1008

PATD

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

Check#1008

* not use this form for asbestos licensure exempted activities.

Date of Notification (1)			Name o	of Building	Owner/0	Operator	r (2)		1116		4	11)	
05/02/2018				rd Walla											
Agencies Notified Type Notification			Street A	Address						F23	0	(2)	7 11	ЛГ	P 7
EPA X Initial Amended		-	City St	ate, Zip C	odo				111	E	C	E	11 \	y l	
DEP Amended Amendment	#	_	2000	ord, NJ					113						2
Emergency (justification)	including	-		of Contact				<u> </u>	III Te	ephone	e/Múr	nber	8 20)18	
DCA Cancellation			Edwa	rd Walla	ace				11111	1.1	MILL		~ L	,,,	he
Name of Facility Where Abatement is Taking	n Place (3)		FAC	ILITY INF	ORMATI	ON	Tunn	-4 Filib.		L		10.00	• C+ 17		
Residential Property	y Flace (5)	W.					_	of Facility	2	ASE	ieb. L	CEN	CN SING	HUL	, Ct.
Street Address					7			School (K- Subchapter	8 (Oth	er than	K-12	2)	a) traction wi	nes-west	MAN
								Other (i.e. petc.)	orivate	& comr	nerci	al buil	dings	hom	es,
City (5)							Squa	re Feet	# 0	f Floors	S	E	Bldg. A	Age	
Cranford							150	24	2			- 1	1924		
County (6) Union				Code (7) USE ONLY	2		Curre	ent Use (Pri	or if be	ing den	nolish	ned)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASC			Name	of Abr	atement Cor	atractor	(0)					
y canaling t	× 11.101 (0)		7.00	W 140.				ontracting		(9)					
Street Address							Addre								
						240	South	5th Stre	et						
City, State, Zip Code								ip Code			32/2/2010				
Project Manager for Monitoring Firm			Telepho	no No				NJ, 0720	<i>)</i> 6	11	N1				
. Tojest Manager for Monitoring Firm			relepito	ne no.		Teleph 908-	906-4			Licen 0135		0.			
Start Date (10)	Scheduled	d Con	npletion	Date (11)		Name	of OSI	HA Monitor							
05/11/2018	05/18/2		33233	***		Iris E	nviro	nmental l	abor	atories	S				
Occupancy Status During Abatement (Check	Only One	e)				Street									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Al	aten	nent					te 22 We	ST						
Other – Describe: Other Occupied	ai i acility i	iours	88					ip Code , 07083							
Scope of Work (Check All That Apply)							.,	, 0, 000							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	× Re	nova	tion				Ful	II Containme	ent with	Negat	ive P	ressu	re		
≥160 sf or ≥260 lf	☐ De	molit	ion			×	Mir	ni-Enclosure ovebag Prod	•						
						×		n-Exempted	(*) an	d Non-F	riabl	e Pro	cedur	е	
		.ocati											Abate Ty		
Location of Asbestos-Containing Material (ACM)	Used	Sole		Achoo	Des tos Conta	cription		(4.044)					1 9	pe	
TO BE ABATED	Main Custo	tenar		(i.e.	thermal	systems	s insula	ation,	(5	mount specify		Re	ת	Enc	E
In Facility (13)	1047705004500	(12)				ing, VA			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									al	7	late	ıге
Basement			Х		Pine	Insula	tion		7	7 LF		X			
Basement			X			or Tile				VI - MILES					
Bacchient	-				FIC	OI THE			41	'5 SF		X			
	-														
Name of Registered Waste Hauler		NI NI	JDEP W	acto	Cubia	Vord-		Non	2		- 15				
Danvic Contracting LLC		H	auler ID		Cubic \ of Was			Name of F Fairless							
		37	574		3					Landī	111				
City, State Elizabeth, NJ					Dispos	al Date		City, State Morrisv		Δ					
Completed by	Title					gnąturę	./	IVIOITISV	le, P		Dat	ρ			_
Jeymy Donneys	Owner	6				IW/	e M	1).		,		02/2	018		
	-	_				100	V	* IA			3				



0	200	gen.	
Uri	nt	-0	rm

PA	AID			CATION	OF ASB	w Jersey SESTOS A 8:60 and	BATE		TID,E	G	EI	V			
Date of Notification (1) 05/02/2018				Name o		Owner/O	perator	(2)		uMA'L	8-200	100	Townson or the second		
Agencies Notified	Type Notification	r		Street A	ddress				1 1	1000 1	0.584	(AR)	- [1,	2	
X EPA	× Initial								AS				_	all a	
X DEP	Amended		T	City, Sta	ate, Zip Co	ode					1836	OL	&	:	
ĭ DOL	Amendmen Emergency			Bayon	ine, NJ (07002									
DOH DCA	justification Cancellation				f Contact Gibson				1.7.218.70	Telepi	hone Nun	ber			
N				FACI	ILITY INFO	ORMATIC	N								
Name of Facility Where Residence	Abatement is Takir	ng Place (3	3)					Тур	e of Facility (4)					
Street Address									School (K-1	2)		2			
Street Address								×	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Bayonne								Squ	are Feet	# of FI	loors	B 6	ldg. A	ge	
County (6) Hudson					Code (7) USE ONLY)		Curi	rent Use (Prid	or if being	demolish	ed)			
Name of Monitoring Firm A. Seine Lighthous		Owner (8)		ASCN	I No.				atement Con)				
Street Address PO Box 354				1			Street								
City, State, Zip Code									erty Avenu Zip Code	ie .					
South Orange, NJ (VJ 07205						
Project Manager for Mor Sarah Calandra	nitoring Firm			Telephor 201-34	ne No. 19-2666		Teleph 844-4			10000	icense No 1316				
Start Date (10) 05/14/2018		Schedule 05/18/2		npletion I	Date (11)	-			SHA Monitor Lighthouse	e Solutio	ons				
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street	*****							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire led Outside of Norr	Period of A	Abatem Hours	nent S		-	1.5	tate,	Zip Code						
	II The A Access						South	n Or	ange, NJ (07079					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы тпас Арріу)	The same of the sa	Renova Demolit				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	e cedure	_			\	
		la la	Locati	0.0			Bassies		On Exemples	/ / and it	WITH HADI		Abate		
Location	n of	1	Vormal	ly		Desc	cription	of					Тур	ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Ma	d Sole intenar todial S (12)	nce/		tos Conta thermal s	ining M systems ng, VA	lateria insu T, or	lation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
Basem	ent		Х			9x9 ast	pestos	tile	s	270	SF	X			
Basem	ent		X				e wra			130		X			
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic Y	'arde		Name of I	Registere	d Landfil				
Newark Carting	ACTIONIC		Н	lauler ID 4509		of Wast			V0.73.V5.25	Manage		ndfil	I		
City, State East Orange, NJ						Disposa	al Date		City, State	e rgyle, P	A				

Completed by

Alison Lamers

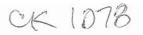
Date

05/02/2018

Signature

Title

Office Manager



PAID

Date of Notification (1)					f Building (/Operator	(2)	m	EC	; [3	M
4/30/2018					Realty L	LC		244			ESSISTENCE OF THE		* *		
Agencies Notified	Type Notification			Street A	ddress Iawhinne	y Av	e			14	AY -	8 20	118	Total Control of the	
EPA DEP	X Initial Amended		t		ate, Zip Co	•			111	. IVI	41			beed	
X DOL	Amendment		-	Hawth	orne, N.	075	06					+11-4			1
× DOH	Emergency justification)				f Contact	1990				Aelept	ione Nur	nber	HUL	Čt.	_ 1
☐ DCA	Cancellation				Realty L				1				T	MATERIAL TO	
Name of Facility Where	Abstement is Takin	a Place (2)		FACI	LITY INFO	RMA	TION	Type	of Facility (A	`		2000			
Hook Realty LLC F		y riace (5)						Туре	e of Facility (4	-					
Street Address								H	School (K-12 Subchapter 8		han K-12	2)			
122 Mawhinney Av	re							×	Other (i.e. pr				dings,	home	es,
City (5)								Squa	etc.) are Feet	# of Flo	oors	E	Bldg. A	ige	
Hawthorne													2.773	155//	
County (6)				County				Curr	ent Use (Prior	r if being	demolish	ned)			
Passaic					USE ONLY)										
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	A No.				atement Cont	757.55					
Street Address			_	1			Street		perty Main	terrance	LLC				
Sueet Address									Riper Ave						
City, State, Zip Code									Zip Code						_
557 5 87							Clifto	on, N	J 07011						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph				icense N	0.			
0, 10, 40,									9008	0	1336		-5470.74		
Start Date (10) 5/12/2018		Schedule 6/20/20		npletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street	Addre	ess						
➤ Facility Closed/Vac	ated During Entire	Period of A	baten	nent			i constant								
Abatement Perform Other – Describe:							City, S	state, z	Zip Code						
						_									
Scope of Work (Check A	III That Apply)						-	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				-		ull Containmen ini-Enclosure	nt with Ne	egative F	ressu	ire		
			CITION	uon			×	GI	lovebag Proce			1 225	8		
			v o				<u> </u>	J No	on-Exempted	(*) and N	on-Friab	le Pro	2857		
			Locat orma											ement rpe	
Location Asbestos-Containing		Used	d Sole	ely by	Asbest		escription ntaining N		al (ACM)	Amo	unt			m	
TO BE AB	ATED		ntena	nce/ Staff?		therma	al system:	s insul		(Spe	cify	Re	R	nca	Enc
In Facil			(12)				acing, VA miscellar)	SF or	LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								a	7	ate	re
Basem	ent		Х			Pin	e Insula	tion		33 [F	X			-
Bacom		1-1				1 10	C IIISGIE	itiOii		001	-1	1	-	-	
		-		-		0.5-950						-			
Name of Registered Was	ste Hauler		2000	JDEP W lauler ID	1000 L000 L000 - 110	of W	c Yards aste		Name of R						
TBD			10000	BD		1YD			Keyston	e Sanit	ary Lar	ndfill			
City, State						Disp	osal Date		City, State Dunmor		2512				
Completed by		Title	7.50			_	Signature		Durillion	e, FA I	851Z Da	ıto.			
Darko Raloski			ct Ma	anager			Signature	11	4/		11 2 2 2 2	ite 30/2	018		
											"	30,2			

CK (187 PAID

D-1-5N-85 8 40								-,		In			5	5 //	W	E	199
Date of Notification (1) 05/03/2018					of Building EMIAN &			r (2)	Wilderman	Bi	<u> </u>	Principality Com	m.fo.7 105 1	19 1119 - 114			
Agencies Notified	Type Notification	1		Street A	Address BOX. 66	7			i			M	AY -	- 8	2018		世
	Initial Amended Amendmer	at #		City, Sta	ate, Zip C	ode	07600				L	DOM:	-		, 41 m		
	Emergency	(including			CENSAC	Mark Control of the C	0/602					SBEE					
DOH DCA	justification Cancellatio				f Contact S MAS							e phon 11 - 48				modernia - a	
Name of Facility Where	Abatament is Taki	na Plans /	21	FAC	ILITY INF	ORMATI	ON	-	5 F	740						4	
PRIVATE	Abatement is Taki	ng Place (.	3)						of Facility								
Street Address								H	School (K- Subchapte	-12) er 8 (Othe	er than	1 K-12	2)			
								×	Other (i.e.	priva	ate 8	& com	mercia	al buil	dings,	hom	es,
City (5)									etc.) are Feet	Т	# of	Floor	S	В	ldg. A	\qe	
HACKENSACK NJ.	.07602							40	,000		18	3			98	100	
County (6) BERGEN					Code (7) USE ONLY)		Curre	ent Use (Pi	rior if	f bei	ng den	nolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/I No.		Name	of Aba	atement Co		ctor	(9)		-			
	14.20 ×30.								EAST EN				NTAL	LLC).		
Street Address							Street 1126	Addre 5 - 51									
City, State, Zip Code				102241111111111111111111111111111111111			129 000 000 000 000		Cip Code SERGEN	N.I	07	7047					
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph				1		ise No	o.	-		
				4			201-	776	- 0642			0130	00				
Start Date (10) 05/04/2018		Schedule 05/06/2			Date (11)				HA Monitor								
Occupancy Status During	Ahatement (Che			<u> </u>			Street		ALITYC	AL,	INC	;					
				mant				V. 38									
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Non	nal Facility	Hour	S		Ī	City, S	tate, Z	ip Code								
Scope of Work (Check Al	I That Apply)						NEW	V YOI	RK NY.	_						- 7	
≥3 sf or ≥3 lf		X	Renova	ation		*		1 =	II Contoinm	nont.	a sith	Monet	D		_		
] ≥160 sf or ≥260 lf		December 1)emoli			*	×	Mir	ll Containm ni-Enclosur	re		negai	uve Pi	ressui	е		
							Ê	78	ovebag Pro n-Exempte			Non-	Friahl	e Pro	cedur	2	
		Is	Locat	ion			3			T			· maoi		Abate		t
Location		1	Vorma	lly		Des	cription	of							Ту	ре	
Asbestos-Containing TO BE ABA		Ma	d Sole intena	nce/		tos Conta thermal:						nount pecify		П		Ш	m
In Facili		Cust	todial ((12)		(surfac	ing, VA	T, or	20011,			or LF)		Remova	Repair	caps	Enclosure
(13)		Yes	No	N/A		otner m	niscellan	eous)						oval	air	Encapsulate	sure
BOILER R	MOO		X		Pipe	Fittings	s ACM	Insu	lation		32	SF.		Х			
BOILER R	OOM		Х		Т	WO WA	ATER T	TANK	(S		52	SF.		Х			
			100														
4. 4													10.000				
Name of Registered Was	te Hauler		0.55	IJDEP W		Cubic \	100000000000000000000000000000000000000		Name of	Reg	ister	red La	ndfill				\vdash
TRI STATE ASSOC				lauler ID 19951	No.	of Was			MINEF	RVA	EN	ITER	PRIS	SE IN	۱C.		
City, State BRONX NY.						Dispos			City, Sta WAYN		BUF	RG O	HIO				
Completed by		Title			errettave	Si	gnature		0	1		00	Dat	e			
CARLOS ESQUIVEL	_	SAFE	ETYI	VIANAG	SER		J&	-4	Lufe	lex	if	4	05.	/03/2	2018		
ASB-41 (R-06-08)							* Do no	t use t	his form fo	r asb	esto	s licer	nsure	exem	pted a	activi	ties.

Date of Notification (1)							-,		1				
05/03/2018					g Owner/6 & CO, I		r (2)	et annual services and services are services and services are services and services are services and services and services are services	ll M/	4Y -	ર્ક 2	018	
Agencies Notified Type Notific	ation			Address	•			1					
EPA Initial Amend			PO. E	3OX. 66	57			-	ASBE:	105	i.	FOL	. 8.
	led Iment#			ate, Zip C		07000	27			LICE			
X Fmern	ency (including	_			CK NJ.	07602							
DOH justifica				of Contact					lephone N		,		
E Ganda	ibudii				ORMATI	ION		20	1 - 487	- 1500	J		
Name of Facility Where Abatement is	Taking Place (3)	170	22111111	Oldinali	ION	Type of Facility	(4)					-
PRIVATE							School (K-	12)					
Street Address				3300000			Subchapte	r 8 (Oth	er than K-	-12)			
City (5)							Other (i.e. etc.)	private	& comme	rcial bui	ldings	, hom	ies,
HACKENSACK NJ.07602							Square Feet		f Floors	1	Bldg.	Age	
County (6)			County	Code (7)			40,000	18			98	8	
BERGEN			(STATE	USE ONL	n		Current Use (Pr	ior if bei /A	ing demoli	ished)			
Name of Monitoring Firm Hired by Buil	ding Owner (8)	ASCI	vi No.		Name	of Abatement Co		(Q)				
	100	ēa .					RTH EAST EN			ALLL	C.		
Street Address							Address						
						1126	6 - 51 ST.						
City, State, Zip Code							tate, Zip Code						
Project Manager for Manifestor File							TH BERGEN	NJ. 07	7047				
Project Manager for Monitoring Firm		1	Telepho	ne No.		Pr	one No. 776 - 0642		License	No.			
Start Date (10)	Schedul	ed Cor	moletion	Date (11)			of OSHA Monitor		01300				
05/04/2018	05/06/			Date (11)			L ANALITYCA		3				
Occupancy Status During Abatement (Check Only Or	ne)					Address						
Facility Closed/Vacated During Er	ntire Period of	Abater	nent			307V	V. 38 ST.						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:	Normal Facility	/ Hour	S		Ī		tate, Zip Code						
					_	NEW	YORK NY.						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	1521				**		<u> </u>			1111110000			
≥160 sf or ≥260 lf	processor.	Renova Demoli			10	××	Full Containm Mini-Enclosure	ent with	Negative	Pressu	re		
						×		cedure					
	49					<u> </u>	Non-Exempte	i (*) and	d Non-Fria	ble Pro	100000		
Location of	1 4 7	Locat Vormal	AUGUSTA A		85550	2012						emeni vpe	1
Asbestos-Containing Material (ACM	(1) Use	d Sole	ly by	Asbes		scription ainina M	of laterial (ACM)	A	mount			1	
TO BE ABATED In Facility	VALUE	intena todial s			thermal:		insulation,	(S	pecify	Re	R	nce	Enc
(13)		(12)				niscellan		51	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	-	ate	10
BOILER ROOM		Х		Pipe	Fittings	s ACM	Insulation	32	SF.	X			H
BOILER ROOM		Х		Т	WO WA	ATER	TANKS	52	SF.	X			\vdash
									. 0				
										+			
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic \	Yards	Name of	Pogisto	red Landfi				Щ
TRI STATE ASSOC		H	auler ID	30000073000	of Was	te	1	100	TERPR				
City, State			19951		TBD				RIERPR	(IOE II	VC.		
BRONX NY.					Disposi		City, State		RG OHI	0			
Completed by	Title					gnature	VVIIVI	ZODUI	1 =		-0.1723		
CARLOS ESQUIVEL	SAFE	ETY N	MANAG	ER	1	Tox	affect	ent	///	ate 5/03/2	2018		
7							11	1	/	3. 3012	-010		
ASB-41 (R-06-08)						* Do not	use this form for	asbesto	s licensu	е ехеп	pted	activit	ties.

State of New Jersey

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

Amended Friable Notification Check #: 7176

6577 - NJ Name of Building Owner/Operator (2) Date of Notification (1) 0 5 1/10 2 1/11 8 North Hunterdon - Voorhees R.H.S.D. Agencies Notified Type Notification Street Address 1445 Rt. 31 S. [X] EPA []initial ZUIS City, State, Zip Code Notification [X] DEP Annandale, NJ 08801 (X) Amended X1DOL Notification Telephone Number S CONTROL & Name of Contact IX 1 DOH LICENSING []Cancellation 908-713-4177 Joseph Bilotti, Facilities Director []DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) X|School (K-12) |Subchapter 8 (Other than K-12) |Other (i.e., private & commer-cial buildings, homes, etc.) North Hunterdon Regional High School - Storage Bldg. Street Address # of Floors Bldg. Age 1445 Rt. 31 S. County Code (7) (STATE USE ONLY) 5000 County (6) Current Use (Prior if being demolished) City (5) Storage Building Hunterdon Annandale, NJ 08801 Name of Abatement Contractor Name of Monitoring Firm Hired by Building ASCM No. Owner (8) Four Strong Builders, Inc. 0004 Briggs Associates. Street Address Street Address 180 Sargeant Avenue 3 Crosswicks St. City, State, Zip Code City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number Bordentown, NJ 08505
Project Manager for Monitoring Firm | Telephone Number License Number 00807 973-614-0377 Michael Hoodak, EPA Project Designer |609-298-5520 Name of OSHA Monitor Sched.Completion Date (11) Scheduled Start Date (10) | 0 | 5 | / 1 | 1 | 1 | 8 | | 0 | 5 | / 1 | 5 | / 1 | 8 | Occupancy Status During Abatement (Check only one) Four Strong Builders, Inc. Street Address X) Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement City. State. Zip Code Abatement Performed Outside of Normal Facility Hours - Describe: 10ther - Describe: Clifton, NJ 07013 X|Full Containment with Negative Pressure Scope of Work (Check all that apply) |Mini-Enclosure []Renovation |Glovebag Procedure |Non-Friable Procedure [X] Demolition (X)>3 sf or >3 lf []>160 sf or >260 lf Type Abatement Location N N Description of Asbestos-Containing Normally C T. CAP RE Location of Amount EM Used Asbestos-Containing Material (ACM)
(i.e., thermal systems
insulation, surfacing, VAT,
or other miscellaneous) Specify Material (ACM) TO BE ABATED Solely 0 P 0 5 0 SF or by Main-AIR SU V tenance/ in Facility AL Custodial Ŕ L (13) Staff(12) Yes No N/A 90 SF Water Tank Insulation Storage Field Building Basement Name of Registered Landfill Cubic Yards N.IDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Grand Central Sanitary Landfill 4509 Newark Carting, Co. City. State Disposal Date City. State Pen Argyl, PA 18072 Newark, NJ Date Signatur Completed By (Print or Type) 5/2/18 Office Administrator Bilyana Kulakovska

State of New Jersey

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

Amended Friable Notification

1377 - 143	, —	, (Pu						10 12.12			: /1/6				_
Date of Notification	n (1)		Name	of	Buil	ding	Owner	Operato	r	(2)					
0 5 / 0				th Hu			Voorh	ees R.H	I.S	.Ď.	NEC	E		W	E
2	Type Motified			- D	0.4	_				- Mary -	3	New Review of St. 1917	*		Lorens
(X)EPA (X)DEP	[][nitial Notifica	ation		5 Rt.			Code				MA MA	Υ -	3 2	018	
⊠100L	(X) Amended		Ann	nanda	ale, l	NJ 08	801			O. D. Orbert and	1				_
(×1DOH	Notific					tact		7. 7.		Telep	ASSES	TARK		Andrea Andrea	
[]DCA	[]Cancell	ation	los	enh	Bilot	ti Fa	cilities	Director		908-7	13-4177	JČEN	SIM(i mez	h- (
(150.)			1000				FORMA								industry.
Name of Facility W	here Abatemen	t is Tal	king	Plac	e (3	7			T	ype of Facilit	y (4)				
										X]School	ter A (Othe	er th	an K	-12)	
North Hunterdon Re	gional High So	nooi - S	torage	e DIO	ığ.					[]Other [i.e., priva	ice a	COM	mer -	
									S	quare Feet	of Floors	Bld	g. A	ge	
1445 Rt. 31 S.		County	(6)			Cour	nty Co	de (7)		5000	1	1	50	ch 0d	1
City (5)		Counci	(0)			(ST	ATÊ US	E ONLY)	11	Current Use (Pr		ng de	MOTT	Sileu	ł
Annandale, NJ 0880)1	Hunter	don	No.	Ma	1	Name	of Abate	eme	Storage Building	(9)				_
Name of Monitoring Owner (8)	Firm Hired	oà sarra	- 1							ders, Inc.					
Briggs Associates. Street Address				0004	4		Stree	t Addres	SS						
3 Crosswicks St.							180 5	Sargeant	A	venue					
City. State. Zip (lode						_								
Bordentown, NJ 085	or Monitoring					ber	Telep	n, NJ 07	mbi	3-1933	Licen		mber		
Michael Hoodak, El	PA Project Des	signer 6	09-29	98-58 on D	520 ate	(11)		614-0377 68 OSKA		onitor	00807				_
0 5 / 1 1 / Day / Occupancy Status	1 8 0 Year 현	0nth /	Day	1/11	Year	1		Strong E		lders, Inc.					
Occupancy Status (X) Facility Close	puring Abatem sed/Vacated D	uring E	ntire	Per	iod			Sargeant							
of Abatement []Abatement Fe Hours - Desc	rformed Outsi					Y	City	. State.	Z	ip Code					
[]Other - Desc	ribe:						Clifto	n, NJ 07	701	13					
Scope of Work (Ch	tion	apply)	[]	Reno	vati	on		f 1Min	ni-	Containment wi Enclosure bag Procedure	th Negative	e Pre	ssur	e	
fX1>3 sf	or >3 lf f or >260 lf							[]Nor	n-F	riable Procedu	ire	lahar	emen	F 75	70
			Loc	Is atio	חכ							R		E	E
	tion of -Containing			mall Ised			Asbe	escripti stos-Cor	nta	aining	Amount (Specify	E	R E	CA	1
Materi	al (ACM) ABATED			Mair			li a	terial therma	1 5	systems	SF or	0 0	PA	PS	
in Fa	cility		ter	ance	=/	i	nsulat	ion. sur	rfa	acing, VAT, ellaneous)	LF)	A	I	U	
	13)		Sta	aff()	(2)							L	R	L ·	
Storage Field Build	ding Basement	t	X	140		Wate	er Tanl	Insulati	on		90 SF	X			L
	•				_				_			-	-	_	╁
			-		_	-	<u></u>		_			-	-	-	+
Name of Register	ed Waste Haul	er		JDEP aule		te No.	Cubic of Wa	Yards aste		Name of Regis	tered Landi	in			_
Newark Cartina C	`0			509						Grand Central	Sanitary La	ndfill			
Newark Carting, C	,U.						Disp	osal Dat	e	City. State					
1870-27 2	85							GSU <u>s</u>	_ (Pen Argyl, PA	18072				
Newark, NJ Completed By (Pr	int or Type)	Title					1	Signatu	1	21	/	Ĭ.	ate		
Rilyana Kulakovsl		Office /	Δdmir	nistra	ator			10	9	W		5	/2/1	3	

CK28lel

	PAID:					IIr	了信息后	1 1	است. معمد مناسب	111	111
Date of Notification		Na	me of Bu	ilding C	wner / Operato	or (2)	儿			111	111
Agencies Notified	05-01-2018 Type Notification		ler Unive			1 1	7)1	- 8 20	18	l law	1
⊠ EPA	Type (Volinoadon		33 Lawre		Road	a de la companya de l	MAY MAY			1	
□ DEP □ DOL	☐ Initial ☐ Amended		y, State &					e e in	TEOL	8.	į
□ DOH	Emergency	_	me of Co			1	ACE	Telepho	24		er
□ DCA	☐ Cancellation	Mr.	Walter E	Eddy				609-896			5.50
			FACILIT	TY INFO	RMATION						
Name of Facility Wh Rider University – S	nere Abatement is Taking Fi science Building	Place (3)			Type of Facil School (
Street Address						oter 8 (Other th	an K-12)				
2083 Lawrenceville	Road						nmercial buildin			tc.)	
City (5)	County (6)	Count	L. Cada	(7)	Square Feet	A STATE OF THE PARTY OF THE PAR	ors	3ldg. Age			
Lawrenceville, NJ	County (6)	Count	ty Code ((1)	Current Use	Prior if being o	Z lemolished)		57	-	
1					Campus Build		iemonsneu)				
Name of Monitoring Pennoni & Associat	Firm Hired by Building Ownes	ner (8)	ASC	CM No.		tement Contraction					
Street Address					Street Address		up, LLC				
515 Grove Street, S						n Ave, Suite 20)2				
City, State & Zip Co					City, State &	Zip Code					- 4
Haddonfield, NJ 080		I=			Trenton, NJ 0						
Project Manager for Mr. Brian Clark	Monitoring Firm	856-547	ne Numb	per	Telephone No 609-977-6159		License N		-		
Scheduled Start Da	te (10) Scheduled Co			١	Name of OSH			0118	5		
05-13-201			3410 (11)	·		nental Laborate	ories, Inc.				l l
Occupancy Status [During Abatement (Check o	nly one)			Street Addres	SS					
	sed/Vacated During Entire F	Period of A	Abateme	nt	2333 Route 2						
	Performed During 1st Shift 8:00am to 6:30pm Week D	av & Wee	ekends		City, State & Union, NJ 076						
☐ Facility Occ	upied During Abatement	- u, u	onondo		O'llott, 140 o'r	000					
Scope of Work (Che	eck all that apply)								120		
≥3 sf or ≥3 l	f	⊠ R	Renovatio	ND.			ntainment with N	legative	Pres	sure	
≥160 sf ≥26			emolitio				ciosure ag Procedures/	Cut & M	Iran		
							empted and Nor			cedu	re
	ocation of	Is Loc			Description	n of	Amount		ateme		
	os-Containing	Normal			Asbestos-Con		(Specify				
	erial (ACM) BE ABATED	Sole	ance or		Material (Ad (i.e., thermal s		SF or LF)	R	D D	Enc	Ē
ir	n Facility	Custodia		in	sulation, surfac			Remova	Repair	ap	clsc
	(13)	(1			or other miscella	aneous)		val	≝.	capsulat	nclsoure
		Yes N								7	
Hallway Hallway					Pipe Fittin		30 Each				
Hallway					Pipe Insula Joint Compo		100 LF 1,500		井	뮈	Η
Hallway					Wall Caul		400 LF		H	H	H
							100 21		古		
Name of Registered	Waste Hauler		NJDEP V Hauler ID		Cubic Yards of Waste	Name of Reg	istered Landfill				
Resource Managem	nent Group, LLC		0035218		TBD	Grows Landfi	I				
City, State				1	Disposal Date	City, State					
Trenton, NJ					ГВĎ	Morrisville, PA	A				
Completed By (Print	t or Type)		Title		Signature			Date	NEODE CON	200	
Mr. Brian J. Haney			Presiden	t	1/			05-01	-2018	3	
								1.			

CK2861

Date of Notification	(1) 05-04-2018	2		Nam Ride	e o	f Bu	ilding	Owner / Operato	or (2)	im	E C E	1 1	E		
Agencies Notified	Type Notific			Stree						1145				-111	111
	,,,							le Road		D	MAY -	8 20	18	11	11
DEP DEP	☐ Initia						Zip (111 1/1	MAI	0 10		1	-
□ DOL □ DOH		ended			_		, NJ 08	3648							ļ.
□ DOH □ DCA	☐ Can	ergency scellation		Nam Mr. V			ntact					elepho			er
	Li Can	Cellation		IVII. V	vaii	tei c	Lauy			Ì	ASDE LIGH	09-896	-500		***
NI				F	AC	ILIT	YINF	ORMATION) is a special series					
Name of Facility Wh Rider University – S	tere Abaten	nent is Taking P	lace (3)				Type of Facil							
Street Address	Cience Dune	uirig			_	-		School (Oábas ábas IV	40\				
2083 Lawrenceville	Road							Other (i	e priva	Other than K- ate & commer	·1Z) rcial building	e hom	05 0	tc)	
		¥8						Square Feet	o. p	# of Floors		dg. Ag		10.)	
City (5)		County (6)	Co	unty	Co	de (7)	25,000	1	3		-55	57		
Lawrenceville, NJ		Mercer								f being demo	lished)				
Name of Manitorina	Firm I fire d	L D 1111 0			_			Campus Buil							
Name of Monitoring Pennoni & Associat	es Hilli Hiled	by Building Owi	ner (8		1	ASC	M No	Name of Aba Resource Ma	temen	t Contractor (9)				
Street Address	-						311-02-17	Street Addres		ient Group, L	LC				_
515 Grove Street, S								2115 Hamilto		Suite 202					
City, State & Zip Co								City, State &	Zip Co	de					
Haddonfield, NJ 080								Trenton, NJ (08619						
Project Manager for	Monitoring	Firm		ohone			er	Telephone N			License Nu				
Mr. Brian Clark Scheduled Start Da	to (10)	Cobodulad Cor	856-					609-977-615				0118	5		
05-14-201	18	Scheduled Cor 6-22-20	18		ite	(11)		Name of OSI J&S Environr			Inc.				
Occupancy Status [Juring Abate	ement (Check or	nly on	e)				Street Addres							
Abatement I	ed/vacated	During Entire P During 1st Shift	eriod	of Ab	ate	mer	nt	2333 Route 2							
	8:00am to 6	3:30pm Week D	av & 1	Neek	end	de		City, State & Union, NJ 07		de					
☐ Facility Occ	upied During	Abatement	u, u	VOCIN	CIT	40		Official, 145 07	003						
Scope of Work (Che	ck all that a	ipply)													
☐ ≥3 sf or ≥3 li				_					\boxtimes	Full Containr		egative	Pres	sure	
≥3 sf or ≥3 f	Statement .		\boxtimes			atio				Mini-Enclosu					
2 2100 31 2200	וו כ			De	ПОІ	litior	1			Glove Bag P Non-Exempte					
Lo	cation of		Is	Loca	tion	1		Description		Non-Exemple	Amount		teme		
	os-Containii	ng		nally				Asbestos-Con			(Specify	7,00	terric	111.	ypc
	erial (ACM)			olely				Material (A			SF or LF)	n		四	Ш
	BE ABATED Facility		Main	tenar odial	ce	or		(i.e., thermal s				em	Re	Ical	Encl
11.	(13)		Cust	(12)	Sta	111 ?		nsulation, surfactor or other miscella				Removal	Repair	Encapsulat	soure
			Yes	No	N	I/A		5. 5th 6. 11105511	arrood	"		<u>w</u>		at	ē
Rooms 332/333			П	\boxtimes	T	7		Drywall Joint Co	mpour	nd	1000 SF		П		П
Rooms 340/341				\boxtimes	T			Drywall Joint Co			2000 SF		H	H	Ħ
Rooms 340/341				\boxtimes] [Residual Floor	Mastic		1000 SF				
			+	H	1	4									
			+	H	+	+1							H	H	井
Name of Registered	Waste Hau	ler		N.	IDF	P V	Vaste	Cubic Yards	Name	of Registere	d Landfill				Ш
							No.	of Waste	I vario	or registere	a Landiii				-
Resource Managem	ent Group,	LLC		00	352	218		TBD	Grow	s Landfill					
City, State								Disposal Date	City,						
Trenton, NJ								TBD		sville, PA					
Completed By (Print	or Type)			Tit				Signature				Date			
Mr. Brian J. Haney				Pr	esi	dent		~				05-04	2018	3	
								1/	_						

NOUK

						1,77	11 (1)	La I
Date of Notification (1)	Name of	Building C	Owner / Operation	tor (2)	1151			-1
O5-01-2018 Agencies Notified Type Notification	Rider Un				American Company	MAY -	8 201	0 1
EPA Type Notification	Street Ac	ddress wrenceville	D4		la mi	111111	201	0 1
		te & Zip Co						
□ DOL		ville, NJ 086			AS	BESTOS C	ONTR	01.8
□ DEP □ Initial □ DOL □ Amended □ DOH □ Emergency □ DCA □ Cancellation	Name of	Contact			24 North Paragraphic			umber
☐ Cancellation	Mr. Walte	er Eddy					6-5000	
	FACI	LITY INFO	RMATION					
Name of Facility Where Abatement is Taking F	Place (3)	LITT IN	Type of Fac	ility (4)				
Rider University – Science Building			☐ School					
Street Address 2083 Lawrenceville Road			Subcha	pter 8 (Other th	nan K-12)			
2003 Lawrenceville Road			U Other (i	.e. private & co	mmercial bui	ildings, hor	nes, et	c.)
City (5) County (6)	County Cod	le (7)	Square Feet	SS		Bldg. Ag	ge	
Lawrenceville, NJ Mercer	County Cou	ie (7)	25,00		2		57	
			Campus Bui	(Prior if being	demolished)			
Name of Monitoring Firm Hired by Building Ow	ner (8)	SCM No.		atement Contra	ector (Q)			
Pennoni & Associates			Resource M	anagement Gro	oup. LLC			
Street Address			Street Addre	ess				
515 Grove Street, Suite 1B City, State & Zip Code			2115 Hamilto	on Ave, Suite 2	02			
Haddonfield, NJ 08035			City, State &					
Project Manager for Monitoring Firm	T-1- 1 N		Trenton, NJ	08619				
Mr. Brian Clark	Telephone Nui 856-547-0505		Telephone N	lumber	Licens	se Number		
	mpletion Date (1		609-977-615 Name of OS			0118	35	
05-13-2018 6-22-20	18	11)	J&S Environ	mental Laborat	orios Inc			
Occupancy Status During Abatement (Check o	nly one)		Street Addre		ones, inc.			
	eriod of Abaten	nent	2333 Route 2					
Abatement Performed During 1st Shift			City, State &					
Describe: 8:00am to 6:30pm Week D Facility Occupied During Abatement	ay & Weekends	3	Union, NJ 07	7083				
Scope of Work (Check all that apply)								
W 100000					ntainment wit	h Mogotius	Droop	
≥3 sf or ≥3 lf	⊠ Renova	ition		☐ Mini-En	closure	ii ivegative	riess	ure
≥160 sf ≥260 If	Demolit	ion			ag Procedure	es/Cut & V	Vran	
1				Non-Ex	empted and I	Non-Friable	e Proce	edure
Location of Asbestos-Containing	Is Location		Description	n of	Amoun		atemer	
Material (ACM)	Normally Used Solely by	d	Asbestos-Con		(Specify	y		Ť
TO BE ABATED	Maintenance o	or /	Material (A i.e., thermal s	UIVI)	SF or LF	-) _Z	77	밀밀
in Facility	Custodial Staff		sulation, surface			Remova	Repair	nclsoure
(13)	(12)	01	r other miscell		×	ova	<u> </u> 은	our
1-11	Yes No N/A	A				_		at e
Hallway Hallway			Pipe Fittin		30 Each	n 🛛		
Hallway			Pipe Insula		100 LF			
Hallway			Joint Compo		1,500			
	 		Wall Caul	K	400 LF			4181
	 						片片	러님
lame of Registered Waste Hauler	NJDEP	Waste Ci	ubic Yards	Name of Regi	stered I andfi	ill I		
Pasauraa Managament O	Hauler	ID No. of	Waste	2, 1,091	ou Landii	100.00		
Resource Management Group, LLC	003521	I8 TE	BD	Grows Landfil	1			
city, State Trenton, NJ			isposal Date	City, State				
go cause o pro-		TE	BD	Morrisville, PA	1			
Completed By (Print or Type) fr. Brian J. Haney	Title	Si	gnature			Date		
ii. Diair J. Halley	Preside	ent	1/				-2018	
	1		1/					

hock

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) TO ECFIVE

Date of Notification	(1)			Nom	o of I	D:III	-0 /0			11/5		<u>IS</u>	W	5	Mi
	05-04-2018			Ride	r Uni	bullain versity	g Owner / Oper	ator (2)	September of the septem	MI			A Property States	711	111
Agencies Notified	Type Notificati	ion		Stree	et Ad	dress		-			MAY	0 00	210	-111	11
⊠ EPA							ille Road		1-	إنا	MAI	- 3 20	018		1)
☐ DEP ☐ DOL	Initial					e & Zip				1				+	-
☑ DOL						ille, NJ	Particular Control of the Control of		-	A	SEEST	energia.	To one	1	1
DCA	☐ Emerge					Contac			1			Teleph	one i	fumt	er
	Li Cancell	lation		IVIF. V	valte	r Eddy					Appendix Control Control of American	609-89	6-500)O.,	v:
N 65 W 111				F	ACIL	ITY IN	IFORMATION							0.01	
Name of Facility W	nere Abatemen	t is Taking F	Place ((3)			Type of Fa	cility (4)							_
Rider University – S Street Address	cience Buildin	ıg					School	l (K-12)							
2083 Lawrenceville	Road						☐ Subch	apter 8 (Other th	nan K-	-12)				
	rtoad						Other	(i.e. priva	ate & co	mme	cial buildi	ngs, hor	nes, e	etc.)	
City (5)	C	ounty (6)	IC	ounty	Code	(7)	Square Fe	et	# of Flo	oors		Bldg. A	ge		
Lawrenceville, NJ		lercer	100	Juilty	Code	(1)	Current He		K h = :	3			57		
							Current Us Campus B	e (Prior i	T being	demo	lished)				
Name of Monitoring	Firm Hired by F	Building Own	ner (8)	AS	SCM N	o. Name of Al		t Contro	otor (0)				
Pennoni & Associat	es						Resource N	Managen	nent Gr	nun I	9) I.C.				
Street Address					ille Masses		Street Add	ress		Jup, L					_
515 Grove Street, S City, State & Zip Co	uite 1B						2115 Hami	Iton Ave,	Suite 2	02					
							City, State	& Zip Co	de					100	
Haddon Heights, N. Project Manager for	Monitorina Fire		I - .				Trenton, No								
Mr. Brian Clark	Monitoring Firm	n	lele	ohone 547-0	Num	nber	Telephone				License	Number			
Scheduled Start Dat	te (10) Sch	heduled Cor				1)	609-977-61					0118	35		
05-11-201		6-22-20	11010111 18	JII Da	re (1	1)	Name of O	SHA Mor	nitor	- 20					
Occupancy Status D	uring Abateme	nt (Check or	nly on	e)	-		J&S Enviror	occ	Laborat	ories,	inc.				
	ed/Vacated Dur	ina Entire P	eriod	of Aba	atem	ent	2333 Route		÷						
Abatement I	Performed Durin	na 1st Shift					City, State 8	& Zip Co	de						
Describe: Describe:	8:00am to 6:30	pm Week D	ay & V	Veek	ends		Union, NJ 0	7083							
Scope of Work (Che	upied During Ab	atement													
orego of tronk (One	ok all triat apply	")								02/02/0					
≥3 sf or ≥3 lf			\boxtimes	Ren	ovati	on			Mini-En	ntainm	nent with N	Vegative	Pres	sure	
≥160 sf ≥260) If				nolitic							(C. + 0 14			
								\boxtimes	Non-Fx	ay ri	ocedures/ ed and No	Dut & W	/rap	o di ii	
	cation of			Locati			Description	-			Amount		ateme		
Aspesto	os-Containing erial (ACM)			nally L			Asbestos-Co	ntaining			(Specify	7100	T	111 13	he
TO B	E ABATED	1		olely b			Material (A	ACM)			F or LF)	Z		m	Ш
	Facility		Maint				(i.e., thermal	systems	_			Ren	Re	ca	
	(13)	1	Ouote	(12)	man:		insulation, surfa or other misce	llaneous	1			emoval	Repair	Encapsula	nclosure
			Yes	No	N/A	1	0. 00. 11000	naricous	,			<u>m</u>	7	lat	Ire
Hallway					П		Door Ca	ulk			200 LF				
Hallway							Cove Ba				500 LF		H	H	무
Hallway				\boxtimes			Laboratory Ta	ble tops			5 Each		H	井	ዙ
Hallway Hallway				\boxtimes			Laboratory I	Hoods			7 Each		H	H	廾
ialiway			님				Walk Ca	ulk			400 LF				Ħ
Name of Registered	Waste Hauler			INLIE		A/- 1	0.11.11								
				Hai	Iler II	Waste D No.	Cubic Yards of Waste	Name	of Regi	stered	Landfill				
Resource Manageme	ent Group, LLC				5218		TBD	Grows	Landfill						
City, State							Disposal Date		Contract Contract						
renton, NJ							TBD	City, S	itate ville, PA						
Completed By (Print	or Type)			Title			Signature	1	Tano, i A			10			
/lr. Brian J. Haney	10 3 0.000(10 35 0)				siden	it	oignature					Date 05-04-	2010		
						1000	~			700		03-04-	2010		
				1			U. Santa								

OHUGO EHVITORMOHICUS I

New Jersey Department of Hoalth Consumer, Environmental and Occupational Health Service PO Box 359

Trenton, NJ 08625-0369
Telephone; 609-826-4950 Fax: 609-826-4975

APPROXIM

M.I Dogt, of Health & Sprior Services

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIV

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

	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOTIFICATION INFO	RMATION		1	11[7]		<u>ي</u> . ريا	
Date of Notification: Initial	dillon 🗵 Renovati	⊠ Emergancy (r	•	istification	n)		The state of the s	AV -	
		I, BUILDING INFORM			1 - 1	· · ;	435.	2,3	-
Name of Building Owner/O			hristina Log					a James - Po	
Street Address: Name of Contact: Chris		City: Woodbury	Heights Telephon	grow .	NJ	_ Zip:	080	97	
· · ·		IL FACILITY INFORM	ATION	; "		• : .	1,73		
Name of Facility Where We	ork Activity is to Take Pla	ade:	Logiud	lice Res	idence)			
Describe Fadility Use:			idence					-	
Street Address:	TTT: " Delivery of	City: Woodbury	Heights	State:	NJ	Zip:	080	97	
County Name: Gloucest	er		ode (State Us						
Scheduled Start Date;	05 / 04 / 20		ed Completion		05	/ 07	1 2	018	
	Activity (check only o	one):	*						
Facility Closed/Vecated Activity Performed Outs Other—Describe:	During Entire Activity Ide Normal Facility Hour	**************************************				Na. 0			
☑ Facility Closed/Vecated ☐ Activity Performed Outs	During Entire Activity Ide Normal Facility Hour	**************************************	•						
Secility Closed/Vecated Activity Performed Outs Other—Describe:	During Entire Activity Ide Normal Facility Hour	s—Describe:		ercentage			9	 	
Facility Closed/Vecated Activity Performed Outs Other—Describe: Cope of Work (check all	During Entire Activity Ide Normal Facility Hour that apply):	s—Describe:e:	, Pe		Asbest	tos:		lo lo	
Eacility Closed/Vecated Activity Performed Outs Other—Describe: Cope of Work (check all Floor Tile	During Entire Activity Ide Normal Facility Hour that apply): Square Footag	s—Describe:	, Pe	ercentage	Asbest	tos:	9	16	
Facility Closed/Vecated Activity Performed Outs Other—Describe: Scope of Work (check all Floor Tile Mastic	During Entire Activity Ide Normal Facility Hour that apply): Square Footag Square Footag	s—Describe: e: £14 SF e: £14 SF CONTRACTOR INFO	, Pe Pe	ercentage	Asbest	tos:		/e	
Facility Closed/Vecated Activity Performed Outs Other-Describe: Cope of Work (check all Floor Tile Mastic	During Entire Activity Ide Normal Facility Hour that apply): Square Footag Square Footag 17. (Shade Environn	s—Describe: e: 814 SF e: 614 SF CONTRACTOR INFO	Pe Pe RMATION.	ercentage ercentage	Asbest	tos: tos: 856-75	5-0099	le .	
S Facility Closed/Vecated Activity Performed Outs Other—Describe: Scope of Work (check all Floor Tile Mastic Company Name: Greet Address: 623 Cut	During Entire Activity Ide Normal Facility Hour that apply): Square Footag Square Footag IV. (Shade Environn Ier Avenue	s—Describe: e:	Pe Pe RMATION Tele	ercentage	Asbest	tos: tos: 856-75	5-0099	le .	
Facility Closed/Vecated Activity Performed Outs Other-Describe: Cope of Work (check all Floor Tile Mastic	During Entire Activity Ide Normal Facility Hour that apply): Square Footag Square Footag IV. (Shade Environn Ier Avenue	e: S14 SF e: 614 SF CONTRACTOR INFO	, Pe Pe RMATION Tele	ercentage ercentage ephone N State:	Asbest	856-75	5-0099 080	52	
Facility Closed/Vecated Activity Performed Outs Other—Describe: Scope of Work (check all Floor Tile Mastic Company Name: Street Address: 623 Cut	During Entire Activity Ide Normal Facility Hour that apply): Square Footag Square Footag IV. (Shade Environn Ier Avenue use Number (if applicable ie): Mgmt. & Environn	s—Describe: e: 814 SF e: 614 SF CONTRACTOR INFO nental, LLC City: Maple Shad e): 008 o. Consulting Servi	Pe Pe RMATION. Tele 10 142 Ces Tele	phone No	Asbest	856-75 Zlp:	5-0099 080	52	
Facility Closed/Vecated Activity Performed Outs Other—Describe: Scope of Work (check all Floor Tile Mastic Company Name: Street Address: 623 Cut	During Entire Activity Ide Normal Facility Hour that apply): Square Footag Square Footag IV. (Shade Environn Ier Avenue ase Number (if applicable ie): Mgmt. & Enviro	e: S14 SF e: 614 SF CONTRACTOR INFO mental, LLC City: Maple Shad e): 008 c. Consulting Servi	Pe Pe RMATION. Tele 10 142 Ces Tele	ercentage ercentage phone N State:	Asbest	856-75 Zlp:	5-0099 080 8-4070	52	

Date of Notification (1 05/04/2018	PAI	D)		Name New .	of Buildin Jersey D	g Owner/ epartme	Operator (2) ent of Childre	n and Familie	es C	heck N	0. 1	055		
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment Emergency (50 Ea City, S Trento	Address ast State State, Zip Con, New of Contact	Code Jersey C	08625						2016	E
☐ DCA	justification) □ Cancellation				of Contact				Telephone 609-583-3		r ~	0	2010	2
Name of Engility Who	an Abeterratio Table	DI (6		FAC	CILITY IN	ORMAT				many to the state of the state	1,000		-9200 837740	/ N: 5
Name of Facility Whe NJDCF Morris Carr	re Abatement is Taki ipus	ng Place (3	3)				Type of Fa	acility (4)	A	7500		ris:		C-111-6
Street Address 15 Jean Street							☐ Subcl	l (K-12) napter 8 (Other (i.e. private & co	than K-12) ommercial bu	ildings,	horr	nes, e	etc.)	
City (5) Morristown, New J	ersey 07960						Square Fe 10,000	et	# of Floors 2		Bld 50	g. Ag	ge	
County (6) Morris					Code (7)	n	Current Us	se (Prior if being Educat	demolished)) Y				
Name of Monitoring Fi The Whitman Comp	irm Hired by Building panies	Owner (8)		ASC	M No.		Name of Al Lilich Corp	patement Contra	actor (9)	327				
Street Address 7 Pleasant Hill Drive	е						Street Addr 606 McBri							
City, State, Zip Code Cranbury, New Jers	sey 08572						City, State, Woodland	Zip Code Park, New Je	ersey					
Project Manager for M Kevin Lovely	Ionitoring Firm			Telepho 732-39	one No 90-5858		Telephone 973-225-8		License 01104					
Start Date (10) 05/29/2018	tart Date (10) Schedule							SHA Monitor nmental Labor	ratories, LL					
Occupancy Status Dur Facility Closed/Va	ring Abatement (Checacated During Entire I	- 2	172				Street Addr 2333 Rout							
☐ Abatement Perform☐ Other – Describe:	med Outside of Norm	al Facility F	Hours			85	City, State, Union, NJ	Zip Code 07083				-		
Scope of Work (Check	All That Apply)											-	-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emolit				□ M □ G	ull Containment ini-Enclosure love Bag Proced n-Exempted (*)	dure / Limited	d Conta	inme	ent &	Tent	
		0.00000	Locat						Amount (Specify		Ab	aten		
Locati Asbestos-Containir		Used	ormal Sole	ly by	Anh		escription of		SF of LF)	-		Тур	е	H
TO BE A In Fac (13	BATED cility		ntena odial ((12)	nce/ Staff?		e. therma surf	ntaining Mate al systems ins acing, VAT, o miscellaneou	ulation,			Removal	Repair	Encapsulate	Enclosure
Tytorion Minder of		Yes	No	N/A X							<u>m</u>		ate	6
exterior windows/i	terior Windows/Doors					g/Glazi	ng		2500	LF	X			
V. (6														
Name of Registered Willich Corporation	aste Hauler		Н	JDEP W auler ID 18724		Cubic of Was		Name of Reg		fill				
City, State Woodland Park, New	v Jersev			10/24			al Date	City, State						
Completed by Adriana Olejarova		Title Pres	iden	t		1	gnature	Morrisville,		Date 05/04	1204	10		
		- Land				10	WY L			03/04	120	0		

	DAT	Tre.					ABATEM nd12:120)						
Date of Notification (1) 05/04/2018	ARL A	民心		Name	of Buildin	g Owner/	Operator (Fragran	2)		heck N	lo 1	002	
Agencies Notified	Type Notification			Street	Address			003, 1110.		TIECK I	NO. 1	093	
□ EPA ⊠ DEP ⊠ DOL	☐ Initial☐ Amended☐ Amendment #			City, S Union		Code New Jer	sey 0773	55		G	$\overline{\mathbb{W}}$	E	(n)
☑ DOH □ DCA	justification) Cancellation	J			of Contac Stapperfe			***************************************	Telephone Nu 908-397-770	^	018	-	
Name of Engility When	Abatamanti T.I.	- F		FAC	CILITY IN	FORMAT	7.4. 10.14.14	-		<i>i</i> (210	- 11	
Name of Facility Where International Flavors	& Fragrances, In	ng Place (C.	3)					f Facility (4)	ASSESTOR LICEI		AO:	2	
Street Address 1515 State Highway	36						☐ Su	hool (K-12) bchapter 8 (Othe er (i.e. private &	r than K-12) commercial buildi				
City (5) Union Beach, New J	ersey 07735	(s_					Square 10,000		# of Floors 2	Blo 50	dg. A	ge	
County (6) Monmouth	4				Code (7)		Current	Use (Prior if beir Manufa	ng demolished) acturing Facility				
Name of Monitoring Fir Garden State Enviro	m Hired by Building nmental	Owner (8))	ASC	M No.		Name of Lilich C	f Abatement Control	tractor (9)				
Street Address 555 South Broad Str	eet						Street A 606 Mc	ddress Bride Ave					
City, State, Zip Code Glen Rock, New Jers	sey 07452						City, Sta Woodla	ite, Zip Code and Park, New J	Jersey				
Project Manager for Mo Bruce Wolf	nitoring Firm			Telepho 201-65	one No 52-1119		Telepho 973-22		License N 01104	٥.			
Start Date (10) 05/18/2018		Schedul 05/23/2	ed Co 018	mpletion	Date (11)			OSHA Monitor ironmental Lab	oratories, LLC			- 15	
Occupancy Status Duri		8.	55.00		10		Street A	ddress oute 22 West	110-110-110-110-110-110-110-110-110-110				
□Facility Closed/Vacate □Abatement Performed □Other – Describe: F	Outside of Normal	Facility Ho	ours		Start		City, Sta	te, Zip Code NJ 07083					
Scope of Work (Check)	All That Apply)												
□≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf			Renova Demolit					Mini-Enclosure Glove Bag Proce	nt with Negative Preduce / Limited Co	ntainme	ent &	Tent	
Locatio	n of	0.00	Locat			5		0.22	Amount (Specify	1	bater		
Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Ma	d Sole intena todial s (12)	nce/	Asb (i.	estos Co e. therm: surf	escription ntaining M al systems acing, VAT miscelland	aterial (ACM) insulation, Γ, or	SF of LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						<u>a</u>		late	Ге
Hallway Corridor				Х	Elbows	(Wrap	& Cut)		200 (ea)	Х			
						-							
Name of Registered Wa Lilich Corporation	ste Hauler		Н	JDEP W lauler ID 18724		Cubic of Was		Name of Re	egistered Landfill				
City, State Woodland Park, New	Jersey			.0124			al Date	City, State Morrisville					
Completed by Adriana Olejarova		Title Pre	siden	t	25	\$	ignature		Dat	e 5/04/20	18		

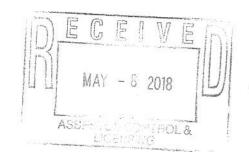
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

					it to NJAC 8:60 ar	id 12:120)						
Date of Notification (1) 05/04/2018	P	ATT		Name of Monm	of Building Owner/o outh University	Operator (2	2) Check No. 1092	2 \$200.00	G	77 0	17 1	(5)
Agencies Notified	Type Notification	(周月月	B		Address edar Avenue			1D) E 6	175	13 1		
□ EPA ☑ DEP ☑ DOL	☐ Initial ☐ Amended Amendment #	-	-	City, St	ate, Zip Code Long Branch, Ne	w Jersey	07764	MAN DEL	r - 8	3 20	18	and the second of the second
⊠ DOH ⊠ DCA	☐ Emergency (ir justification) ☐ Cancellation	cluding	Ī	Name of Timoth	of Contact ny Orr			Telephone Numl 732-571-3424	4200	V-ACT	on!	a.
				FAC	ILITY INFORMAT	ION			CERT			- 60
Name of Facility Where Bluff's Building # 1	e Abatement is Takin	g Place (3)			Type of	Facility (4)	The second secon	to approve the second	*****	uuna, Tinunielu	M.P
Street Address 590 Ocean Avenue						⊠Subc	nool (K-12) hapter 8 (Other the er (i.e. private & co		s, hom	ies, e	tc.)	
City (5) Long Branch, New J	ersey 07764					Square 60,000		# of Floors 2	Bld 50-	g. Ag +	е	
County (6) Monmouth					Code (7) USE ONLY)	Current R-2 Res	Use (Prior if being sidential-contains	g demolished) 2+ dwelling units, o	occupa	nts p	erma	nent
Name of Monitoring Fir AHERA Consultants		Owner (8)		ASC 0005	M No. 57		f Abatement Controrporation	actor (9)				
Street Address P.O. Box 385						Street A 606 Mc	ddress Bride Ave			1000		_
City, State, Zip Code Oceanville, New Jer	sey 08231					City, Sta Woodla	ite, Zip Code and Park, New Je	ersey				
Project Manager for Mo John Smoyer	ct Manager for Monitoring Firm Smoyer Date (10) 1/2018 Sche 06/0 pancy Status During Abatement (Check Only			Telepho 609-6	one No 52-1833	Telepho 973-22		License No. 01104				
Start Date (10) 05/21/2018	21/2018 06/01 upancy Status During Abatement (Check Only			npletion	Date (11)		f OSHA Monitor rironmental Labo	ratories, LLC				
2	upancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facil			ont		Street A 2333 R	ddress oute 22 West					
	ned Outside of Norm			ent		City, Sta Union,	te, Zip Code NJ 07083					
Scope of Work (Check	All That Apply)								_			-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emoliti				Mini-Enclosure Glove Bag Proce	t with Negative Pre	ntainm	ent &	Tent	
		Ι.		Parties and the same of the sa			Non-Exempted (*) and Non-Friable I Amount		ure baten	ant	
Location Asbestos-Containing TO BE A	g Material (ACM)	N Use	Locati lormal d Sole intena	ly ly by	Asbestos Co		of laterial (ACM) s insulation,	(Specify SF of LF)		Тур	е	m
In Fac		Cust	odial 8 (12)	Staff?		facing, VA			€em	Repair	cap	nclo
(13)	Yes	No No	N/A	other	r miscellan	eous)		Removal	air	Encapsulate	Enclosure
Apt 2A-Entranceway/Ba	throom/Bedroom		Х		Joint Compound	& Associa	ted Sheetrock	76 LF	Х			
Apt 2A-Entranceway			Χ		Built-up Flooring	7		14 SF	X			
Apt2B-Bathroom/Bedro	om		Х		Joint Compound	& Associa	ted Sheetrock	110 SF	Χ			
Apt3A-Entranceway/Bed	droom		Χ		Joint Compound	& Associa	ted Sheetrock	16 SF	Х			
Apt3A-Entranceway			X		Built-up Flooring			10 SF	Χ			
Apt3B-Bedroom			Х		Joint Compound			20 SF	Х			
Apt4A-Entranceway			Χ		Joint Compound	& Associat	ted Sheetrock	6 SF	X			
Apt4A-Entranceway			Х		Built-up Flooring			14 SF	Χ			
Apt5A-Entrnaceway/Bed	droom		Χ		Joint Compound	& Associat	ted Sheetrock	26 SF	Χ			
Apt5A-Entranceway			Χ		Built-up Flooring			14 SF	Χ			
Apt6A-Entranceway/Bat	:hroom/Bedroom		X		Joint Compound	& Associat	ed Sheetrock	116 SF	X			

Apt6A-Entranceway	X		Built-up	Flooring		14 SF	X	
AptöB-Livingroom	X		Joint Co	mpound & Associate	ed Sheetrock	Trim + 120 SF	Х	
Apt7A-Entranceway/Bathroom/Bedroom	×		Joint Co	mpound & Associate	ed Sheetrock	Time + 126 SF	X	
Apt7A-Entranceway	X		Built-up	Flooring		14 SF	Х	
Apt7B-Bathroom/Bedroom	X		Joint Co	mpound & Associate	ed Sheetrock	Trim + 120 SF	Х	
Apt8A-Entrancway/bathroom/Bedroom	X		Joint Co	empound & Associate	ed Sheetrock	336 SF	X	
Apt8A-Entranceway	X		Built-up	Flooring		14 SF	Х	
Apt8B-Bathroom/Bedroom	X		Joint Co	mpound & Associate	ed Sheetrock	70 SF	Х	
Apt9A-Entranceway/Bathroom/Bedroom	X		Joint Co	mpound & Associate	ed Sheetrock	76 SF	Х	
Apt9A-Entranceway	X		Built-up	Flooring		14 SF	Х	
Apt9B-Entrance Stairway/Bedroom	X		Joint Co	mpound & Associate	d Sheetrock	22 SF	X	
Name of Registered Waste Hauler Lilich Corporation		NJDEF Hauler 1872		Cubic Yards of Waste 20	Name of Re Fairless L	Legistered Landfill andfill		
City, State Woodland Park, New Jersey				Disposal Date 06/04/2018	City, State Morrisville	, PA		
Completed by Adriana Olejarova	Title Presid	lent		\$ignature	L Cil	Dat 05	e 5/04/201	3

ASB-41 (R-06-08)

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



2012620321

05/03/2018 10:05

AMAC

2018

BOL&

PAII State of New Jersey NOTIFICATION OF ASSESTOS ARATSMENT (Persuant to MLAC 8:80 88/1/2/20) Date of Notification (1) Name of Building Owner/Operator (2) MYRUA BECKER ypa Notthouson Agancies Notified breet Address intial DEP 10 15 City, State, Zip Code Amanded OOL NJ 07605 Amondment # EONA. Emergency (including erno of Contact DOH Televisione Number ANTHM DCA Campalletton FACILITY INFORMATION Name of Facility Where Absternant is Taking Place (3) Type of F (4) BECKER Substantian (N-12) Street Address Cities (it.m. private & commercial buildings, homes, LEONIA a of Floors 1600 2 64 Baratas County Code (7) Outrest U: (Prior il being demolished) 1.65 Name of Monttoring Firm Hired by Building Owner (6) ASCM No. Name of Abeliania & Contractor (9) A. Med Control ting Inc. Street Address Street Address 185 Vrackand , ve City, State, Zip Gode City, Storie, Zip Cir e Midland Park, J.J Project Manager for Monitoring Firm religitione No. alaphone No. Ligeriae No. 201-262-5841 00158 Start Date (10) Schaduled Completigh Date (11) 5/0/12 Name of OSHA N: We: 4/12 Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only O Street Address Facility Closed/Vectord During Entire Pariod of Abatement 250 Huyler Str et Abstract Performed Cubside of Normal Facility Hours City, State, Zio Co Other - Describe: Heckenseck, 1.J. 07605 Scope of Work (Check All That Apply) 20 of or 23 H Renovation Full Cor: singuant with Negative Pressure 2180 M OF 2250 M Demolicon Mini-En: PENTE Glovebi Pricedure Non-Fil 1040 F) and Non-Friette Procedure la Location Abetement Location of Normally Description of Asbasica Consulting Material (AQ) Used Solet by TO BE ARATED HE (ACM) Maintenance/ Amount Encapeulate fi.e. thermal systems insulation, Custodial \$247? (Specify Endosus in Facility Ramoval surfacing, VAT, or (12)(13) other miscellensous) Yes No NA 145Entour × Ecous BOLFX Name of Registered Watte Heuler Mg i a oi Registered Landhi Cubio Yarda Hazder ID No. Newark Carting, Inc. of Waste 04509 Gr: nd Central Sanitary Landill CRy, Stets Disposal De Cit Bless Newark, N.J. 07105 5/3/18 Per Argyl, PA 08072 Completed by Title Date R. McDonald

President

ASS-41 (R-06-00)

ò

^{*} Do not use this for a for sabaston floareure exempted activities.



PAID NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)



							1 because	1	(A) [TO 17 17 17 17 17 17 17 17 17 17 17 17 17	777 4-	
Da	ate of Notifi	ication 5/1/1	8		building Own		Operator (2)		6		EIN	make the contract of the contr
Agenci	esNotified	Type of Not	ification	Street Add		ibcti	111	11				11
X	EPA	5.7	rgency Notifica				- Anna	11 1	(AV	2 2010		
^							Ui	1 N	IAY -	- 로 2018		4
	DEP		I Notification	The state of the s	& Zip Code		1	Ç.				Į.
Х	DOL	7,55 4000	nded Notification	inorrio co.	wn, NJ 079	960	-	L.,		and the second		\$
X	DOH	Cano	cellation	Name of C	ontact		<u>f</u>	ASDE	1100	NSING	Telephon	e Number
	DCA			James G	errish		it stripe			J. C. IV. 2	973-290	-4479
				FACILI	ITY INFOR	RMA	TION					
Name o	of Facility V		ment is Taking on Auditoriu		Т		of Facility (4) School (K-12)					
Street A	Address					S	Subchapter 8 (0	Other th	an K-	12)		
		2 C	onvent Road				Other (i.e., priva				as home	s etc
						2000		# of Flo				
O:t. /F\			To (0)	To		oquai		# 01 110			Bldg. Age	
City (5)			County (6)	County Code	10000000 CO		5,000		2		7	0+
	Morristo	own	Morris		C	Curre	nt Use (Prior if	being d	lemoli	shed)		
					A	Audi	torium	589		6%		
Name o	of Monitorin	ng Firm Hired	by Building O	wner (8) AS			of Abatement	Contrac	ctor (9	9)		
		vironmenta		N/A	Anna Carlo and Carlo		al Abatemer			,		
	Address		. 50171000	IN//			t Address	COCIVI	,,	LLU		Lichard Chen Chy Self Cop. C. C.
	Atlantic A	vonuo						D'				
							Schoolhouse					
	ate & Zip C						State & Zip Co					
	quan, NJ						roe Townshi	p, NJ 0	8831			
		or Monitoring	g Firm	Telephone Num	Section 1	elep	hone Number			License N	lumber	
	Hooper			732-223-2225	7	32-6	05-9062				00714	
Schedu	led Start D	ate (10)	Scheduled Cor	npletion Date (11) N	lame	of OSHA Mor	itor				
	5/15/18	2 2 1		6/15/18	82		al Abatemen		ces	LLC		
Occupa	ncv Status	During Abat	tement (Check				Address		,			
X F	acility Clos	ed/Vacated I	Durina Entire P	eriod of Abateme			Schoolhouse	Road				
			170	al Facility Hours -	_	_						
	escribe:	eriorinea O	diside of North	al racility riours -	1		State & Zip Co					
		NO. 2 (2002)			IV	Nonr	oe Townshi	p, NJ 0	8831			
	ther - Desc											
Scope of	of Work (Cl	heck all that	apply)									
D	emolition		X Renovat	ion			Full Cont	ainment	with	Negative F	ressure	
X La	arge Projec	et	5.5				Mini-Enc			. roganio i	1000010	
		:3 SF or ≥ 3	IFACM				Glovebag					
	2.50											
X Q		the state of the s	≥ 260 LF ACM				X Other:	von-tri	able			
		ocation of	255	Is Location	1/52		scription of		933	mount		ment Type
		tos-Containi	ng	Normally Used			os-Containing			Specify		: Remova
		terial (ACM)		Solely by			erial (ACM)			are Feet or		epair,
		BE ABATED		Maintenance or Custodial Staff?			ermal systems	т	Line	ear Feet)		sulation o
	,I	n Facility (13)					n, surfacing, VA				Enc	closure)
		(13)		(12)	Or O	ouner.	miscellaneous)				
	Αι	uditorium		N/A		VA	T/mastic		3,	250SF	Re	moval
		MER		N/A	Duct ma	astic	/vibration co	ollars	-	0SF/8SF	Re	moval
	Base	ement MEF	3	N/A			or caulk			85 LF		moval
Name o	f Registere	ed Waste Ha	uler	NJDEP Waste H	lauler ID#		Cu. Yds. of Wa	ste		e of Regist	1,28,000	
	old Cartag		034-457-55	186			40	100 TO	The state of the s	berland		
City, Sta		, -		100			Disposal Date			State	Journey	
	eehold, N	J				1	6/15/18			State burg, PA		
Comple	ted By (Pri	nt or Type)	Title			S	Signature					Date
	inick Tri	1,5050	Manage	er		1.2	Dominick Tr	ingali				5/1/18
ACD 44	LILINIOS	24667						450				
10D-41	JUN 95 (3400/										

								- Marian	In	1	L	LIGHT TO	144	PI	el il
Date of Notification (1) 05/02/2018				The second second	of Building Brown	Owner/0	Operator	(2)				-1	34		1
Agencies Notified	Type Notification			Street	Address					Ī	LIAV	-01)A10	- 11	+
□ EPA	× Initial										MAI	- 0 /	1010	L	2
DEP × DOL	Amended Amendmen	t #			ate, Zip C Arlingto		7031					na las na las cons			-
_	× Emergency	(including	1		of Contact		77031				2100	S CON Nich	p.	24 (250)	
☑ DOH DCA	justification) Cancellation				Brown				- Concepts	Lei	epnone	Numbe	- Comment	anne	
					ILITY INF	ORMATI	ON			1		-			
Name of Facility Where Residential Proper		ng Place (3)					Type of Fa	cility (4)					
Street Address	ty								ol (K-12						
Street Address											er than & comm	K-12) ercial b	uilding	s. hon	nes.
City (5)								etc.)							
North Arlington								Square Fe	et	2	Floors	3	Bldg 194		
County (6)				County	Code (7)			Current Us	e (Prior		na dem	olished			
Bergen					USE ONLY	n	_		o (i iioi		ng donn	ononea	100		
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		Name	of Abateme	nt Cont	ractor	(9)				
				-			Dany	ic Contra	cting I	LLC					
Street Address								Address South 5th	Stree	t					
City, State, Zip Code								tate, Zip Co							
							100000	beth, NJ (
Project Manager for Mon	itoring Firm			Telepho	ne No.			one No.			Licens	se No.			
0								906-4123			0135	5			
Start Date (10)		Schedul	ed Co	mpletion	Date (11)			of OSHA Mo							
Occupancy Status During	Ahatement (Cher	k Only Or	ne)					nvironme Address	ntai L	abora	atories	; 			
			32	mont.				Route 22	West	t					
Abatement Perform	ed Outside of Norn	nal Facility	Hour	nent S				ate, Zip Coo							
Other – Describe: _						_		n, NJ 070							
Scope of Work (Check A	ll That Apply)							100						-5-1	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova					Full Cont		nt with	Negativ	ve Pres	sure		
≥160 sf or ≥260 lf			Demoli	tion			-	Mini-Enc Glovebag		dura					
								Non-Exe			Non-F	riable P	roced	ire	
			Locat											temer	ıt
Location			Normal ed Sole				cription						_	уре	T -
Asbestos-Containing TO BE ABA		Ma	intena	nce/	Asbes (i.e.	tos Conta	aining M svstems	aterial (ACN insulation,	1)		nount pecify	7	, _	En	ш
In Facili (13)	ty	Cus	todial ((12)	staπ?		surfac	ing, VA7	r, or			or LF)	Kemova	Repair	aps	Enclosure
(10)		Van	NI-	I NI/A		oulei III	iscellan	eous)				Ya	. ¥	Encapsulate	ure
D		Yes	No	N/A					_	200			_		
Baseme	ent			X		Pipe	Insulat	ion		25	0 LF	X			
											198-533				
Name of Registered Was	te Hauler		1222	JDEP W		Cubic		Nam	ne of Re	egister	ed Land	dfill			
Danvic Contracting L	LC			lauler ID 7574	No.	of Was		Fai	rless l	Hills I	Landfi	II			
City, State						Disposa		City	State					-	
Elizabeth, NJ						TBD		10000000	rrisvill	ę, PA	Ą				
Completed by		Title				Si	gnature	10		1		Date			
Jeymy Donneys		Owne	er			L.	1001	ML	1	1)	05/02	/201	3	
A CD 44 /D 00 000						(1	1		1					
ASB-41 (R-06-08)						/	čDo not	use this for	m for as	sbesto	s licens	sure ext	empte	activ	ties.

Date of Notification (1)				Name	of Ruilding	a Ow/	ner/Operator (2) 1) E G	EIVI	2	10		=-70
/	18	_			lliam Garr		ner/Operator (34/19	17:	5	
Agencies Notified Type Notifie	cation			Stree	t Address			ASAV	C 0045		11		
⊠ EPA ⊠ Initial							C PROPERTY.	JUJ MAT	- 8 2018		1		
☑ DOLWD ☐ Amende ☑ DOH Amende	100000			City,	State, Zip C	Code		i			-		
☑ DOH Amendr ☐ DCA ☐ Emerge		ludina		Me	dford, NJ	080	55	ASS-S	LICOTHOL ?	_	ŀ		
(NJAC 5:23-8) justificat	tion)	lualing			of Contact			LIC	Telephone Nur	x mher	-		
☐ Cancella				Wil	lliam Garr	ron		t _i , and	- Copyright Control	ilibei	6		
				FA	CILITY IN	FOR	MATION						
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility ((4)				
Residence								☐ School (K-12	5 50				
Street Address					-			☐ Subchapter 8	(Other than K-1	2)			
								Other (i.e., pr homes, etc.)	ivate and comm	ercial bu	uilding	IS,	
City (5)								Square Feet	# of Floors	l Di	Ida A	~~	
Ventnor								1000 sf	1		ldg. Ag 70	ge	
County (6)				Cour	nty Code (7)	VSTA	TE USE ONLY)				70		
Atlantic				Oour	ity Code (1)	JOIA	IL USE UNLT)	Current Use (Price Residence	or it being demo	iisnea)			
Name of Monitoring Firm Hired by Bui	Idina Ou	vnor /s	2)	ASCM	No	Man	no of Abeleses						
N/A	iding Ov	viiei (c	"	ASCIVI	NO.	1		ent Contractor (9)					
Street Address						-		ntracting, Inc.					
Street Address						1500 e SANSE	et Address	n diament the transfer					
City State 7: 0-1-							889 Route 9	·					
City, State, Zip Code							, State, Zip Co						
D : 444						To	oms River, I	New Jersey 087	755				
Project Manager for Monitoring Firm			Tele	phone	No.	Tele	phone No.		License No.				
						73	32-349-9932		00624				
Accepted Miller Mill Services appear to the College	Schedul					Nam	ne of OSHA M	onitor					
05/14 /18				_ / _	18	E.	M.S.L. Anal	ytical					
Occupancy Status During Abatement						Stre	et Address					-	
□ Facility Closed/Vacated During Ent	ire Perio	od of A	bate	ment		10	56 Stelton						
Abatement Performed Outside of N	lormal F	acility	Hour	s - Des	cribe	City,	State, Zip Co	de					_
Time of Abatement:AM	PM/		_PM-		AM		(6) (6)	lew Jersey 088	54				
Scope of Work (Check all that apply)	74-1-1			00.000			•					_	_
☐ ≥3 sf or ≥3 lf	_	7.5		2000			☐ Full Conta	ainment with Nega	ative Pressure				
≥ 25 st of ≥ 5 tr ≥ 160 sf or ≥ 260 lf		_ Ren ☑ Den					☐ Mini-Encl ☐ Glovebag						
	_	3 0011	1011110	***			Non-Exer Non-Exer	npted (*) and Non	-Friable Proced	ure			
			ocat							- 1	ateme	ent Ty	vne
Location of		Used	orma				Description of				-		
Asbestos-Containing Material (ACN TO BE ABATED	л)		itena		Asbes	tos C	Containing Mat	erial (ACM)	Amount	(em	Repair	nca	ncl
IN Facility		Custo		Staff?	(i.e.,	, then	mal systems in urfacing, VAT,	nsulation, or	(Specify SF or LF)	Removal	air	sde	Enclosure
(13)	-		(12)			oth	er miscellaned	ous)	Of Or Er)	-		Encapsulate	Гe
		Yes	No	N/A								(D	
exterior	_ [\boxtimes		asbestos	s sic	ding		1100 sf				
										П	П	П	П
	Г	7	П	П						+			
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubi	c Yards of	Name of Registe	ered Landfill			ш	
Guardian Contracting, Inc.			1 2000	auler IC	No.	Was		T.R.R.F.	Cied Landilli				
City, State				20223		3	enal Data						
Toms River, New Jersey							osal Date	City, State					
	T						/14/18	Tullytown, I	Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola	Title						Signature		D	ate /	ĺ		
SP 41	Pro	ject l	viana	iger				1-te	1	51	11	18	

CK#2093 Print Form NOTIFICATION OF ASSESTED ABATEM (Pursuant to NJAC 8:60 blid 12:120) -8 2018 Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address **EPA** Initial DEP City, State, Zip Code Amended DOL Amendment # Mana Sa Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors County Code (7) (STATE USE ONLY) County (6) 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 1001 City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. 73224175 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Other - Describe: __ 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/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Ropair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) N/A d X

NJDEP Waste

Hauler ID No. 1つらなり Cubic Yards

Disposal Date

Signature

of Waste

ASB-41 (R-06-08)

City, State

Name of Registered Waste Hauler

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

Date

Name of Registered Landfill

City, State

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

D. C.			,	- Colonia	-	u 8:gu ar	65715778506		(1/10	1CKI	11	()))	
Date of Notification (1) 05/01/2018					of Buildir H Realt	ng Owner/	Operato	r (2)						5.0	
Agencies Notified	Type Notification	n	_		Address	y LLC.				110) E (E		\mathbb{W}	15
					30x 132										7
EPA DEP	Initial Amended				tate, Zip							11	0	0010	ľ
X DOL	Amendmer					J,07023	}				LL MA	Υ -	8	2018	1
Ĭ DOH	Emergency justification		g	Name	of Contac	ot				Tel	lephone Nu	ımber			- 1
DCA	Cancellatio			Tony	Santin	i					08-505-5			TRO	L&
Nome of Facility Miles	AL		100	FAC	CILITY IN	FORMAT	ION			- Comment		THE THE STATE OF	TATE OF	-	eti ruber
Name of Facility Where A Residential Propoe		ng Place	(3)					Ту	pe of Facility	(4)					
Street Address							-	H	School (K- Subchapte		er than K-1	21			
								×	Other (i.e.	orivate	& commerc	ial bu	ilding	s, hom	nes,
City (5)								_	etc.) uare Feet	# 0	f Floors		Bldg.	۸۵۵	
Clark									999	2	FIOUIS	- 1	1920		
County (6)				County	Code (7)			rrent Use (Pri		na demolis	100	1020		
Union					USE ONL					0 00.	rig derrienc	ricu)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.				batement Cor						
Chroat Address							Dan	vic (Contracting	LLC.					
Street Address							Street								
City, State, Zip Code									th St.		Carl Phrami				
ony, orate, zip oode									Zip Code n, NJ, 0720	ne					
Project Manager for Moni	toring Firm			Telepho	ne No		Teleph			JO	1:				
				rolopiic	711C 140.				-4123		License N 01355	10.			
Start Date (10)		Schedu	led Co	mpletion	Date (11)			SHA Monitor		01000				
05/10/2018		05/17/	2018						onmental l	_abora	atories				
Occupancy Status During	Abatement (Ched	ck Only O	ne)				Street	Addr	ess				50000		
Facility Closed/Vaca	ted During Entire	Period of	Abater	ment			2333	Ro	ute 22 We	st					
Abatement Performe Other – Describe:	ed Outside of Norr	nal Facilit	y Hour	S					Zip Code						
Scope of Work (Check All	That Apple						Unio	n, N	J, 07083						
	тпат Арріу)	Total .					-	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolil				×	F	ull Containme lini-Enclosure	ent with	Negative F	ressu	ıre		
			Joinoil	don			×	G	lovebag Proc	edure					
			Ne Z					l N	on-Exempted	(*) and	Non-Friab	le Pro	968 80	7.	
		1000	S Locati Normal											ement /pe	ţ
Location Asbestos-Containing N	7.7)	Use	ed Sole	ly by	Asha	Des stos Conta	cription		-1 (A CAA)			-	T		
TO BE ABA	TED ` '		intena todial S			. thermal	systems	insu			nount pecify	R	7	Enc	m
In Facilit (13)	у		(12)	otan.			ing, VA		,	SF	or LF)	Remova	Repair	apsı	Enclosure
		Yes	No	N/A		outer in		cous	<i>'</i>			val	=	Encapsulate	ure
Baseme	nt	1		X		Dino	Insulat	tion		0.0) [V	-		
	1.00 (c)					1 ipc	IIISulai	LIOIT		00) LF	X			
									-			-			
					+=										
Name of Registered Waste	e Hauler		N	JDEP W	/aste	Cubic	/ards		Nome of F) o aists	od a - 45"				
Danvic Contracting LI			Н	auler ID		of Was					ed Landfill				
			37	7574		2			Fairless		Landfill				
City, State Elizabeth, New Jerse	V					Disposa TBD	al Date		City, State						
Completed by	,	Title			V -= 117		ghature		Morrisvi	e, PA					
Jeymy Donneys		Owne	er			319	lature 1	1 1	111.	17	Dai 0.5		2018		
The second secon															

Data of Natification (4)									(K	100	1071	11	/		
Date of Notification (1) 5/4/18					of Building		Operato	r (2)						T is the company of	-
Agencies Notified	Type Notificatio	n			/ Unversi	ty				lan.	LF (W	
	The state of the s	n			Address adison A	Vonue				III,	1			11.	1 1
EPA DEP	X Initial Amended				tate, Zip Co		;								
× DOL	Amendme				son, NJ)				M A	Υ -	8 2	018	1
⊠ DOH	Emergency justification				of Contact	0,0,0				Tol	ephone.N	lumba	_		- 1
DCA	Cancellation				Meher						3-408-			NOL.	. M
Name of Facility Where	Abotomost is Tale	- DI 10		FAC	ILITY INFO	ORMAT	ION			Programme and	waren .		and the contract	t. Sectoriae	- 52 WH 15A1
Drew University	: Abatement is Tak	ng Place (3)					Тур	e of Facility	(4)					
Street Address								×	School (K	-12)	0-0000-1-000	consta			
36 Madison Avenu	ie							H	Subchapte Other (i.e.	er 8 (Oth private 8	er than K & comme	-12) rcial bu	uildina	s. hor	nes
City (5)				-				Saus	etc.) are Feet		f Floors				
Madison								10,0		2	Floors		Bldg.	Age	
County (6)			T	County	Code (7)			U. Secolation	ent Use (P		na demol	ished)			
Morris				(STATE	USE ONLY)		_		ovation		3				
Name of Monitoring Firm Health & Safety Se	n Hired by Building	Owner (8)		ASCI	M No.				atement Co						
Street Address	ervices, inc.								ronment	al Serv	ices, LL	.C			
PO Box 364							Street			Coto D					
City, State, Zip Code		11*							83, 4 E (Jale D	rive				
Berlin, NJ 08009									d, NJ 07	418					
Project Manager for Mor Jim Proctor	nitoring Firm			Telepho			Teleph		<i>p</i> = 100 m =		License	No.			
Start Date (10)					39-2432										
5/14/18	ate (10) Schedu 18 6/14/1				Date (11)		Name	of OSI	HA Monitor						
Occupancy Status Durin	Ooricad					-	Street	A ddra							
X Facility Closed/Vac	ated During Entire	Period of Al	hatem	nent.			Sireet	Addres	55						
Warement Lenoini	ned Outside of Norr	nal Facility I	Hours	6			City, St	tate, Z	ip Code						
						-			***************************************						
E	II That Apply)) <u></u>													
		Description of the last of the	enovat emoliti					Ful	l Containm	ent with	Negative	Pressi	ure		
			HIOH	1011					i-Enclosur vebag Pro						
		1					×	Noi	n-Exempte	d (*) and	Non-Fria	ble Pro	ocedu	re	
Lasstin			ocation											emen	t
Asbestos-Containing		Used	Solel	y by	Asbesto	Des Conta	cription	of atorial	(A CNA)			-	T -	уре	
<u>TO BE ABA</u> In Facili		Custo	tenan dial S		(i.e. ti	hermal :	systems	insula	tion,		nount pecify	R		Enc	m
(13)	i.y		(12)				ing, VAT iscellane			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								Va.	=	Jlate	ure
Rooms 129	& 133					ton	la a l. 4 a					-		-	
HVAC duct in				X			lesk to			4	4	Х			
117710 ddol III	Hallway		-	Х		bla	ack tar			30	SF	Х			
Name of Registered Wasi	te Hauler		1.11	DE5											
Tony's Cleanup & Ha				IDEP Wa		Cubic Y of Wast			Name of I						
City, State	aumy			787		TBD			Chrin B	rothers	Sanita	ry La	ndfill		
City, State Bridgewater, NJ						Disposa	al Date		City, State				-		
Completed by		Title				TBD			Exton, F	PA					
A. Scott Higgins			ent			Sig	gnature		1		100	ite			
	t Higgins Preside								1		5/	4/18			

noch

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

MAY	- 8	2018
441 1-1 1	U	71118

DEGETTE

Date of Notification	(1)		Name	of Buildir	ng Owner/Operator (2)		The state of the s	7		2010		1
5/4/18	F				inty Department	of Public Works		ASSECTOR			70-1-1-	J
Agencies Notified EPA	Type Notification			t Address				100		7760	1. 5.	
	Initial				County Plaza	-		CONTRACTOR STATE OF THE PARTY O	A CONTRACT	.X mann	- July	The analysi
☐ DEP ☐ DOL	Amended		3,500	State, Zip (
IN DOL	Amendment # 1 Emergency (including		-		k, NJ, 07601							
⊠ DOH	justification)	5	1 0 0000000	of Contact t Luna	et		Telephone Numi					
□ DCA	Cancelation											
Name of Facility Whe	re Abatement is Taking Place (3)			FA	CILITY INFORMA	Type of Facility (4)						
	Justice Center Courthou	ıse				School (
Street Address							ter 8 (Other than	K 12)				
10 Main St.							e. private & Comm		, hor	ies, e	tc.)	
City (5)						Square Feet	# of Floors					
Hackensack						342,797	5	Bldg. Age				
County (6)					Code (7)		if being demolished)	11007	-		-0110	
Bergen				STATE	USE ONLY)	Courthouse						
	irm Hired by Building Owner (8) mental Services, Inc				ASCM No.	Name of Abatemer	nt Contractor (9)					
	interital Services, Inc				00120	Unicorn Contr	acting Corp.					
Street Address						Street Address				1		
280 Huyler Stree City, State, Zip Code						32 Willow Wa					==0.00	
South Hackensac	rk NI 07606					City, State, Zip Code						
Project Manager for M				T-1-1		Woodland Par	k, NJ 07424					
Alex Palets				Telepho	ne No. 81-6209	Telephone No. 973-333-9176		License No.				
		-	T			3/3-333-31/0		01331				
Start Date (10) 5/7/18					etion Date (11)	Name of OSHA Mon						
	ng Abatement (Check Only One)		10/20	/2018			onsultants, Inc.					
	sed/Vacated During Entire Per	riad of Al	natama	n+		Street Address	D. D					
	Performed Outside of Norma			TC.			v Rd., Bldg. 35-E					
☐ Other - Des			riours			City, State, Zip Code Fair Lawn, NJ (
Scope of Work (Check A	All That Apply)		T			Trair Lawii, No.	77410					
≥3 sf or ≥3 l	f		X	Renova	ition		inment with Nega	tive Pressure				
≥160 If or ≥2	260 If			Demoli	tion	Mini-Enclo ✓ Mini-Enclo		erve i ressure				
							Procedure					
						⊠ Non-Exem	pted (*) and Non-	Friable Procedu	re			
	Location of		Is Locatio Normally								ement	t
Asbestos-C	ontaining Material (ACM)	Us	sed Solely		Asbest	Description of os Containing Material	(ACM)	Amount	-	1	pe	\Box
	TO BE ABATED In Facility	01/1 22/0	aintenan stodial St	100		thermal systems insula		(Specity			Е	
	(13)		(12)	,,,,		surfacing, VAT, or other miscellaneous)		SF or LF)	Rei	_	ncap	End
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Pleas	e See Attached								=	1	е	е
		-										
Jame of Registered Was	ste Hauler		NIDED	aste Haule	er ID No	Cubic Yards of Waste						_
Jnicorn Contracti			00358		11 10 NO.	20+ CU YD		Name of Reguster Fairless Hills I				
ity, State				Starill		Disposal Date	1	City, State	_ailUl	111		-
Voodland Park, N	lew Jersey					TBD /	11 8	Morrisville, P	A			
ompleted by		Title				Signature	11.111	/ Strict, I	Date			
imo Golcev		Genera	al Mana	ager		1/1	1/1/1		5/4			
						19	0//		1.			

State of New Jersey Notification of Asbestos Abatement Continuation Sheet



Location of	1	Loca Norma	illy	D				temen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial (12)	ince/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					10	
Gorund Floor Boiler Room	X			Interior Transite Windows	220 SF	X			
1st Floor Admin Bldg Main Lobby		Х		TSI/Fittings	50 LF	X			
2nd Floor Admin Bidg Office Space		Х		TSI/Fittings	525 LF	X			
2nd Floor Admin Men's & Women's Restrooms 2nd Floor Admin Men's & Women's		Х		TSI/Fittings & Debris	50 LF	X			
2nd Floor Admin Men's & Women's Restrooms		Х		Wire Insulation	10 LF	X			
2nd Floor S. Annex Office Space		Х		TSI/Fittings	270 LF	X			
2nd Floor S.Annex Men's & Women's Restrooms		X	\top	TSI/Fittings & Debris	120 LF	X	\dashv	-	\dashv
2nd Floor Room 213 Offices & Corridor		X		TSI/Fittings & Debris	2,500 SF	X	\dashv	-	
3rd Floor N. Annex Men's & Women's Restrooms		X		TSI/Fittings	50 LF	X		+	-
3rd Floor Admin Bldg Corridor		X		TSI/Fittings	15 LF	X	+	+	\dashv
3rd Floor Admin Bldg Elevator Lobby		X		TSI/Fittings	15 LF	X	\dashv	\dashv	\dashv
4th Floor Admin Bldg Elevator Lobby		Х		TSI/Fittings	15 LF	X	+	+	-
						\dashv	\top	\top	\exists
							+		\exists
						1	\top	7	\forall
						\top	\top	\forall	\dashv
						+	+	+	-
		\top				+	+	+	\dashv
						+	+	+	\dashv
			+			+	+	+	-

Bilyana Kulakovska Office Administrator

Title

Newark, NJ

Completed By (Print or Type)

Date

5/1/18

Pen Argyl, PA 18072

Signature

6577 - NJ	(B)	OTI	- Fran	TAOM.	050 70	w Jersey BESTOS ABATEME 60-7 and 12:12	14.1	Friabl		ifica	tio	1	
	. (11		1	- 1	101	Designation of the control of the co	250.000	\ #. <u>/ </u>	10	6	(F)		4 [
Date of Notification		Nar	ne of	Byj	lding	Owner Operato	r (2)	1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (115	U		U V	<u> </u>
0 5 1/0	1 1/1 1 8	No	orth F	lunte	erdon	- Voorhees R.H	.S.D.						
Agencies Notified	Type Notification	St	reet	Addr	ess				1	VAY	- 8	20	18
[X]EPA		14	45 R	t. 31	S.				ku.		35	7. HERE	101.40.00
[X] DEP	[X]initial Notification					Code			AGS.	5.617	ve 0		RÓL
[X]DOL	[]Amended	Ar	nan	dale.	NJ 0	8801		25.5	Story Kil	LOIC		Hig	i Colle
(X)DOH	Notification	1			ntact		Te.	ephone	Number				
[]DCA	[]Cancellation	110	eenh	Rilo	tti Fs	acilities Director	908	3-713-4	177				
		1100				NFORMATION							
Name of Facility W	here Abatement is Ta	king				NFORPATION	Type of Faci	lity (4	,	100			
North Hunterdon Re	gional High School - F				5/18/.		X]Scho []Subc []Othe	hanter	A (Oth	er ti	an K	(-12)	
Street Address							cial Square Feet	buildi	ngs, h	omes	etc)	
1445 Rt. 31 S.								# OI	110015	BIG	50. r	ige.	
City (5)	County	(6)			Cou (ST	nty Code (7) ATE USE ONLY)	5000 Current Use	(Prior	if bei	ng de		shed	1)
Annandale, NJ 0880)1 Hunter	don					School Buildi	ng					
Name of Monitoring	Firm Hired by Build	ing	ASC	M No	-	Name of Abate	ment Contract	or (9)					
Owner (8)			000	14		Four Strong B	uilders, Inc.						
Briggs Associates. Street Address			1000	-		Street Addres							
3 Crosswicks St.	Code					180 Sargeant	Avenue Zip Code						_
Bordentown, NJ 085	505					Clifton, NJ 070	13-1935						
Project Manager to	or Monitoring Firm	ele	phone	Nun	ber	Telephone Num	iber		Licen	ise N	umbe	T .	
Scheduled Start Da	PA Project Designer 6	let:	ion l	ate		973-614-0377 Name of OSHA			0080	7	_		
Month / Day /	Year 0 5 / 2 Month / Che	Day	only	Year	1	Four Strong B					1080		
X) Facility Clos	sed/Vacated During En rformed Outside of No	ntir	e Per	riod		180 Sargeant	Avenue Zip Code						
[]Other - Desc				-	_	Clifton, NJ 07	013						
[]Demoli [X]>3 sf		×]Ren	ovati	ion	[]Min []Glo	l Containment i-Enclosure vebag Procedu -Friable Proc	re	egativ	e Pre	ssui	e	•
			Is					T		Abat	emer	E E	ype E
Asbestos Materi TO BE in Fa	tion of -Containing sl (ACM) ABATED CIlity 13)	No S by te Cu St	cation rmal Used olel Mai nanc stod aff (ly y n- e/ ial 12)	i	Descripti Asbestos-Con Material { {i.e., thermal nsulation, sur or other mis	taining ACM) systems facing, VAT,	(Sp	ount ecify F or LF)	R E M O V A L	R E P A I R	NCAPSUL	NCT OSURE
Field Building Base	oment	Yes	No	N/A	Wate	er Tank Insulation	on	90 S	F	X			
Field Building Base	·		-										
		-						+		+	-		-
		-	+	\vdash	-					+	-	-	\vdash
Name of Registere	d Waste Hauler		JDEP aule			Cubic Yards of Waste	Name of Reg	istered	Landf	111			
Newark Carting, C	0.	4	509				Grand Centr		ary Lar	ndfill			
City. State			7			Disposal Date	City. State	.6					
Newark, NJ							Pen Argyl, F	A 1807	2				
Completed By (Pri	nt or Type) Title					Signatur	W			D	ate		

Office Administrator

Bilyana Kulakovska

ASB-41 JUN 95

5/1/18

Ch 1931

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 17:20/N.J.A.C. 7:16-2/12)

	6					lad .	Stand Vo	1000	* Separation **	11	10 - A				- 1
Date of No 5/04/2018	otification (1):			of Build Caprigl		vner/Operator (2)				17.46	100	MAY	- 8	2018	3
Agencies	Type Notificatio			Address						-	Í				
Notified	☐ Initial													en en en en en en	
□ EPA	☐ Amended			ate, Zij						- August	A	SBEST	0316 0316	251 M 1510	UL OI
□ DEP	Amendment#:			range,		52						f.,;	to the late	25.4.2	
□ DOL	□ Emergency	N	Name o	of Cont	act:				Telephone	Numbe	·r·				
	(including	N	Mrs. To	erese C	apriglio	one									
□ DOH	justification)											33			
□ DCA	☐ Cancellation														
					e e	FACILITY INFO									
Name of I	Facility						Type	of Facility	(4):						
								ool (K-12		12)					
									(Other than K- ivate & commo		ildinas h	omes et	c)		
City/ (5)	(County ((6):			y Code (7):		er (i.e., pr	ivate & comin	erciai ou	numgs, n	ionies, ce	U.)		
West Ora	nge 1	Essex				07052	Saua	re Feet:		#	of Floo	ors:			
							-1								
				1			Bldg								
								ent Use: l							
Name of	Monitoring Firm	Hired b	by Bui	lding C	wner:	ASCM No.:	Nam	e of Abat	tement Contra	actor (9):				
	Air Assessment,						Ana	v Devel	opment, In	c					
Street Ad							Stree	t Addres	S:						
2031 Hu	ighes Avenue							_							
								Broad	X						
City, Stat	te, Zip Code:						City,	State, Zi	ip Code:						
D	11 10457						New	ark, NJ	107104						
	NJ 10457	*** - ** - T	P!			Telephone No.:		phone No		Licer	ise No.:				
	lanager for Mon	itoring i	rirm:			971-805-8590	1240012600								
Monique	e McGriff					9/1-003-0390	(973	350-010	01	0121	5				
Start Date	e (10):	Sc	hedule	d Com	pletion	Date (11):			IA Monitor:						
5/07/18			11/18				Metr	o Analyt	ical Laborato	ories					
Occupanc	y Status During Al	hatement	(Check	conly or	ne)		Stree	et Addres	ss:						
11 1/25 3	Closed/vacated Di					nt.			h Street, Suit	te 203					
	ent Performed Out					it.	City	State, Z	in Code:						
Describe:		iside of i	· · · · · · · · · · · · · · · · · · ·	demity	110410				lew York, 10	0018					
Deserroe.							1,10,11								
□ Other															
Describe:															
Scope of	Work (Check all th	nat apply)):						☐ Full C	ontainr	nent wit	h Negat	ive Pr	essure	
□ > 3 ef	$or \ge 3 \text{ lf}$				□ Reno	ovation			□ Mini-	Enclosu	ire	ii i iogui		000010	
160 s	sf or > 260 lf				□ Dem	olition			□ Glove	ebag Pro	ocedure				06.4
_	este este este a c on este alaman la con								□-Non-E	xempte	d (*) and	Non-Fr			
			Is	Locati	on			econoccus in an						temen	t
	Location of			ormal		De	escripti	on of	1 (4 (3) 4)				1	ype	
Ashestos	s-Containing Ma	terial	Used	d Solel	y by	Asbestos Con	taining	Materia	al (ACM)					_	
715005101	(ACM)			intenai		(i.e., therma	ai syste	VAT, or	nation,	۸.	mount	R	-	in	En
TO) BE ABATED		C	ustodia	al/					0.55		m	(ep	car	cl
1	IN Facility			Staff?		otner	misce	llaneous)		pecify	Removal	Repair	Encapsulat	Enclosure
	(13)			(12)						SF	or LF)	a	1	lat	re
	(.5)		Yes	No	N/A						www.2000.000		-		
BASEN	MENT			X		FL	OOR '	TILES		50	00 SF	*			*
-					-	-	-								
			72.44		FIRE	CD West- II. 1 ID	No	Cubic	Varde	NJ.	o cf D	giotora I	londe	11.	
	f Registered Was		er:		NJD 1955	EP Waste Hauler ID	NO.:	of Wa		Nam	ne of Re	ENTE	Tandii	II. ES AS	SSOC
JIMMY	BYRNE TRUC	KING			1933			51 W d.				LINIE	CIN IX	LO A	
				T D:	15			City	Statas	INC					
City, Sta		i		Dispo	osal Da	te:		City, S	state: esburg, OH 4	1689					
	NY 10474	1	Commence .		mr. i		C:		Z)	1000	Date:				
Complet		Partie of the same	5		Title	: President	Sign	ature:	1.50	/	5/4/20	18			
1 (hinvel)	u Oraegbunam	-			VICE	1 restucit	4	7 X		1	21 1120	5.05			

Ch1435		1	NOTIF	CATION	OF ASB	ESTOS	ABATE	MENT 0)	Service and Committee of Commit		E C		\mathbb{V}	E		
Date of Notification (1) 05-03-18					f Building Viteri Jr.			r (2)	The Party of the P		MAY	- 8	2018	3	IJ	
	Notification			Street A	ddress rersity P	laza, S	Suite 20	07	and the sale on a	1	A de la Francia		3"""	DF 9.		
DEP DOL	Initial Amended Amendment				ate, Zip Co ensack, l		501	-		THE PERSON	ASSESTC 7.1		1 76	Jan Ol	new set	
L DOH	Emergency (justification) Cancellation	including			f Contact						ephone Nu 73) 865-7					
Name of Facility Where Abaten	nent is Taking	Place (3	3)	FACI	LITY INF	ORMAT	ION	Type	of Facility	(4)						
Private Home Street Address								H	School (K- Subchapte Other (i.e.,	12) r 8 (Oth	er than K-1	2)	 .	h		
City (5) Little Falls			-						etc.) re Feet		f Floors		Bldg. A		<i>2</i> 5,	
County (6) Bergen					Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demolis	hed)				
Name of Monitoring Firm Hired N/A	by Building C	Owner (8)		ASCN	/I No.				tement Contracting L							
Street Address								Addre								
City, State, Zip Code					***************************************		400		ip Code NJ 0708	37						
Project Manager for Monitoring			Telepho	ne No.			none N 216-9			License N 01206	No.					
Start Date (10) 05-07-18	05-10-	18	mpletion I	Date (11)				HA Monitor tracting L	LC							
Occupancy Status During Abate Facility Closed/Vacated Du	uring Entire P	eriod of A	Abater	nent				Addres 7th St	17							
Abatement Performed Out Other – Describe:	side of Norm	al Facility	Hour	s 			1		ip Code NJ 0708	37	MEMUL					
Scope of Work (Check All That	Apply)	_						<u>·</u>								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				-	Mir	I Containm ni-Enclosure ovebag Prod n-Exempted	e cedure							
	***************************************	1173	Locat	3,70,77						<u> </u>	4 11011 1 1141		Abate	ement pe		
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	Use Ma	Norma d Sole intena todial 3 (12)	ely by nce/		tos Con therma surfa	scription taining N I systems cing, VA niscellar	/laterial s insula tT, or		(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A								_		te	Ф	
Exterior			Х			Wa	all Plas	ter		35	50 SF	X				
												-	_			

Name of Registered Waste Hau Delfa Contracting LLC	iler	•	- 1	IJDEP W lauler ID 35240	No.	Cubic of Wa 2			19474 - 930 (1920)		red Landfil source R		ery F	acili	ty	
City, State Union City, NJ							sal Date 20-18		City, Stat Tullytov		\		rode			
Completed by Jaime Delgado		Title Proj.	Mana	ager.		8	Signature	1	42			ate 4-06-	18	1 1 1 1 1		

			12.								L		
Ch 1436		NOTIF	Ursuan		8:60 and 12:12		T	DE.	<u>C</u> [\mathbb{V}	E	Victorian State Comments
Date of Notification (1) 05-02-18				of Building overland	Owner/Operato	r (2)	L. Carriero	1 i N	IAY -	_ Q	2019)	
Agencies Notified Type Notifie	cation			Address	iolition		į.	U LA M	IAI	- 0	2010)	
☐ EPA ☐ Initial				eforest A	/e.				ا داد این دستون می واقع انتخاب داد		s march)
DEP Amen				ate, Zip Co				ASSE	25103 110a	71911 71911	ug ug	JL 81	
	dment #1 gency (including	_ [NJ 07936		les,			No ASSESSMENT	red to her		e commence
DOH justific	ation)			of Contact Caravella				Telephoi					
L Cance	ellation				RMATION			(973) 8	384-49	900			
Name of Facility Where Abatement is	Taking Place	(3)	FAC	ILIT INFC	DRIVIATION	Ту	pe of Facility (4)			-		
Private Home						П	School (K-1	32					
Street Address							Subchapter	8 (Other tha	n K-12	!)	J		
City (E)						•	etc.)	rivate & com		al buil	aings	, nom	es,
City (5) Paterson						Sq	uare Feet	# of Floo	rs	E	Bldg. A	\ge	
County (6) Passaic				Code (7) USE ONLY)		Cu	rrent Use (Prid	or if being de	emolish	ed)			
Name of Monitoring Firm Hired by Bui N/A	ilding Owner (8)	ASCI	VI No.			batement Con						
Street Address					Street		_			-			
					522								
City, State, Zip Code					10 TO STATE OF THE PARTY OF THE		Zip Code ity NJ 0708	7					
Project Manager for Monitoring Firm			Telepho	ne No.	Telep	hone			nse No).			
Start Date (10)			npletion	Date (11)			SHA Monitor	012			-		-
05-04-18	05-10-			ř	Delfa	a Co	ntracting L	LC					
Occupancy Status During Abatement					Street								
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	ntire Period of Normal Facilit	Abaten y Hours	nent S			State,	Zip Code	7					
Scope of Work (Check All That Apply)					– Unio	n Ci	ity NJ 0708	7					
23 sf or ≥3 lf					г	7							
≥3 st of ≥3 if ≥160 sf or ≥260 if	-	Renova Demolit				J F	ull Containme Ini-Enclosure	nt with Nega	ative Pr	essu	re		
						1 0	Slovebag Proc	edure		_			
	1	. 1 1			<u> </u>	1 1	lon-Exempted	(*) and Non	-Friable		cedur Abate		
Location of	11	Locati Normal	ly		Description	of					Ту		
Asbestos-Containing Material (ACI TO BE ABATED		ed Sole iintenai		Asbesto	os Containing N	/lateri	ial (ACM)	Amount	7			ш	
In Facility	Cus	todial S	Staff?	(i.e. t	hermal system surfacing, VA			(Specify SF or LF		Remova	Repair	тсар	inclo
(13)	-	(12)			other miscellar				<i>'</i>	lova	oair	Encapsulate	Enclosure
	Yes	No	N/A									te	(I)
Entire Property		х		Demo	olition Asbestos Debris X								
			-										
Name of Registered Waste Hauler		l Ni	JDEP W	laste	Cubic Yards	277	Name of F	la minte 11					
Caravella Demolition Inc			auler ID	No.	of Waste 80		The second second second	Registered La	andtill				
City, State E. Hanover, NJ 07936					Disposal Date 05-04-18		City, State						
Completed by	Title				Signature		A	,	Date	9		-	
aime Delgado	Proj.	Mana	ger.			10	1		72/01/02/0	02-1	8		

Chaiz	X		NOT	D) S FICATIO Pursuan	State of New Jerse NOF ASBESTOS toto NJAC 8 60 ar	ABATE	EMENT		E C		8 2	₩ P	et l
Date of Notification (1) 05/02/2018					of Building Owner/ dence	Operato	r (2)				0 2	010	į
Agencies Notified	Type Notification			Street	Address				Auples		JUMN SING		. &
EPA DEP DOL	Initial Amended Amendment				tate, Zip Code land NJ 07068	}		konvenas			Se established of	1 12 10 ga	THE STATE OF THE S
▼ DOH DCA	Emergency justification) Cancellation		g		of Contact Meisinger			Tel	ephone Nur	<u>nb</u> er			
Name of Facility Where	Abatement is Takin	a Diago	(2)	FAC	ILITY INFORMAT	ION	T =						
Residence	Abatement is Takii	y riace	(3)				Type of Facility						
Street Address							School (K. Subchapte Other (i.e. etc.)	er 8 (Othe	er than K-12 & commerci	2) al bui	ldings	, hom	ies,
City (5) Roseland							Square Feet 1,357	# of	Floors	- 1	Bldg. /	Age	
County (6) Essex					Code (7) USE ONLY)		Current Use (P	rior if bei	ng demolish	ned)			
Name of Monitoring Firm A. Seine Lighthouse	Hired by Building	Owner (8	3)	ASCI	M No.		of Abatement Co s Tank Service		(9)				
Street Address							Address						
PO Box 354 City, State, Zip Code							Liberty Aven	ue					
South Orange, NJ 0							state, Zip Code de, NJ 07205						
Project Manager for Moni Sarah Calandra	itoring Firm			Telepho 201-34	ne No. 49-2666		none No. 462-7465		License No 01316	0.			
Start Date (10) 05/16/2018		Schedu 05/21		mpletion	Date (11)	100000000000000000000000000000000000000	of OSHA Monitor		tions				
Occupancy Status During	Abatement (Chec	k Only O	ne)				Address	oc ooiu	110113				
Facility Closed/Vaca	ited During Entire F	eriod of	Abaten	nent			354 354						
Abatement Performe Other – Describe:	ed Outside of Norm	al Facilit	y Hours	5		1,000	tate, Zip Code h Orange, NJ	07070					
Scope of Work (Check Al	I That Apply)					Oout	ii Orange, No	07079					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Construction of the last of th	Renova Demolit			××	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	•		2079	e	
graph (NOA) and	W.2	200	s Locati Normal					e de contraction de la contrac			Abate	ement	ż
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Us Ma	ed Sole aintenar stodial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfac		laterial (ACM) s insulation, T, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			S)			al	7	late	ıre
Baseme	ent		X		9x9	floor t	ile	75	0 SF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP V Hauler ID 04509	Cubic Yards of Waste	Name of Regis Waste Mana	tered Landfill agement Land	fill	
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle	e, PA		
Completed by Alison Lamers	Title Office M	lanager	Signature		Date 05/02	/2018	

01/ 0		ſ		A	n.I	M		_	·				L	Р	TIFIL F
Date of Notification (1)		NOT	ursua	State of N. ON OF ASI	8:60 a	SABATE	(0)	T Property of the Parks of the		EC	E		\mathbb{V}	E	
05/04/18			Name	of Building	Owne	r/Operator	r (2)	A Comman		MAN	Υ -	0	2046		
Agencies Notified Type Notification	n			h Amboy	Boar	d of Edu	ucati	on	lsi	M A	1 -	0	2018		
EPA X Initial			1	Street Address 178 Barracks St.											~ 178 a same
DEP Amended				State, Zip C				TO.	6-	UBEST L	TOSIC TOSIA	OA Marie	TRO	1.8	
Emergenc			Pert	h Amboy	, NJ 0	8861		Econo	אומפאון ויעו		a minute of a COOM	C. Carrier	en anama	The state of	-
DOH justification	1)	9		of Contact	•				Te	lephone	Numb	er			
E Gariochian				olas Cru	•					32-376					
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INF	ORMA	TION	Tim	o of Easilib.	-						
Perth Amboy High School								e of Facility (
Street Address							×	School (K-1 Subchapter	2) 8 (Oth	er than	K-12)				
300 Eagle Ave.								Other (i.e. p etc.)	rivate	& comm	nercial	buil	dings	, hom	ies,
City (5)	Perth Amboy						Squ	are Feet	# 0	f Floors		E	Bldg.	Age	
County (6)													9.	,go	
Middlesex			County (STATE	Code (7)	0		Cun	rent Use (Pric	or if be	ing dem	olishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8	3)		M No.	,										
AHERA Consultants Inc.	3.5	-,	005	440.10 12.25 .5 .7 2.47.1				atement Con							
Street Address	U	1				Street		y Construc	uon i	nc					
PO Box 385								te:46 Suite	14						
City, State, Zip Code								Zip Code							
Oceanville, NJ 08231 Project Manager for Monitoring Firm								NJ 07512							
John Smoyer							one N			Licens	se No.				
Start Date (10)	Schedu	led Co		Date (11)		973				0115	55				
05/17/18	06/07		ripieuon	Date (11)				HA Monitor							
Occupancy Status During Abatement (Che	ck Only O	ne)					Same as above Street Address								
Facility Closed/Vacated During Entire	Period of	Abator	ment			Otreet	nuuie	:55							
Other – Describe: Facility Occupied I	mal Facilit	V Hour	~			City, St	tate, Z	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	STREET, STREET	Renova Demoli				×	Mi Gi	ill Containmen ni-Enclosure ovebag Proce on-Exempted	edure						
	Is	s Locat	ion					- Exemples	() ain	ו ו-ווטאו נ	nable i			ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			De	scription	of							ре	
TO BE ABATED	Ma	aintena	nce/	Asbest	tos Con	taining Ma	ateria	I (ACM)		mount				Ш	
In Facility (13)	Cus	todial (12)	Staff?	(surfa	cing, VAT	or .			pecify or LF)		Removal	Repair	Encapsulate	Enclosure
()	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Τ	-	other r	miscellane	eous)			00000000000000000000000000000000000000		ova	pair	sula	osur
Main Office /Conference B	Yes	No	N/A											ite	Ф
Main Office/Conference Room			X		Popo	corn ceil	ling		20	0 SF	X				
			F				2,1412-72				}.				
											-	-			-1
											-		-		
Name of Registered Waste Hauler			JDEP W			Yards		Name of Re	egister	red Land	dfill				
Academy Construction Inc		100	lauler ID 034422	1	of Wa	ste		Fairless							
City, State			J 1 TL			sal Date		City, State							
Totowa NJ		TBD					Morrisvill	e P	A						
Completed by John Geleski	Title			V	S	Signature	1	HI	/		Date				
GOINT GEIGSKI	PM					14	h	July			05/0	4/1	8		

Do not use this form for asbestos licensure exempted activities.