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

			(F	ursuant	t to NJAC	8:60 an	d 12:12	20)		NE	C	E	7	V7 [3	21
Date of Notification (1) 5/8/2018					of Building		Operato	or (2)			0		п	3 1		
Agencies Notified	Type Notification				Address	OLINO					MAY	14	26	118		Ш
X EPA				0110017	1001000				4	Щ	MI / A I	105	20	10		
☐ DEP				City, St	ate, Zip C	ode			_			~~~				
X DOL	Amendment			PEQL	JANNO	CK TO	WNSH	IIP, N	IJ 07440	ASB	ESTO	OS CO CENS	TMC	ROL	&	
ĭ DOH	<pre>Emergency (justification)</pre>	inciuaing	3		of Contact				-	Te	enhon			min and property in	SULPROS	A445
☐ DCA	Cancellation			MIND	Y ROD	GERS										
Name of Facility Where	Abatement is Takin	a Place /	2)	FAC	ILITY INF	ORMAT	ION	-		///						
RESIDENCE	Abatement is Taking	y Flace (3)					Туре	e of Facility							
Street Address								H	School (K- Subchapte		or than	n K 12	1			
								×	Other (i.e.					dings	, hom	es,
City (5)								Sau	etc.) are Feet	1#0	f Floor	'e		ildg. A	100	
PEQUANNOCK TO	WNSHIP								8					nug. 7	nge	
County (6) MORRIS					Code (7) USE ONLY)		Curr	ent Use (P	rior if be	ng der	nolish	ed)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)	ASCN	И No.				atement Co			TIN 10	- 12.	_		
Street Address									OTHERS	CON	IRAC	TING	i, IN	C.		
								t Addre	ess LAND A\	/ENUE						
City, State, Zip Code									Zip Code N, NJ 075	12						
Project Manager for Mon	itoring Firm			Telepho	ne No.			hone N			Licer	nse No)			
								-956-			004		6			
Start Date (10)	70-11	Schedul	ed Cor	mpletion	Date (11)				HA Monitor							
5/19/2018		5/23/2					SAN	ΛΕ AS	S (9) ABC	OVE						
Occupancy Status During							Street	Addre	ess							
X Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire P ed Outside of Norm	eriod of all Facility	Abater y Hours	nent			City, S	State, Z	Zip Code							
Scope of Work (Check Al	I That Apply)										- 5 - 10 - 0					
× ≥3 sf or ≥3 lf	т так Арргу)						Г	7								
≥160 sf or ≥260 lf		_	Renova Demoli				3	N/i	II Containm ni-Enclosur	nent with	Negat	tive Pr	essu	e		
		_					2	GI	ovebag Pro	ocedure						
		Τ.	¥ 20				Þ	i No	n-Exempte	ed (*) and	Non-	Friable				
Location	of	144	Locati Normal	2000											ment pe	
Asbestos-Containing	Material (ACM)		ed Sole		Asbes	tos Cont	scription aining N		I (ACM)	A	mount					
TO BE ABA			todial S			thermal		s insula		(S	pecify		Re	R	Encapsulate	Enc
(13)	,		(12)				niscellar			51	or LF	,	Remova	Repair	psu	Enclosure
		Yes	No	N/A									<u>a</u>		ate	re
BASEMENT CRA			Χ				PIPE			1	0 LF		Х			
BASEMENT CRAV			Χ		DISI	POSAL	OF T	RANS	SITE	8	SF					
2ND FL CL	2ND FL CLOSET					S	IDING	3								
Name of Registered Wast	e Hauler		I N	JDEP W	acto	Cubic '	Vanda		I No of	D : .		150				
TWO BROTHERS C		H.	auler ID		of Was			Name of								
	CIVITACTING	1	8743		3			WAST	∟ MAN	IAGE	MEN	IT G	.R.O	.W.S	5.	
City, State TOTOWA, NJ						Dispos 5/22/2	al Date 2018	8	City, Stat MORR		E. P.	Ą				
Completed by		Title				Si	ignature	,				Date)			
VIVECA RAMOS		PRO	JECT	COOR	RDINAT	OR	Vin	Le	alle	17-	_		/201	8		

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

Print	Form
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Date of Notification (1) 5/9/18			Name	of Building	g Owner/	Operato	r (2)	K			1	A 01	210	Company of the Party of the Par
Agencies Notified Type Notification				Address	Conne	511		Ш	1	MAY	1	4 2	JIR	
EPA Initial Amended Amendment Emergency			City, S	tate, Zip C					ASB	ESTO LIC	DEN	ONIS	FROI	8
DOH justification) DCA Cancellation			Name Gail	of Contac	t			Te	elenhone	e Num	ber .			ź.,
Name of Facility Where Abatement is Takin Street Address	g Place (3	3)	FAC	CILITY INF	FORMAT	ION	Type of Facility (School (K-1 Subchapter Other (i.e. p	12) 8 (Oth				dings	, hom	es,
City (5) Keyport						31	Square Feet 1282	# 0	of Floors	3	E	Bldg. /	Age	
County (6) Monmouth				Code (7) USE ONL	n		Current Use (Prid	or if be	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASC	M No.			of Abatement Cor LEAD PROFE			3				
Street Address	ip Code						Address HITE DOVE CO	DURT	-					
City, State, Zip Code							tate, Zip Code EWOOD, NJ 08	8701						
Project Manager for Monitoring Firm						Teleph	one No. 668-9078		Licen 1200					
Start Date (10) 6/11/18	ate (10) Schedule						of OSHA Monitor LEAD PROFE	SSIO	NALS					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P			nent				Address HITE DOVE CO	URT						
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hour	S				tate, Zip Code EWOOD, NJ 08	3701						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	enova emoli				×××	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					a	
Location of	0.00	Locat											ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Custo	d Sole ntena odial ((12)	ely by nce/ Staff?		tos Conta thermal surfac		aterial (ACM) insulation, r, or	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		F	Piping		8	0 LF	-	ĸ		TO .	
						9			0 11		~			
												9,250		
Name of Registered Waste Hauler NEWARK CARTING	Н	JUDEP W lauler ID 4509		Cubic Y of Was		Name of R	egiste	red Lan	dfill					
City, State NEWARK, NJ							City, State BETHLE		I PA					
Completed by JOSEPH PERLSTEIN	Title OWN!	ΞR			Sig	gnature		-		Date				

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

Date of Notification (1)			Name	of Desired	0		(0)		F (PE	ii A			111
5/4/2018				of Building Niszcza		Operato	or (2)					- Company by the desired to		Company of the Control of the Contro
Agencies Notified Type Notification			Street A	Address					11 1	AAY 1	4 20	18	1	廾
EPA DEP Amended Amendment	#		스타시아 등 회사되었다.	ate, Zip C				American Company of the Company of t					2	Contract Con
Emergency (injustification)	including			of Contact					ASB Tele	ESTOS ephone A	Jumber	1.05		
DCA Cancellation			Tom I	Niszczal	<				1		191.000			
Name of Facility Where Abatement is Taking	Place (3)	1	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)					
Private	, 1 1000 (0)	,						ichool (K-	(10.5)					
Street Address							S N	subchapte other (i.e. tc.)	er 8 (Othe	er than K & comme	-12) rcial bui	ldings	, hom	es,
City (5) Gillette							Square		# of	Floors		Bldg.	Age	
County (6) Morris				Code (7) USE ONLY)		Curren	nt Use (Pr	ior if beir	ng demol	ished)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASC	M No.				ement Co		(9)				
Street Address						Street	Address	100000000000000000000000000000000000000	•	11				
City, State, Zip Code						City, S	State, Zip	Code		115.052				
Project Manager for Monitoring Firm		- 1	Talaaba	N-				07470						
			Telepho			973-	none No. 750-07	752		License 01253	A11777758			
5/14/2018	Scheduled 5/15/20	18	npletion	Date (11)				A Monitor on Cons						
Occupancy Status During Abatement (Check		3					Address		and					
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Al al Facility I	batem Hours	ent			City, S	state, Zip							
Scope of Work (Check All That Apply)					_	Fair	Lawn,	NJ 074	10					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti		3 . (Mini- Glov	Containm Enclosur ebag Pro Exempte	e cedure					
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Location of		ormall Solel				cription						Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	itenan dial S (12)	ice/ taff?		thermal surfac				(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
0 10	Yes	No	N/A		172.487 NS								Ф	
Crawl Space			X		Duct	insula	tion		3	BOIf			X	
Name of Registered Waste Hauler		75777	JDEP W		Cubic \			Name of	Register	ed Landf	ill			
G S C Services Corp		1 1/25	auler ID 36309	92.U50	of Was	te		TRRF						
City, State Wayne, NJ		-			Dispos	al Date		City, Stat						
Completed by								I ully,to	WII, PA					

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			FICATIO	State of N N OF AS It to NJA	BESTOS	ABATE			<u>)</u> ,_	E C	E	1	<u> </u>		n
Date of Notification (1) 5/10/18			Name West	of Building	g Owner/ ine Ho	Operator mes	(2)		$\widetilde{\parallel}$	MAY	1 4	- 20)18	ALIEN MANAGEMENT	
Agencies Notified Type Notification	1		Street	Address Voodga						MMI		۷.	710	and the second	
EPA Initial Amended				tate, Zip C		V		-	F	SBEST	J8 0	JNT	ROL	&	
X DOL Amendmer Emergency		_	Long	Branch	, NJ 07	740				LIC	CENS	ING			
DOH justification Cancellation) `	9	Name o	of Contac	t	- 35 %	St w			Telephon 732-96					
Name of Facility Where Abatement is Taki	no Place ((3)	FAC	ILITY INF	ORMAT	ION	Tuna	f Facilit	(4)						
The state of the s	ing i lace ((3)						of Facilit chool (F							
Street Address							Si X O	ubchap	ter 8 (Other that ate & com	n K-12 mercia) il buil	dings	, hom	es,
City (5) Long Branch							Square 1800			# of Floor	rs	E	3ldg. A	Age	
County (6) Monmouth				Code (7) USE ONL	Y)		Curren		Prior it	being der	molish	ed)	7	liene.	
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.		Name o	of Abate	ement C							
Street Address	26					Street A		311117-0011	-ESS	SIONALS	S				
City State 7in Co. I						A STATE OF	ITE D		COU	RT					
City, State, Zip Code						City, St.			0870	01					
Project Manager for Monitoring Firm			Telepho	one No.		Telepho				100000000000000000000000000000000000000	nse No).			
Start Date (10)	Schedul	led Cor	nnletion	Date (11)		732-6 Name o				1200	0				
5/20/18	5/27/1	8	npicuon	Date (11)						SIONALS	S				
Occupancy Status During Abatement (Che	page part page and a second	27-2500				Street A				DT					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of mal Facility	Abaten y Hours	nent s			City, Sta	ate, Zip	Code							
Scope of Work (Check All That Apply)						LANCE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D, 145	007		-				_
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit				×	Mini-l Glove	Enclosu ebag Pr	ire ocedi	with Nega ure and Non-				e	
	10,000	Locati												ement pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normal ed Sole iintenar todial S (12)	ly by nce/ Staff?		stos Cont thermal surfac	scription of aining Ma systems cing, VAT niscellane	aterial (A insulation) , or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A			looring			-	600.05					
INTERIOR						looring	on			600 SF		X			
TILIMOIT					pe	Insulati	on	3-32-1		175 LF		X			
		-22:47M													
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509		Cubic of Was		1	Name o IESI	f Reg	istered La	ndfill				
City, State NEWARK, NJ		L_				al Date		City, Sta		EM PA					.1.003

Completed by

JOSEPH PERLSTEIN

Title

OWNER

Date

Signature

Apr. 27. 2018 2:56PM FAMM

No. 1586 P. 3

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	PA	D	NOTI	FICATIO	ista of New J N OF ASSES' t to NJAC 8;5	OS ABATE	MEN (0)	NT I			5.1	5 F	7	7
Date of Notification (1) 4/27/2018		**			of Building Ow	ner/Operato	r (2)		14	III MA	Y I	4.	2018	
Agencies Notified	Type Notification	n		1	Address			<u>i.</u>	+-	1		/	4010	1
EPA	IXI Initial								-	ASBES	101	/ 894	TRI	j
EPA DEP Z DOL	Amended Amendmen	.14			sle, Zip Code	1460				STAR L	V	ISIN	G:	1)
	IX Emergency	(including	<u> </u>		vood, NJ 07	455		i				w.,		21 (11)
DOH DCA	Justification Cancellation			LUNE STORY	n Livria				1	Telephone Nu	ımber			
Name of Earline State on	W		-		ILITY INFORM	MATION	_	4:						
Name of Facility Where Private	Abaisment is Taki	ng Piaca (3)				Ty	pe of Feci						
Sireel Address							X	School Substitution (i. Other (i.	ler 8 fe	Other than K-1	l2) Ial bu	iding:	, hom	65,
City (5) Ringwood						WAS ALSO		uare Feel		# of Floors		Bldg, .	Aga	
County (8) Passaic	×			(STATE	Code (7) USE ONLY) _					being demolis	hed)			
Name of Monitoring Firm	n Hirad by Building	Owner (8)	ASCI	VI No.	Name GSC	of A Se	batemeni ervices (;	ontrac	clor (9)				
Street Address						Street		**************************************		2444				
Clly, State, Zip Code						City, 5	tate,	Zip Code NJ 0741		4111				
Project Manager for Mor	illoring Firm			Telepho	ne No.	Telaph	none			License F	do.			
Start Date (10) 4/30/2018		Schedul 6/2/20		mpiellon	Dala (11)	Name	0/0	SHA Mori					-1120	
Occupancy Status Durin	g Abalement (Che	ck Only Or	ne)			Street			74.10	7110		-		
Facility Closed/Vac Abetement Perform Other - Describe:	ated During Entire led Outside of Nort	Period of a	Abater y Hour	nent s		City, 5	lals,	agaraw Zip Cod:						
Scope of Work (Check A	I That Ample)					Fair	Law	m, NJ 0	41)					
23 of or 23 il 2160 af or 2250 ii	a tuaci-febbb)		Renova Remed				N	Mint-Enclor L Movebeg I r	oca:du	Aih Negetive i Ire and Non-Friet			73.	
			Local						T		T	Abel	ment	
Locator Asbestos-Contening TO BE ABI In Facil (13)	Material (ACM) ATED Ily	Vorma d Sole intens todial (12)	noe <i>i</i> Stati?	(i.e. lher	Description Containing M mai systems orfiecing, VA or miscotian	lateri inau T, or	rieilon,		Amount (Specify SF or LF)	Ramoval	Repair	Encapsulate	Enclosura	
		Yes	No	N/A							_		क्र	D)
First Floor			X		Vermiculi	ie		<u></u>	14781	X				
First Floor Livi	ing Room		X		Vermiculi	te		-	335sf	Х				
Name of Registered Wes	ite Hauler		Th	JOEP W	asta I Cu	bic Yards	-110	Name 3	(Real	stered Landilli				
GSC Services Corp.				036308	States I have a	Wasta		TRR -						
City, State Wayne, NJ			12	20000		possi Dala	7	City. E.		PA				
Completed by Daniela Antic		Tilis	er 			8/gn lure	/	1	2	Da	le 27/20)18		
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DAID			ATIO	N OF AS	BESTOS ABA AC 8:60 and 5:		DEC	BE			E.
Date of Notification (1)	20 / 20	018		e of Buildin	g Owner/Operator Rive		M III	AY 1	4 2018	3	L
Agencies Notified ☐ EPA ☐ DOLWD ☐ DOH ☐ DCA	Type Notification X Initial Amended Amendment #	£	City,	State, Zip (ld, NJ	07024	Commission Commission (Company)	STOS (SING	OL&	
(NJAC 5:23-8)	justification) Cancellation		E	of Contact	n Rive	ra	Telephone	Numbe	r		
Name of Facility Where A	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DI (0)	FA	CILITY IN	IFORMATION			y-			
Private Street Address	Aparement is Takin	g Place (3)				Type of Facility School (K-1 Subchapter Other (i.e., homes, etc	2) 8 (Other than private and co	K-12) mmercia	al buildin	gs,	
City (5) Garfiel	d					Square Feet	# of Floor	s	Bldg. A	\ge	
County (6) Bergen			Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being de	emolishe	d)		
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCM	No.	Name of Abatem	ent Contractor (9 SCY VICE		P.			
Street Address					Street Address	RT 2		- V	[1]		
City, State, Zip Code					City State Zin C						
Project Manager for Moni	toring Firm	Tele	phone	No.		0.0752					
Start Date (10) 30 /	18 Sched	Juled Complet	ion Da	te (11)	Name of OSHA N				1+5		_
Occupancy Status During					Street Address						_
☐ Facility Closed/Vacate ☐ Abatement Performed	d During Entire Pe	riod of Abaten	nent		20-21	wag	arou) Re	d.		
Time of Abatement:	AMP	Facility Hours	s - Des	cribe AM		Lawn (
Scope of Work (Check all	that apply)				ially	Lawin	140	01	410	() 	_
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		Renovation Demolition	on n		Mini-Enc Gloveba	tainment with Ne closure g Procedure mpted (*) and No					
Location of Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM) FED	Is Locati Normall Used Solel Maintenar Custodial S (12)	y y by nce/		Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	of iterial (ACM) insulation, , or	Amount (Specify SF or LF	,	Abateme Repair	Type Enclosure	-
Basement-u	nder stainwel		乜	VI	AT		10 5	SF [X D		1
Basement			ğ		SI				X 0		_
Claw Space	,		×	T	SI		20 (4 0]
							,]
Name of Registered Waste			DEP W	Control of the Contro	Cubic Yards of Waste	Name of Regis		- I			
City, State		¥ 1 C	200		Disposal Date	City, State	town,	PA			
Completed By (Print or Typ	oe) Title				Signature	1	100	Date	1	-	-
Daniela A	NTIC C	mner			1/	4//		4	201	18	
SB-41 AN 13	* /	On not use this	form t	for anhanta	s licensure exemn	/					



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

Date of Notification (1)	-		Name	of Building	g Owner	/Operato	r (2)			M	AY	1-4	2018	}	
4/18/2018			-	Hamilto	on		N=2000								
Agencies Notified Type Notificati Fig. 1. Initial Amended Amended	on			Address				Miles and Marketon	A	ASBES	STOS			OL &	j
DEP Amended				tate, Zip C ewood,		50	*	-100	at all rights					AND PIECE	Marie San
	cy (including	10 10		of Contac		-50			Te	elephor	ne Nu	mher			
DCA Cancellat		1	John	Hamilto	n				i	-					
Name of Facility Where Abatement is Ta	king Place (3	3)	FAC	CILITY INF	ORMAT	TION	Type of Fac	ility /	1)						
Private	3 (,					School		350						
Street Address							Subcha Other (etc.)	apter	8 (Ot	her tha & com	n K-12 merci	2) al bui	Idings	, hom	ies,
City (5)							Square Feet	t	# 0	of Floor	rs	1	Bldg.	Age	
Ridgewood County (6)			Causti	Code (7)					<u> </u>						
Bergen				Code (7)	n		Current Use	(Prio	r if be	eing de	molish	ied)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASC	M No.			of Abatement Services (r (9)				-	
Street Address							Address								
City, State, Zip Code							Route 23		th, #	111					
ony, otate, zip oode							tate, Zip Code ne, NJ 074								
Project Manager for Monitoring Firm	t Manager for Monitoring Firm						one No.			Licer	nse No	D.			
Stat Data (40)							750-0752			012	53				
Start Date (10) 4/28/2018	4/30/20		mpletion	Date (11)			of OSHA Mon oVision Co		tant	c					
Occupancy Status During Abatement (Ch							Address	risu	tarri	5					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of A rmal Facility	bater Hour	ment s				1 Wagaraw ate, Zip Code		ad						
Scope of Work (Check All That Apply)						Fair I	_awn, NJ 0	741)						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	- Personal	enova emoli				X	Full Contai Mini-Enclo Glovebag I	sure Proce	dure	-					
	In I	ocat				L	Non-Exem	pted	(*) an	d Non-	Friable	_	-	e ement	
Location of	No	ormal	lly		Des	scription	nf							ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	itena	nce/		tos Cont thermal surfac	aining M	aterial (ACM) insulation, , or		(5	mount Specify or LF		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									-		ate	.e
Basement Crawl Spaces						TSI			6	8LF		Х			
								+	-/						
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic '	Yards	Name	of Re	anieta	red La	ndfill				
GSC Services Corp	SC Services Corp						TRR		9.50	. ou La					
City, State		101	036309	,	Dispos	al Date	City, S	×							
Vayne, NJ						A CONTRACTOR OF THE PARTY OF TH	Tully		n, PA	4					
Completed by Daniela Antic	Title Owner				Si	gnature					Date		110		
77777 7787	Owner					16					4/1	8/20	118		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 5/8/18 Dixon Leasing Agencies Notified Type Notification Street Address PO Box 2032 EPA × Initial × DEP City, State, Zip Code ASBESTOS CONTROL & Amended DOL Amendment # Jersey City NJ 07303 LICENSING Emergency (including Name of Contact DOH Telephone Number justification) DCA Cancellation Gary Fleyshman **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 Bldg. Age Jersey City 2100 127 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AFT 0021 CPR ENVIRONMENTAL SERVICE Street Address Street Address 28 NORTH PENNELL RD. 8421 HEGERMAN ST City, State, Zip Code City, State, Zip Code **MEDIA PA 19063** PHILADELPHIA PA 19136 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. CARMELO ALTOMONTE 2018646583 2153335117 01328 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/19/18 AFT Occupancy Status During Abatement (Check Only One) Street Address 28 NORTH PENNELL RD. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: **MEDIA PA 19063** Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X VAT 667SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste REPUBLIC SERVICES WASTE MANAGEMENT G.R.O.W.S 2798 6 City, State Disposal Date City, State NEW BRUNSWICK NJ MORRISVILLE PA Completed by Signature Date

PROJECT MANAGER

ANTHONY JONES

5/8/18

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Date of Notification (1)	PAID				of Building		Operator	r (2)	IM		7 4		HH-L-TI Kulyootu		Parametria de la composición del composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composición del composición del composición d
Agencies Notified	Type Notification			W	Address					MAY	14	201	8	11	4
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X DOL	Amendment Emergency				ewood, I		331			LIC	CENS	NG	-	_	
DOH	justification)		9		of Contact					Telepho	ne Nu	mber			
DCA	Cancellation				oh Benn								1		
Name of Facility Where	Abatement is Takin	g Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of F	acility /	4)	27.11				
Residential		g , 1000 i	(0)						5.03	15) ATINE					
Street Address								☐ Sub	ool (K-1 chapter	2) 8 (Other the private & cor	an K-1	2)	dinas	hom	00
City (5)								etc.)						.00,
Union City								Square F		# of Floo	ors		Bidg. / unkn		
County (6) Hudson					Code (7) USE ONL	0		Current U		or if being de	emolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.	-	Name	of Abatem		tractor (9)					
N/A							1			nvironme	ntal S	Servi	ces,	LLC	
Street Address								Address Hudsor	Ανο						
City, State, Zip Code				-0-11-2			20000000000	tate, Zip C							A===
							100			07093					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	one No.		Lice	ense N	0.			
							201-2	289-539	7	01:	354				
Start Date (10) 05/10/18		Schedu 05/20/		npletion	Date (11)		Name o	of OSHA N	Monitor						
Occupancy Status During	Abatement (Chec	200000000000000000000000000000000000000					1.351078.04	Address	========						
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Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm	al Facilit	y Hours				City, St	tate, Zip C	ode						
Scope of Work (Check Al	I That Apply)										1-1-1-1-1				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoliti				×	Mini-Er Gloveb	iclosure ag Proc						
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Asbestos-Containing TO BE ABA		1 0 0 0 0 0 0	ed Solel aintenar		Asbes	tos Conta	aining M	aterial (AC	(M	Amoun				Ш	_
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(13)			(12)			other m	niscellan	eous)		580000	′	lova	pair	sula	osur
		Yes	No	N/A								_		ate	е
Upper R			Х				Flashi	ing		240 sq	ft	Х			
Lower R	oof		X			R	oofing			1500 sc	ft				
Name of Registered Wast															
	e Hauler		100000	JDEP W auler ID		Cubic \ of Was				Registered L					
Rovic Transport			20	785	vacasto 05	30	\sim			ga Landf	II				
City, State Riverdale, NJ						Dispos 05/22	al Date /18		y, State organt	own, PA					
Completed by		Title	630			/ si	gnature	8	X		Dat	e	-	-	-
Dean Schaffer		Proje	ect Ma	nager		///	N	1	7		05	/01/1	8		

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

State of New Jersey

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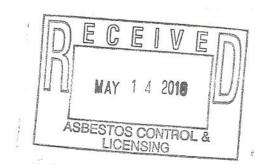
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1 05/09/2018)			Name Tinto		Owner/	Operator (2)	heck No. 109	E C		V	7 [5	
Agencies Notified	Type Notification				Address inton Ave	enue		The state of the s	N	1 /	0.01	0	-
⊠EPA ⊠ DEP ⊠ DOL	☑ Initial☐ AmendedAmendment #			City, S Tintor	State, Zip C n Falls, N	ode ew Jers	ey 07724		JUJ MAY	14	201	8	
☑ DOH ☑ DCA	☐ Emergency (i justification) ☐ Cancellation	ncluding			of Contact aniels				Telephone Nur 732-542-115	nber C SENSI	INTF NG	OL &	ž
				FA	CILITY INF	ORMAT	ION						
Name of Facility Whe Tinton Falls Middle	re Abatement is Takir School	ng Place	(3)				Type of Fa			400			
Street Address 674 Tinton Avenue)						☐ School ☐ Subcha	apter 8 (Other t	han K-12) ommercial buildir	ıgs, ho	mes,	etc.)	
City (5) Tinton Falls, New J	ersey 07724						Square Fee 60,000	et	# of Floors 2		dg. A	ge	
County (6) Monmouth					Code (7)	0	Current Use	e (Prior if being School	demolished)				
Name of Monitoring F AHERA Consultant	irm Hired by Building s, Inc.	Owner (8	3)	ASC 000	M No. 57		Name of Ab	atement Contro	actor (9)				
Street Address P.O. Box 385							Street Addre			<u> </u>			
City, State, Zip Code Oceanville, New Je	rsey 08231						City, State, 2 Woodland	Zip Code Park, New Je	ersey				
Project Manager for M John Smoyer	lonitoring Firm			Teleph 609-6	one No 52-1833		Telephone N 973-225-84		License No 01104).			
Start Date (10) 07/09/2018		Schedu 08/03/2	led Co 2018	ompletion	Date (11)		Name of OS Iris Environ		ratories, LLC	300			
Occupancy Status Du	ring Abatement (Chec acated During Entire F		0.000	mant	74		Street Addre						
☐ Abatement Perform ☐ Other – Describe:	med Outside of Norm	al Facility	Hour	s			City, State, Z Union, NJ (
Scope of Work (Check	All That Apply)												
☐ ≥3 sf or ≥3 lf 図 ≥160 sf or ≥260 lf			Renov Demol				☐ Min	ni-Enclosure ove Bag Proce	with Negative Pridure / Limited Co	ntainm	ent &	Tent	
		1	s Loca	ation				· Exempted ()	Amount		bater	nent	
Locati Asbestos-Containir	ng Material (ACM)	Us	Norma	ally lely by	Asbe		escription of ntaining Mater	ial (ACM)	(Specify SF of LF)		Тур	e	
TO BE A In Fa (13	cility	25423		Staff?	(i.	surfa	al systems insu acing, VAT, or miscellaneous			Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				,		/al	1	ilate	ure
Boiler Room		Х			Interior B Brick, Gas		nponents - 2 I pe Etc	Boilers- i.e.,	250 SF	Χ			
Boiler Room & Adjacent	Storages	X			Fittings A	ssociated	with Fibergla	ass Pipe Runs	55 Fitting est.	Х			
Boiler Room & Adjacent	Storage	Х			Boiler Bre	eching I	nsulation		650 SF est.	Х			
Boiler Room		X			Pipe Insul	lation			100 LF est.	Х			
Boiler Room & Adjacent	Storage	X			Transite (Ceiling			25 SF est.	Х			
st Floor Room 553- Sci	ence Room		X		Possible 0	Concrete	d Sheeting or Under Non-Cl		1476 SF est.	Х			
Name of Registered W	aste Hauler			NJDEP W	Glue on L	Cubic \		Name of Red	gistered Landfill				
Lilich Corporation			54 8	Hauler ID 18724		of Was		Fairless La					
City, State Woodland Park, Nev	v Jersey					Disposi 08/03/		City, State Morrisville,	PA				

Completed by Adriana Olejarova Title President Signature Date 05/09/2018

ASB-41 (R-06-08)

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



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

Date of Notification (1)			Name	of Buildin	g Owner	Operator (2)								
05/09/2018	1015 1015			Tinto	n Falls So	chool Di	strict (2)	Check No.	1094	E	G	E	W	E	The same
Agencies Notified	Type Notification			1	Address inton Ave	enue			関		100 1	<u> </u>	<u>\</u>	رك	
⊠ DEP ⊠ DOL	☐ Amendment	#		City, S Tintor	State, Zip 0 n Falls, N	Code ew Jers	ey 07724			and the same of th	MAY	14	2018		世
⊠ DOH	☐ Emergency (justification)	including			of Contac	t			T	Teleph	one N	umber			<u> </u>
⊠ DCA	☐ Cancellation				aniels		-			7325	#2-10 LIC	5800 ENSI	NG NTR)L&	
Name of Facility Whe	ere Abatement is Taki	ng Place	(3)	FA	CILITY IN	FORMAT	Type of Fa	acility (4)	- Participant						
Mahala F Atchison	School						☑ School								
Street Address 961 Sycamore Ave	enue						□Subchap	oter 8 (Othe (i.e. private	er than & con	K-12) nmercia	al build	lings, h	omes	s, etc.)
City (5) Tinton Falls, New	Jersey 07724						Square Fe 60,000	et		# of Flo 2	oors		Bldg. 50+	Age	
County (6) Monmouth					Code (7)		Current Us	se (Prior if t School	peing o	demolis	hed)				
Name of Monitoring F AHERA Consultant	rirm Hired by Building ts, Inc.	3)	ASC 000	M No. 57		Name of Al Lilich Corp	patement Cooration	ontrac	tor (9)						
Street Address P.O. Box 385							Street Addr 606 McBri								
City, State, Zip Code Oceanville, New Je	ersey 08231						City, State, Woodland		w Jers	sey					
Project Manager for M John Smoyer	Monitoring Firm				one No 52-1833		Telephone 973-225-8				ense i 104	No.			
Start Date (10) 07/16/2018		Schedu 08/10/2	led Co 2018	mpletion	Date (11)		Name of OS Iris Enviror	SHA Monito	or abora	tories,	LLC				
Occupancy Status Du	ring Abatement (Che	ne)				Street Addre									
☐ Facility Closed/Va☐ Abatement Perfor Other – Describe:	acated During Entire I	Period of A	Abatem Hours	nent			2333 Rout City, State, 2	Zip Code	t						
							Union, NJ	07083							
Scope of Work (Check □ ≥3 sf or ≥3 lf	(All I hat Apply)		_												
			Renova Demolit				□ M □ G	ull Containr ini-Enclosu love Bag P	re rocedu	ire / Lin	nited C	Contain	ment	&Ter	it
		10	s Locat	ion	T		□ No	n-Exempte	d (*) a	Amo	unt	e Proc		emeni	t
	ion of		Norma	lly		D	escription of			(Spe SF of				/ре	
Asbestos-Containi TO BE A In Fa (1:	ABATED cility	Ma	ed Sole aintena stodial ((12)	nce/	Asbe (i.	estos Co e. therma surf	ntaining Mater al systems ins acing, VAT, or miscellaneou	ulation, r			,/	Neillova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	9
Boiler Room		X			Expansion	n Tank					85 S	FX			
Boiler Room		Х			Boiler Rib	Packing					450 S	FX		1	
Boiler Room		Х			Breeching	g Insulati	on				480 S	FX			
Boiler Room		Х			Fitting Ins	sulation	on Fiberglass	Runs		60	Fitting	s X			
loiler Room		Х			Header P	acking 12	2"				75 LI	Х			
oiler Room		Х			Pipe Insu	ation					350 LI	Х			
oiler Room							nponents, i.e.	gaskets,		250) SF Es	t X			
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asement Panel Room		X			Fitting Ins	ulation8	5 SF			15 Fi	ttingso	X			
Name of Registered W	aste Hauler		100	JDEP Wauler ID		Cubic \		Name of	Regis	tered L	andfill			1	
Lilich Corporation				18724	140.	of Was 20	le	Fairless	Land	dfill					

City, State Woodiand Park, New Jersey		Disposal Date 08/10/2018	City, State Morrisville, PA	
Completed by Adriana Olejarova	Title President	Signature	CE	Date 05/09/2018

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.



CK 3120

State of New Jersey - Notification of Asbestos Abatement

Check#3120

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) May 9, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ■ Amended Notification #1 – 74 STREET 1603, BLDG-4116, LIVINGSTON CAMPUS ☐ DCA additional work area and new City, State, Zip Code X DOL PISCATAWAY, NJ 08854 completion date ☑ DEP- No Longer REQUIRED Name of Contact ☐ Emergency (including Telephone Number X DOH MICHAEL F. SMITH, ENV 848-445-2550 justification) **HEALTH & SAFETY** □Cancelled **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) OLSON HALL, BLDG# 7229 ☐ School (K-12) ASBESTOS CONTROL & LICENSING ☐ Subchapter 8 (other than K-12)~ Street Address Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC OFFICES **NEWARK** (State Use Only) **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC Group Services LLC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/02/18 05/21/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Other- Describe: Schedule: 3PM − 5AM Daily (24 HOURS & FAIRLAWN, NJ 07410 WEEKENDS & PHASES AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □ > 3 sf or >3 If □ Renovation ☐ Mini-Enclosure \ge 160 sf or > 260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA ROOMS 105, 105A,& 107* TRANSITE (X) 200 SF ROOMS 105, 105A,& 107* ועו BENCH TOPS 1000 SF 123 *All In A Single Work Area ROOMS 304, 306, 308, 310 & 312 IXI TRANSITE, BENCH TOPS 150 SF EX3 **All In A Second Work Area Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 30 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 05/21/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino May 9, 2018 MANAGER

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

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 23, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification (1 Work) ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA Area) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐ DCA ☐ Amended Notification # City, State, Zip Code X DOL □ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED Telephone Number Name of Contact justification) X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **□**Cancelled **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) OLSON HALL, BLDG# 7229 ☐ School (K-12) ASBESTOS CONTROL & ☐ Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes etc.) **NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC OFFICES NEWARK **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC Group Services LLC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/02/18 05/14/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 3PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) □Full Containment with Negative Pressure □ > 3 sf or >3 lf **X**Renovation ☐ Mini-Enclosure X ≥ 160 sf or > 260 lf ☐ Demolition ☐ Glove bag Procedure / Wrap & Cut ☑Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA ROOMS 105, 105A,& 107* X TRANSITE 200 SF X ROOMS 105, 105A,& 107* X **BENCH TOPS** 1000 SF X *All In A Single Work Area Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 25 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City State 100 New Ford Mill NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 05/14/2018 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT April 23, 2018 Raymond C. Pedalina

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

MANAGER



PAID		NOTII	FICATIO	State of Ne ON OF ASE It to NJAC	BESTOS	ABATE	MENT 0)	Г	DAGE	E C	[] 5 2 2	6	$\overline{\mathbb{W}}$	E
Date of Notification (1) 05-08-18				of Building			r (2)		M		**************************************	newy ni zna se		
Agencies Notified Type Notification				Address Hidden R	lidae			- Aller		MAY	-	4	2018	
EPA Initial Amended Amendmen	t#			tate, Zip C					ASE	BEST()S (CON	TRO	 L &
■ Emergency justification)	(including	7	Name	of Contact				i	Telephon	e Num	ber	SIN	3	Charles and -
☐ DCA ☐ Cancellation	1			Kingsbu	. 5	1011			(201) 3	56-51	66			
Name of Facility Where Abatement is Takin	ng Place ((3)	PAC	JILIT INF	OKWAI	ION	_	of Facility (4) School (K-12)						
Street Address Madison and South Avenue							П	Subchapter 8 Other (i.e. privetc.)	(Other than	n K-12) mercial	buil	dings	, hom	es,
City (5) Dunellen							Squa	are Feet	# of Floor 2	S	В	Bldg. /	Age	
County (6) Middlesex				Code (7) USE ONLY)			ent Use (Prior nmercial	if being der	nolishe	d)			
Name of Monitoring Firm Hired by Building ESIS Health, Safety & Environmen	Health, Safety & Environmental							atement Contra Environmen						
Street Address P.O. Box 430	dress x 430						Addre							
City, State, Zip Code North Versailles, PA 15137								ip Code NJ 07072						
Project Manager for Monitoring Firm Brian Kingsbury			Telepho (201)	one No. 356-516	6	Teleph 201-9	one N	0.	Licer 0075	nse No.				
Start Date (10) 05-22-18	Schedul 07-30-			Date (11)		TO CONTRACTOR	of OSI	HA Monitor	007					
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addres	SS	20					
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of nal Facility	Abaten y Hours	nent s			City, St	tate, Z	kson Avenu ip Code			- 45			
Scope of Work (Check All That Apply)						Long	Islan	nd City, NY	11101					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	1960 T (200)			×	Mir Glo	I Containment ni-Enclosure ovebag Proced n-Exempted (*	ure				e	
Location of		Locati				7						Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbest (i.e.	os Cont thermal surfac	scription aining Ma systems cing, VAT niscellane	aterial insula 「, or	(ACM)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Wall: Setback Roof	Yes	No	N/A		Co	ult/Dair	-4		0005				e	
Exterior Wall. Setback Noor			X		Cal	ulk/Pair	חנ		20SF		x			
Name of Registered Waste Hauler		10.00	JDEP W	0.000	Cubic '			Name of Reg	istered Lar	ndfill				-
ATC, Inc. / JBT (50071)		1 (2.22.23)	auler ID I310	No.	of Was			Minerva E						
City, State Shirley, NY / Bronx, NY					Dispos TBD	al Date	2	City, State Waynesbu	irg, OH 4	4688				
Completed by Richard Doran	Title Proje	ct Ma	nager		Si	gnature	z/d	at D.	£	Date 05-0	8-1	8		

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

CHFOGD		NO		State of New Je ATTON OF ASBEST resuant to NJAC 8:60	OS ABAT		DE	G			
Date of Notification (1) Agencies Notified / Type Notification EPA	on .		Na Street	me of Building Owner America	r/Operator		CO CO	MAY P	1.4		18 ROL &
DOL Amendme DOH Justification Cancellation	(includ n) n		Nan	Y, State, Zip Code Egg ht.b ne of Confact BUTHLE ACILITY INFORM	CC 7	ovn Ship	N) Telephone	08 Number	2	34	373
Name of Facility Where Abatement is Taking Street Address City (5)	Place (3	1)) · W			Type of Facility School (8) Subchapte Other (i.e.		12) cial bui	1000		
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City, State, Zip Code						2 BURLIN	2010:11 P	The			
						ate, Zip Code	MITE	30)[-	
Project Manager for Monitoring Firm			Teleph	ione No.	Telepho	ne No.	FIG License	No.	7		
Start Date (10) 5 1 1 8		iled Con	npletion /	Date (11)	1 -	OSHA Monitor	72 07				
Occupancy Status Dufing Abatement (Check Or Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal I Other – Describe:	od of Al	oatemen Hours	t 		City, Star	dress te, Zip Code					
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City, State						Dispos	al Date		City, State							-
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Ch1197		ТОИ	(Pursua	nt to NJAC	w Jersey ESTOS ABAT 8:60 and 12:1	20)			C E			Plint F
Date of Notification (1) 05/08/2018				of Building (2 LLC.	Owner/Operat	or (2	2)					÷
Agencies Notified Type Notification	nn .			Address				A.C.	rec	100	THE	A.S.
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DEP Amended				State, Zip Co			•					
DOL Amendme	ent #		100000000000000000000000000000000000000	GEFIELD								
DOH Emergence justification	y (includir n)	ng	Name	of Contact				Telephone	Numbe	r		
DCA Cancellati			GUS	PATEL				709 - 70				
Name of Facility Where Abatement is Tak	ring Dlags	(2)	FA	CILITY INFO	RMATION	_						
PRIVATE	ang Place	(3)					Type of Facility	3.53				
Street Address						1	School (K-	12)	(40)			
						15	Other (i.e.	r 8 (Other than private & comm	K-12) ercial bu	uilding	s, hon	nes.
City (5)						-	etc.) Square Feet	# of Floors				
RIDGEFIELD NJ.						1 55	3,200	# of Floors		Bldg.	Age 02	
County (6)			County	/ Code (7)				or if being demo	olished\	- 1	02	
			(STATE	USE ONLY)				ES	-noriou)			
Name of Monitoring Firm Hired by Building	g Owner (8	B)	ASC	M No.			Abatement Co					
N/A								VIRONMEN	TAL LL	.C.		
Street Address							idress					
City, State, Zip Code							51 ST.					
							te, Zip Code H BERGEN	NI 07047				
Project Manager for Monitoring Firm			Telepho	one No.		_	n BERGEN		- 11			
•			rolopin	0110 140.	1.5		76- 0642	01300				
Start Date (10)	Schedu	iled Co	mpletion	Date (11)			OSHA Monitor	01000		0/10/10		
05/12/2018	05/12			2			ANLITYCAL	INC				
Occupancy Status During Abatement (Che	ck Only O	ne)			Stree	t Ad	dress			11-3-2		
Facility Closed/Vacated During Entire	Period of	Abater	ment		307	W:	38 ST.					
Abatement Performed Outside of Nor Other – Describe:	mal Facilit	ty Hour	S				e, Zip Code					
Scope of Work (Check All That Apply)					- NEV	NΥ	ORK NY.					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli			2	Y	Mini-Enclosure Glovebag Proc				* 0	
	ls	s Locat	ion								emen	
Location of	Charles and Charle	Normal			Description	n of				T	/ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	nce/	Asbesto	s Containing Nermal system	Mate	erial (ACM)	Amount	_		щ	п
In Facility	Cus	todial ((12)	Staff?		surfacing, VA	T, c	or	(Specify SF or LF)	Rem	Repair	icap	nclo
(13)		()			other miscellar	neou	us)		Removal	pair	Encapsulate	Enclosure
	Yes	No	N/A								te	U
EXTERIOR SIDING		X		TF	RANSITE S	IDI	NG	1,500 SF.	Х			
STAIRS		X			FLOOR T	ILE		50 LF.	Х			
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ame of Registered Waste Hauler		N	JDEP W	/aste (Cubic Yards		Name of F	Registered Land	fill			
RI STATE ASSOCC		1.0	auler ID	No.	of Waste					INIC		
ity, State	4		19951		TBD			VA ENTERP	KISE	INC		
RONX NY				1	Disposal Date TBD		City, State		10			
ompleted by	Title				Signature	1	WATNE	SBURG OH				
ARLOS ESQUIVEL		ETY N	/ANAG	SER	Signature	10	muselm	11/1/1	Date nsingi	2040		

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

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Date of Notification (1) 5/9/18				f Building Owr Atma LLC	ner/Operator	r (2)	The second se	The state of the s	MAY	1 4	201	8	
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□ Emergency justification) □ DCA □ Cancellation	Ţ.,		Name o	f Contact w Ricco				F 5500000000	phone Nur 3.466.64				
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City (5) Deptford						Squa	are Feet	# of	Floors	E	Bldg. A	\ge	
County (6) Gloucester	- 3 12 - 2 - 2 - 3 / 7			Code (7) USE ONLY)		Curre	ent Use (Pri	or if bein	g demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	/I No.			atement Cor nstruction	- 3	9)				
Street Address						Addre	ess k Road						
City, State, Zip Code							Zip Code , NJ 8003	1					
Project Manager for Monitoring Firm	11		Telepho	ne No.		hone N 931.3		100	License N 01339	lo.			
Start Date (10) 5/19/18	Schedul 7/31/1		npletion	Date (11)		of OS rew R	HA Monitor Ricco						
Occupancy Status During Abatement (Chec	k Only O	ne)				Addre							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom Other – Describe:	Period of a	Abaten y Hours	nent		City, S	State, Z	k Road Zip Code , NJ 8003	1					
Scope of Work (Check All That Apply)					Delli	Hawi	, 145 0005	1				_	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit			>	Mi Gl	nll Containme ni-Enclosure ovebag Prod on-Exempted	e cedure				e	
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IIIGHOI			1	VV	ii luuw Gla	zilig		100	JOF	X			
Name of Registered Waste Hauler Ricco Construction Corp	H	JDEP W lauler ID 8909	(C. 1977)	ubic Yards Waste 6		Name of Salem		ed Landfill					
City, State Bellmawr, NJ			Dis	sposal Date	1	City, State Alloway		ť					
Completed by Andrew Ricco	Title Pres	ident			Signature		188	h	Da 5/	te 9/18			

ICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 10 18 The Hampshire Companies, LLC Agencies Notified Type Notification Street Address **⊠** EPA 22 Maple Avenue **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment #_ Morristwon, NJ 07960 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number 5 CONTROL & ☐ Cancellation 973-630-9815 CENSING Eric Helstrom FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mountain Side Hospital School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 34 Sherwood Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Montclair 5.000 2 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) JVN Restoration Inc Street Address Street Address 47 Foster Road City, State, Zip Code City, State, Zip Code Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 21 / 18 10 / 31 / 18 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00 AM-3:30 PM/____PM-___AM LIC NY 11101 Scope of Work (Check all that apply) $\square \ge 3$ sf or ≥ 3 If Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Asbestos Containing Material (ACM) Remova Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes Floor Tile and Mastic 50 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Newark Carting Hauler ID No. Waste G.R.O.W.S., Inc. NJ-566 10 City, State Disposal Date City, State Hackettstown, NJ 10/31/18 Morrisville, PA Completed By (Print or Type)

State of New Jersey

ASR-41 **MAY 11**

Ralph Barnhardt

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

Project Manager

Signature

05-10-13

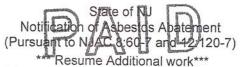




State of New Jersey FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

CK#403

Date of Notification (1)		سا ا		Non	f D '11'						4-0.0	V			
05 /	10 /	18				ng Owner/Operator shire Companies				E	<u></u>	r	П	D/I	F
Agencies Notified	Type Notifica						s, LLC			E	G		1	\mathbb{V}	E
⊠ EPA	I ype Notifica	ition			et Address			The same	-3						- Maria
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☑ DHSS	Amendme		_	143.55	State, Zip			T	4		101741	1	4	CUIC	1
☐ DCA (NJAC 5:23-8)	☐ Emergenc	y (includii	ng	-		n, NJ 07960		-							TWEE
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								-	973-	630-	9815	E A	UIN	j Same	nouseau e
Name of Facility Where A	hatement is To	okina Dlas	- (2)	F.A	CILITY	NFORMATION								C-255-42	
Mountain Side Hosp		aking Plac	æ (3)				Type of Facility (
Street Address	Jitai						School (K-12) Subchapter 8	(0)	h = - 41		((0)				
32 Sherwood Street							Other (i.e., pri	ivate	e and	nan K I com	(-12) imercia	l bu	ildin	gs,	
City (5)	Little and the second						Square Feet	#	of FI	oors		Ble	dg. A	an	
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County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if	being	den	nolishe				
Essex							,			,		-/			
Name of Monitoring Firm I	Hired by Buildin	ng Owner	(8)	ASCN	l No.	Name of Abatem	ent Contractor (9)								
01 111						JVN Restora	tion Inc								
Street Address						Street Address						100			
City Ct-1 7: 0						47 Foster Ro	ad								
City, State, Zip Code						City, State, Zip Co	ode					_			
Desired Manager Control						Staten Island	I NY 10309								
Project Manager for Monito	oring Firm		Tel	ephone	No.	Telephone No.		Li	cens	e No.					
Start Date (10)						718-605-6256			007	74					
05 /22 /	Sc	heduled (28 (5)	Name of OSHA M	lonitor								
				1 /	18	Testor Tech									
Occupancy Status During	Abatement (Ch	neck only	one)			Street Address				19.3					
☐ Abatement Performed (During Entire	Period of	Abate	ement	120	10 59 Jackso	n Avenue								
Time of Abatement: 7:0	00 AM-3:30PM	M/F	y Hou PM	AN	scribe 1	City, State, Zip Co									
Scope of Work (Check all t	hat apply)					LIC NY 11101									
≥3 sf or ≥3 If		Пва	novat	ion		⊠ Full Cont	ainment with Nega	tive	Pres	sure					
≥160 sf or ≥260 lf		⊠ De	moliti	on		☐ Mini-Enci									
						☐ Non-Exer	mpted (*) and Non-	Fria	ble F	roce	dure				
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TO BE ABATI	ED		intena todial	ance/ Staff?	(i.e	., thermal systems i	nsulation,		(Spe	CT5012.70	, con cover	3	Repair	ncap	ıclo
(13)		15.55	(12)			surfacing, VAT, other miscellaned	or ous)	S	SF or	LF)	2	2	_	Encapsulate	Enclosure
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2 nd Floor						ompound		1	700	SF	D				
2 - F100F				Ш	Joint Co	ompound		1	700	SF	D	3 1			
											Г	11	П	П	
Name of Registered Waste	Hauler	•	1000	JDEP V		Cubic Yards of	Name of Register	red	Land	fill		-1.			-
Newark Carting			H	lauler ID NJ-56	Section of the sectio	Waste 10	G.R.O.W.S.,								
City, State				110-00		Disposal Date	City, State					-			
Hackettstown, NJ						10/31/18	Morrisville,P.	Α							
Completed By (Print or Type	e) T	itle				Signature /	1 11	00 T		-	Date	_			
Ralph Barnhardt		Project	Man	ager		1/4/1	10	-	7	1	Date OS	-	10	- 11	2
SB-41						1/1/11	Metern	1			00	- 1		1 (



Check # 8973

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Date of Notification (1)		- 11	Name of E	Building Ow	ner/Operator (2)		-		W. Frencher			
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	pe Notifica	tion	Street Add						9 5	L	U		
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X DOH	,		Name of C	ontact				Telépho	ne Number	-U/4 -W/2	HIN	. da	
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				FAC	ILITY INFORM	IATIC	N .						
Name of facility where a	batement	is taking p	place (3)				T	Type of Facility	(4)				
Fleisher Athletic C	Center		2 2					School	ol (K - 12)	23 1	. 0	2 321	
Street Address								20-20 30000000000	napter 8 (O (Private/Co			12)	
80 Lock Street							İ	Bldgs.	/Homes, et	tc.			
City (5)		Co	unty (6)			Co	ounty Code (7)	Square Feet	# of Floor	S	BI	ldg. A	.ge
Newark, NJ 0710	2 1002		ssex				rate use only)	Current Use (P	rior if being	den	nolish	ed)	
						Ĺ.,		Residential					
Name of Monitoring Firm Omega Environm					ASCM No.		Name of Abatement						
Street Address		i vices i			n/a	_	B & G Restorat	ion, Inc.					
280 Huyler Stree	.t						105 Ryerson F	Road					
City, State, Zip Code						-	City, State, Zip Code						
South Hackensac	ck, NJ 07	7606					Lincoln Park,	NJ 07035					
Project Manager for Moni	itoring Firm)	P	hone Numb	per	-	Telephone Number		License I	Numb	er		
Geiser Fajardo				201-489-	8700		(973)696-686		00:	378			
Scheduled Start Date (10)	Sche	d. Complet	ion Date (1	1)		Name of OSHA Moni B & G Restorat						
05/07/2018		07/	03/2018	***			Street Address	ion, mc.					
Occupancy Status During							105 Ryerson R	oad					
Facility closed/vaca							City, State, Zip Code						
Abatement perform Describe:	ea outside	or norma	racility not	irs-		_	Linestan	1.07005					
Other-Describe:						-	LincolnPark, N.	07035					
Scope of Work (check al Demolition	I that apply	10					wrap & cut	_					
		Renovati				_	Full Containment w/neg		Gloveba	70 7 08			
>3 sf or >3 lf	X	≥160 sf or	1999.			X	Mini-enclosure	Li Li	Non-fria				
Location of asbestos-containing	,		n normally enance/cus	used solely todial				Amount	16	e e	R e	E n	E
material to be		staff(12)	1		Descriptio material (A		asbestos-containing	(Specify S	For	m o	р	С	n
abated in facility (13	3)	Yes	No	N/A				LF)		v e	i	a p	L
Roof, Middle Elevatio	n			X	top layer			20,500 sf		X			
Facade				×	flashing/tar	*		650 sqft		X			
2nd fl hallways & all	rooms			X	VAT & ass	socia	ated mastic	2,500 sf		X			
1st floor Room 139				X			ated mastic	112 sf		X	믜		H
1st fl MER 129 & ent Registered Waste Hauler	r. 142	INTE	ED.U 's	X	expansion ubic Yards of W			1,000 lf		X		Ц,	
B & G Restoration, I	nc.		EP Hauler 19563	D# C	250 .	aste		Landfill Resource & Re	covery (Cent	er		
City, State Lincoln Park, NJ				Disposal D	ate 18 - 07/03/18		City, State Tullytown, F						
Completed by (Print or Ty	ne) T	Title		02/20/	Signature		1	^	Date			3	
Gordana Luna			ry/Treasi	ırer	5.9.10.010		Gordana Luna		05/04/	201	8		
hababa ana ana ana						-							

^{***} quaritities & locations *** see next page ----->>>>>>

EMERGENCY CH1007



France P		-	Pr	int Form
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	MAY	1.4	2018	-11/

Donot use instorm for asbestos licensure exempted activities.

Date of Notification (1) 05/01/18				of Building son Equi		Operator	(2)		MA	Y 1	4 2	018	
Agencies Notified Type Notification				Address 1st Stre	et				ASEES	TOS:	JON:	ROL	. &
EPA Initial Amended X DOL Amendmen			100.00	ate, Zip Co New Yor		07093	8	1	1. 4	and culture	Sipti-	W-10-10-	J. Salar III.
DOH justification DCA Cancellatio)	ŀ	Name o	of Contact	.,				lephone N 01-921-6				
				ILITY INF	ORMAT	ION			710210		_		
Name of Facility Where Abatement is Takin Residential	ng Place (3)						Type of Facility School (K-						
Street Address							Subchapter Other (i.e. petc.)	8 (Oth			ldings	, hom	ies,
City (5) West New York	4.0						Square Feet 1500 sq ft	# 0	f Floors		Bidg. i unkn	Age own	
County (6) Hudson				Code (7) USE ONLY)		Current Use (Pri Single Family		ing demoli:	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	И No.		1 2 2 2	of Abatement Con	ntractor	500	Servi	res	ПС	
Street Address							Address	-1111110	minoritai	OCIVI	000,	LLO	
City, State, Zip Code							Hudson Ave.						
						Wes	t New York, N.	J 070	093				
Project Manager for Monitoring Firm			Telepho				one No. 289-5397		License 01354	No.			
Start Date (10) 05/02/18	Scheduled 05/07/18		pletion	Date (11)		Name N/A	of OSHA Monitor						
Occupancy Status During Abatement (Chec	k Only One)					Street	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba nal Facility H	atem ours	ent		_	City, S	tate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		iovat noliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				·a	
	Is Lo	catio	nn.				. Hon Examples	/ / and	a Non-i na		5000000	ement	
Location of	Nor	mall	у		Des	scription	of				Ty	/ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	enan	ce/		os Cont thermal surfac	aining M	aterial (ACM) insulation, Γ, or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes N	No	N/A							1		ite	Φ
Roof		X			FI	at Roo	f	200	o sq ft	Х			
										-			
Name of Registered Waste Hauler		N	IDEP W	aste	Cubic '	Varde	Name of	Dogists	red Landfil				
Rovic Transport	Ha	uler ID	100	of Was		Conesto							
City, State Riverdale, NJ	1				al Date	City, State Morgan		PA					
Completed by		Y01-7-			ignatur	·violgan			ate				
Dean Schaffer	Ма	nager		V	Na	X)			5/01/	18			

MERGENCY									Procession.		-			Р	rint
Chipps			FICATIO	N OF AS	ew Jerse BESTOS C 8:60 an	ABATE		Т) E	C	B		\mathbb{V}	III.
Date of Notification (1) 05/01/18				of Building	g Owner/0	Operator	(2)		Parameter and State of the Stat		MAY	1.	4 2	2018	200
Agencies Notified Type N	Notification		Street A	Address								-	70 7745	200 yr (200 200 	WAN.
	itial		3 3 4 4 7 1 1 3 4 1	1st Stre						ASB	EFTE	30	ON	TROI	. &
▼ DOL Ar	mended mendment #		2.55	0.0	ork, NJ	07093	3		1	men ni serie	Life	CENTER Named	SINC	À	TO STORE STO
☐ DOH ☐ jus	mergency (including stification) ancellation	g	Name c	of Contact					- 1	lephone					
	ancellation		112022000000000		ORMAT	ION			20	01-921	1-604	16			
Name of Facility Where Abateme	ent is Taking Place ((3)	1710	12111 1141	ORMATI	ION	Тур	e of Facility	(4)						
Residentia Street Address							×	School (K- Subchapte Other (i.e.	r 8 (Oth	ner than	K-12)) Lbuil	dinac	hom	
City (5)								etc.)							ies,
West New York							- 3	are Feet 00 sq ft	0 # 0	f Floors	3	1000	ildg. i Inkn	Age Iown	
County (6) Hudson			County (STATE	Code (7) USE ONL	Y)		Curi	rent Use (Pri arehouse		ing dem	nolishe	100			
Name of Monitoring Firm Hired by N/A	y Building Owner (8)	ASCN	M No.			of Ab	Demo & E			12 Cc	anvic	200	110	
Street Address						Street	Addr			mient	ai St	JI VIC	.es,	LLU	
City, State, Zip Code						City, S	tate,	Zip Code		200				201720	
Project Manager for Monitoring Fir	rm		Telepho	ne No.		Teleph	one N		J 070	Licens	se No.				
Start Date (10)	Schedul	ed Cor	mpletion I	Date (11)		No. 10 East No.	55000	5397		0135	54				
						l Name	OI US	HA Monitor							
05/02/18 Occupancy Status During Abatem	05/07/	18				N/A		SHA Monitor							
Occupancy Status During Abatem Facility Closed/Vacated Durin	nent (Check Only On	18 ne) Abater	ment			N/A Street	Addre	ess							
Occupancy Status During Abatem	nent (Check Only On	18 ne) Abater	ment			N/A Street	Addre								
Occupancy Status During Abatem Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	nent (Check Only On ng Entire Period of A de of Normal Facility	18 ne) Abater	ment			N/A Street	Addre	ess							
Occupancy Status During Abatem Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf	nent (Check Only On ng Entire Period of A de of Normal Facility oply)	18 ne) Abater	ment s			N/A Street /	Addresiate, 2	Zip Code Jill Containme ini-Enclosure ovebag Prog	edure						
Occupancy Status During Abatem Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf	pent (Check Only Only Only Entire Period of Additional Facility Only)	(18 ne) Abater y Hours Renova	ment s ation tion			N/A Street	Addresiate, 2	Zip Code Ill Containme	edure			Proc	cedur		
Coccupancy Status During Abatem Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of	pent (Check Only Only Only Entire Period of Ade of Normal Facility Oply)	Abater y Hours Renova Demolit	ment s		Des	N/A Street / City, St	Addre	Zip Code Ull Containme ini-Enclosure ovebag Proc on-Exemptec	edure			Proc	cedur Abate	re ement	
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Facility Closed/Vacated During Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (TO BE ABATED In Facility (13)	pent (Check Only Only Entire Period of Action of Normal Facility (Pply)	Abater y Hours Renova Demolif Locat Normal ed Sole intena todial S (12)	nent s	Asbes	Des tos Conta thermal s surfac other m	N/A Street / City, St	Fu Mi GI No of ateria insul	Zip Code Zip Code Zip Code Zil Containme Zini-Enclosure Zini-Exempte Zini-Exempt	e cedure d (*) and Ar (S	d Non-F	riable	Proc	edur Abate Ty	ement	Enclosure
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Facility Closed/Vacated During Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (TO BE ABATED In Facility (13)	pent (Check Only Only Entire Period of Action of Normal Facility (Pply)	Abater y Hours Renova Demolif Locat Normal ed Sole intena todial S (12)	ment s ation tion lly by nce/ Staff?	Asbes	Des tos Conta thermal s surfac other m	N/A Street / City, St	Fu Mi GI No of ateria insul	Zip Code Zip Code Zip Code Zil Containme Zini-Enclosure Zini-Exempte Zini-Exempt	ecedure d (*) and Ar (S SF	mount pecify or LF)	riable	Proo	edur Abate Ty	ement /pe	
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Cocupancy Status During Abatem Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (TO BE ABATED In Facility (13) Lot Name of Registered Waste Hauler Rovic Transport	pent (Check Only Only Entire Period of Action of Normal Facility Period of Action of Normal Facility Period of Action of Normal Facility Period of N	Abatery Hours Renova Demolif Locati Normal ed Sole intena todial S (12) No X	ment s ation lion lly lly by nce/ Staff?	Asbes (i.e.	Des tos Conta thermal s surfac other m	N/A Street / City, St city, St scription alining Management of the systems sing, VAT aliscellane for Flash	Fu Mi GI No of ateria insul	Zip Code Zip Code Zip Code Zip Code Zip Code	Ar (S SF 300	mount specify or LF)	riable	Proo	edur Abate Ty	ement /pe	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 4600

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

								E-months.	R-P-H	2 1 1	- 17/17	TL	1
Date of Notification (1),		N		Building Ov			EN AP		13 15 15 15 15 15 15 15 15 15 15 15 15 15	3		띨	Parent .
Agencies Notified Type Notification		S	treet Ade	dress			A-1-0		. MAV	1 /	2010)	
☐ EPA ☐ Initial ☐ Amended		0		e, Zip Code		170	N AUE		MAY	4	2018		1
DOL Amendment #_	. din a	-				. N	5.070	12	p construction			- 1725 (3	Land
DOH Emergency (inclining justification)	uaing	N	lame of						ephone Number 23 - 591				
□ DCA □ Cancellation				ITY INFO	DMATI	ON		17/	3-271		-		
Name of Facility Where Abatement is Taking Place	e (3)		FACIL	ATY INFO	RIVIATI	ON	Type of Facility (4)					
HAPLE GARDEN A	_			San Comment			☐ School (K-1	2)	S SS SSS				
Street Address		5		#3		_	Subchapter Other (i.e. p	8 (Other rivate &	than K-12) commercial b	uilding	s, hon	nes, et	c.)
765 CLIFTON	HUC	<u> </u>		· · · · ·	114		Square Feet	# 0	f Floors	Bl	dg. Ag	ge	
CLIFTON				•			14,500		Z	6	YO	13	4
County (6)			County C			-	Current Use (Prio	r if bein					
PASSAIC		6	STATE U	SE ONLY)			BUG						
Name of Monitoring Firm Hired by Building Owner	er (8)		ASCM	I No.		Name o	f Abatement Contr	ractor (9)				
						Best Street A	Removal	In	C				-
Street Address							South Ri	WAY	Stree	t			
City, State, Zip Code							ate, Zip Code	LVCI	DULCE				
City, Game, Exp Court	25					Hack	ensack,	NJ	07601				
Project Manager for Monitoring Firm		_ T	elephon	e No.		Telepho			License No.				
						201-	329-7444		0038	8			
	cheduled	1 -	1			Name o	f OSHA Monitor						
5 18 18	2	117	1)	18		Ome g	a Enviro	nme	ntal	001-000			
Occupancy Status During Abatement (Check Only							Huyler S	itra	ρt				
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fac			~				ate; Zip Code	CIC	CL				
Abatement Performed Outside of Normal Factorial Other - Describe: 730: DM TO	2:0	305	1.		-	Sout	h Hacker	ısac	k, NJ	076	06		
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf		enovati					Not to the light of the light o		Negative Pres	sure			
☐ ≥160 sf or ≥260 lf		emolitie	on				Mini-Enclosur Glovebag Proc	edure					
							Non-Exempted	i (*) and	l Non-Friable I	roced		ment	
		Locatio									Ty		
Location of		iormally d Solely		Ashar		cription	of aterial (ACM)		Amount				
Asbestos-Containing Material (ACM) TO BE ABATED		intenan odial S			mal syste	ms insul	ation, surfacing,		(Specify	Rer	Re	inca	Encl
In Facility (13)	Cust	(12)	MAII.			VAT, or niscellan	eous)	2	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A							-		te:	6
A PARGHENT A 4-5			V	MI-VA	νΛ/ ς.	10[54	is in solation	W	90LF	×			
A VAICIFCIO (R 13				THERE	MC 3	73151	Complete Complete		/	İ			
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic '	Yards	Name of	Registe	red Landfill				
ranie of registered waste framer			auler ID		of Was		12.						
Best Removal Inc			1710	29	Diana	al Data	Mine City, Sta		Enter	pri	ses	.,	LL
City, State					Dispos	21/	.0			u /.	468	Q	
Hackensack, N.I 07601 Completed by	Title					ignature	/Y Wayr		urg, Da		400		70.
J. Maiorano	Est	ima	tor			V	Moioro	ھس		5	191	18	

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

		u		ursuan	n OF ASB	8:60 an	nd 12:12	(0)	1 (al	1	7(1	1/	7
Date of Notification (1) 5/8/18					of Building		Operato	r (2)					- 6 - 2		
Agencies Notified	Type Notification				/ Univers Address	ity					EG			7 E	In
ĭ EPA	× Initial				adison A	venue	í				The second second				Parents Marent
DEP	Amended			City, St	tate, Zip Co	ode					MAY	1 4	201	4	111
⊠ DOL	Amendment Emergency				son, NJ	07940	١		Į	12 LJ	m rs i	1 4	LU	•	
X DOH X DCA	justification) Cancellation	\$1000.003=0.5000000	9		of Contact				1		ephone.			01.0	
A DOA	Cancellation) 			Meher	ODMAT	101			97	3-408-	3309	NG NG	OL &	
Name of Facility Where A Drew University	batement is Takin	g Place	(3)	FAC	ILIT INFO	ORIVIAT	ION	Тур	e of Facility		ELOCATION OF	CONTRACTOR OF	Contract Contract		
Street Address								H	School (K- Subchapte	12) er 8 (Oth	er than k	(-12)			
36 Madison Avenue								×	Other (i.e. etc.)	private	& comme	ercial bu	ilding	s, hon	nes,
City (5)					100			Squ	are Feet	# o	f Floors		Bldg.	Age	-Cide()
Madison									000	2			80		
County (6) Morris					Code (7) USE ONLY)		Curi	rent Use (Pr Me	ior if bei	ng demo	lished)			
Name of Monitoring Firm Health & Safety Ser		Owner (8	5)	ASCI 117	M No.				atement Co rironmenta			LC			
Street Address							Street								
PO Box 364									483, 4 E C	Sate D	rive				
City, State, Zip Code Berlin, NJ 08009									Zip Code	440					
Project Manager for Monit	orina Firm		Telepho	one No		Teleph		d, NJ 074	418	11					
Jim Proctor					39-2432				2276		License 703	No.			
Start Date (10)				npletion	Date (11)				SHA Monitor						
5/18/18		5/20/1													
Occupancy Status During							Street	Addre	ess						
X Facility Closed/Vacat X Abatement Performe Other – Describe:	ed During Entire P d Outside of Norm	eriod of al Facilit	Abaten y Hours	nent			City, S	tate, 2	Zip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		posterior and a	Renova Demolit				×	Mi GI	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure				re	
		Is	Locati	on										temen	t
Location			Normal ed Sole				scription					-	T	уре	
Asbestos-Containing N <u>TO BE ABAT</u> In Facility (13)	ED	Ma	intenar todial S (12)	rice/		thermal surfac	aining M systems sing, VA niscellan	insul T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
7.2		Yes	No	N/A										te	
Room 129 8			Х			pipe	e fitting	js -		4:	5 LF	х			
Room 129 c	loset	Х				pipe	insulat	ion		1	5 LF	х			
												-			
Name of Registered Waste	Hauler		JDEP W		Cubic \	7,000		Name of	Register	ed Land	fill	1			
Freehold Cartage City, State			10 10 10 10 10	auler ID 5939	No.	of Was			Wester		s Land	fill			
Freehold, NJ						Dispos TBD	al Date		City, State Birdsbo						
Completed by A. Scott Higgins		ident			Si	gnature	0			1 200	Date 5/8/18				

M34076	7		NOT	IFIC	ATIO	nt/to NJA	BES C8	STOS ABAT :60 and 5:10	6)	DEC		Consessed	<u> </u>	
Date of Notification (1)					Nam	of Buildin	g Ow	ner/Operator (2)	ILI LI MAY	1	4 2	018	11
05/	07 /	18	_		M	& S Enter	pris	es		1 2	112	7	9	10.414
Agencies Notified	Type Notific	ation			Stree	t Address				ASIMA	法	CN	HOL	R.
⊠ EPA					14	25 Cedan	view	Avenue			OEN	SING		
□ DOLWD	☐ Amended	577			City.	State, Zip 0	Code							
⊠ DOH	Amendm			6	10.00	kewood,								
DCA (NJAC 5:23-8)	☐ Emergen justification		cluding	3		e of Contac				Telephone Numb	er	<u> </u>		
(*10/10/0.20/0)	☐ Cancellat				University (197	rtin Lewi	-			732-367-085				
								RMATION		702-007-000	_			_
Name of Facility Where A	hatement is 1	Taking	Place	(3)	ГА	CILITIN	iroi	RIVIATION	Type of Facility	(4)				
Residence		· circii iç	, 1 1000	. (0)					School (K-12					
Street Address									☐ Subchapter 8	(Other than K-12)				
										rivate and commer	cial bu	ilding	s,	
City (5)									homes, etc.) Square Feet			d = 1		
Lakewood									1000 sf	# of Floors	1000	dg. Ag 65	ge	
County (6)					Cou	nty Code (7	N/ST/	ATE USE ONLY)		or if being demolis		00	-0.6	
Ocean					000	nty Code (/	1017	TE OSE ONET)	Residence	or it being demoils	nea)			
Name of Monitoring Firm	Hired by Ruile	dina C)wner	(8)	ASCM	No	Ma	mo of Abotomo	ent Contractor (9)					
Guardian Contraction		anig c	, which	(0)	ACCIV	140.								
Street Address	19, 1110.			_			-	eet Address	ntracting, Inc.					
1889 Rte. 9, Unit 61							See Sing		Unit C4					
City, State, Zip Code		1889 Route 9, Unit 61												
Toms River, New Je	reav 08755	8					1	y, State, Zip Co						
Project Manager for Monit		-		TTo	ephone	No			New Jersey 08					
Nicholas Fernicola	toning Film				'32-349			ephone No.		License No.				
Start Date (10)		School	ulad C			ate (11)	-	32-349-9932		00624				
05 / 17 /					8 /		177517100	me of OSHA M E. M.S.L. Anal						
Occupancy Status During									yucai			0.75.5		
☐ Facility Closed/Vacate					omont			eet Address						
☐ Abatement Performed						scribe		056 Stelton	-					
Time of Abatement:	AM	PN		PN		_AM		y, State, Zip Co						
Scope of Work (Check all	that apply)						_ r	riscataway, r	New Jersey 088	354				
	triat apply)							☐ Full Cont	ainment with Neg	ative Pressure				
\boxtimes \geq 3 sf or \geq 3 lf \boxtimes \geq 160 sf or \geq 260 lf			Re					☐ Mini-Encl	osure	,				
△ ≥160 SI 01 ≥260 II			⊠ De	molit	ion			⊠ Glovebag ⊠ Non-Exer	Procedure	n-Friable Procedure	2			
			Is	Loca	ation			23 11011 2201	inpice () and its	THE HADIC T TOCCUL	_	ateme	nt T	me
Location	of			Norm				Description of	f		-			
Asbestos-Containing N TO BE ABA	Material (ACM	1)			lely by ance/			Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facilit			200	todia	Staff?	(I.e		ermal systems i surfacing, VAT,		(Specify SF or LF)	ova	air .	sde	nso
(13)	f.:			(12)			her miscellaned		Or Or Er)	=		ılate	Ге
			Yes	No	N/A									
basement				\boxtimes		asbesto	os pi	ipe insulatio	n	120 If				
exterior				\boxtimes		asbesto	os si	iding		250 sf				
Name of Registered Wast	e Hauler				NJDEP	Waste	Cut	oic Yards of	Name of Regis	tered Landfill				
Guardian Contractir	ng, Inc.				Hauler I 2022		Wa		T.R.R.F.					
City, State					2022			posal Date	City, State		1			
Toms River, New Je	rsey							5/18/18		Pennsylvania				
Completed By (Print or Ty	pe)	Title	1					Signature	A	// Dat	e /		-	
Nicholas Fernicola		Pi	roject	Mar	nager				~ 1	1	5/	7 /	18	



			LUI COMPANIE
MAY	1.4	2018,	1
	408	80	
ASSEST	03.00% 031334	TROL G	8

Date of Notification (1)				Name	of Buildin	g Owner/Operator ((2)	I MAY	114	201	8	11
	18	_		D 8	& A Demo	, LLC		3	40	81)	-
Agencies Notified Type Notific	ation			Stree	t Address			ASSEST	70.00	REFER	0	0
				215	6 Campl	ain Road	1	\$ 7,000 F.J. 1	0E131	10 10	it is	Ď.
□ DOLWD □ Amende					State, Zip (1840,	THE RESERVE AND THE PARTY OF TH	and the second	ed rough	172 TO TO THE	POLICE COLUMNICO
☑ DOH Amendm						h, NJ 08844						
DCA Emerger (NJAC 5:23-8) justificati		uding			of Contac			Tolonhone N.	b.s.			
☐ Cancella				1,70,000,000	tonio Din			732-713-4				
						IFORMATION		132-113-4	450			
Name of Facility Where Abatement is	Taking F	Place (3)		01211111	. OranArion	Type of Facility ((A)				1-27
Shopping Center	5	,					School (K-12)					
Street Address							Subchapter 8	(Other than K-	12)			
3020 Route 35							Other (i.e., pr homes, etc.)	ivate and comn	nercial b	uilding	js,	
City (5)							Square Feet	# of Floors	0	da A	~~	
Hazlet							46,000	1		ldg. A 80	ye	
County (6)				Cour	tv Code (7)(STATE USE ONLY)	Current Use (Price		aliahad\	00		
Monmouth				Joodi	ity oode (i	MOTATE OSE ONET)	mana mana ana ana ana ana ana ana ana an		olisnea)			
Name of Monitoring Firm Hired by Build	dina Ou	mar /8		ASCM	No	Nome of Abeter	Shopping Co	enter				
Guardian Contracting, Inc.	ang Ow	nei (o	'	ASCIVI	NO.	Name of Abateme						
Street Address							ntracting, Inc.					
1889 Rte. 9, Unit 61						Street Address	11-16-04					
City, State, Zip Code						1889 Route 9 City, State, Zip Co						
Toms River, New Jersey 08755							New Jersey 087	755				
Project Manager for Monitoring Firm			Tele	phone	No	Telephone No.	New Jersey 007					
Nicholas Fernicola				32-349		732-349-9932		License No.				
Start Date (10)	Schedule	ed Cor				Name of OSHA M		00024				
05 /17 /18					18	E.M.S.L. Anal						
Occupancy Status During Abatement (Check o	nly on	e)			Street Address	7					-
☐ Facility Closed/Vacated During Entit	re Perio	d of Al	ater	ment		1056 Stelton						
☐ Abatement Performed Outside of No	ormal Fa	acility I	Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:AM	PM/_		PM-		AM		New Jersey 088	54				
Scope of Work (Check all that apply)	1											
≥3 sf or ≥3 lf	\boxtimes	Ren	vati	on		☐ Full Cont	ainment with Nega	ative Pressure				
≥160 sf or ≥260 If] Dem	olitio	n		☐ Glovebag	Procedure					
							mpted (*) and Non	-Friable Proced	dure			
Location of		410000	ocat rmal						Ab	atem	ent T	уре
Asbestos-Containing Material (ACM)	Used	Sole	ly by	Asbes	Description of stos Containing Mat		Amount	Re	Re	En	E
TO BE ABATED		Main Custo				, thermal systems i		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			12)	olan :		surfacing, VAT, other miscellaned	or or	SF or LF)	/al		Encapsulate	ure
(10)	1	res	No	N/A		other miscellane	ous)				te	
interior			<u> </u>		asbesto	s floor tile & ma	stic	40,680 sf			П	
exterior			<u> </u>	\Box	façade	caulk		300 If				
	1			Ħ				00011				
		- ·			COLUMN THE SEC.					H		
Name of Registered Waste Hauler		_ '	N	JDEP V	Vaste 1	Cubic Yards of	Name of Boolet	arad Landfill		Ш	П	Ш
Guardian Contracting, Inc.			Н	auler IE	No.	Waste	Name of Register	eled Landfill				
City, State			1	20223		100						
Toms River, New Jersey						Disposal Date 07/08/18	City, State	Pennsylvania				
Completed By (Print or Type)	Title						Tallytowii, i			1	1	
Nicholas Fernicola		ject N	land	200-		Signature	()	0	Date	1_	1,	1
ACD 44	110	JOCE IN	alla	agei			1 ta	1	5	12	113	5

y.08.2018 09:4	8 N	J Aba	ater	ment	Serv	ices	, LL	20	12512	225	i/ts	· .		PAG	E.	3
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			NOT	IFICATIO	State of N ON OF AS It to NJA	BESTOS	ABATE	MEN'	T	DOL-	- 10	heave i	J.	7		RPANIA CHA
Date of Notification (1) 05/08/18					of Bulldin		Operator ((2)		数字 禁心刀	2	-1 ng	3/	+		1
Agencies Notified	Type Notification	,			Address				-	MAY	-1	1	5/	+	_	-
DEP	Initial Amended Amendmen Emergency	t#	<u>a</u>	Мар	tate, Zip (NJ 07	040, US	SA.	l V	MVER	APP	V	W			
DOH DCA	Justification Cancellation)	~		of Contac Carelli			-		Telepho	ne Nur	nber			-	
Name of Facility 18th Al					CILITY IN		ION	-								
Name of Facility Where At Mark Carelli	patement is Takli	ng Piace	(3)		11			Туре	of Facility	(4)	-					
Street Address									School (K-	12)						
City (5)								×	Other (I.e. etc.)	r 8 (Other the private & con	n K-12	!) al bul	lding	s, hon	nes,	
Maplewood, NJ 0704	o							Squa	are Feet	# of Floo	rs	1	3ldg.	Age		
County (G) Essex County, New	Jersey			County (STATE	Code (7)	n		Curr	ent Use (Pr	lor If being de	mollsh	ed)				
Name of Monitoring Firm H NJ Abatement Service	lired by Building	Owner (8	1)	V255	M No.		Name	of Aba	atement Co	ntractor (9)		-			-	
Street Address	es, LLC			3						vices LLC						
199 Chesnut Ridge F	Strant Address									9 Road						
City, State, Zip Code Montvale NJ 07485									Ip Code							
Project Manager for Monito	ring Firm			Telepho	ne No.		Telepho		NJ 07465		N-					
				0.000			201-8			012	nse No	١.				
Start Date (10) 05/10/18		Schedu	ed Co	mpletion	Date (11)		Name o	1001	HA Monitor							
Occupancy Status During A	batement (Chec	05/20	718				APPLICATION AND ADDRESS OF THE PARTY OF THE	_		Laboratori	86					
Facility Closed/Vacate Abatement Performed	d During Entire B	Pariod of	Ahoto	ment				rout	e 22 wes	t						
Other - Describe:			, . ,ou.			_	City, Sta		1p Code 07083							
Scope of Work (Check All T	hat Apply)						011101		07000							
≥3 af or ≥3 if ≥160 ef or ≥260 if		Medical	Ranavi Demoli				X	Glo	vebag Prod							
			Local							1 / 2/10 110/1	, napie		-11-11	emen		
Location of Asbestos-Containing Me	terlal (ACM)	Uae	Vorma	sly by	Ashaa	Des	cription o	r .					T	pe	\mathbf{H}	
TO BE ABATE In Facility (13)	īΩ		intena todial (12)	Staff?	(1.9.	thermal surfac	aining Ma systeme i ing, VAT, ilscellane	neula or	(ACM)	Amount (Specify SF or LF	.	Removal	Repair	Encapsulate	Endosure	
		1.00	140	- NIA								_		60		
Roof		+-		+	- DI	a ala D	-P			(22 (y - 20 - 10 Y - 2)						
Black Flashi	na	-			BI		ofing M		al	2,400 81	-	x				
Jan Com	שיי	+				Black	Flashir	ng		440 Ln F	t	x				
Name of Registered Wasto Newark Carting	Hauler		H	JDEP W lauler ID		Cubic Y				Registered La					\dashv	
City, State				4509		.5 Diaposi	al Dato	-	City, State	THLEHEN	LAN	DFI	LL		\dashv	
369 RAYMOND BLVD, Completed by	NEWARK N		5			05/10				EHEM, PA	1801	5				
NICOLE INTRIAGO		SUP	ERVI	SOR		816	gnature	*			Date 05/	08/1	А			

May.08.2018 09:48

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

CK # 3174

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

		ann.	

	(P	ursuant	to NJAC 8	3:60 and 12:1:	20)	1	در! 		* 11	144	*1.1
Date of Notification (1) 05/03/18 Check# 3174			of Building C en Reside	Owner/Operato	r (2)			* 1 * .			
Agencies Notified Type Notification		Street A	Address				1 1	111	_	4 4	7
EPA Initial							ş		1	1/	
DEP Amended Amendment #			ate, Zip Coo			1	Y 1 / B / -	A COLUMN	1	1	no to we
Amendment # Emergency (including	- L	Rocka	away, NJ,	07866		1	MAN		1	V	1
justification)			f Contact			Te	lephone N	umber		3 100	****
DCA Cancellation			Warden								
Name of Facility Where Abatement is Taking Place (3) Warden Residence		FACI	LITY INFO	RMATION	Type of Facili	ty (4)					
Street Address					School (I	ter 8 (Oth	er than K-	12)			
O(4, /5)					Other (l.e etc.)	e. private	& commer	cial bui	ldings	, hom	es,
City (5) Rockaway					Square Feet 2,000+	# 0	f Floors	11.	3ldg. /	Age	
County (6) Morris			Code (7) USE ONLY)		Current Use (I		ing demoli	shed)	- 20		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN N/A	No.	Name EA S	of Abatement C	Contractor	(9)				
Street Address N/A				Street 426	Address 69th						
City, State, Zip Code N/A				City, S Gutt	State, Zip Code enberg, NJ, (7093					
Project Manager for Monitoring Firm N/A	0.00	elephor	ne No.	Telepi	none No. 295-1700		License 01074	No.			-
Start Date (10) Scheduled 05/05/18 05/07/18		pletion (Date (11)		of OSHA Monito	or	01014				
Occupancy Status During Abatement (Check Only One)	1				Address						
Facility Closed/Vacated During Entire Period of Ab. Abatement Performed Outside of Normal Facility H Other – Describe:	atemo	ent		N/A	tate, Zip Code	··					
Scope of Work (Check All That Apply)				- N/A							
X ≥3 sf or ≥3 if X Rer	novatio			×	Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ure ocedure				ė.	
Is Lo	ocatio	n				T	1101111110	1		ement	
	mally			Description	of				Ту	ре	
In Facility Custod (13)	enanc dial Sta (12)	æ/ aff?	(l.e. th	s Containing Nermal systems surfacing, VA other miscellar	laterial (ACM) s insulation, T, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	No X	N/A	Asbe	stos residue	cleanup	10	10 LF	Х		le	
					- Jiddillap	1	- C - C	ļ^			
	+		+			-		+			
Name of Registered Waste Hauler		05014		0.45.72	1						
The state of the s	100000000000000000000000000000000000000	DEP Wa	No.	Cubic Yards of Waste		of Register va Entre	red Landfil eorise	ı			
Tri-State Transfer Associates	195	551		TBD	Tentro.						
Tri-State Transfer Associates City, State Bronx, NY		551		Disposal Date	City, St						

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

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			NOT	TFICATI (Pursua	State of I ION OF AS ant to NJA	SBESTO	SARAT	EMENT 20)		DOL.	-10		Y	- I
Date of Notification (1) 05/04/18	<u> </u>			Nami	e of Buildir	ng Owner	/Operato	or (2)		_				
Agencies Notified	Check #			Chu	rch of P	resenta	tiion	. (-/	- Articular	MAY	s.L	200	8/	
EPA	Type Notification	au .			t Address West Sa		iver Ro	i.		\$10 1 5 E	-	1		1
DEP X DOL	Amended			City,	State, Zip	Code			1 100	h 1) // /)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	11.75	-l
	Amendme Emergence	v (includir	00	Upp	er Saddi	le River	, NJ, 0	7458	17	HIYEK	Pari	41	ΗĹ	
DOH DCA	justification Cancellation	1)	9		of Contac					Telephone I	Vumbe	r		
					Robert					201-327-	1313	x 82	0	
Name of Facility Where A	batement is Tak	ing Place	(3)	FA	CILITY IN	FORMAT	HON	Time of F	12 20					
Church of Presentat	ion							Type of F	8 88					
Street Address								School Subo	ool (K-12) chapter 8 (C	ther than K	121			
271 West Saddle Ri	ver, NJ, 0745	8						X Othe	r (i.e. privat	e & comme	rcial bu	uilding	s, ho	mes.
City (5) Upper Saddle River								etc.) Square Fe		of Floors				
County (6)								10,000+				50+	. Age	
Bergen				County	Code (7)	vı .		Current U	se (Prior if b	eing demol	ished)		_	
Name of Monitoring Firm	lired by Buildin-	Ounce "	-			") —		Church			/			
N/A	oo by building	Owner (8	5)	N/A	M No.		Name	of Abateme	ent Contract	or (9)				
Street Address				.3//				ervices						
N/A						426 6	Address 9th							
City, State, Zip Code N/A								tate, Zip Co	de					
							Gutte	nberg, N	J. 07093					
Project Manager for Monito N/A	oring Firm				one No.			one No.		License	No			
Start Date (10)				N/A			201-2	95-1700		01074	140.			
05/07/18		05/09/	led Cor	npletion	Date (11)			of OSHA Mo	onitor					
Occupancy Status During	Shatamant (Char						N/A							
							Street /	Address						
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norn	Penod of a	Abaten v Hours	nent				nto 7:- 0						
(1) () 						_	N/A	ate, Zip Coo	ie .					
Scope of Work (Check All	That Apply)													
3 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Glovebac	tainment wit losure g Procedure mpted (*) ar					
		Is	Locati	on				THOIP EXC	inpled () al	iu iyon-Fria	DIE Pro		re emen	\vdash
Location of Asbestos-Containing Ma			Normali ed Solel			Des	cription o	of					ype	
TO BE ABAT	ED	Ma	intenar	nce/	Asbest	tos Conta	ining Ma	iterial (ACM insulation,		mount			ш	
In Facility (13)		Cust	todial S (12)	cett?	(1.0.	surfac	ing, VAT	, or		Specify For LF)	Rem	Re	ncar	encle
()		1				other m	iscellane	ous)			Removal	Repair	Encapsulate	Enclosure
Church Construct	i A	Yes	No	N/A							1-		le	6
Church Construct	ion Area		X		Ast	estos l	Pipe In	sulation		2 LF				
											1	-		
											+			\vdash
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ame of Registered Waste			N.	IDEP W	aste I	Cubic Y	ards	Nam	e of Registe	md I Jen	1			
i-State Transfer Asso	ciates		Ha	auler ID		of Wast		110,940,000	erva Entr					
ty, State			19	551		TBD				eprise ind	;			
onx, NY						Dispose TBD	II Date		State ynesburg	OH				
ompleted by		Title					nature	vvd)	yriesburg,	A CONTRACTOR OF THE PARTY OF TH				
lichael Fajardo		Office	Emp	loyee			24	11	2		ite S/OA/4	0		

Office Employee

05/04/18

Signature

								NORMAN EN (S)		D. C.	551	200
CK1154		ПОИ	IFIC.	ATIO	LOF AS	BESTOS ABA	EMENT			-	<u> </u>	Management of the control of the con
Date of Notification (1)				Name	of Buildin	g Owner/Operator ((2)	MAY	14	201	8	7
	0/	18				Department of	2001200	Serial Applications of the Control o	10 000			10.00
	pe Notificat	ion		Street	t Address	+0)		ASSECTO	0.00	F.T.S	OL 8	k.
	Initial			401	East Sta	ate Street, PO B	ox 420	£ (*)	ETISE	viG		
☑ DOLWD ☐	Amended Amendmer	at #		City, S	State, Zip (Code						
	Emergency		-	Tre	nton, NJ	08625						
(NJAC 5:23-8)	justification		9	Name	of Contac	t		Telephone Num	ber			
	Cancellatio	on		Jos	seph Mai	0		973-222-267	5			
				FA	CILITY IN	FORMATION						
Name of Facility Where Abat	ement is Ta	king Place	e (3)				Type of Facility	(4)				
Residential							School (K-1					
Street Address							Subchapter	8 (Other than K-12) private and commer) roial br	ildina	10	
							homes, etc.		ciai be	iidiiig	ιο,	
City (5)							Square Feet	# of Floors	Ble	dg. Ag	ge	
Mansfield Township, N	IJ											
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)			
Warren			T		SW40							
Name of Monitoring Firm Hire			(8)	ASCM		Name of Abateme						
USA Environmental M Street Address	anagemer	11		0011	12	Committee of the property of the party of th	NAGEMENT L	.LC				
344 West State Street						Street Address						
City, State, Zip Code						27 Outwater	AND AND POSSE					1865
						City, State, Zip Co						
Trenton, NJ 08601 Project Manager for Monitorin	- Ci		I T.L.			Garfield, NJ	07026					
Nora M. Pearse	ig Film			phone 9-656		Telephone No.		License No.				
Start Date (10)	180	heduled C				973-928-4888 Name of OSHA M		1188				
05 /21 /1		06 /				With the Health and the Health	NAGEMENT L	.LC				
Occupancy Status During Ab	atement (Ch	neck only	one)			Street Address		H2 (MA) 4021			_	_
☐ Facility Closed/Vacated D				ment		27 Outwater	Lane					
Abatement Performed Out	side of Norr	mal Facilit	y Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:	_AM	_PM/	PM-		AM	Garfield, NJ						
Scope of Work (Check all tha	t apply)											
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		()	novati molitic	G.E.M.		☐ Mini-Encl	Procedure	gative Pressure on-Friable Procedur	e			
		T	Locat						_	ateme	ent Ty	уре
Location of Asbestos-Containing Mate	rial (ACM)		Normal ed Sole		A = b = -	Description o		***	-			
TO BE ABATED		Ma	intena	nce/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial ((12)	Staff?		surfacing, VAT,	or	SF or LF)	val	7	lusc	sure
(13)		Yes	No	N/A		other miscellaned	ous)				ate	LU .
Exterior					Tar Flas	shing		300 LF		П		
										П	П	П
									Ħ			П
Name of Registered Waste H	auler			JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill	ТП	Ш	ш	Ш
Century Waste Service			7,000	auler ID	No.	Waste As Needed		ehem Landfill				

Completed By (Print or Type) Allen Monchik

Elizabeth, NJ

Project Manager

32797

TBD Bethlehem, PA Signature

City, State

As Needed Disposal Date

Date

City, State

Date of Notification (1) 5/10/18		N	ame of Bi	uilding O			-		1111	WAY	1 1	1 ()	11441	
		H	lyunee		wner/Op	erator (2)		IU.	ke -			018	120
Agencies Notified Type Notification		S	treet Add	ress			10-03-		-	ASPLE		OD.	190	1.8
EPA Initial Amended Amendment	‡ ·		ity, State,							especial de la companya de la companya de la companya de la companya de la companya de la companya de la compa		1 Maria	3	a 1800 - 170
x Emergency (1 70.5	lame of C						Tele	phone Num	ber			
DOH justification) DCA Cancellation		H	Hyunee											
	DI (2)		FACILI	TY INFO	RMATIO	N	Typ	e of Facility (4)					
Name of Facility Where Abatement is Taking ResidentialHome Street Address	Place (3)							School (K-12 Subchapter of Other (i.e. pretc.)	2) 8 (Othe	er than K-12) commercia	l build	ings, l	nome	s,
City (5)							Squ 18	are Feet	# of 2	Floors	1,13,14,13,2	dg. Ag)+/-	je	
Fair Lawn County (6)			County Co		na Marian transfer		Cur	rent Use (Prio		ng demolish	ed)			
Bergen Name of Monitoring Firm Hired by Building	Owner (8)		ASCM				of Al	batement Con es Abateme	tractor	(9)				
Project Manager Street Address						Street	Add	ress					788	
City, State, Zip Code						City, S	State,	Aidland Ave						
						- comment		Brook, NJ 0	7663	License No		-		_
Project Manager for Monitoring Firm			Telephon				-600)-3184		01305	,. 			
Start Date (10) 5/11/18	Schedule 5/14/18		npletion D	Date (11)		Name	of C	SHA Monitor						
Occupancy Status During Abatement (Che	ck Only One	e)				Street	t Add	iress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8 A.M to 4 P.M	Period of A mal Facility	baten Hours	nent s			City, S	State	, Zip Code						
Scope of Work (Check All That Apply)		-					D-W							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					-	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				e	
Achard Common, U,		المحمدا	tion		D-							Abate Ty	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	intena todial (12)	Staff?	Asbes (i.e	stos Con thermal surfa	escriptio taining I system cing, V/ miscella	Mate ns ins AT, c	or I	(-	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A								-		ate	e
Duscment		X				VAT			7	74 SF	x			
Name of Desirt											-			
Name of Registered Waste Hauler All Stages Abatement			JDEP Wa		Cubic			Name of	Registe	ered Landfill				
City, State			036592		of Was					al Sanitar	y Lar	ndfill		
6						al Date)	City, Stat						
Saddle Brook, NJ Completed by					TBD			Pen Ar	avi P	A				

CK 1518		NOT	FICATIO	tate of N N OF AS I to NJA	BESTOS	ABAT	EMENT 20)			E	G	7 7 7		匿
Date of Notification (1) 5/10/18			Name	of Buildin Marsin	g Owner.	/Operato	or (2)			\$	IAY	1 4	201	6
Agencies Notified Type Notification	n			Address	<u>a</u>					1			100000	1
				tate, Zip (DR.CHIMAN	ASSE	0700			JL &
☐ Emergence	y (includin	g		y Beach		3751								
DOH justification Cancellation				of Contac Marsin	_				Те	lephone	Numb	er		
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	ILITY IN	FORMAT	TION	T	- f E - 100	(4)					
Residential Home	ing r idoc	(0)						of Facility	10000					
Street Address							×	School (K- Subchapte Other (i.e.	er 8 (Oth	er than & comm	K-12) ercial	ouild	ings, h	omes,
City (5)				2-77				etc.) re Feet	# o	f Floors		Ble	dg. Age	9
Ortley Beach							1650		2			60)+/-	
County (6) Ocean				Code (7) USE ONL				nt Use (Pr idential I		ng dem	olished)		
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASCI	M No.				tement Co		(9)				
Street Address						No. 100	t Addres	Abatem	ient					
City, State, Zip Code						280	N. Mid	dland Av	e.					
City, State, Zip Code								p Code ook, NJ	07663					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepl	hone No).	0,000	Licens 0130				
Start Date (10) 5/19/18	Schedul 5/22/1		mpletion	Date (11)			2000000	A Monitor		0100				
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Addres	s						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facility	Abater y Hour	ment s			City, S	State, Zi	o Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	Renova Demoli					Mini	Containm -Enclosur /ebag Pro -Exempte	e cedure					
		Locat Vorma										7000	bateme	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes	De: tos Cont	scription	of laterial	(ACM)	Δr	nount	-			
TO BE ABATED In Facility		intena todial		(i.e.	thermal	systems	s insulat	ion,	(S	pecify or LF)	2		Re	Enc
(13)	Yes	(12) No	N/A		other n	niscellan	eous)		OI.	oi LF)	Zellova		Repair	Enclosure
2nd Fl Kitchen	163	X	IN/A			VAT			1/	2 SF				
2nd Fl Hallway		Х				VAT				SF	×	+	-	
2nd Fl Bedroom 1		Х				VAT				1 SF			+	+
2nd Fl Bedroom 2		Х				VAT				6 SF		+	+	-
Name of Registered Waste Hauler		100000	JDEP Wa		Cubic '	Yards		Name of I			Ifill			_L
All Stages Abatement		1 1 2 2 2 2 2	036592		of Was	ie		Grand (Centra	Sanit	ary La	and	fill	
City, State Saddle Brook, NJ					Dispos TBD	al Date		City, State Pen Arg						
Completed by Richard Cristofol	Title Presi	dent			Si	gnature	like	1	/		Date 5/10/	1.0		

Print Form

CK503-	7	NO		OTA	N OF AS	lew Jersey BESTOS ABA C 8:60 and 5:1			<u>E</u>	. t		
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)	HI LI MAY	1	1 20)18	
5/	10 /	18		Isl	amic Cen	iter of America	1.	Job #1805-2302	C	hk. #	#503	7
Agencies Notified	Type Notific	ation		Stree	et Address			ASPER		17. 17. 1	eric inc.	e personal
☐ EPA	Initial			0.000,000,00		Praton Parkway		* V		sivig	1 % 1 %	
☑ DOLWD	☐ Amende	d			State, Zip	177		Furthern State of Sta		Elicare, sie	1000	16.
☑ DHSS	Amendm	and the second	_			e, NJ 07017						
DCA (NJAC 5:23-8)	☐ Emerger justificat		ng		e of Contac			T-lbN	National Property of the Control of			
(NOAC 3.23-0)	☐ Cancella					dul-Khaaliq		Telephone Numb 973-672-6690				
				FA	CILITY IN	NFORMATION						
Name of Facility Where A		Taking Plac	e (3)				Type of Facility	(4)				
Islamic Center of A	merica						School (K-12					
Street Address							Subchapter 8	(Other than K-12)				
215 North Oraton Pa	arkway						homes, etc.)	ivate and commerc	cial bu	ııldıng	js,	
City (5)			-,				Square Feet	# of Floors	BI	dg. A	ae	
East Orange							66,686	2		1909	Ĭ	
County (6)				Cou	nty Code (7)(STATE USE ONLY)		or if being demolish				_
Essex					Ø 80		Religious Co	NEW TOTAL PROGRAMME TO SELECT THE SELECT OF	.00)			
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme						
Finog Environmenta	al						d Mold Service	s. Corp.				
Street Address						Street Address		.,				7/2
617 Stokes Rd., Sui	te 4-318					3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode					
Medford, NJ 08055						Hainesport, N	J 08036					
Project Manager for Monit	oring Firm		Te	lephone	No.	Telephone No.		License No.		_		
Rebecca Rubnitz			(888) 71	5-2211	609-702-0400		00862				
Start Date (10)	5	Scheduled (Compl	etion Da	ate (11)	Name of OSHA M	Ionitor					
5 / _22 /	18	5	/ _2	4 /	18	EMSL Analyti	ical, Inc.					
Occupancy Status During	Abatement (Check only	one)			Street Address				_	-	_
□ Facility Closed/Vacated	d During Entir	re Period of	Abat	ement		200 U.S. Rout	te 130 North					
Abatement Performed	Outside of No	ormal Facili	ty Hou	ırs - Des	scribe	City, State, Zip Co	Con and the control of the control o		_			_
Time of Abatement:	AM	PM/	PN	1	AM	Cinnaminson						
Scope of Work (Check all	that apply)											
≥3 sf or >3 lf		Μn		4.			ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			enova emolit			☐ Mini-Encl						
2006				232.54		Non-Exer Non-Exer	mpted (*) and Nor	-Friable Procedure				
			s Loca						Ab	ateme	ent Ty	уре
Location of Asbestos-Containing N			Norm ed So	ally lely by	A . h .	Description of		2000	D.	Z	ш	ш
TO BE ABAT		Ma	ainten	ance/		stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	1	Cus		Staff?	,	surfacing, VAT,	or	SF or LF)	val	=.	nsd	Sur
(13)		Vac	(12		-	other miscellaned	ous)	Α			late	е
Boiler Room		Yes	No	N/A	Breechi	ng Insulation		10 locations				
Boiler Room					Pipe Ins			25 locations				
Boiler Room					Valves/							
			-	9	7 417 6371	90		3 large			Ц	_
Name of Registered Waste	Hauler				N/==+=	0.11-7				Ш	Ш	Ш
Waste Management	nauler			NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regist					
				17273	Section Control of the Control of th	5	Grand Cent	rai				
City, State						Disposal Date	City, State		7.			

ASB-41 MAY 11

Lafayette, NJ

Completed By (Print or Type)

Joann Mullarkey

Title

Admin Asst.

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

5/24/18

Signature

Penn Argyle, PA

Date

D&S Proj. #: 18-104	3	Notifi (Purs	State cation of As			E G MAY		<u>N</u> ≥0	Total State of the Control of the Co				
Date of Notification (1) 0 5 / 0 8 / 1 8 Agencies Notified Type Notifica EPA Initial	henry	of Building Own / hagedorn Address	ner/Operator (2	2)			Tank Basis	ASPERT		113	201. S	3	
DEP Amended Amendment # DOL Emergency (including justification DCA Cancellation	midl Name o	ate, Zip Code and park, nj f Contact y hagedorn	07432				Telepho	one Numbe	er				
Caricellatio	11 11011		ILITY INFORM	MATION									
Name of facility where abatement	is taking place (3)		ILIT INFORM	IATIO	V		Time of Facility	(4)					
henry hagedorn	is taking place (5)						=	(4) ol (K - 12 hapter 8 (han k	(_12)		
Street Address							○ Other	(Private/0 ./Homes,	Comm		(-12)		
City (5)	County (6)			Col	inty Code (7)		Square Feet	# of Floo	ors	В	ldg. A	ge	
midland park	bergen				ite use only)	l	Current Use (I	Prior if bei	ng der	nolish	ed)		
Name of Monitoring Firm Hired by		<u> </u>	ASCM No.	nt Contractor (9)									
			172-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		D & S RESTO	RA'	TION, INC.						
Street Address					Street Address								
City, State, Zip Code					20 California / City, State, Zip Cod	-							
only, otato, zip oode							12						
Project Manager for Monitoring Firm	n	Phone Numb	er	-	Paterson, NJ (Telephone Number		J3	License	Num	per			
					973-345-802	_		(1169				
Start Date (10)	Sched. Comp	oletion Date (1	1)		Name of OSHA Mo								
05/21/18	05/31/18				D & S Restora Street Address	tior	i, Inc.	-					
Occupancy Status During Abateme	10 MM		The same of the sa		20 California A	vei	nue						
Facility closed/vacated during Abatement performed outside Describe:					City, State, Zip Cod	е							
Other-Describe: NORMAL F					Paterson, NJ 0	750)3						
Scope of Work (check all that appl	y) Renovation Demolition					Mi Gl	Il Containment ni-enclosure ovebag procedu	ıre					
Location of	Is location norma					7 140	on-Exempted (*)	and Non-	R	R	E	1	
asbestos-containing material (acm) to be abated in facility (13)	by maintenance/ staff(12) Yes No		Description material (sbestos-containing		Amount (Specify S	SF or	e m o	e p a	n c a	E n c	
DACEN (P) IT	NO INC	N/A							v e	i r	р		
BASEMENT BASEMENT			PIPE INSU				48 l ft					무	
D. KODITERY I			bare heating	s pipe:	S		40 l ft		ዙ	片		#	
					The state of the s	-			#	片		H	
									Ħ	Ħ	H	H	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		ubic Yards of V yd.	Vaste	Name of Registere TULLYTOWN			ECOVE	Y				
City, State		Disposal D			City, State	Own III							
PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC	Title	05/22/13	Signature		TULLYTOWN	N, P.	A	Date					
	PRESIDENT Do not use this fo	orm for asbesto	s licensure exe	empted	activities.			05/08/	2018				

CK1153

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

DECELVED

Data of Natification (4)			11					thi ha	191 F-1 1	-	LU	10		
Date of Notification (1)	-15-00-0			Nam	e of Buildi	ng Owner/Operator								
05/09/	18	_		c/o	Bondiov	Ochs and Evelyn anni, Collins & W	K. Uchs Assoc			140 164	- ,			
Agencies Notified Type Notified	cation				t Address		raidell, FC	ASI	5 "	11.14	110	M. C		
				22	5 West I	Main Street, Suite	1		CARL NOR			·		
☐ DOLWD ☐ Amende				-	State, Zip		30.7							
☑ DOH Amendr	-		-	100000000000000000000000000000000000000		J 07834								
DCA Emerge (NJAC 5:23-8) ustifica		cludin	g		e of Conta	235 BC 828 BW 630		I Table 1						
Cancelli	0.000			72 HORSES VOID				Telephone N						
Gandan	ation					ollins, Esq.		973-625-1	600					
N (5 30 N	7).			FA	CILITY	NFORMATION								
Name of Facility Where Abatement is	Taking	Place	e (3)				Type of Facility	(4)						
Commercial							School (K-12							
Street Address							-12) mercial	huildin						
38 Old Short Hills Road							Dullali	igs,						
City (5)							Square Feet	# of Floors		Bldg. /	Age	_		
Livingston										Blug. Age				
County (6)				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)					
Essex						, .,		or it boing doin	onorica	0				
Name of Monitoring Firm Hired by Bui	Iding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			_				
Bio Terra Solutions			1-7			Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC								
Street Address	100													
P.O. Box 1224						Street Address								
City, State, Zip Code	II gill					27 Outwater Lane								
Union, NJ						City, State, Zip Code								
			1			Garfield, NJ								
Project Manager for Monitoring Firm			1 100	ephone		Telephone No.		License No.						
Rick Estaquio					-3762	973-928-4888		1188						
					ite (11)	Name of OSHA M	lonitor			\$4.5				
				1_/	18_	ALL PRO MA	LC				-			
Occupancy Status During Abatement						Street Address								
	ire Peri	od of	Abate	ment		27 Outwater I	Lane							
Abatement Performed Outside of N	lormal I	Facility	y Hou	rs - Des	scribe	City, State, Zip Co	ode		-		_	-		
Time of Abatement:AM	PM	1/	PM		AM	Garfield, NJ	07026							
Scope of Work (Check all that apply)					4 1	-					_			
□ ≥3 sf or ≥3 lf		☐ Re				☐ Mini-Enc		ative Pressure						
≥160 sf or ≥260 lf	100	⊠ De	molitic	on		☐ Glovebac		- Facili- D						
		Is	Local	tion		☑ NOII-EXE	mpted (*) and Nor	n-Friable Proce			1755			
Location of			Vorma			Description o	f		A	batem	ent T	ype		
Asbestos-Containing Material (ACN	A)		d Sole		Asbe	estos Containing Ma		Amount	Re	Repair	E	En		
TO BE ABATED IN Facility		Cust	intena todial	Staff?	(i.e	e., thermal systems i	102000000000000000000000000000000000000	(Specify	Nou	pair	ap	Enclosure		
(13)			(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		sula	ure		
		Yes	No	N/A		other misochane	Jusy				te	355.56		
Basement		П			Grev T	ransite Board		25 SF	×	1	П			
Exterior					Caulkii			243 SF						
	+			10000	Judikii	19		243 37			1			
				10							Ш	Ш		
Nome of Decision 1100 to 11														
Name of Registered Waste Hauler			JDEP \ lauler ID		Cubic Yards of	Name of Regist	tered Landfill							
ATC		100	SW-2		Waste As Needed	Minerva En	terprises							
City, State		-			Disposal Date									
Shirley, NY						TBD	Waynesbur	nesburg, OH						
Completed By (Print or Type)	Title	-				Signature		Date						
Allen Monchik	Pro	oject	Mana	ager		14 - 1 1								
The state of the s	1			-		NIVON I	VIANCAID,		5/9/18	5				

_Chilb	0	IVC) I I F (ursu	ant to N					-						
Date of Notification (1)	09/	18		He	rbert O.	ding Owner/Operator Ochs and Evelyn vanni, Collins & V	R. Ochs Asso	ociates, LLC	MAY	1	4 2	2018				
Agencies Notified	Type Notificati	on		Stre	et Addres	S	varacii, i o	AGU	E CT	:c c	y 7, 4, 5	TTTO				
⊠ EPA	☐ Initial			2	25 West	Main Street, Suite	e 1	\$ \$70.74.	EST		ALL IN	1 686.21 3				
☑ DOLWD	Amended Amendmen				, State, Zij			Languages	280 27925 19	VENTOS	- Company	MA STERRY CO.				
DCA	☐ Emergency		ina	D	enville, N	NJ 07834										
(NJAC 5:23-8)	justification		iiig	-	ne of Cont			Tolophone No.								
0	☐ Cancellation	1		Jo	ohn B. C	ollins, Esq.		Telephone Number								
				_				973-625-1600								
Name of Facility Where	Abatement is Tak	ing Pla	co (3)		ACILITY	INFORMATION										
Commercial	r locatement is Tap	illy r la	ce (3)				Type of Facilit			154						
Street Address							School (K-	12) r 8 (Other than K-1	0)							
40 Old Short Hills	Dood						Other (i.e.,	private and comm	2) ercial l	nuildir	nas					
City (5)	Roau			0.0			homes, etc	.)	or oral r	Juliun	igo,					
							Square Feet	# of Floors	1	Bldg.	Age					
Livingston							e 9	//2								
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	rior if being demol	ished)								
Essex																
Name of Monitoring Firm		owne Owne	r (8)	ASCA	1 No.	Name of Abatem	Name of Abatement Contractor (9)									
Bio Terra Solution	IS					ALL PRO MA	NAGEMENT	LLC								
Street Address						Street Address		1. 1.			-					
P.O. Box 1224						27 Outwater	er Lane									
City, State, Zip Code		1	100			City, State, Zip Co	ode			-						
Union, NJ						Garfield, NJ										
Project Manager for Mor	nitoring Firm		Tel	ephone	No.	Telephone No.	License No.									
Rick Estaquio			9	73-49	1-3762	973-928-4888	=1001100 110.									
Start Date (10)	Sch	eduled			ate (11)	Name of OSHA M	1100									
	18	05	/ _3	1_/	18	ALL PRO MA		LC .								
Occupancy Status Durin	g Abatement (Che	ck only	one)	7.		Street Address			200							
☐ Facility Closed/Vacat	ed During Entire P	eriod o	f Abate	ment		27 Outwater I	_ane									
Abatement Performer Time of Abatement:	d Outside of Norm	al Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	ode			_						
		-IVI/	PIVI	-	_AM	Garfield, NJ										
Scope of Work (Check a	ll that apply)											_				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	70		enovat emoliti			Mini-Encl Glovebag	Procedure	gative Pressure n-Friable Procedu	re							
			s Loca		1					atom	ent T					
Location Asbestos-Containing	of	Us	Norma ed Sole	lly elv by		Description of	f l			T		T				
TO BE ABA	ATED	Ma	aintena	nce/	Asbe	estos Containing Mat e., thermal systems in	erial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure				
IN Facili	ty	Cus	todial	Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	NOV	air.	aps	losu				
(13)		Vac	(12)	T NIZA	1	other miscellaneo		Or Or Ery	1 =		ulat	Гe				
Basement		Yes	No D	N/A	Pine In	sulation			-	_	e					
Basement							ulatia	30 LF								
1st Floor- Kitchen				M MAT												
1st Floor- Bathroom		-						180 SF		Ш						
					VAT			9 SF								
Name of Registered Was	te Hauler		1,220	JDEP V		Cubic Yards of	Name of Regis	tered Landfill			00.55					
ATC			"	auler IC SW-24		Waste As Needed	Minerva Er	terprises								
City, State	27					Disposal Date	City, State		-955	_						
Shirley, NY				TBD Waynesburg, OH												
Completed By (Print or Ty	rpe) Title	9		Signature Date												
A II B # 1 **		F 8 7				O.g. latare		Da	ie.							

Allen Monchik

5/9/18

Project Manager

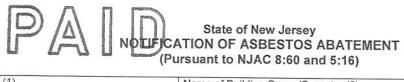
D&S Proj. #: 18-101	, _		(Purst	ant to NVAC	besto 18:6	s Abatement and 12:120)	DEGELVED MAY 14 2018							
Date of Notification (1)				er/Operator (2)			L.J. 1V	IAI	4 20	lö	i hora	21	
Agencies Notified Type Notifica	tion	paula k											A PARTIES AND A	
☐ EPA ☐ Initial		treet Add	iress					Assista	BLOS C	OMTE BING	IOL.	K	and the same of	
DEP Amended		ity State	Zin Codo		_				- Late the throughout	e come, comp		the stronger	manus.	
DOL Amendment #		2741 1 11 11 11 11	, Zip Code	11.05.450										
DOH Emergency		ame of C	EWOOD, N	NJ 07450				LTelepho	ne Numb	or				
☐ DCA ☐ justification)							relepho	ne munio	51				
Cancellatio	n	paula l	cnight											
			FAC	ILITY INFORM	IOITA	N								
Name of facility where abatement	is taking pla	ice (3)						Type of Facility	(4) ol (K - 12	١				
paula knight									napter 8 (han k	(12)		
Street Address							1		(Private/			(-12)		
								Bldgs.	/Homes,	etc.				
City (5)	Coun	ty (6)			Cou	unty Codo (7)	H	Square Feet	# of Floo	ors	В	ldg. A	ge	
5.574 3.574	30011	-) (=)				inty Code (7) ite use only)		Current Use (F	rior if hei	na den	nolish	ed)		
RIDGEWOOD	berg					5.6	П	Outront Ooc (I	nor ii bei	ng don	1011511	ou,		
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abateme	nt C	Contractor (9)						
						D & S RESTO	RA	TION, INC.						
Street Address						Street Address								
						20 California	NAME OF TAXABLE PARTY.	е.						
City, State, Zip Code						City, State, Zip Coo								
Project Manager for Monitoring Firm	`	To	hone Numb	or.	-	Paterson, NJ (03	License	Mirror				
reject manager for Workformig Firm			none Numb	ei		973-345-802)1169	ber			
Start Date (10)	ISchod	Complet	tion Date (11	1	_	Name of OSHA Mo		or						
44.40 to 4.990 to 90.40 \$3.00 to 90.00 \$4.			tion Date (11	,		D & S Restora	atio	n, Inc.						
05/09/18	05/30				_	Street Address								
Occupancy Status During Abatement Facility closed/vacated during		(5	romont			20 California A		nue						
Abatement performed outside						City, State, Zip Coo	de							
Describe:NORMAL F	IOURS				-	Paterson, NJ (775	03						
Scope of Work (check all that apply					-	1 aterson, 143 (u/nogative	proce	uro			
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation	i					=	ull Containment v lini-enclosure	villegative	biess	uie			
☐ ≥160 sf or ≥260 lf	Demolition					፟		lovebag procedu						
		normally	used solely				ΙN	on-Exempted (*)	and Non	-friable	proc	edure E		
Location of asbestos-containing	by mainter			Description on these	n of a	sbestos-containing		Amount		е	e	n	E n	
material (acm) to be abated in facility (13)	staff(12)	1823		material (/				(Specify S	SF or	m o	p a	c a	c	
abated in identity (10)	Yes	No	N/A					LF)		v e	i	p		
attic closet		X		DUCT INS	ULA	ΓΙΟΝ		60 sq ft		Ň				
basement		X		PIPE INSUI	LATI	ON		10 l ft		X				
BASEMENT storage ROOM		X		vat				45 sq ft		X				
Registered Wasta Hairles		511		bla Vasal	Vari									
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 1350	P Hauler)6	500 A C C C C C C C C C C C C C C C C C C	ibic Yards of W 2 yds	vaste	Name of Registere TULLYTOWN			COVE	RY				
City, State		- 1.1-c	Disposal Di			City, State	, IX	LOCORCE KE	COVE					
PATERSON, NJ 07503			05/10/19)		TULLYTOW	N, P	PA						
Completed by (Print or Type)	Title			Signature					Date					
BOGDAN JOLDZIC	PRESIDE	05/07/2018												
ASB-41	DO NOT USE	this torm	i ioi aspesto	s licensure exe	mpted	activities.								

no Ch			NO			ON OF A	ASB	w Jersey BESTOS ABA C 8:60 and 5:		ID) E C	; <u>[</u> [N n n				
Date of Notification (1)	27	_	_					Owner/Operator		IU L MA	Y 14	20	8					
/	27 /	1				Mr. Oron	Ros	senkratz	/ Job	#1804-2299	Chk.	#NA		1				
	Type Notifi ☐ Initial	cation	1		Sti	eet Addres	SS			ASSES	. (25 G),	ang Kis	ÓL I	8.				
	☐ Initial Amende	he									K-11-8	143	90.00	TO.				
☑ DHSS	Amendr		#1		1 1 1 1 1 1 1	y, State, Zi												
□ DCA	☐ Emerge		_ ncludin	g		Coronado	-	A										
(NJAC 5:23-8)	justifica Cancella	200			100	me of Cont				Telephone Number								
	☐ Caricella	ation				Oron Ros		11/5/4/ J. S. C.										
Name of Equilibrial Albana Al					F	ACILITY	INF	ORMATION										
Name of Facility Where Ab Residential	atement is	Takin	ig Place	e (3)					y (4)									
Street Address									School (K-1	(2)	40)							
									Other (i.e., homes, etc	8 (Other than K- private and comm .)	nercial b	uildin	gs,					
City (5)									Square Feet	# of Floors	В	ldg. A	ge					
Moorestown										128 years								
County (6)					C	ounty Code	e (7)(S	STATE USE ONLY)	olished)									
Burlington																		
Name of Monitoring Firm H		lding (Owner	(8)	ASC	M No.	1		ement Contractor (9)									
Finog Environmental Street Address	!							Asbestos an	d Mold Servic	es, Corp.								
617 Stokes Rd., Suite	4 240						5	Street Address										
City, State, Zip Code	4-318							3859 Sylon E										
Medford, NJ 08055								City, State, Zip C										
Project Manager for Monito	ring Firm			TT-	la a b a a	- 11		Hainesport,	NJ 08036									
Rebecca Rubnitz	ing riiii				elephor			Telephone No.		License No.								
Start Date (10)	1	Scher	hulad C			715-2211 Date (11)		609-702-0400	00002									
5/7/	18		5 /	_	8 /			Name of OSHA N EMSL Analyt										
Occupancy Status During A							S	Street Address										
 ☐ Facility Closed/Vacated ☐ Abatement Performed C 	During Enti	re Pe	riod of	Abat	tement	VICE-10-12-10-5		200 U.S. Rou										
Time of Abatement:	AM-	ormai Pi	racility VI/	y Ho PN	urs - D N-	escribe AM	C	City, State, Zip Code										
								Cinnaminsor										
Scope of Work (Check all the	nat apply)							□ Full Con	tainment with Ne	gativa Proceurs			S-10-					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re □ De	nova moli				☐ Mini-End	closure g Procedure	on-Friable Proced	lure							
			-		ation				. , , ,			atem	ent T	vne				
Location of Asbestos-Containing Ma		• \			ally lely by			Description of				_		T				
TO BE ABATE	ED	1)	Ma	inter	nance/	/i	pesto i.e tl	os Containing Ma hermal systems	iterial (ACM)	Amount (Specify	Removal	Repair	nca	nclo				
IN Facility (13)			Cust	odia (12	I Staff?			surfacing, VAT,	, or	SF or LF)	oval	=:	Encapsulate	Enclosure				
(13)			Yes	No		_		other miscellane	ous)				late	0				
Basement						Pipe Ir	nsul	lation	-	170 LF		П		П				
											П							
												-		님				
												Ш	Ц	Ш				
Name of Registered Waste	Hauler					110/	1.5	11. 37										
Waste Management	riaulei					Waste ID No. 73	W	ubic Yards of laste 5	Name of Regis									
City, State						- 		isposal Date	e City, State									
								5/8/18	Penn Argy	le, PA								
Completed By (Print or Type	:)	Title						Signature	-		ate			-				
Joann Mullarkey		Ad	dmin A	Asst	t.			1 /20	\ <u> </u>	-	5-	4 -	18					

State of New Jersey DIA 1100 FOATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 5:16)

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1111-	Lb	W	[5.7	11	M	15	
1531						1	
11 11							
2.1		2 037	-	9 10	2010		1 1 5

Date of Notification (1)		ethor	600	-				MA'	V 4	1 0	040	- 13			
4 / 25	/ 1	8				ng Owner/Operator th Corporation		1 Por 100			018	2,			
							/ J	ob #1609-211			#50:	TIMESTER			
Agencies Notified Type N ☐ EPA ☐ Initia	otification	1			et Address			ADDER				- či			
☑ DOLWD ☐ Ame						dview Parkway, S	Suite 200	TO STREET, THE PARTY OF THE PAR	an anga ang Calabetanopor	CITY.	N NAMES OF STREET	ers conserved			
	ndment #	#1			, State, Zip										
☐ DCA ☐ Eme	ergency (i	ncludir	ng	-	irminghai										
	fication)		850	Nan	ne of Conta	ct		Telephone Number							
LI Can	cellation			E	izabeth N	lann		205-970-7850							
				F	ACILITY I	NFORMATION									
Name of Facility Where Abatemen							Type of Facility	(4)							
HealthSouth Rehab Hospit	al of To	ms R	iver				☐ School (K-12								
Street Address							Subchapter 8	Other than K-1	2)						
14 Hospital Drive							Other (i.e., pr homes, etc.)	ivate and commo	arcial b	uildir	ngs,				
City (5)							Square Feet	# of Floors	F	Bldg.	Ane				
Toms River							84,619 3 over								
County (6)				Cot	inty Code (7)(STATE USE ONLY)									
Ocean						Pod (1904) of the control of the co	Rehab Hospital								
Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)								
Horizon						A STATE OF THE PARTY OF THE PAR	d Mold Services	s. Corp							
Street Address						Street Address		-, -с.р.							
PO Box 316						3859 Sylon B	oulevard								
City, State, Zip Code						City, State, Zip Co									
Thorofare, NJ 08086						Hainesport, N									
Project Manager for Monitoring Firm	n		Tel	ephone	No.	Telephone No.									
Dave or Steve Flanigan			8	56-848	3-0800	609-702-0400									
Start Date (10)	Sched	uled C	omple	etion Da	ate (11)	Name of OSHA M	lonitor	00002							
5 /3 /18	_ :	5/	1	0 /	18	EMSL Analyti									
Occupancy Status During Abateme	nt (Check	only	one)			Street Address									
□ Facility Closed/Vacated During B	Entire Per	iod of	Abate	ment		200 U.S. Rout	to 130 North								
Abatement Performed Outside of	f Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co									
I ime of Abatement: AM-	PN	N/	_PM		AM	Cinnaminson									
Scope of Work (Check all that apply	1		-1-1-		1111 KI	Omnami Son	, 145 00077								
☐ ≥3 sf or >3 lf	MIN		M	13	ゴカイナ	□ Full Conta	ainment with Nega	tive Pressure							
≥ 25 st of ≥ 3 ft ≥ 160 sf or ≥ 260 lf		⊠ Re	novat				osure								
			arrond,	J.,		☐ Glovebag ☐ Non-Exer	npted (*) and Non-	-Friable Procedu	re						
			Loca				. ,,	1100000	1 1/200	atem	ent T	vno			
Location of			Norma d Sole			Description of				_	T	-			
Asbestos-Containing Material (A TO BE ABATED	CIVI)		intena		Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	\en	Repair	nc	nc			
IN Facility		Cust		Staff?	(1.6.	surfacing, VAT,		(Specify SF or LF)	Removal	= =	apsi	Enclosure			
(13)	H		(12)	T	-	other miscellaneo		0. 0. 1.	=		Encapsulate	Гe			
		Yes	No	N/A							(D				
Data Room 119, Storage Area	above			\boxtimes	Popcorr	n Ceiling		250 SF			П				
Boiler Room				Tank Ins	sulation		150 SF		П	П	П				
					A STREET										
			П	П					+=						
Name of Registered Waste Hauler				JDEP V	Vacto	Cubio Vosda af	I Name of Date				Ш	Ш			
Waste Management			1000	auler IE	100000000000000000000000000000000000000	Cubic Yards of Waste	Name of Registe								
City, State				17273		5	Grand Centr	aı							
Lafayette, NJ						Disposal Date	City, State	7_720							
Completed By (Print or Type)				5/10/18	Penn Argyle	, PA									
Joann Mullarkey	Title					Signature	200	/ / Da	te						
SR-41	Ad	min.				1 mary	n Mull	W	4-3	3-1	8				



E	C	E		\mathbb{V}	E	
	MAY	1	4	2018		

Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)	MA	Y 1	4 2	018	- 11				
	18	_		90	New Stre	et, LLC	/ Job # 1	man provid		k. #5	035	TANK TO A STATE OF THE PARTY OF				
Agencies Notified Type Notified	cation			Stree	t Address		e ea ay	ASBES	TOS (KONT	ROI	<u> </u>				
⊠ EPA				266	Jericho	Turnpike			ICEN							
☑ DOLWD ☐ Amende	300			City, S	State, Zip (Code			71.70.000		10020000	7.50-				
☑ DHSS Amenda ☐ DCA ☐ Emerge		and the same		Soi	uth Hunti	ington NY 11746										
DCA Emerger (NJAC 5:23-8)		uaing			of Contac			Telephone Num	her		1 3/4 -					
☐ Cancella	4.5			Sar	nir Patel	Gilbane		732-509-81								
190				1		IFORMATION										
Name of Facility Where Abatement is	Taking F	Place	(3)	17	OILITT III	II ORINATION	Type of Facility (4	(4)								
84 & 92 New Street	3		(-)				School (K-12)									
Street Address							☐ Subchapter 8	8 (Other than K-12)								
84 & 92 New Street							Other (i.e., pri homes, etc.)	vate and comme	rcial b	uilding	gs,					
City (5)							Square Feet	# of Floors	Bldg. Age							
New Brunswick							8100 & 5000	3 & 3		pre '						
County (6)		-1-		Cour	ity Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demoli	shed)							
Middlesex							Vacant									
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					-				
Criterion Laboratories						Asbestos an	d Mold Services	, Corp.								
Street Address		77-77				Street Address		•								
400 Street Road						3859 Sylon Boulevard										
City, State, Zip Code						City, State, Zip Code										
Bensalem, PA 19020						Hainesport, NJ 08036										
Project Manager for Monitoring Firm			Tele	ohone	No.	Telephone No. License No.										
Mike Panepresso		1	21	5-244	-1300	609-702-0400 00862										
Start Date (10)	Schedul	ed Co	mplet	ion Da	te (11)	Name of OSHA M	lonitor					_				
5 / _21_ / _18_	6	_ /	4	_ / _	18	EMSL Analyt	ical, Inc.									
Occupancy Status During Abatement (Check o	nly on	ne)			Street Address						\dashv				
□ Facility Closed/Vacated During Entitle						200 U.S. Rou										
Abatement Performed Outside of N	ormal Fa	acility	Hours	- Des	cribe	City, State, Zip Code										
Time of Abatement:AM	PM/_		PM-		AM	Cinnaminson	, NJ 08077									
Scope of Work (Check all that apply)						20										
≥3 sf or ≥3 lf	₽	Ren	ovatio	n		☐ Full Cont ☐ Mini-Enc	ainment with Nega	tive Pressure								
≥160 sf or ≥260 lf		Dem				Glovebag										
		***				Non-Exer Non-Exer	mpted (*) and Non-	Friable Procedu	re							
			ocati ormall				4		A	atem	ent Ty	ype				
Location of Asbestos-Containing Material (ACN	n	Used			Acho	Description o			R	R	Щ	Щ				
TO BE ABATED		22-22-20-20-2	tenar			stos Containing Mai		Amount (Specify	Removal	Repair	ncap	nclo				
IN Facility		Custo	dial S (12)	taff?	i A	surfacing, VAT,	or	SF or LF)	val	7.	Encapsulate	Enclosure				
(13)	,	res	No	N/A		other miscellane	ous)				ate					
See attached engineering report		333		×												
AMS providing (1) supervisor an		_							$\frac{1}{1}$			금				
possibly (1) laborer for project							7.			П						
oversight.		7 1					1									
Name of Registered Waste Hauler		DEP V	Vaste	Cubic Yards of	Name of Registe	red Landfill				Ш						
Waste Management	Ha	uler ID	No.	Waste	Grand Centr											
City, State		17273		5 Disposal Data		aı										
Lafayette, NJ				Disposal Date	City, State	D.4										
	T =					6/4/18	Penn Argyle	, PA								
Completed By (Print or Type)	Title		307			Signature	ma []	11	ate		200					
Joann Mullarkey	Adn	nin A	sst.			men	in Dillar.	Mr. I	5-	1-1	2					





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

CK#404

Date of Notification (1)				Name of Building Owner/Operator (2)									A				
05/10/	18	_					Companies,			EG			W	7 [
Agencies Notified Type Notific	cation			Stree	t Address					anti-district Control of		4 25	\				
				22	Maple Av	venue	e										
☐ DOLWD ☐ Amende					State, Zip (MAY	- 4	4	201	9			
□ DHSS Amendm		_		100000000000000000000000000000000000000	rristwon		17960		100 100		- 0	7. 50	-01	Ü			
DCA Emerger (NJAC 5:23-8)	ncy (inclu-	ding			e of Contac		77 300		T-last.	1 1				**** *****			
☐ Cancella				55300	c Helstro	5.5			973-630-9815 CONTROL &								
					CILITY IN		MATION		The same and the same of the s								
Name of Facility Where Abatement is	Taking P	lace (3)		OILITT III	11 011	MATION	Type of Facility (. (4)								
Mountain Side Hospital	runnig r	, 000	· /														
Street Address		_						☐ School (K-12 ☐ Subchapter 8		K-12)							
4 George Street								Other (i.e., pr homes, etc.)	rivate and con	nmercial	bui	lding	s,				
City (5)				Same.				Square Feet	# of Floors	Т	Bld	g. Ag	ie.				
Montclair												0	,-				
County (6)				Cou	nty Code (7	7)(STAT	TE USE ONLY)	Current Use (Pri	or if being der	nolished	1)						
Essex																	
Name of Monitoring Firm Hired by Buil	ding Owr	ner (8)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)									
						J١	VN Restorat	ion Inc									
Street Address						Street Address											
						47	7 Foster Roa	ad									
City, State, Zip Code						City	, State, Zip Co	ode			-						
						100000000000000000000000000000000000000	taten Island										
Project Manager for Monitoring Firm		T	Tele	phone	No.		phone No.		License No.								
						71	18-605-6256		00774								
Start Date (10)	Schedule	d Cor	mple	tion Da	ite (11)	Nam	onitor					-	_				
05 /21 /18	_ 10	_ / _	31	/	18		estor Tech										
Occupancy Status During Abatement (Check or	nly on	e)			Stree	et Address		2	_		_	_				
☐ Facility Closed/Vacated During Enti				ment		3	59 Jackson										
☐ Abatement Performed Outside of N	ormal Fac	cility I	Hour	s - Des	scribe	4	State, Zip Co				_						
Time of Abatement: 7:00 AM-3:30	PM/	_PM	I- <u> </u>	AN	1		C NY 11101										
Scope of Work (Check all that apply)												151		-			
≥3 sf or ≥3 lf		Reno	ovati	on				ainment with Nega	ative Pressure	Э							
≥160 sf or ≥260 if		Dem					☐ Glovebag Procedure										
							☐ Non-Exer	npted (*) and Non	n-Friable Proc	edure							
Location of	1		ocat							1	Aba	teme	nt Ty	уре			
Asbestos-Containing Material (ACN		Jsed	Sole	ly by	Asbes		Description of containing Mat		Amount	2	0	Re	ш	m			
TO BE ABATED		Maint		nce/ Staff?			mal systems in		(Specify	No.	3	Repair	cap	clo			
IN Facility (13)	10		(12)	olan?			ırfacing, VAT, er miscellaned		SF or LF)	2	5	7	Encapsulate	Enclosure			
(10)	Ye		No	N/A	1	otne	er miscellaned	ous)					ate				
Basement		1 [Floor Ti	ile an	d Mastic		250 SF	D							
Exterior			Transite	e Sidi	ing		2,200 SF	: [2									
1st Floor] [Plaster	Base	e Coat		1,900 SF	:							
2 nd]			Plaster	Base	Coat		1,900 SF	= 🗵	a	П	П	П			
Name of Registered Waste Hauler	Vaste	Cubic	c Yards of	Name of Registe						_							
Newark Carting	No.	Wast 80	te	G.R.O.W.S.,													
City, State NJ-566							osal Date	City, State									
Hackettstown, NJ						030000000000000000000000000000000000000	/31/18	Morrisville,									
Completed By (Print or Type) Title							Signature //	10	Date					-			
Ralph Barnhardt	/lan	ager			MAIN	flor	2	03	'n	10 -	10	5					