHOTHE	CANDODAL .
KITCHEA)	Yes No	MA I			i en Applicant		Will Suntratur	St. of St.	diam's	BL William
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