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Date of Notification (1) 05/01/2019 CHECK	#0211		1	Name of	Building O	wner/Op	erator	(2)		MAY I	4 2(	)19		Lun	Π
Agencies Notified	Type Notification				ldress KWOOD te, Zip Cod		T			ASBESTOS LICEI	CONT NSING		L &		
X DOL	Amendment Emergency (		_	FANW	OOD,NJ Contact		_			Telephone	Numbe	er.			_
	justification) Cancellation				PH NAGY					1					
Name of Facility Where A	Abatement is Takin	g Place (3)		FACIL	LITY INFO	RMATIO	N	Туре о	f Facility (4	)					
Street Address								S	chool (K-12 ubchapter 8	) 3 (Other than I ivate & comm	K-12)	uildii	nae k		
80 OAKWOOD COU	JRT								.)	# of Floors			ig. Ag		s,
City (5) FANWOOD,NJ 070	23							50X1	00	2FL		50	YE/		
County (6) UNION				County C (STATE U	Code (7) JSE ONLY)			0000	JPIED	r if being dem	ousned	)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				ement Cont TIONS C	ractor (9) ONTRACT	ING II	NC			
Street Address								Address							
City, State, Zip Code								State, Zip		NJ 07407					
Project Manager for Mon	itoring Firm			Telephor	ne No.	1	100000	hone No 873 94		Licens 0130	se No. 1				
Start Date (10) 05/28/2019		Schedule 05/29/2		npletion [	Date (11)	1			A Monitor TIONS C	ONTRACT	ING I	NC			
Occupancy Status During	g Abatement (Cheo	k Only On	e)					Address	The second second second						
Abatement Perform Other – Describe: 5	ed Outside of Norr	nal Facility				_	City, S	State, Zip	Code	NJ 07407					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)		enova emolit				2	Mini Glov	-Enclosure vebag Proc					3	
			Locati Iormal			Dee	cription					/	Abate Typ		
Location Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) <u>ATED</u> lity	Use Mai	d Sole ntenai odial S (12)	ly by nce/		tos Conta thermal s surfaci other m	ining I system ing, V/	Material is insulat AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
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City, State PEN ARGYL ,PA 18	3072					Dispos	al Date	e	City, State PEN AF	RGYL PA, 1	18072				
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Date of Notification (1)					Name	of Building	g Own	ner/Operator (	2)		IAY 1	4 20	1	TU
05 /	08 /	19			Mar	nsfield To	owns	ship School	District			50	1	14
Agencies Notified	Type Notifica	tion			Street	Address					1 . 4			
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	,				FAC		FOR	MATION						
Name of Facility Where	Abatement is T	aking Pla	ace (	3)					Type of Facility	(4)				
John Hydock Elem				0.018					School (K-1	2)				
Street Address										8 (Other than K		wilding		
19 Locust Avenue									homes, etc.	private and comi	inercial L	unung		
City (5)									Square Feet	# of Floors	E	Bldg. Ag	-	_
Columbus									25,000	2		68		
County (6)					Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use (P	rior if being dem	nolished)			
Burlington									School					
Name of Monitoring Firm	Hired by Build	ing Own	er (8	) /	ASCM	No.	Nan	ne of Abatem	ent Contractor (9	)				
TTI Environmental					0000	3	S	hade Envir	onmental, LLC	;				
Street Address							Stre	et Address						
1253 North Church	Street						6	23 Cutler A	venue					3
City, State, Zip Code							City	, State, Zip C	ode					
Moorestown, NJ 08	3057						M	laple Shade	e, NJ 08052					
Project Manager for Mor				Tele	phone	No.	Tele	ephone No.		License No				
JIm Guilardi	ÿ			60	9-314	-1683	8	56-755-009	Э	00842				
Start Date (10)	S	chedule	d Co	mplet	tion Da	te (11)	Nan	ne of OSHA M	Aonitor					
06 / /	A 10000				_ / _		E	MSL Analy	tical, Inc.				1	
Occupancy Status Durin	g Abatement (C	Check or	nly or	ne)			Stre	et Address						
Facility Closed/Vacat							2	00 Route 13	30 North					
Abatement Performer Time of Abatement:							1 85	, State, Zip C						
Time of Abatement.	Alvi			_=-101			C	innaminso	n, NJ 08077				-	
Scope of Work (Check a	II that apply)							Full Cor	tainment with Ne	egative Pressure	9			
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Freehold Cartage				H	15939		Wa		Fairless I	andfill			a.	
City, State					10000			posal Date	City, State					
Freehold, NJ							0	6/27/2019	Morrisvill	e, PA				
Completed By (Print or 7	Гуре)	Title						Signature	5		Date			
Christina Lynch		Vice	e Pre	eside	ent of	Operatio	ns		A	>	5/	810		

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Internality (73)     Internality (12)     Internality (12)     Internality (12)     Internality (12)       Yes     No     No     No     No     No       BASEFED Note     V     Statut Reconstruction     25 LF     No       BASEFED Note     V     Statut Reconstruction     25 LF     No       BASEFED Note     V     Statut Reconstruction     25 LF     No       BASEFED Note     V     Statut Reconstruction     36 SF     No       Base     Reconstruction     V     Statut Reconstruction     36 SF       Nome     Reconstruction     V     Statut Reconstruction     36 SF       Nome     Reconstruction     No     No     No       Base     Removal Inc     No     No     No       Construction     Inc     No     No     Statut Reconstruction       Inc     No     No     Statut Reconstruction     No       Construction     Inc     Inc     Statut Reconstruction     No       Construction     No     Statut Reconstruction     Statut Reconstruction     Statut Reconstruction       Construction     Inc     Statut Reconstruction     Statut Reconstruction     Statut Reconstruction       Construction     Statut Reconstruction     Statut Reconstruction	Concurrency Status During Administ Concurrency Status During Administratic Performed Control Concern Durather: Since J Boops of Work (Cheek all But op State of 23 ST Can 192 of or 2 280 F	Handt (Chevell andy en ) Entitle Period of Ab of Nacrossi Pecility i b A T A S L and phy	a) (murp) (C)-PEEForm C) Dengel Is Lovelfern Nermality	Convertient Address 280 H Conv. Sama Zo S. Rz	uyler St Cade Cikenssch Amdense Amdense Mandense Fronder Floregind () a a of	, N.J. 07 Negative Pressale ad Nat-Printin Press	dairo Aladorra
Yes     No     NEA       BASEREDNAT     Yes     Yes     Yes     Yes       BASERENNAT     Yes     Yes     Yes     Yes       BASERENNAT     Yes     Yes     Yes     Yes       BASERENNAT     Yes     Yes     Yes     Yes       Best Removal Inc     NUMP     Yes     Yes     Yes       Chr. State     17109     2+/2e7     CunRERLAND COUNTY LAWDERL       Chr. State     Dispersed Data     Constrained Levelling       Hackensack     N.J. 07601     S/13/19     NEW BURGH       T     MargRAUO     Batimator     Constrained Science	Concurrency Status During Administ Concurrency Status During Administ Concurrency Status (Vacation During Concurrency During Control Concurrency Status Status Status Status Status Constant of Antestas-Consisting Median TO BE Addates	Handt (Chevell andy en ) Entitle Period of Ab of Nacrossi Pecility i b A T A S L and phy	e) mark Prime Comment Sciences Nacionality Additionality hay Additionality hay Ad	Burnet Address 280 H City, Bank, Zip S. R2 S. R2 Digit Manual City Bank, Zip S. R2 Digit Manual City Bank, Zip S. R2 Digit Manual Digit Manual	uyler St Cade C kenssch Geschinnstit vi dinchense weinig Fronsfer Fickensel manweist (secht) an of manweist (secht)	, M. J. 07 h Negativa Pressure ad Nda-Pfinbia Press	dairo Aladorra
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Nume of Regimered Waster Handler     N.DEP Waster Handler     Control Yards of Regimered Levelling       Best Removal Inc     N.DEP Waster Handler     Control Yards of Regimered Levelling       Control State     17109     2+1/2 €7     Cunnfrr READD COUNTY LAWDFill       Control State     Dimension Date     Control State       Hackensack     N.J. 07601     S/13/17     NF@ BURGH PA. 17240       Control State     Dimension County     Dimension County       J. MargRauo     Batimator     County	Concurrency Status During Administration During Control During Control During Control During Control C	I Constit Control only of Control Percent of Alo of Normal Percenty for DAY TANK SCIENCE Physical (ACM)	a) alignment alignment Constant According Accordin	Automation 280 H Chy, Santa, Zp S. Rz S. Rz S. Rz Automation Automation Commission	uyler St Cade C kensschunstit vi 4 Enchanzs wahng Prosider - Recepted (* Cit) in of instructure (* Cit) a biodifien, AT. er	, M. J. 07 h Negativa Pressure ad Nda-Pfinbia Press	Alastartna Dipan Rogisia Nagesia
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* Emergency PA			ATION (	te of New . OF ASBES o NJAC 8:0	STOS A			СК	70	366	2.				
Date of Notification (1) 5/10/19		1.		Building Ov h Of Mt I			(2)		) [	G	E	Ŋ			n
Agencies Notified Type Notification		S	Street Ad	dress					31			Carolina Print 1			
				Black Ho		ke				MAY	14	-20	19		У
DEP Amended X DOL Amendment				raim NJ				1	1-2	10000					
DOH Justification)	including	1 0	lame of 0 Terry	Contact					Tet	ephone Ni 6-546-0	umber	INT	ROL	: <del>1</del>	
DCA Cancellation				ITY INFOR	RMATIO	N			100	ie ereie	AENOI	NG		•	
Name of Facility Where Abatement is Takin	g Place (3)						Туре	of Facility (4	•)					-	
Mt Ephraim Clubhouse Street Address								School (K-12 Subchapter		er than K-	12)				
33 Linden Avenue								Other (i.e. pr etc.)	ivate	& commer	cial bu	ildin	gs, h	าย	5,
City (5) Mt Ephraim NJ 08059								are Feet	# o 2	f Floors		Bldg 35	g. Ag +		
County (6) Carnden			County C	code (7) ISE ONLY)			Curre	ent Use (Prio	r if be	ing demoli	ished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			of Aba	atement Con Inc.	tractor	. (9)					
Street Address							Addre								
City, State, Zip Code								Zip Code							
ory, oraid, Lip oodd								lin NJ <mark>0</mark> 80	91						
Project Manager for Monitoring Firm		۲	Felephon	ne No.			hone N -753-	∿o. ∙9800		License 00727					
Start Date (10) 5/13/19	Scheduled 5/16/19	Com	pletion E	Date (11)		Name San		HA Monitor							
Occupancy Status During Abatement (Che	20810111-010112-000000	)					t Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab nal Facility H	atem lours	ent		_	City, S	State, 2	Zip Code						-	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti					- M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure						
		ocatio	CO252.									A	bater Typ		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used Main Custo	tenar	ly by nce/		os Conta thermal	systen ing, V	Materi ns insu AT, or		(	Amount Specify F or LF)	Removal	Removal	Repair	1	Enclosure
0.15	Yes	No	N/A	-	-loor T	ilo 9	maati		1	75 SF		_		·	
2nd Floor			X				mast		1	10.01	X	<u>`</u>	-		
														_	
										· · · ·	162				
Name of Registered Waste Hauler United Roll Off		H	IJDEP W lauler ID 2459	2.6 p.20.40	Cubic of Was 4			G.R.O	5755	tered Land	unit				
City, State Elm NJ					Dispos 5/16/		e	City, Stat Morris		PA 1906	7			-	
Completed by Anthony T Perna	Title Presic	dent			S	ignatu	re		_		Date 5/10	/19	ĺ		

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Date of Notification (1) 05 /	09 /	19	9						wner/Operator	(2) of Education	11 111	AY 1	4	201(	-	E
Agencies Notified	Type Notific	cation			Sti	reet /	Address ) Highwa					STOS (	)() SIN	VTR IG	L۵	2- Low
DOLWD	Amende						tate, Zip C	-			- 					1.1600-01-01-01-01-01-01-01-01-01-01-01-01-0
DOH	Amendm			-					ights, NJ 07	760						
DCA (NJAC 5:23-8)	Emerger justificat		ncludin	g			of Contact	_	igints, 145 07	102						
(1070 0.20-0)							n W. Spa		off		Telephone			10		
					_						732-449	-6149 X	( 20	0		
Name of Facility Where A	hatement is	Takin	a Place	0 (2)	1	-AC	ILIIY INI	FO	RMATION						-	
Spring Lake Height										Type of Facility						
Street Address	5 Liemente	ily S	CHOOL	) 	-					School (K-1	12) 18 (Other than	K-12)				
1110 Highway 71										Other (i.e., homes, etc	private and co		l bu	ildin	λ,	
City (5)										Square Feet	# of Floor	s	Blo	dg. A	e	
Spring Lake Height	S									65,000	2		1	15		
County (6)					C	ount	y Code (7)	(STA	ATE USE ONLY)	Current Use (F	rior if being de	emolished	d)			
Monmouth										School						
Name of Monitoring Firm	Hired by Buil	ding (	Owner	(8)	ASC	CM N	lo.	Na	me of Abatem	ent Contractor (9	3)					
TTI Environmental,	Inc.				00	0003	3			onmental, LLC						
Street Address									eet Address							
1253 North Church	Street							e	323 Cutler A	venue						
City, State, Zip Code								Cit	y, State, Zip C	ode						
Moorestown, NJ 08	057								Maple Shade							}
Project Manager for Moni	toring Firm			Tel	epho	ne N	lo.		lephone No.	.,	License N	0	-			_
Mike Stocku	<b>T</b> 64 (1991)			1 1 1 1 2 2			8800		356-755-0099	9	00842					
Start Date (10)		Sched	luled C	compl	etion	Date	e (11)		me of OSHA N		00012		-		1	
06_ /19_ /	19		)7 /	0					EMSL Analy							
Occupancy Status During								Str	eet Address				_		(manufacture) of	
Facility Closed/Vacate	d During Enti	re Pe	riod of	Abate	emen	t		2	200 Route 13	80 North						
Abatement Performed Time of Abatement:								City	y, State, Zip C	ode						
	- C200	F	vi/			A	IVI	C	Cinnaminsor	n, <mark>N</mark> J 08077						
Scope of Work (Check all	that apply)								Full Con	tainment with Ne	ative Pressu	re				
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$			🛛 Re 🗌 De	enova emoliti					Mini-Enc Gloveba							
				Loca				110.00					Aba	item	ıt T	vpe
Location				Norma ed Sol					Description of				- 1			1
Asbestos-Containing N TO BE ABA		1)	Ma	inten	ance/				Containing Ma ermal systems		Amount (Specify		Remova	Repair	Encapsulate	Enclosure
IN Facilit			Cus	todial		?	(1.0.,		surfacing, VAT		SF or LF		20	Ē.	nsa	osur
(13)			Vee	(12)					her miscellane			·   ·			late	e
Music Room No. 126			Yes	No	N/		Floor Tile	еа	nd Mastic		800 SF	: 5	3			
Art Room No. 129									nd Mastic		1,250 S		3			
Science Room									nd Mastic		1,000 S					
Science Room No. 13	1						Transite	Co	unter Top/S	ink	265 SF				- -	
Name of Registered Wast	e Hauler	10-01-01			JDE	S			bic Yards of		stered Landfill	and the second sec				-
Freehold Cartage	9498-6826888888				laule	r ID I	SA 6595	Wa	ste	Fairless L						
City, State					159	39		4 Disp	oosal Date	City, State						
Freehold, NJ									7/05/2019	Morrisville	. PA					
Completed By (Print or Ty	pe)	Title			<u>8.6270</u>				Signature			Date	_		1 <del></del>	
Christina Lynch	/			eside	ent o	of Op	perations	S	Onste	D		1519	1	9		

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Date of Notification (1)	07							wner/Operator		nÌ						
05_/	07 /	19			H	oulihan's	Res	staurants, Inc	. [[		1	MAY	14	2019	)	L
Agencies Notified	Type Notifi	cation			Stre	et Address					-					
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(NJAC 5:23-8)	justifica		Iciuuli	ig	Nam	e of Conta	ct			T	Telepho	ne Ni	imher		-	
	Cancell	ation			Pe	ete Cosen	tind	, ,			973-8					
		÷1			-			RMATION			515-0	500-1	002			
Name of Facility Where A	Abatement is	Taking	g Plac	e (3)					Type of Facility	(4)						
J. Gilbert's Restaur					n's Re	estaurant)	1		School (K-1							
Street Address									Subchapter	8 (0	Other th	nan K-	12)			
35 Main Street									Other (i.e., p	oriva	ate and	comm	nercial	buildi	٦ ३,	
City (5)									homes, etc. Square Feet	100	# . ( 5)					
Millburn										1	# of Flo	oors		Bldg.	A e	
County (6)					Ca	ntu Cada (	71/07		65,000		2			50		
Essex					COL	inty Code (i	1)(51	ATE USE ONLY)	Current Use (P		if being	demo	olished	)		
Name of Monitoring Firm	Lized by Dui	Idian C		(0)	1001		1		Restaurant		*			_	_	
IRIS Environmental			Jwner	(8)	ASCN	1 NO.	1000		ent Contractor (9	-						
	Laborator	les							onmental, LLC							
Street Address							St	reet Address					101			
2333 Route 22 West	t							623 Cutler Av	/enue							
City, State, Zip Code							Ci	ty, State, Zip Co	ode				ar sana			
Union, NJ 07083							1	Maple Shade	, NJ 08052							
Project Manager for Monit	toring Firm			Tel	ephone	No.	Te	lephone No.			License	e No.			_	
Rick Eustaquio				8	00-908	3-6679	1	856-755-0099			0084	42				
Start Date (10)		Sched	uled C	Comple	etion Da	ate (11)	Na	me of OSHA M	lonitor							
04_ /01_ /	19	_0	5	3	1_/	19		RIS Environr	nental Labora	tori	ies					
Occupancy Status During	Abatement (	Check	only	one)			Str	eet Address								
Facility Closed/Vacate	d During Enti	ire Per	iod of	Abate	ment		1	2333 Route 2	2 West							
Abatement Performed	Outside of N	ormal	Facilit	y Hou	rs - De	scribe		y, State, Zip Co						2710220	÷ 1	
Time of Abatement:	AM	PN	Λ/	PM		AM		Jnion, NJ 07(								
Scope of Work (Check all	that apply)							,					10-20		-	
				enovat					ainment with Neo	gativ	/e Pres	sure				
⊠ ≥160 sf or ≥260 lf				moliti				⊠ Mini-Encl ⊠ Glovebag								
								Non-Exer	mpted (*) and No	n-Fr	riable P	roced	lure			
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Location of Asbestos-Containing N				Norma ed Sole				Description of					-			1
TO BE ABAT		()		intena		Asbes	stos the	Containing Mat ermal systems in	terial (ACM)		Amo		em	Repair	nca	ncle
IN Facility	/		Cus		Staff?	(1.0.	5	surfacing, VAT,	or		(Spec SF or		Kemova	l ≣-	IDSU	Enclosure
(13)		+	Vee	(12)		-	ot	her miscellaned	ous)		120122	/	1		Encapsulate	re
Basement			Yes	No	N/A											
Basement						Pipe Ins					160					
							ting	s Insulation			15 L	F				
1 <sup>st</sup> Floor Ground Leve						Plaster					2,600	SF			]	
1 <sup>st</sup> Floor Main Dining /				$\boxtimes$		Glue Do	ts				4,000	SF				
Name of Registered Waste	e Hauler			10.000	JDEP			oic Yards of	Name of Regis	tere	d Land	fill		_		-
Freehold Cartage				H	auler II 15939		Wa		Fairless La	ndf	Fill					
City, State					10000		THE PARTY NAMED	oosal Date	City, State					- 14 17		
Freehold, NJ								5/31/2019	Morrisville,	PA	4					
Completed By (Print or Typ	pe)	Title						Signature	L		-	1-	lat-			
Christina Lynch	-/	1.1.2.5	e Pr	esido	nt of (	Operation	S	Mal 1	F				Date			
SP /1				conde	int of t	operation	5	Unde	$\leq$				5/5	1-19		

											-	Pi	it Form
K#21015 PAT	D NC		ATION	te of New Je OF ASBEST to NJAC 8:60	OS ABATEI		T	Ck ŧ	ŧ	26	15	5	-
Date of Notification (1) May 9, 2019			ame of eslie	Building Owr Hirsh	ner/Operator	(2)			; []		V		Th.
gencies Notified Type Notification		S	treet Ad	idress					v 1	٨			
EPA Initial DEP Amended				te, Zip Code				<u> </u>	Y I	4	2019		H
DOL Amendment # Emergency (ir justification) DCA Cancellation				runswick, I Contact	NJ 08816			Telephone	Numbe		ITRO		
DCA Cancellation		L	eslie	Hirsh	ATION							ware -	APA-14-14-1
ame of Facility Where Abatement is Taking	Place (3)		1 401			Typ	pe of Facility (4					11-1-1	
reet Address						XILL	School (K-12 Subchapter & Other (i.e. pr	?) 8 (Other than ivate & comm	K-12) iercial b	uildi	ngs, I	hon	S,
ity (5)						Squ	etc.) uare Feet	# of Floors		Blo	dg. Ag		
East Brusnwick, NJ ounty (6)		C	ounty (	Code (7)			200 SF rrent Use (Prio	2 r if being dem	olished		0+		
Aiddlesex	(0)			ISE ONLY) _	Namo	Ho	OUSE	a.					
ame of Monitoring Firm Hired by Building O n/a	wner (8)		n/a	INO.	Han	mon	ny Contractir						
treet Address n/a					Street 360	0.000	<sup>iress</sup> isade Ave.						
ity, State, Zip Code					- E S		, Zip Code I, NJ 07026						
roject Manager for Monitoring Firm			elephor n/a	ne No.	Telepi	hone		Licen 012	se No.				
	Scheduled	I Comp		Date (11)	Name	of O	SHA Monitor						
5/18/2019 ccupancy Status During Abatement (Check	5/21/20 Only One				Street		ny Contractir Iress	ıg					
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Ab al Facility H	ateme Iours	ent		City, S	State	Zip Code						
cope of Work (Check All That Apply)					Gar	neic	i, NJ 07026						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic					Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					
		.ocatio	0.20		E	1 14	Non-Exempted		TIADIC	100	Abate Ty	me	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used Main Custo	ormally Solely tenand dial St (12)	r by ce/	(i.e. the	Description Containing I rmal system surfacing, VA her miscella	Matei Is ins AT, o	sulation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		VAT			800 SF					
Basement			X		VAT			000 SF		X			
	•												
ame of Registered Waste Hauler			DEP W		ubic Yards		Name of F	Registered La	ndfill				
armony Contracing			uler ID 058	T	f Waste BD			S Landfill					
ity, State arfield, NJ				(1) 102	isposal Date BD		City, State Morrisv	ille PA 190	67				
Completed by E. Cirovic	Title Secre	toni			Signatur		nnc		Date 5/9/				

Date of Notification (1)	<u>s</u>		(Pursi	State of New Jers FION OF ASBESTO uant to NJAC 8:60 a e of Building Owner/	S ABAT nd 12:12	0)	UIA C	= 4	. i(i 15	41 4	*	
5/6/19	l			IAILUISI			E	P	R	1	LE	Trun
Agencies Notified Type Notification			Stree	t Address		OSTOH	HARE	Gi	匠(	<u>[]</u>	TIC.	
EPA Initial			40	17 Sout	1 O							
D DEP Amended			City	State, Zip Code	11	AUE L	3. [[]]]		4.5			
DOL Amendment			le a	State, Zip Code	~ >	<u> </u>		AY	14	21	9	1 ml
DOH Emergency (	includin	g	Nam	ESTFIELD	N	<u>.</u> . 0	701261				1	
DOH justification)			ivame	of Comact	and the second s		Telephone-Nr	mber				
			Ma	- GODER	31		732AS8	1824	S.CO	NO.	958	
Name of Facility Where Abatement is Taking P	Place (3)		FA	CILITY INFORMA	TION		A CONTRACTOR OF A CONTRACTOR O	64 <u>40</u>	ENO	ants	Real Address of the	ex.+++(+)
i i i i i i i i i i i i i i i i i i i	1400 (3)					Type of Facili	ty (4)					
Street Address						School (I	K-12)					
						Subchapi	ter 8 (Other than K-12	)			1	
City (5)						Other (i.c	e. private & commercia	al buik	lings, l	home	etc.)	
CAR I I						Square Feet	# of Floors		Bldg	Age		
CRANTORD NO	)					2,500				C	1	
				/ Code (7)		Current Use (P	rior if being demolishe	d	1	U		
Name of Maria in Diana		121	(SIA11	E USE ONLY)			Hous					
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASC	CM No.	Name	of Abatement Ço	nitractor (0)					
0						WATECH						
Street Address					Street A	Address	}					
							814				1	
City, State, Zip Code			-		1 4 V	tate, Zip Code	CIT					
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Project Manager for Monitoring Firm			Telepho	one No	GIE		LNO	02	105	+	1	
		1	reichtig	She rvo.	Telepho		License N		0000000 73 8			
Start Date (10)	Schedul	ed Com	nletion F	Date (11)	732	_238x7	SW = 00	28	60			
5/15/19	oonodui	C			Name o	f OSHA Monitor						
Occupancy Status During Abatement (Check Onl	v One)	6	121	1		VAIECH						
			1		Street A		0.07					
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Fa	of Ab	atement				. Bos	814					
Other – Describe:	acting 11	ours				ate, Zip-Code						
Scope of Work (Check All That Apply)					OD	Grid	R NO. C	199	XC.	₽		
						(	1	-	0 - 8			
$\begin{array}{ c c c c c } \square & \geq 3 \text{ sf or } \geq 3 \text{ lf} \\ \hline \swarrow & \geq 160 \text{ sf or } \geq 260 \text{ lf} \end{array}$		Renovat				Full Containm	o ent with Negative Pre	COLIFO				
~	R	Demolit	ion	0		Mini-Enclosu	re	saure				
					D.	Glovebag Proc	cedure d (*) and Non-Friable	0				
	I	s Locati	on		A			Proced				
Location of		Normal						1		emen /pe	1	
Asbestos-Containing Material (ACM)		ed Solel		Asbestos Conta	cription o	f ratio (ACND		-		1		
TO BE ABATED In Facility		aintenar stodial S		(i.e. thermal syste	ns insulat	tion, surfacing	Amount (Specify			Ē	_ ]	
(13)		(12)		1	AT. or		SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	11		1	other m	iscellaneo	ous)		ova	Dair	sula	osur	
	Yes	No	N/A					-		lle	e	
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EXTERIOR			1	a sure								
			X	SIDING			4800 YF	X				
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											-	
Name of Registered Waste Hauler		NJ	DEP Wa	ste Cubic Y	ards	Nama of I	Registered Landfill				_	
NOVATECH		Ha	uler ID )	No of Waste		1						
City, State		1	250	51 5		GR	0.00.5					
	15		- 100k	Disposal	Date	City, State		5	2		_	
Completed by Didle NO.		888	51	617	149	and the second sec	SOILE	1-	1			
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				1	124	Then	alle.	-1	6	1		
ASB-41 (R-06-08)				1	Pr Dr	not use this for	n for asbestos licensur	1	-			
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CK10000	PA	ID	TIFI (	CATIC	N OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:1		) <u>ec</u> e	1	V		
Date of Notification (1)						ling Owner/Operator	(2)	LEAV 1	d ar	10		
5 /	9 / _	19		E	state of I	Maria Petti		LI MAY I	4 20	119		2
Agencies Notified	Type Notifica	ation		Stre	et Address	S					-	
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	Amended			City	State, Zip	Code		LICEN	ISING		Gal,	
DOH	Amendme	Statistics of the second second			utley NJ			ALL	Averanded de Trans		ilani Ays	$ \mathbf{u}\rangle + 1 = \cdot$
DCA (NJAC 5:23-8)	Emergen		ng	-	ne of Conta							
(NJAC 5.23-0)	justificatio							Telephone Nu	mber			
		1011		FI	ancis Pe	etti Mastrolia						
				F	ACILITY	INFORMATION						
Name of Facility Where	Abatement is T	aking Plac	ce (3)	3 7			Type of Facility	(4)		10-10		1
Same							School (K-1)					
Street Address							Subchapter	8 (Other than K-1	2)			
Same							Nomes, etc.	rivate and comm	ercial b	uildin	gs	
City (5)												-
							Square Feet	# of Floors	В	ldg. /	λgε	
County (6)							2298	2		59		
				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)	12-3-10-1400		
Essex							Residence					
Name of Monitoring Firm	Hired by Build	ing Owner	r (8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)					
A.ES.L				002	1	CPR Environ	mental Service	e				
Street Address						Street Address						-
2200 PattersonPlan	nk Rd. Unit 7					8421 Hegerm	an St					
City, State, Zip Code						City, State, Zip Co						
North Bergen NJ 07	7047											
Project Manager for Mon			1-			Phila PA 191	36					
			0	lephone		Telephone No.		License No.				
Carmelo Altamonte				201 864		215 333-5117		01328				
Start Date (10) / /		cheduled (		letion Da		Name of OSHA N A.E.S.L	lonitor					
Occupancy Status During	Abatement (C	heck only	one)			Street Address						
Facility Closed/Vacate	d During Entire	Period of	Abat	ement		Same						
Abatement Performed	Outside of Nor	rmal Facili	ty Ho	urs - De	scribe	City, State, Zip Co	de					-
Time of Abatement:	AM	PM/	PN	A	AM	Same	de la					
Scope of Work (Check all	that apply)					Jame						
☐ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf	inat appiy		enova emolil			Mini-Encl			ıre			
			s Loca				1			atem	eni	уре
Location			Norm	ally lely by		Description of				-	<b>—</b>	T
Asbestos-Containing M TO BE ABA				ance/	Asbe	estos Containing Mat	terial (ACM)	Amount	Remova	Repair	Lincaboniato	Enclosure
IN Facilit		22		Staff?	(1.6	e., thermal systems i surfacing, VAT,	nsulation,	(Specify	VOL	air	are	sol
(13)	<b>X</b>		(12	)		other miscellaned		SF or LF)	<u>a</u>		0	ure
2 2 		Yes	No	N/A							10	
Basement					VAT			377SF			E	
								- Arte saide self-sectors			-	12
											L	
											E	
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ame of Registered Waste	e Hauler		1	VJDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
Century Waste Servi				lauler II	D No.	Waste	Waste Mana					
City, State				32787		Disposal Date		3				
Elizabeth NJ						Dispusal Date	City, State					
							Tullytown F					
Completed By (Print or Typ	De) T	Title				Signature	ry Jong	Da	ite	-0.		
Anthony Jones		Project	Man	ager		An fue.	ry Joan		5,9	1	G	
B-41							1-2		~ , 1	. [	7	-

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PAI	) NOT	ifica (Pursi	TION OF	of New Jerse = ASBESTOS NJAC 8:60 an	ABATE	SENT		Ck	(# 2	60	7		
ate of Notification (1)				uilding Owner/0	Operator	(2)		D	EC	E	] ₩		3
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gencies Notified Type Notification		Str	reet Addr	ress			and the second se	n					
coming .									MAY	14	2019		1
DEP Amended				Zip Code				Seel light			0.00.00		
DOL Amendment Emergency (	#			, NJ 07004				Tele	hone Num	ber			-
	inore an iS	100000	me of Co				photo as	10.0	ASBEST	DS CC DENS		5	ŝi
DOH justification) DCA Cancellation		A	nup Ba		101			<u> </u>	11-3	JENO	ING	Peruta	40%0
	Dices (2)		FACILII	TY INFORMAT	IVIE	Type of	Facility (4)					10000	
ame of Facility Where Abatement is Takin	g Flace (3)					num ni	chool (K-12)						
Residential House		and a standard				SI SI	inchanter 8	Inthe	r than K-12)			00	į
breet Address							ther (i.e. pri c.)	vate &	commercia	i oulioir	igs, no	55	1
				an a		Square		# of	Floors	Bld	g. Age		
ity (5)						2000		2		50	+	1000	
Succasunna		10	ounty Co	de (7)		Curren	t Use (Prior	if beir	ng demolishe	ed)		-	
county (6)		(3	TATE US	E ONLY			dential Ho						
Morris	Owner (O)	1	ASCM	No.	Name		ement Cont		(9)				
ame of Monitoring Firm Hired by Building	Owner (a)		n/a	4 <b>.</b> .			Contractin						
n/a						t Addres	and the second se					100000	
treet Address					360	) Palisa	de Ave					-	
n/a City, State, Zip Code						State, Zij							
n/a					Ga	rfield, N	IJ 07026						_
Project Manager for Monitoring Firm		T	elephone	s No.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	phone No			License No	0.			
n/a		1 .	n/a			3460.60			01255				-
Start Date (10)	Scheduled	Comp	pletion D	ate (11)			A Monitor	ne le	-				
4/29/19	5/2/19						Contracti	ng ma					
Occupancy Status During Abatement (Che	ck Only One	)				Addres	s Ide Ave						
Facility Closed/Vacated During Entire	Period of Ab	ateme	ent		1	State, Zi							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: <u>Scheduled for Demo</u>	mai racility r	lours					J 07026						
											~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Scope of Work (Check All That Apply) ⊇ ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Re N De	novat molitie	ion on			Mir	i-Enclosure	odure	h Negative F				
						EGE NO	n-exemplet	1() 41	10 10011-1 1101	1	Abater		-
C		ocatio									Тур	_	_
Location of		Solei		dehestes C	Descripti	Materia	(ACM)		Amount			3	
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	itenar	ice/	(i.e. then	mal syste	ms insul	ation,		Specify	Ramova	Re	-	
in Facility	Custo	(12)	man f	SL	infacing,	VAT, or laneous)		Ş	F or LF)	NOU	Repair	milato	
(13)				001	01 111000					1		-	
	Yes	No	N/A						000 05		+		t
Exterior			×	Tra	unsite S	hingles			200 SF	<u> </u> <u>x</u>	+	-	+
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·····								L					
Name of Registered Waste Hauler		10.00	UDEP W		bic Yard	S	Name of	Regis	tered Landf	11			
Harmony Contracting INc		10000	lauler ID )33085	T	Waste BD	sto	GROV City, Sta		andfill				
City, State			•,00,00		sposal D BD	010	Morris		PA				
Garfield, NJ			Inter-12 & Thomas Sector	[ [		211F0				Date			-
Completed by	Title				Signa	ine Nall	0		100	4/26/	19		
E. Cirovic	Secr	etary	f		12.1	MAL	L_						

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Date of Notification (1)					Nan	ne of Buildir	ng Owner/Operator	(2)					
5 /	10 /	19	9			owan Uni			MAN MAY	14	010		IUI
Agencies Notified	Type Notific	cation			Stre	et Address		14	17 01111	• • •	.010		hand
⊠ EPA	Initial	Jadon					Hill Road	-		*******			
DOLWD	Amende	d				State, Zip		and the second se	ASBEST				
DHSS	Amendr			-						CENSIN	3		44 - VI.
DCA	Emerger		ncludin	g			NJ. 08028					_	
(NJAC 5:23-8)	justificat	2000 (1997) (1997) 1997 (1997)			10000000	e of Conta	ct		Telephone N				
	Cancella	ation			T	om Gallia	L		856-256-4	4154			
					F	ACILITY II	FORMATION					_	
Name of Facility Where Al	batement is	Takin	g Place	e (3)				Type of Facility	(4)				
Mullica Hall								School (K-12	?)				
Street Address								Subchapter 8	3 (Other than K	(-12)			
201 Mullica Hill Roa	d							Other (i.e., provident in the homes, etc.)		mercial b	uilding	ŝ	
City (5)								Square Feet	# of Floors	B	ldg. Ag		
Glassboro								80,500	3		+/- 70		
County (6)					Co	inty Code (	7)(STATE USE ONLY)	Current Use (Pri		a liabad)	-7-70	· _	
Gloucester							INSTATE USE UNET	Vacant	or it being dem	iolisnea)			
Name of Monitoring Firm H	Hired by Ruil	ding	Junor	(0)	ASC	ANIa	No CAL						
Pars Environmental		ung t	Jwilei	(0)	ASCI	I NO.	Name of Abatem						
	Services							mental Manage	ement, Inc.				
Street Address							Street Address						
500 Horizon Drive #	540						8436 Enterpr						
City, State, Zip Code							City, State, Zip Co	ode					
Hamilton Township	NJ. 08691						Philadelphia,	PA 19153					
Project Manager for Monitor	oring Firm			Te	ephon	e No.	Telephone No.		License No.				
Rafael Torres				6	09-89	0-7277	215-365-5810	)	1156				
Start Date (10)	3	Sched	luled C	Compl	etion D	ate (11)	Name of OSHA M	Ionitor					
5_ / _20_ / _	19		5_/	/3	0 /	19	USA Environ	mental Manage	ement. Inc				
Occupancy Status During	Abatement (	Chec	k only	one)			Street Address					-	
Facility Closed/Vacated					ement		8436 Enterpr						
Abatement Performed (	Outside of N	ormal	Facilit	y Hou	irs - De	scribe	City, State, Zip Co					-	
Time of Abatement: 7:0	00 AM-11:0	0PM/		PM-		MA	Contractor and the State of the						
Scope of Work (Check all I	that apply)						Philadelphia,	PA 19155				-	
coope of them (effected and	ulat apply)						Full Cont	ainment with Neg	ative Pressure	15			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$			Re				Mini-Enc	losure	447611655416				
⊠ ≥160 sf or ≥260 If			L De	emolit	ion			g Procedure					
			Is	Loca	ation	1	M NON-Exe	mpted (*) and Nor	1-Friable Proce				
Location o	of		4 132	Norm			Description o	f			ateme		Гуре
Asbestos-Containing M	laterial (ACM	1)	1		lely by	Asbe	stos Containing Ma		Amount	Removal	Repair	1	En
TO BE ABAT			1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		ance/ Staff?	(i.e	., thermal systems i		(Specify	Nor	pair		Enclosure
IN Facility (13)			003	(12			surfacing, VAT, other miscellane		SF or LF)	/al			ure
()			Yes	No	N/A		other miscellane	ous)					
Room 119		1				Eloor T	ile & Mastic Non	Friable	330 SF			1	
			_		-	11001 1	ne a mastic non	-rnable	330 SF			11	
							11					]	
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Name of Registered Waste	Hauler					Waste	Cubio Vorda of	Name of Decision				1	
Service Transport	- IQUICI			1.125	Hauler		Cubic Yards of Waste	Name of Regist					
-							30	Minerva La	ndfill		6		
City, State New Castle De.							Disposal Date	City, State					
							6/14/19	Waynesbur	g Pa.				
Completed By (Print or Typ	be)	Title					Signature			Date		1	
Kevin Meldrum		P	roject	Mar	ager		Keni ,	Meld	_	5-1	0-1	13	1

(K 31507 1)	N MANN	ΙΟΤΙ		TION	OF ASI	ew Jersey BESTOS ABAT C 8:60 and 5:1	6)	DEC	E [	2010	~ -	
Date of Notification (1)	40			1	201201201201201201200000	g Owner/Operator (		and dues	01	2010	5	1-
05_/08_/	19	-		Dep	partment	of Military & Ve	t Affairs	ASPEST	-56	20	1 -	
Agencies Notified Type Notified X EPA Initial	cation			12x2mb	Address		1	LI	CENSI	NG	2 6	X
⊠ DOLWD ☐ Amendo	ed					Crossing Road			fold at the promy	Thirsday Total		and below when the table of
⊠ DOH Amenda			1		state, Zip C							
DCA Emerge		uding				le, NJ 08648					2 12	
(NJAC 5:23-8) justifica					of Contac			Telephone Num				
	ation				iam McE			609-530-713	6		_	
Nome of Facility M/have Alexternet in	T-1	21	(0)	FAG	CILITY IN	FORMATION						
Name of Facility Where Abatement is Sea Girt National Guard Train				-			Type of Facility (					
Street Address	ling Cer	iteri	Blag.	1			School (K-12)	) (Other than K-12	2)			
							Other (i.e., pr	ivate and comme	rcial bu	ildings	,	
1 Camp Drive							homes, etc.)					
City (5) Sea Girt							Square Feet	# of Floors	1000	lg. Age	9	
County (6)				Cour	ty Code /7	VETATE LISE ONLY	30,000 sf	2	- 2	50	_	
Monmouth				Coun	ty Code (/	)(STATE USE ONLY)	1 2	or if being demolis	sned)			
Name of Monitoring Firm Hired by Bu	ilding Or	iner /	8)	ASCM	No	Name of Abota	Guard Train	ing Center				
TTI Environmental Inc.	liung Ow	mer (a	o)	ASCIVI	NO.	Name of Abateme						
Street Address					0	Street Address	ntracting, Inc.					
1253 North Church Street						1889 Route 9	Linit 64					
City, State, Zip Code						City, State, Zip C						
Moorestown, NJ 08057							New Jersey 087	755				
Project Manager for Monitoring Firm			Tele	phone	No	Telephone No.	New Jersey 00	License No.				
Mike Stocku				6-840		732-349-9932	,	00624				~~ }
Start Date (10)	Schedul	ed Co			1999 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -	Name of OSHA M	7	00024				
05 / 20 / 19				. /		E.M.S.L. Ana						
Occupancy Status During Abatement						Street Address	iyaoai			_		
Security Closed/Vacated During En				nent		1056 Stelton						
Abatement Performed Outside of I					cribe	City, State, Zip Co	ode					
Time of Abatement:AM	PM/		_PM-		AM	31 1	New Jersey 088	854				
Scope of Work (Check all that apply)						riscataway,	new bersey out	<u>,,,</u>				
	-	-	31. 2010-1 (1990)			E Full Con	tainment with Neg	ative Pressure				
$\square \ge 3$ sf or $\ge 3$ lf $\square \ge 160$ sf or $\ge 260$ lf			novati nolitio			Mini-Enc     Gloveba	dosure g Procedure					
							mpted (*) and Nor	n-Friable Procedu	re			
			Locat						Aba	ateme	n Fy	уре
Location of			lormal d Sole			Description of			R	R	!	ш
Asbestos-Containing Material (AC TO BE ABATED	1/1)	Mai	ntena	nce/		stos Containing Ma		Amount (Specify	Removal	Repair		Enclosure
IN Facility		Cust	odial \$ (12)	Staff?		surfacing, VAT	, or	SF or LF)	val	7	~	sure
(13)	-	Yes	No	N/A		other miscellane	eous)				ŝ	
Room 108		_		-		- fl			-			
						os floor tile & ma		225 sf			<u> </u>	
Room 135	[		$\boxtimes$		asbesto	os floor tile & ma	astic	400 sf	$\boxtimes$		[	
	[										E	
	Г										Г	
Name of Registered Waste Hauler				JDEP V	Vaste	Cubic Yards of	Name of Regist	tered Landfill				
Guardian Contracting, Inc.			2032	auler ID	No.	Waste	T.R.R.F.					
City, State				20223		3 Disposal Date	City, State				4 12	
Toms River, New Jersey						05/24/19	in the second	Pennsylvania				
Completed By (Print or Type)	Title				-				10			
Nicholas Fernicola		niect	Mana	aner		Signature		Di	ate	-1	,	
ASB-41			man	-901			-te		51	8//		

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			BESTOS A .C. 8:60 and		8 3 3 3 3	EG	EIVE	[m]
PU UF					20)	499-909-909-909-90-90-90-90-90-90-90-90-9		
Date of Notification (1) 2/22/2019	Name VERIZ	of Building	Owner / Operat	tor (2)		MAY	1 4 2019	UT
Agencies Notified Type Notification	Street	Address		13			-010	
EPA		illburn A tate & Zip					S CONTROL 8	
DOL Amended-#1-4/9/1	9 Millbu	rn, NJ 07	7041			LIC	ENSING	d
DOH Emergency		of Contact					Telephone Ni	
			s Santos		12 		347-886-671	
Name of Facility Where Abatement is Taking	Place (3)		Type of Fac	ility (4)				
Verizon - Millburn Central Office Street Address			School	(K-12)	<b>O II II</b>			
386 Millburn Avenue			Other (i	ipter 8 (	Other than K	-12) rcial buildi	ngs, homes, et	1
						rolar buildi	ilgs, nomes, et	/
City (5) County (6)	County Co	ada (7)	Square Feet		# of Floors		Bldg. Age	
Millburn Essex	County Co	bue (7)	2000 Current Use		5 being demo	lished)		
			COMMUNI			listicu)		
Name of Monitoring Firm Hired by Building Ow USA ENVIRONMENTAL MANAGEMENT	ner (8)	ASCM No		atement	Contractor	(9)		
Street Address	, 110.		Street Addre		JNIVIENIA			
8436 ENTERPRISE AVE City, State & Zip Code			1123 BEAV					
PHILADELPHIA PA 19153			City, State & BRISTOL,					
Project Manager for Monitoring Firm MARK JENKINS	Telephone N 215-365-58		Telephone N	lumber		License I		
Scheduled Start Date (10) Scheduled Co			215-788-60 Name of OS		itor	-	00509	
4/3/2019	4/16/2019 -	*	BRISTOL E	ENVIRO		INC		
Occupancy Status During Abatement (Check o Facility Closed/Vacated During Entire F	only one) Period of Abate	ement	Street Addre 1123 BEAV		REET			
Abatement Performed Outside of Norm			City, State &	Zip Coo	de			
Describe: 5:00 PM – 1:30 AM Facility Occupied During Abatement			BRISTOL, I	PA 190	07			
Scope of Work (Check all that apply)								
≥3 sf or ≥3 lf	Renov	vation			Full Containr Mini-Enclosu	nent with N	Vegative Press	e
≥160 sf ≥260 lf	Demo			the second se	Glove Bag P			
Location of	Is Location		D			ed and Nor	n-Friable Proce	
Asbestos-Containing	Normally Use		Description Asbestos-Con			Amount (Specify	Abatemer	Туре
Material (ACM) TO BE ABATED	Solely by Maintenance	or	Material (A (i.e., thermal s			SF or LF)	2 _	1 m
in Facility (13)	Custodial Sta		insulation, surface	cing, VA	т		Repair	Enclsoure
(13)	(12) Yes No N	J/A	or other miscell	aneous	)		/al ir	. ure
Basement HSB/Store room			Vat/Mast			195 SF		th
Basement Boiler Room Basement Air Dryer Room			Vat/Mast			220 SF		
Basement Ventilating Equip. Room		=	Vat/Mast Vat/Mast			250 SF 532 SF		121
		<u> </u>				OUL OF		+H-I
Name of Registered Waste Hauler		P Waste	Cubic Yards	Name	of Registere	d Londell		
8 <b>.2</b>	Haule	er ID No.	of Waste					
SERVICE TRANSPORT GROUP, INC. City, State	2099	U	11 Disposal Date		RVA LAND	FILL		
YARDLEY, PA			TBD	City, S WAYI	NESBURG,	ОН		
Completed By (Print or Type) PATRICK T. DeCARO	Title		Signature				Date	
TATRION I. DECARU	Estin	nator	Patrick	T.I	DoCans	One	4/9/2019	
			inner	- i l f2	acoro	$(\mathcal{V})$		

 State of New Jersey

 NOTIFICATION OF ASBESTOS ABATEMENT

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

 WH 352

 19
 Name of Building Owner / Operator (2)

 ISE CEIVERIZON COMMUNICATIONS

 Ification

Date of Notification				Na	me	of Buildi	ng C	wner / Opera	tor (2)		TIME	GEIN		1
Agencies Notified	2/22/2019 Type Notific	ation	-			Address		UNICATION	IS		IUE			
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DOL		nded		100000		rn, NJ	•					54		
DOH		rgency				of Conta					ASEF	STelephone	N nbe	r
		cellation		Jol	hnn	y De L	os S	Santos			F The Let to	1 347-886-6		
Name of Equility 10/1	ana Abetan	and in Table .		F	AC	ILITY I	NFC	RMATION	-					
Name of Facility Wi Verizon - Millbur	n Central C	ent is laking i	lace	(3)				Type of Fac						
Street Address	ii ochirar c	mee						School		Otherth				
386 Millburn Ave	nue							Other (i	e priv	ote & co	an K-12)	ldings, homes,		
								Ed other (i	.c. pin		minercial bui	laings, nomes,	<u>e</u> .)	
0:4. (5)								Square Fee	t	# of Flo	ors	Bldg. Age		
			C	County	y Co	ode (7)					3			
williburn		Essex									demolished)			_
Name of Monitoring	Firm Hirod h	 N Building Out		0)		100111						and a spin of the second state		
USA ENVIRONME	ENTAL MAI		INC	B) C.		ASCM	NO.	BRISTOL	atemen	t Contra	ctor (9)			
Street Address								Street Addre	ess		TAL INC			
				-										
PHILADELPHIA P	A 19153													
Project Manager for		irm	Tele	ephon	ne N	umber					Licona	o Number		_
MARK JENKINS		1120									Licens			
						(11)								
					9					ONMEN	ITAL INC			
Facility Close	ed/Vacated [	During Entire P	eriod	i of Al	bate	ement	8			PEET				
Abatement P	Performed Ou	tside of Norm	al Ho	ours -	- 7a	m to 3pi	m							_
Describe:	5:00 PM - 1	:30 AM												
Scope of Work (Che	pied During	Abatement												
Coope of Work (offer	or all that ap	piy)								Full Con	tainmont with	Nonotivo Dro		
≥3 sf or ≥3 lf			$\boxtimes$	Re	enov	ation						r negative Pre	ess re	
≥160 sf ≥260	lf			De	emol	lition						es		
l	notion of		-							Non-Exe	empted and N	Ion-Friable Pro	oc lure	
							1						пег Тур	e
Mater	rial (ACM)		S	Solely	by									
							. (i	.e., thermal s	ystems			Ren R		Enc
			Cust			Π?	Insi	ulation, surfac	aneous	AT		nov	2	Isou
			Yes	No		/A	0.		ancoud	,		<u></u>	1	P
			$\boxtimes$		E			Vat/Mast	tic		195 SF		╆╷╆╴	7
the second se			$\boxtimes$					Vat/Mast	tic			and a second second	╫╫╞	뤼
		-						and the second se					ti ite	Ť
Dasement ventilat	ing Equip.	Room	<u>N</u>		┼╞			Vat/Mast	ic		532 SF	$\boxtimes$		Ī
			+	╎┝┥	++	╡┼──			1					]
Name of Registered V	Vaste Haule	r		N.	JDE	P Waste		bic Yards	Name	of Regis	stered Landfi			1
SERVICE TRANSP		ID INC		10000				10 (0 C) / COURT # (TO) /						
	UNI GROU	JF, INC.		20	199(	J					ANDFILL			
YARDLEY, PA	te EY, PA													
Completed By (Print o	r Type)			Tit	le					.2000	, 011	Date		_
PATRICK T. DeCAI	RO			Es	stim	nator					non tr	2/22/2019	9	
							11	which	- 1 /	III(	aro A	1a	857.Ú	
City (6)         County (6)         County Code (7)         Square Feet         # of Floors         Bidg. Age           Millburn         Essex         County Code (7)         Current Use (Prior I being demolished)         COMMUNICATIONS           Name of Monitoring Firm Hired by Building Owner (8)         ASCM No.         Name of Abatement Contractor (9)         BRISTOL ENVIRONMENTAL INC           Street Address         Street Address         Street Address         Brief Address           8436 ENTERPRISE AVE         1123 BEAVER STREET         City, State & Zip Code         City, State & Zip Code           PhiLADELPHIA PA 19153         215-365-6810         215-788-0640         00509           Scheduled Start Date (10)         Scheduled Completion Date (11)         Name of OSHA Monitor         00509           Street Address         Bristol ENVIRONMENTAL INC         00509         0216-788-0640           Occupancy Status During Abatement (Check only one)         Bristol ENVIRONMETAL INC         00509           Scheduled Start Date (10)         Scheduled of Abatement         1123 BEAVER STREET         010509           City, State & Zip Code         Bristol ENVIRONMENTAL INC         1123 BEAVER STREET         1123 BEAVER STREET           City, State & Zip Code         Street Address         Street Address         1123 BEAVER STREET         1123 BEAVER STREET     <											1			

NOT	FICA	TIC			New Jersey	RATE							
					<u>.C.</u> 8:60 and			EC	EIVI				
Date of Notification (1)		Man	f D		0								
2/22/2019	,	VFR	IZON		Owner / Opera	tor (2)	151						
Agencies Notified Type Notification			t Add		MONICATION	13		MAY	1 4 2019	- 151			
					venue								
DEP Initial DOL Amended-#3-5/9/1				& Zip				ADDECT	OS CONTRO	 L k			
	(5)			NJ 0				ASSEST	CENSING				
DOH Emergency	100			ontact	s Santos		ومعاديقهم والمراجع	an a	Telephone N 347-886-67				
		FA			FORMATION				041-000-01				
Name of Facility Where Abatement is Taking F	Place (3	)			Type of Fac					-			
Verizon - Millburn Central Office Street Address					School								
386 Millburn Avenue					Subcha	ipter 8 i	(Other than K-	12)					
					Other (i	.e. priv	ate & commer	cial build	ings, homes,	e :.)			
					Square Fee	t	# of Floors		Bldg. Age	-			
City (5) County (6)	Cou	unty	Code	(7)	2000		3		0.09.7.90				
Millburn Essex							if being demol	ished)					
				0.0	COMMUNI			,					
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASC	CM No		atemen	t Contractor (S	<del>)</del> )		-			
USA ENVIRONMENTAL MANAGEMENT, Street Address	INC.						ONMENTAL	INC					
8436 ENTERPRISE AVE					Street Addre 1123 BEA		TREET						
City, State & Zip Code										-			
PHILADELPHIA PA 19153			11			City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS	Telepl			ber	Telephone N	Telephone Number License Number							
	215-3				the second s	215-788-6040 00509 Name of OSHA Monitor							
4/22/2019	5/9/20	)19	te (11)	)			nitor ONMENTAL	INC					
Occupancy Status During Abatement (Check o	nly one	)			Street Addre	SS				-			
Facility Closed/Vacated During Entire F     Abatement Performed Outside of Norm	erioa o	T Aba	ateme	nt	1123 BEAV								
Describe: 5:00 PM – 1:30 AM	ai Hou	15 -	/am to	o 3pm	and the second second second second second								
Facility Occupied During Abatement					BRISTOL,	PA 190	07						
Scope of Work (Check all that apply)													
						$\boxtimes$	Full Containm	ent with	Negative Pres	s ire			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf ≥260 lf</li> </ul>			ovatio				Mini-Enclosur						
		Den	nolitior	า			Glove Bag Pr						
Location of	Is L	ocati	on		Descriptio		Non-Exempte	a and No	and the second sec				
Asbestos-Containing	Norma	ally L	Jsed		Asbestos-Cor			Specify	Abateme	e Type			
Material (ACM) TO BE ABATED	Sol Mainte	lely b			Material (A		S	F or LF)		J m			
in Facility	Custo				(i.e., thermal s insulation, surfact				Remova	ncls			
(13)		12)			or other miscell				oval	Enclsoure			
Pagament HOD/O/	200 P 100	No	N/A							t q			
Basement HSB/Store room Basement Boiler Room					Vat/Mast			95 SF	$\square$				
Basement Air Dryer Room			4		Vat/Mast			220 SF	$\square$				
Basement Ventilating Equip. Room	$\boxtimes$		H		Vat/Mast			250 SF					
Basement Office	$\boxtimes$		님		Vat/Mast Vat/Mast			32 SF		- ++			
Basement AC Mechanical Room		=	H		Vat/Mast			50 SF		- 뤼닐-			
Name of Registered Waste Hauler					Cubic Yards		of Registered						
SERVICE TRANSPORT GROUP, INC.		Hau 209	uler ID	No.	of Waste 26								
City, State		203	50		Zo Disposal Date		RVA LAND	ILL					
YARDLEY, PA					TBD	City, S	NESBURG,	он					
Completed By (Print or Type)		Title	)		Signature				Date				
PATRICK T. DeCARO		1.000	imato	or	Patricl	T	DoCa	n.h.	and the second se				
					IWAL	<u> </u>	11200	myn					

RS		IFICATION OF	New Jersey ASBESTOS ABATE <u>A.C.</u> 8:60 and 12:1		EIV	
Date of Notification	(1) <b>2/22/19</b> Type Notification ☐ Initial ☐ Amended-#3-5/9/ ☐ Emergency ☐ Cancellation	VERIZON CO Street Address 386 Millburn City, State & Z	Avenue ip Code 07041	ASBES	Y 1 4 201 TOS CONTR ICENSING Telephone N 347-886-67	mber
Name of Facility Wt Millburn Central Street Address 386 Millburn Ave		FACILITY   Place (3)	Other (i.e. priva	Dther than K-12) te & commercial buildin		:.)
City (5) Millburn	County (6) Essex	County Code (7)	20000 Current Use (Prior if COMMUNICATIO	3 being demolished)	3ldg. Age	
Name of Monitoring USA ENVIRONME Street Address 8436 ENTERPRIS City, State & Zip Coo PHILADELPHIA P	de	ner (8) ASCM	BRISTOL ENVIRO Street Address 1123 BEAVER ST City, State & Zip Coo			
Project Manager for MARK JENKINS Scheduled Start Date 4/22/2019	Monitoring Firm e (10) Scheduled Co	Telephone Number 215-365-5810 mpletion Date (11) 5/9/2019	BRISTOL, PA 190 Telephone Number 215-788-6040 Name of OSHA Moni	License N	umber 00509	
Occupancy Status D Facility Close Abatement P Describe:	uring Abatement (Check or ed/Vacated During Entire F Performed Outside of Norm 5:00 PM – 1:30 AM Ipied During Abatement	only one) Period of Abatement	m BRISTOL ENVIRO Street Address 1123 BEAVER STI City, State & Zip Cod BRISTOL, PA 1900	REET		
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf ≥260</li> </ul>	lf	Renovation Demolition		ull Containment with Ne Aini-Enclosure Blove Bag Procedures Ion-Exempted and Non-		
Asbesto Mater <u>TO BE</u> in	cation of ps-Containing rial (ACM) <u>E ABATED</u> Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous)	Amount (Specify SF or LF)	Abateme	Type Enclsoure
Basement Battery			Vat/Mastic	2,795 SF		
City, State	Waste Hauler	NJDEP Wast Hauler ID No. 20990	of Waste 26 MINER Disposal Date City, Sta			
YARDLEY, PA Completed By (Print o PATRICK T. DeCAI	or Type) RO	Title Estimator		ESBURG, OH 44688	Date 5/9/2019	

	edito il Sono il			State	of Nev	w Jersey							
(19.1 NO	ITFI (Dec	CA	TIO	NOF	ASB	ESTOS /	BATI	EMENT			25		
MACK	(Pui	rsua	ant	to <u>N.J</u>	.A.C	. 8:60 an	d 12:'	120)	nl	白井	4		
Date of Notification (1)		IN	lame	of Build	ling ()	wner / Opera	ator (2)		BE	SE	Π	₩.	FP ru
2/22/2019		V	/ERI	ZON C	OMM	UNICATIO	NS		1) 50	2 IS		¥.	51
Agencies Notified Type Notification		S	street	Addres	S				thit-				
				fillburr						AY 1 2	1 20	110	
DEP Initial DOL Amended-#2,4/1	0/40			State & Z					tine tool ( 1911)	<u> 1 1 4</u>	+ /1	112	
DOH	0/19	IV	Allibi	of Cont	0704	11							
						ant			ASBES	Telep	hone	IN	mber
		0		ny De L				i.	and the second secon	347-8	86-6	Z	L
Name of Facility Where Abatement is Taking	Die	(0)	FAC	CILITY	INFO	RMATION							
Verizon - Millburn Central Office	j Plac	e (3)				Type of Fa							
Street Address							I (K-12)	(OII					
386 Millburn Avenue						Other	apter 8	(Other tha	n K-12)				
							i.e. priv	ate & com	mercial build	ings, ho	mes,	е	.)
						Square Fee	4	# of Floo			No.		
City (5) County (6)	1	Cour	ntv C	ode (7)		10 <sup>10</sup>		# 01 FIOO		Bldg. A	ge		
Millburn Essex			lly o	000(1)		2000 Current Use		if hains de	3				
					1	COMMUN	CATIC	In being de	molished)				
Name of Monitoring Firm Hired by Building O	wner	(8)		ASCM	No	Name of Ab						_	
USA ENVIRONMENTAL MANAGEMEN	T, IN	ÌĆ.				BRISTOL	ENVIR	ONMENT					
Street Address						Street Addre	ess	CITICITI	AL ING			_	
8436 ENTERPRISE AVE City, State & Zip Code						1123 BEA	VER ST	REET					
PHILADELPHIA PA 19153						City, State &	Zip Co	de				-	
Project Manager for Monitoring Firm	ITo	lonho	ano h	lumber		BRISTOL,	PA 190	007					
MARK JENKINS			5-58			Telephone 1 215-788-60			License			1	
Scheduled Start Date (10) Scheduled C					The second se	Name of OS		liter		005	09	-	
4/22/2019	5/10	0/20		(,		BRISTOL			AL INC				
Occupancy Status During Abatement (Check	only c	one)				Street Addre	SS		ALING			_	
Facility Closed/Vacated During Entire	Perio	d of	Abate	ement	1	1123 BEAN		REET					
Abatement Performed Outside of Nor	mal H	lours	- 7a	am to 3p		City, State &						_	
Describe: 5:00 PM – 1:30 AM Facility Occupied During Abatement					1	BRISTOL,	PA 190	07					
Scope of Work (Check all that apply)													
(Oneck an that apply)							57	-					
⊇3 sf or ≥3 If	X	1 6	enov	/ation			×	Full Conta	inment with N	Vegative	Pres	SS	e
≥160 sf ≥260 lf		8	emo					Mini-Enclo					
r anna		1					H	Non-Evem	Procedures pted and Nor	- Erichl			
Location of	10		ation		1111	Descriptio	n of		Amount				
Asbestos-Containing Material (ACM)			y Us	ed	A	sbestos-Cor	taining		(Specify	AD	I	en	Туре
TO BE ABATED		Sole	ance	or	6	Material (A	CM)		SF or LF)	-			
in Facility			al Sta		insu	e., thermal s lation, surfac	vstems	т		Rem	Re		Incl
(13)		(12			or c	other miscell	aneous			Remova	Repair		Enclsoure
	Yes	N	o N	I/A						-			e
Basement HSB/Store room	$\boxtimes$					Vat/Mast	ic		195 SF			F	+-1
Basement Boiler Room	$\boxtimes$					Vat/Mast	ic		220 SF	X	H	十	
Basement Air Dryer Room	$\square$	L				Vat/Mast	ic		250 SF		H	+	+==+
Basement Ventilating Equip. Room						Vat/Mast	ic		532 SF	X	H	卡	121
asement AC Mechanical Room				╡┤───		Vat/Mast			150 SF		n	亡	日
lame of Registered Waste Hauler	$\boxtimes$			DWest		Vat/Mast			225 SF			Ē	同
			Jaule	P Waste r ID No.		oic Yards Vaste	Name	of Registe	red Landfill			-	
ERVICE TRANSPORT GROUP, INC.			0990		26	Vasie	MINE	RVA LAN	DEILI				
ity, State						oosal Date	City, St		UFILL			_	
ARDLEY, PA					TBL								
ompleted By (Print or Type)		T	itle			nature		LODOR	, un				
ATRICK T. DeCARO				ator				Δ -	1	Date 4/18/2	040		
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19.2	NOTIFIC	ATION OF	ASBESTOS	ABATEME	NTABC	EIW	
	(Purs	uant to <u>N.J</u>	.A.C. 8:60 ar	nd 12:120)			-
Date of Notification (1)		Name of Build	ding Owner / Ope	rator (2)		V 1 A DOMO	
2/22/19 Agencies Notified Type Notificatio	n	VERIZON C	OMMUNICATIO	ONS	MA'	Y 4 2019	
EPA , FPA		Street Addres 386 Millburn					
DEP Initial		City, State & 2	Zip Code		ASBEST	ICENSING	<u>&amp;</u>
DOH Emerger	d-21-4/18/19	Millburn, NJ Name of Cont	07041		and a strange with speed to a strange of the speed of the	And the Contract of the And	Partiana - L- (
DCA Cancella	ition	Johnny De I				Telephone N	
			INFORMATION			347-886-67	ļ
Name of Facility Where Abatement i	is Taking Place	(3)	Type of Fa				
Millburn Central Office Street Address			School	ol (K-12)			
386 Millburn Avenue			Subch	hapter 8 (Other	r than K-12)		
			Uner Other	(I.e. private &	commercial buildir	igs, homes, et	)
014			Square Fe	et # of	Floors	Bldg. Age	-
B. STATE		ounty Code (7)	200	00	3		
Es	sex		Current Us	e (Prior if bein	g demolished)		
Name of Monitoring Firm Hired by Bu	ilding Owner (8)	) ASCM		ICATIONS	traction (O)		
USA ENVIRONMENTAL MANAG	EMENT, INC.			ENVIRONM	ENTAL INC		
Street Address 3436 ENTERPRISE AVE			Street Add	ress			-
City, State & Zip Code			1123 BEA	VER STREE	Т		
PHILADELPHIA PA 19153			BRISTOL	A 19007			
Project Manager for Monitoring Firm		ohone Number	Telephone	Number	License N	lumber	
And and a second s	duled Completic	365-5810	215-788-6	040 SHA Monitor		00509	
4/22/2019	5/10/2	2019	BRISTOL	ENVIRONMI	ENTAL INC		
Decupancy Status During Abatement Facility Closed/Vacated Durin	(Check only one	э)	Street Addr	ess			
Abatement Performed Outside	e of Normal Hou	of Abatement	1123 BEA	VER STREE	Т		
Describe: 5:00 PM - 1:30	AM	ais – 7ain 10 Sp	m City, State & BRISTOL,	E ZIP Code			
Facility Occupied During Abat	ement		,	17 19007			
Scope of Work (Check all that apply)							
≥3 sf or ≥3 lf	$\boxtimes$	Renovation		Full C	ontainment with Ne	egative Pressu	Э
≥160 sf ≥260 lf		Demolition			Bag Procedures		
Location of		o o o di o u		Non-E	xempted and Non-	-Friable Proce	lite
Asbestos-Containing		ocation ally Used	Descriptic Asbestos-Co	on of	Amount	Abatement	
Material (ACM) TO BE ABATED	So	enance or	Material (A	(CM)	(Specify SF or LF)		
in Facility	Custo	dial Staff?	(i.e., thermal s insulation, surfa	systems cing VAT		Repair	Encl
(13)		(12)	or other miscel	laneous)		Repair Remova	Enclsoure
asement Battery/Diesel Area	Yes	No N/A					o
Partory Dicson Alea			Vat/Mas	tic	2,795 SF		
						<u>           [</u>	
						┼┼┤┝┤┝	
						┼╧┼╞┤╞╴	片귀
ame of Registered Waste Hauler			Cubic Yards	Nome			
		Hauler ID No.	of Waste	Ivame of Rec	gistered Landfill		
ERVICE TRANSPORT GROUP, I ty, State	NC.	20990	26	MINERVA	LANDFILL		
ARDLEY, PA			Disposal Date TBD	City, State			
ompleted By (Print or Type)		Title	Signature	WAYNESB	URG, OH 44688		
ATRICK T. DeCARO		Estimator		TAR	100	Date 4/18/2019	
010010			Tamak	1, De	no/m	10/2013	

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1 11201	4

1		NOT			State of I	New Je	rsey							
Check#3342	ALL	NO	(P	ursua	N OF A	SBES AC 8:6	TOS ABA 50 and 5:1	TEMENT 6)	DE	GE	Π	$\mathbb{N}$	Ĭ	5
Date of Notification (1)				Nam	e of Buildi	na Own	er/Operator	(2)	IUE					
	/ 1	9					choperator	(2)	IINII					
	pe Notification				nne Stein					MAY 1	4 2	019		$\left  \mathcal{V} \right $
	Initial			Stree	et Address									
🛛 DOLWD	Amended				<u>.</u>					ESTOS	CYCN I	100		
	Amendment #	¥	_		State, Zip				- Add	LICEN			<del>ŭ</del> –	
	Emergency (i	ncludin	g	Glen	Rock, N.	J 07452	2		l			-	Parent States and a	(ing = 1).
	justification) Cancellation			1	e of Conta				Telephone	Number			-	Ê.
	Cancenation			-	ne Steint	0								ß
Mana of Factor and				FA	CILITY	NFORM	NATION							
Name of Facility Where Abate	ment is Takin	ig Place	€ (3)					Type of Facility	(4)					
Private house		_						School (K-1	2)					
Street Address						and the second second		Subchapter	8 (Other than k private and con	(-1 2)		3920		
								homes, etc	.)	nmerciai (	ouliainę	gs.		
City (5)								Square Feet	# of Floors	E	3ldg. A	ae		
Glen Rock, NJ 07452											Ū	C .		
County (6)				Cou	nty Code (7)	) (STATE	USE ONLY)	Current Use (P	rior if being der	molished)				
Bergen														
Name of Monitoring Firm Hired	d by Building	Owner	(8)	ASCM	No.	Name	e of Abatem	ent Contractor (9	))				-	
Otreat A data						Gr Te	ech LLC							
Street Address						Stree	t Address						-	
City. State, Zip Code							/alley Rd #							
ony. State, Zip Code						City,	State, Zip Ci	ode					-	
Project Manager for Monitoring	a Eirm		1				ne, NJ 0747	70						
	y rum		Tel	ephone	No.	Telep	hone No.		License No	).				
Start Date (10)	Cohe	dulad 0				10000	38-1777		01127					
				ion Da	nte (11) 19		e of OSHA N	lonitor nsultants,Inc						
Occupancy Status During Abai	tement (Chec	k only d	one)				t Address	ilsuitants, ilic					_	
Facility Closed/Vacated Du	ring Entire Pe	riod of	Abate	ment		20-21	Wagaraw	Road, Bldg .#	25E					
Abatement Performed Outs Time of Abatement:	AM-	Facilit	y Hou			City, S	State, Zip Co	inde	336					
	Filler 193	IVI/	P 1VI		_AM	Fair I	awn, NJ 0'	7410						
Scope of Work (Check all that	apply)					L		and decontami	nation with neg	ative pres	sure			
🔀 >3 sf or >3 If			novat	ion		F	Full Cont Mini-Enc	tainment with Ne	gative Pressure	9				
☐ ≥ 160 sf or ≥260 If			moliti			×	Glovebad	Procedure	Tent with Nega	ative Pres	sure			
							Non-Exe	mpted (*) and No	on-Friable Proc	edure	1			
Location of			s Loca Norma							A	oatem	ent T	be	
Asbestos-Containing Mater	ial (ACM)	Use	d Sole	ely by	Asbe		Description o ntaining Mat		Amount	ק	R	m	Ш	
TO BE ABATED IN Facility		1. 1107253	intena todial	ince/ Staff?	(i.e	e., therm	nal systems i	nsulation,	Amount (Specify	Remova	Repair	Encapsulate	Enclosure	
(13)		000	(12)	otan		SUF	facing, VAT, miscellane	or	SIF or LF)	ova	Ŧ	sul	sure	
		Yes	No	N/A	1	oulei	miscellaneo	ous)				ate	10	
Basement				X	D	1			lana ang ang ang ang ang ang ang ang ang		-	_	_	
					Pipe ins	ulation			170 LF	$\boxtimes$				
													7	
Name of Registered Waste Har	uler		NJ	DEP Waste	Hauler ID No.	Cubic Y	ards of Waste	Name of Regis	stered Landfill				ᆜ	
Gr Tech LLC				03378		TE								
City, State				.00010			sal Date	T.R.R.F. Inc City, State					_	
Wayne, NJ 07470						0.000000								
Completed By (Print or Type)	Title	9					Bignature /	Tullytown, P.	A					
N.Jevtic						0		whice wena	1	Date				
ASB-41	vtic Owner						//e	whe wena	el	05/10/19	9			

PA	AID	Į	NOTIF (F	ICATION	tate of Nev N OF ASB to NJAC	ESTOS	ABATE	MENT 0)	(1)	loak	_ l	.88	35	Y	
Date of Notification (1) 5/10/19					of Building een Coyl		Operator	· (2)		J E	C	E	1 1	1 6	Th
EPA In DEP A	Notification nitial mended mendment #		-		ate, Zip Co						VAV	-1-7	20	, <u> </u>	
С Е ООН ји	mergency (in stification) ancellation			Name o Kathle	10/11/0					Telephon	e Nur	nber-	- ITI	ROL	
Name of Facility Where Abateme home	ent is Taking	Place (3	3)	FACI	ILITY INFO	JRMA	ION	Туре	of Facility (4) School (K-12)		494,9494 See				
Street Address									Subchapter 8 Other (i.e. privetc.)	(Other than			dings,	home	
City (5) Springfield County (6)					0 1 (7)			190	2 00				lge		
Union					Code (7) USE ONLY)	-		hon			molish	ned)			
Name of Monitoring Firm Hired by	y Building Ov	vner (8)		ASCN	/I No.		ABS	Envi	atement Contr ronmental :		LLC	;			
Street Address								3ox 4	83, 4 E Ga	te Drive					
City, State, Zip Code									e, Zip Code ood, NJ 07418						
Project Manager for Monitoring F				Telepho			Teleph 973-	none N 764-2		License No. 703					6
Start Date (10) 5/20/19	Ę	5/30/1	9	npletion	Date (11)		Name of OSHA Monitor								
Occupancy Status During Abatem Facility Closed/Vacated Duri Abatement Performed Outsi	ng Entire Pe	riod of /	Abaten	nent			Street		ss Ip Code						_
X Other - Describe: garage								(dtc, 2	ip Code						_
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	рріу)		(enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					8			
Location of		١	Locati Normal	ly		De	escription	of						ement pe	
Asbestos-Containing Material <u>TO BE ABATED</u> In Facility (13)	(ACM)	Ma Cusi	d Sole intenai todial S (12)	nce/ Staff?		os Cor therma surfa	itaining M I systems acing, VA miscellan	laterial s insula T, or	ation,	Amount (Specify SF or LF	ei.	Removal	Repair	Encapsulate	Fnelosura
garage		Yes	No	N/A X		duc	t insulat	tion		20 SF		x		Ø	_
						440	C III SUID			20 31					_
															_
Name of Registered Waste Haule				JDEP W auler ID	2012 (CO. 10)		Yards		Name of Re	gistered La	Indfill				
ABS Environmental Service	es, LLC		1.12	04248		of Waste TBD Chrin Brothers Sanitary Landfill									
City, State Glenwood NJ						Dispo TBD	Disposal Date City, State Easton, PA								
Completed by A. Scott Higgins		Title Presi	dent			Signature Date 5/10/19									

 $^{\star}$  Do not use this form for asbestos licensure exempted activit  $\,$  s.

Pr t Form

TO A TIN													Prin	Forr				
A LAL	I		CATION	ate of New OF ASBE to NJAC 8	ESTOS	ABATE		$\bigwedge$	)	11	10	28-	5-					
Date of Notification (1)		1	Name o	f Building (	)wner/C	)nerato	r (2)	$- \bigcup_{i=1}^{i}$	Ul		10	0	20					
5/9/19				Argonza		perator	(2)	1	JE	GE	3 []	$\mathbb{N}$	S I	$\langle \rangle$				
Agencies Notified Type Notification			Street A	0.00					ルー	O E	5 U	U						
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DEP Amended			1993	ate, Zip Co						MAY 1	4	2019	112	1				
DOL Amendment				, NJ 070	083													
DOH justification)			Name o Erwin	f Contact					Tel	ephone Ni		TRO	 L&	Co. and the				
			FAC	ILITY INFO	RMATI	ON		1		LICE	NSN	G						
Name of Facility Where Abatement is Takin	g Place (3	3)					Туре	e of Facility	(4)									
home								School (K-		an the set of s	10)							
Street Address							×	Subchapte Other (i.e.	r 8 (Oth private	er than K- & commerce	12) cial bu	ildings	, homes					
City (5)								etc.) are Feet	# ~	f Floors	-	Bldg.	Age	-				
Union							150		2	110015		ыцу. 70	-9c					
County (6)			Code (7)	- 1		1	ent Use (Pr		ing demolis		- 500							
Union			(STATE	USE ONLY)			hor	ne										
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASC	M No.				atement Co			~			-				
											ABS Environmental Services, LLC							
Street Address				Street Address PO Box 483, 4 E Gate Drive														
City, State, Zip Code								Zip Code		inve				·				
								d, NJ 074	418									
Project Manager for Monitoring Firm			Telepho	one No.		Telep	hone N	10.		License	No.							
						973-764-2276 703												
Start Date (10) 5/18/19	Schedul 5/25/1		npletion	Date (11)		Name of OSHA Monitor												
Occupancy Status During Abatement (Cher						Street	t Addre	266										
Facility Closed/Vacated During Entire						Street Address												
Abatement Performed Outside of Norr X Other – Describe: basement						City, State, Zip Code							. –					
Scope of Work (Check All That Apply)																		
	and the second s	Renova Demolit					× GI	ull Containm ini-Enclosur lovebag Pro	e icedure	A 10000								
				1		L		on-Exempte	e <mark>d (</mark> *) an	d Non-Fria	able Pr		ire tement					
a 100 ar		s Locati Normal		16		20052							ype					
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbest		scription aining l		al (ACM)	A	mount			m					
TO BE ABATED In Facility		aintena todial S		(i.e.	thermal	system		lation,		Specify F or LF)	Ren	Re	Encapsulate	1				
(13)		(12)				niscella		)			Remova	Repair	sula	-52				
	Yes	No	N/A	1							<u> </u>		ate					
basement			x		pipe	insula	ation		1	00 LF	x			-				
Liverongia pavie know Addilje					• 4							-						
			-								-	-	+-+					
											-	-						
Name of Registered Waste Hauler			JDEP V	Vaste	Cubic	Yards		Name of	Regist	ered Landf	111							
Newark Carting		H	lauler ID		of Wa					al Sanita		andfil	1					
		0	4509		TBD	1.00				a Sallita	ary Lo			_				
City, State Newark, NJ					Dispo: TBD	sal Date	9	City, Sta		Δ								
Completed by	Title				1212-229	Signatur	'e	2 1 CIT A	SAL 51		Date			-				
A. Scott Higgins	100000	sident				3.10101	/	12		101-2	5/9/1	9						
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Date of Notification (1)						of Buildin						MA	Y T	4	2019	-11	Ħ
5-10-19	1				NIC	KI	RODI	RIGO	UG	2	laped			7 (	013	1	21
Agencies Notified	Тур	e Notification	1		Street	Address		1			L		******* p				
EPA	P	Initial								l.	A	SBES	TOS I ICEN	CON	TRO	L &	
DEP DOL		Amended Amendmen	+ #		13	itate, Zip (					and the second second			CHYC	al and the second s	the land time of	
		Emergency				Aloo		$\sim$		082		6					
		justification) Cancellation			Name	of Contac		n :		1999 - 1999 - 1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	Te	elephoi	ne Nur	mber			
		Cancellation	1		/ 1/C	CILITY IN	DDA	10-0	6	2		-	<b>6</b> .	~ ~		-	
Name of Facility Where	Abater	ment is Takir	ng Place (	(3)	TA		FURIMA	IUN	Тур	e of Facility	(4)		_				
RESIDENTI	46									School (K							
Street Address	4								H	Subchapte	er 8 (Otl	her tha	n K-12	2)			
									Ø	Other (i.e. etc.)	private	& com	merci	al buil	dings	, home	,
City (5)									Squ	are Feet	# (	of Floo	rs	IE	Bldg. A	Age	
AVAloa									2	A		2			A.	-1	
County (6)						Code (7)			Curi	<i>७ ७८</i> rent Use (Pr	rior if be	eing de	molish	ned)	- /	<u> </u>	-
					(STATE	USE ONL	Y)			ESID							
Name of Monitoring Firm					ASC	M No.			of Ab	patement Co	ontracto	r (9)					
ATTAS GOU	12	SPECT	Tices	5				FRY	MA	R CO.	r/37	RU	x77	10P	~		
Street Address	<i>i i</i> 1	-						Street	-00	ess							
PDBgx 110 City, State, Zip Code	0 7 5	>								ωx 11.	5 X,	2					
PHUA MA		9/16						City, S		Zip Code	}	191	16				
Project Manager for Moni	itoring	Firm				one No.	0	Teleph				100000000	nse No				-
BRIAN S						84-46		267	-7	74-465	4	01	27	76			
Start Date (10)						Date (11	)	Name	of OS	SHA Monitor							
5-28-19 Occupancy Status During	Abot		5-2		7												
								Street .	Addre	ess							
Facility Closed/Vaca Abatement Performe Other – Describe:	ated Di ed Out	uring Entire f side of Norm	Period of nal Facility	Abaten / Hours	nent S			City, St	tate, 2	Zip Code							_
Scope of Work (Check Al	i ihat	Apply)	_/	/					-								_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit					G	ull Containm ini-Enclosur lovebag Pro	e cedure						
			1		<u></u>	1		1	I No	on-Exempte	d (*) an	d Non-	Friable		12232		_
Location	of			Locati					2.540						Abate Ty	ement pe	
Asbestos-Containing I		al (ACM)	Use	d Sole	ly by	Ashe		scription taining M			^	mount	2			Ī	-
TO BE ABA	TED	, ,		intenar todial S			. thermal	systems	insul			Specify		R	-	Encapsulate	П
In Facilit (13)	y			(12)				cing, VA1 niscellan			SF	or LF	)	Remova	Repair	aps	2
			Yes	No	NUA	-	outeri	nscenari	cous)					val	Ŧ	ulat	3
A 12 FILL	0		185	NU	N/A		-										_
LIVING 1	1 UC	17				12/0	OR	Tile	1		60	00	SP	1			
																-	
																	-
Name of Registered Wast	e Hau	ler	_	N	JDEP W	/aste	Cubic	Yards		Name of	Registe	redla	ndfill				-
ER. M.P.		TO.	-		auler ID	No.	of Was							1	ł,		
City,/State	551	TRUCT	TOR	0	0367	157	1	1.5		6-557	CR	r -	DE	XX	5		
Philip D	4							al Date		City, Stat				1			
Completed by	T		Title	Y 12 (1 (2))			52	8-19		BIRD	5/50	Ro		1)	L.		_
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CINT/	~ *	-17	10-	11	10.	>		A			A	2	15	-/0	04	7	
								11									

ASB-41	(R-06-08)
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	1	State of N	ew Jer	sey - Notific	cation of Asbestos A	Abate	emen	tE	CE		/	Th
UK 3235P	AI	D	(Pursi	ant to <u>N.J.A.C</u>	. 8:60-7 and 12:120-7)		IN		1AY 1	1 20	10	
Date of Notification (1) May 6, 2019					Name of Building Owner/ Selina Dellorto	/Operat	or (2)		IAL	4 20	19-	F
Agencies Notified		Notification			Street Address			ASBE	STOS	CONTR	NOL.	-
X EPA			al Notif ed Certi		City, State, Zip Code				LICE	ISING		
DCA x DOL		Emerge		ncluding	Pompton Lakes N.	J						
X DEP x DOH		Ustific Cance	cation) elled		Name of Contact Selina Dellorto		1	Telepi	none Nu	imber		
	mont in T	king Place (2)		FACILITY INF								
Name of Facility Where Abate Garage	ementisia	aking Place (3)			Type of Facility (4) School (K-12)							
Street Address					Subchapter 8 (other that Other (i.e. private &			11-11		ata \		
					Sq. Feet: 400 Unkno						60	ears
<u>City (5)</u> Pompton Lakes NJ	County ( Passa	The second se		Code (7) Jse Only)	Current Use (prior if being	g demo	lished):	:				
Name of Monitoring Firm Hire			ASCM		Name of Contractor (9)							
EnviroVision Cons	ultants	inc.	0007	9	GREENWOOD ABA	TEME	NTCC	ONSU	TAN	rs, INC		
Street Address 20-21 Wagaraw Road	Blda	# 35E			Street Address							
	, Diag ,	FUUL			268 MAIN STREET							
City, State, Zip Code Fairlawn, NJ 07410					City State, ZipCode Butler, NJ 07405							1
Project Manager for Monitorin	ng Firm	Telephone	and the second se		Telephone Number			Licens	e Numb	er		
Fred Larson		973-636	-9145		973-492-0477			0084	0			
Scheduled Start Date (10) May 17, 2019		Scheduled May 18,		n Date (11)	Name of OSHA Monitor							1
	<b>1</b>				EMSL inc.							:
Occupancy Status During A				atement	Street Address							-
Abatement Performed					1056 Stelton Road City, State, Zip Code		101-00-00					
Other – Describe:						054						į
					Piscataway, NJ 08	854						
Source of Work (Check all the	at apply)											
≥ 3 sf or ≥ 3 I	f			Renovation			Enclos		ith Neg	ative Pre	SSULE	í
$\Box \ge 160$ sf or $\ge 2$				x Demolition			vebag F			<b>-</b> · · ·	-	.
Location of Asbestos-Contain		ocation Norma			pestos Containing Material		Amount			on-Friable		aure
Material (ACM) in Facility (13)		ely by Maint./C ff? (12)	ustodial	(ACM) (i.e. therm VAT, or other mis	al systems insulation, surfac cell.)		(Specify or LF)	/ SF	Remove	Repair E	Encap	Enclose
Garage Roof	YE	S NO	NA	Transite Shi	nales		400 si	F	X		<u> </u>	
		NJDEP Wa			-					tered Lar	dfill	
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	See Below	And the second se	<u>1D#</u>	Cubic Yards of Waste:	2		Mead		Landfill		
Hauler #1) Greenwoo		ment Con	sultant	s, Inc. – Butlei	r, NJ 07405		sal Date	-		City, State Route 2,		
NJ DEP # Hauler #2) Newark Ca		c. – Newarl	, NJ 04	509, NJ DEP #	19551		, .			Bridgepor 304-842-2		4
	8, 55		1	0								
Completed by (Print or Type)		Title			Signature	1		Date				
Marin Graure		SENIOR P		т	Marin Graure			May 6	2019			
0101001011		MANAGE	<u> </u>					2002 V				

GAC # 2018-665

														r
ROZOPATD		(F	CATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	0)				_			
Date of Notification (1)	K # 25	1	Name	f Ruilding	Ownerl	Inorator	. (2)	5	1	4/03108	6/60:	14/2 11 N	6215 // [C	
05-06-19			River	side Sq	uare LT	D. c/o	Simo	n Proper	tyg	in Found	G	0 /		-
Agencies Notified Type Notification				Address ox 6120				1. Tana 1. Anno 1. Anno 1.	31					
EPA Initial X DEP X Amended		ŀ		ate, Zip C						MAY	1 /	1-20	19	
X DOL Amendment				napolis,		06		1.4	k-k					
DOH Emergency (justification)		3 -		of Contact					Tt	elephone I	Numbe	erinit	ROL	
DCA Cancellation				Fattah				1		317-640	2272	SING		2
Name of Facility Where Abatement is Takin	g Place (	(3)	FAC	ILITY INF	ORMATI	ON	Туре	of Facility (	4)					-
							-	School (K-1						
Street Address			V n 1					Subchapter	8 (0	ther than K e & comme		wildin	ac ho	-
One Riverside Square							<u> </u>	etc.)			ar ciar L			
City (5) Hackensack							Squar 859	re Feet		of Floors			g. Age yrs.	
County (6)		T	County	Code (7)					1.7	eing demo	lished		y15.	÷ s
Bergen			(STATE	USE ONLY	0			mercial		5		,		
Name of Monitoring Firm Hired by Building ( TRC Solutions, Inc.	Owner (8	)	ASC	И No.		10000		tement Cor						1
Street Address							Addres	nvironm	enta	li Corp.				
1430 Broadway, 10th Floor								Street						
City, State, Zip Code						100000000000000000000000000000000000000		p Code						-
New York, NY 10018								NJ 0707:	2					
Project Manager for Monitoring Firm Arnel Javal			Telepho (212) 2	ne No. 221-782	22	Teleph 201-9	one No 939-6			License 00756				
Start Date (10)			npletion	Date (11)				A Monitor						-
(2)03-13-18	(10)09		9				-Air Ir							
Occupancy Status During Abatement (Chec		-				Street		s son Ave	nue					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of a literation of a li	Abaten y Hours	nent s					p Code						
Other – Describe:						Long	Islan	d City, N	Y 11	1101				
Scope of Work (Check All That Apply)	_					-	1							₹ 2
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolif				×		Containme		ith Negativ	e Pres	sure		
	_					×		vebag Prod		e and Non-Fr	iable F	Proces	lure	
	ls	s Locat	ion										ateme	r
Location of		Normal ed Sole	lly			scription					-		Туре	-
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	nce/	Asbes (i.e	tos Cont. thermal	aining M systems	laterial s insula	(ACM) tion,		Amount (Specify		<b>R</b> .		Ś.
In Facility (13)	Cus	stodial S (12)	stan?		surfac	cing, VA	T, or			SF or LF)		Removal	Encapsulate	
	Yes	No	N/A		outor n	noochan	10000)						ir	3
Basement: Restroom			x		C	aulking	3			4SF	2	c		
1st Floor: Restroom			x		C	aulking	]			12SF	2	c		•
Roof: Entrance Canopy Roof			x		FI	ashing	)			360SF	2	c		• 3
1st & 2nd Floors			x		W	/all Tar	-		6	,220SF	2	<		
Name of Registered Waste Hauler			IJDEP W		Cubic			Name of I	Regis	stered Land	ifill			• •
ATC, Inc. / JBT (50071)			lauler ID 4310	NO.	of Was	ste		Minerva	Ent	terprises				
City, State Shirley, NY / Bronx, NY					Dispos	al Date	1	City, State		g, OH 44	688			
Completed by	Title				1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ignature		A	in the second se		Date			
Richard Doran			anager		1	1/1		1/11-	K)	2.2	05-06	~ ~		

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	MAY	¥	4	2019	ar y shediyi da we u sano say sadiyi ran	

## Title Of Project: One Riverside Square Additional Materials / Floors

Pg. 2

20	RESTOR CONTRO	1 . 2.	1	5. 4	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of	Amount (Specify Square Feet or Linear Feet)	(Specify: Re Encaps	nt Type Removal, air, ation or sure)
(3) Ground: Room 191A	N/A	Floor Tile/Mastic	460SF	Ren	val
(3) Ground: Room 194B	N/A	ACM Mastic on Beam	80LF		val
(4) Ground: Pottery Barn Store	N/A	Wall Mastic	2,000SF	Ren	val
(4) Ground: Vera Bradley Store	N/A	Wall Mastic	2,500SF	Ren	val
(5) 2 <sup>nd</sup> Floor: L'occitane Store	N/A	Wall Mastic	1,400SF	Ren	val
(6) 2 <sup>nd</sup> Level: Column B10 & AB	N/A	Wall Mastic	150SF	Ren	val
(7) Ground: Bloomingdale's Parapet	N/A	Mastic	30SF	Ren	val
(7) Ground: Beam above Cupcake Store	N/A	Mastic	20SF	Ren	val
(8) Ground: Utility Trench	N/A	Pipe Insulation	30LF	Ren	val
(9) Ground: Adjacent to Bloomingdale's	N/A	Exterior Wall Mastic	10SF	Rem	val
(10) Ground: PBK Wall	N/A	Mastic	20SF	Rem	Contractor Character and the
(11)Ground: PBK Wall	N/A	Floor Mastic	160SF	Ren	the second s

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	N	OTIFI	C۵			w Jersey BESTOS ABAT		ECE	IW	I F		2
1048	100000					C 8:60 and 5:10	112 11		0 19	G	-1	11
PA			- 1				illini				-	1
Date of Notification (1)	19				of Building ck-fil-A, I	Owner/Operator ( nc.	2)	MAY 1	4 201	9		IJ
Agencies Notified Type Notifica	tion			Street	Address						-	
EPA Initial				520	0 Buffing	ton Road	-	ASBESTOS (		OL &	-	after some
⊠ DOLWD ⊠ Amended			Ì	City, S	tate, Zip C	ode		LICEN	SING		ána-t	
DHSS Amendme				Atla	nta, GA	30349						
(NJAC 5:23-8) justificatio		ung	Ì	Name	of Contact			Telephone Nur	nber			
	on			Dwi	ght Wiric	k as agent		717-652-36	02			
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is T	aking P	ace (3	)				Type of Facility (					
Former Horizon Diner							School (K-12)		2)			
Street Address							Subchapter 8			ildinas	5.	
726 Route 17							homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	lg. Ag	е	
Ramsey							4,500	1	(	58 + 1	r:	
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pric	or if being demo	lished)			
Bergen							Former Dine	r				
Name of Monitoring Firm Hired by Build	ing Ow	ner (8)		ASCMI	No.	Name of Abateme	ent Contractor (9)					
Maser Cunsulting P.A.	-			N/A		MAK-B Pro, I	nc.					
Street Address	10011000	1.101-111				Street Address					-	
410 Eagleview Boulevard, Suite	104					104 Market S	treet					
City, State, Zip Code						City, State, Zip Co	ode					
Exton, PA 19341						Garfield, NJ						
Project Manager for Monitoring Firm		1-	Tele	phone I	No	Telephone No.		License No.			_	
Bharat Patel				0-254		973-931-3293	3	01365				
	chedule	ed Corr	192	S. 27.203	문화 영화	Name of OSHA M						
05 / 09 / 19				1		Same as abo						
Occupancy Status During Abatement (C	-	19 E				Street Address					_	
Facility Closed/Vacated During Entir		100		nent		Street Address						
Abatement Performed Outside of No					ribe Time	City State Zin C	odo			<u></u>	_	
of Abatement:AMPM						City, State, Zip C	ode					
Scope of Work (Check all that apply)											-	
Scope of Work (Check an that apply)						🗌 Full Con	tainment with Neg	ative Pressure				
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$		] Reno				Mini-End	losure					
⊠ ≥160 sf or ≥260 lf	$\boxtimes$	] Demo	olitic	n			g Procedure empted (*) and Nor	n-Friable Proces	ure			
		Is Lo	heat	ion	[	Z Non-Exc				ateme	ni	уре
Location of			rma			Description of	of					1
Asbestos-Containing Material (ACM	)	Used Maint			Asbe	stos Containing Ma	aterial (ACM)	Amount	Remova	Repair		Enclosure
TO BE ABATED IN Facility		Custoc			(i.e	, thermal systems surfacing, VAT		(Specify SF or LF)	SVOI	air	hor	osu
(13)			12)			other miscellane		SF OILF)	-		<b>H</b> indborlian	ſe
		/es	No	N/A								
Roof					Roof se	alant/tar/memb	rane	6,000 SF			Ε	
	Г	٦ r	٦								Г	
			_								-	
		] [				P.5.5					E	
Name of Registered Waste Hauler			1.0	JDEP \		Cubic Yards of	Name of Regis					
Newark Carting, Inc.				auler II 11222		Waste 40	G.R.O.W.S	., Inc.				
City, State						Disposal Date	City, State					
Newark, NJ						May 2019	Morrisville	, PA				
Completed By (Print or Type)	Title		-			Signature	1		Date			
Kiril Nestorov	Pro	ject N	lan	ager		Kin	Allerto	-	Date 5-	2-	- ,	9

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10	46	N	1011			ON		BES	TOS ABA 60 and 5:1	Collection descente de la				[]	/		1
Date of Notification (1)					Na	ame	of Building	a Ow	ner/Operator	(2)				_	-	-	
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Agencies Notified	Type Notifica	ation			St	reet	Address				ASBES	TOS	001	17.0		1	-
DOLWD	Amended	-				520	0 Buffing	gton	Road	1	L	ICEN	ISIN	G	J	8	
⊠ DHSS	Amended Amendme				Ci	ty, S	State, Zip C	Code					CT IT GALL FROM			-144 W	A.V
DCA	Emergen		udina		1	Atla	anta, GA	3034	49				50				
(NJAC 5:23-8)	justificatio	on)	Ũ		- C		of Contac				Telephone N	umbe	r				
	Cancellat	tion			1	Dwi	ight Wirid	ck as	s agent		717-652-3	3602					
						FAC	CILITY IN	IFOF	RMATION								
Name of Facility Where .		Faking F	lace	(3)						Type of Facility (	(4)						
Former Horizon Di	ner									School (K-12							
Street Address										- 🗌 Subchapter 8 🛛 🖾 Other (i.e., pr	(Other than K		al hu	Idina			
726 Route 17										homes, etc.)	IVALE AND COM	mercia	ai Du	namę	15		
City (5)										Square Feet	# of Floors		Blo	lg. A	ge		2.00
Ramsey										4,500	1		1	- 86		5.	
County (6)					C	oun	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olishe	ed)		<u> </u>		
Bergen										Former Dine	ər.						
Name of Monitoring Firm		ding Ow	ner (8	B)	AS	CM	No.	Nar	me of Abatem	ent Contractor (9)							
Maser Cunsulting I	P.A.				N	I/A		١V	IAK-B Pro,	Inc.							
Street Address								Stre	eet Address								
410 Eagleview Bou	llevard, Suite	e 104						1	04 Market S	Street							
City, State, Zip Code								City	, State, Zip C	ode						7. A.M.	
Exton, PA 19341								G	arfield, NJ	07026							
Project Manager for Mon	itoring Firm			Te	lepho	ne i	No.	Tele	ephone No.		License No.						
Bharat Patel							-9140	9	73-931-3293	3	01365						
Start Date (10)	s and a second se	Schedul	ed Co					Nar	ne of OSHA N	Nonitor							-
		5	/		30	/		S	ame as abc	ve							
Occupancy Status During								Stre	eet Address						- 10 S		-
Facility Closed/Vacate	ed During Entir	re Perio	d of A	bat	emen	t											
Abatement Performed of Abatement:	AMPM	ormal Fa A/	PM-	Hou	irs - D AN	)esc M	ribe Time	City	, State, Zip C	ode							
Scope of Work (Check a			-														
ocope of work (check a	ii that apply)									tainment with Neg	ativo Procesuro						
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			Ren						Mini-End	losure	anve Flessule						
		$\boxtimes$	Den	nolit	tion				Gloveba	g Procedure mpted (*) and Nor		ĩ					
		1	Is I	Loca	ation				M NUII-EXE		I-FIIADIE Proce	aure	A I.				
Location			N	orm	ally				Description of	of		-		tem	er T	-	
Asbestos-Containing <u>TO</u> BE ABA		1)			lely b ance				Containing Ma		Amount		Remova	Repair			Enclosure
IN Facil			Custo	odia	I Staf		(i.e.		rmal systems urfacing, VAT		(Specify SF or LF)		ova	air	1.1		0SUI
(13)			<u> </u>	(12	T				ner miscellane				-				ſe
Roof			Yes			1/A 7	Roofse	alan	it/tar/memb	Kano	6 000 85				H	1 1	
		-		<u>07 - 28 -</u>			1.001 30	aidi	a carmenin		6,000 SF						
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Name of Registered Was Newark Carting, Ind					Haule	er ID	Suprementation for the second	Cub Was	ic Yards of ste	Name of Regist G.R.O.W.S.		l_					
City, State	-				11:	222		4( Disr			, 110.				_		
Newark, NJ									oosal Date	City, State	17.4						
Completed By (Print or T	(ne)	Title	-			12152		IVI	ay 2019	Morrisville,	PA				_		
Kiril Nestorov	100/	Title	ject	1//~-		r			Signature	1:		Date	.0			105	
SB-41		110	,000	ivial	lage				Nerd	renter		4	Å	5		1	

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Date of Notification (1) 05/02/2019			Name o	of Building	g Owner/0 TIONAL	Doerator	(2)		쪥				Ē		1
Agencies Notified Type Notification			Street A PROI		TAX DE	EPT. P	O BC	DX 167		MA	y 1	4 2	201		U
DEP Amended DOL Amendment :			City, Sta WINS	ate, Zip C STON S	Code ALEM I	NC				ASBES	TOS	CON	 72	11 8	-
DOH justification) DCA Cancellation	ncluding			f Contact	t CAMAS	ΓA			Teler 610	-217-23	nber			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Name of Equility Milese Abstancet is Tali	DI (0		FAC	ILITY INF	ORMATI	ON			1		-		_		-
Name of Facility Where Abatement is Taking BB&T BANK	Place (3	)					Туре	e of Facility (4)							
Street Address 800 ROUTE 130								School (K-12) Subchapter 8 Other (i.e. privetc.)	(Other	than K-12 commerci	2) al bu	ildings	, h	nes,	
City (5) RIVERTON							Squa 715	are Feet	# of F 1	loors		Bldg. , 50+	Ag		_
County (6) BURLINGTON				Code (7) USE ONL			Curr	ent Use (Prior NK	if being	g demolisł	ned)				
Name of Monitoring Firm Hired by Building C ACER ASSOC.	wner (8)		ASCA	A No.		Name ASS	of Aba	atement Contr D ENVIRO	actor (9 NMEN	9) NTAL SE	ERV	ICES	. 11	<u></u>	_
Street Address 1012 INDUSTRIAL DRIVE						Street 570		uss MS RUN							-
City, State, Zip Code WEST BERLIN NJ 08091						City, S MUL	tate, z LICA	Zip Code A HILL NJ 0	8062						
Project Manager for Monitoring Firm MATT DEPALMA			Telepho 856-8	ne No. 09-120	2	Teleph 610-		lo. 4676		License N 01145	0.				
	Schedule 05/27/2			Date (11)		Name EMS		HA Monitor	1_						
Occupancy Status During Abatement (Check	Only On	9)				Street							,		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:	eriod of A Il Facility	baten Hours	nent s			City, Si	tate, Z	30 NORTH ip Code INSON NJ (		,	-	-		;	_
Scope of Work (Check All That Apply)													•		- :
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(mileca)	enova emolit					Min Glo	Il Containment ni-Enclosure ovebag Procec n-Exempted ('	lure	29 			φ.		-
		_ocati	10000				-		/			Abat	em	nt	
Location of Asbestos-Containing Material (ACM)		ormal I Sole		Asias	Des	cription	of					T	/pe	1	-
TO BE ABATED In Facility (13)	100000000	ntenar odial S (12)	nce/ Staff?	(i.e		systems ing, VA <sup>-</sup> iscellan	insula T, or	ation,	(Spe	ount ecify r LF)	Removal	Repair		Enclosure	
MENIO DOOM	Yes	No	N/A		0.000	0.0									
MEN'S ROOM			X		CEILIN			an en an an anna berra	80		X		L	1 .	
LADIES ROOM HALLWAY			X X		CEILIN				80	50000 C	X				
OFFICE			X		CEILIN	0.0000.0000000000			24		X		_		
Name of Registered Waste Hauler		N	JDEP W	aste	CEILIN			Name of Re	100 aistere		X			·	_
ASSURED ENVIRONMENTAL SER	VICES	H	auler ID 034895	No.	of Was 6	te		MINERV	-					e 31 1 2 .	
City, State MULLICA HILL NJ					Dispos 05/29	/2019		City, State WAYNES	BUR	G, OH				÷.,	
Completed by RON SWANSON	Title GENE	RAL	_ MANA	AGER	Si	gnature	Kave	ebua	4 <i>994</i>	Dat 05		2019		· · ·	6

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10122 OF 10A 101 104	13.32	Alth	- 814	104
	1000	11 MA	- 1817.	- 575

131 A 377	5 64	to of No		Notifia	ation of Ashestas A	hataman	, ,	Check	#	7240
GAC Project # 060-19	j) Sta	ITE OI ING			ation of Asbestos A 8:60-7 and 12:120-7)	Datemen	In.	EC	; E [	VE
Date of Notification (1) May 7, 20	)19				Name of Building Owner/C RUTGERS, THE ST	Operator (2) ATE UNI				
Agencies Notified      EPA     DCA     DOL     DEP- No Longer REQUIRE     DOH		Notification Initial N Amend Emerg justific Cancel	Notificat ed Notificat ency (in ation)	fication # ncluding	Street Address ENVIRONMENTAL I 74 STREET 1603, BI City. State, Zip Code PISCATAWAY, NJ 0 Name of Contact MICHAEL F. SMITH HEALTH & SAFETY	LDG 4116 08854 , ENV.	Telep	ASELS	EPT. (RE DN CAME STOS COP LICENSIN mber	JS
		- <b>D</b> lass (0)		FACILITY INF						
Name of Facility Where Abatement SCILS BLDG, BLDG# 31 Street Address	134	g Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other than Other (i.e. private & com		ings, ho	mes, etc.	)	
COLLEGE AVENUE CA			Country	Code (7)		of Floors: 4				
	MIDDL	ESEX		Lode (7) Ise Only)	Current Use (prior if being	demolished	): ACA	DEMIC		
Name of Monitoring Firm Hired by ATC	Bldg. Ow	<u>/ner (8)</u>	ASCM N 0009		Name of Contractor (9) GREENWOOD ABAT	EMENT C	ONSU	LTANT	S, INC.	
Street Address 3 TERRI LANE					Street Address 511 MAIN STREET	87.)				
City, State, Zip Code BURLINGTON, NJ 08	3016				City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring F BRIAN R. KEARNEY		Telephone 1 609-386			Telephone Number		Licens	e Numbe	er	
Scheduled Start Date (10)		Scheduled (	Completio	n Date (11)	973-492-0477 Name of OSHA Monitor		0084	0		
05/17/19 Occupancy Status During Abate		05/18/19 heck only o			ENVIROVISION, INC					
<ul> <li>Facility Closed/Vacated Duri</li> <li>Abatement Performed Outsid</li> <li>Describe:</li> <li>Other- Describe: Schedule</li> <li>WEEKENDS AS NEEDED)</li> </ul>	de of Norr : <b>5PM -</b>	mal Facility	Hours -		20-21 WARGARAW I City, State, Zip Code FAIRLAWN, NJ 0741		DG# 3	5E		
Scope of Work (Check all that ap	ply)					-				
$\square \ge 3$ sf or >3 lf $\square \ge 160$ sf or $\ge 260$	) If			Renovation Demolition		Full Contain Mini-Enclo Glove bag Non-Exem	sure Procedi	ure / Wra	p & Cut	edure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Norma by Maint./C (12) NO		Description of Ast (ACM) (i.e. therm VAT, or other miss	pestos Containing Material al systems insulation, surfaci cell.)	ng, (Spec or LF)	ify SF		nent Type Repair Enc	Enclose
350 Corridor		X		VAT		60	SF	X	++	
									+	+
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Wa See Belov		I r ID #	Cubic Yards of Waste:	5 CY			tered Landfi North Lai	lili
Hauler #1) Greenwood Abatem NJDEP # 12561 Hauler #2) Newark Carting, Inc NJ DEP # 4509			– Butler, I	NJ 07405	23	Disposal Da			<u>City, State</u> 100 New Fc Rd. Morrisv 19067 215-736-17	
Completed by (Print or Type) RAYMOND C. PEDALIN	10 S	ENIOR P		ст	<u>Signature</u> Raymond C. Pe	Edalino	Date May	7, 201	9	

ED /	. 15795	State of ]	New .I	ersev - Noti	fication of Asbesto	a Abat		Ch.	eik#3;	39
GAC Project # 060-19	ALL		(Pu	rsuant to <u>N.J.A.</u>	<u>C</u> . 8:60-7 and 12:120-	5 Abai 7)		E ((	<u>, E  </u>	161
Date of Notification (1)					Name of Building Own	er/Opera	tor 20			
May 7, 2	2019				RUTGERS, THE	STATE		SITY	OF N.I	
Agencies Notified		Notificatio	on Type		Street Address				01 140	9 11
D EPA		<b>X</b> Initia			ENVIRONMENTA	L HEA	LTH & S	AFET	Y DEPT (	=HS)
DCA		Amen	ded No	tification #	74 STREET 1603	BIDG	4116	MINC	STON CAL	DLIC
I DOL		Eme	rgency	(including	City, State, Zip Code	, DLDO		8		703
			ication		PISCATAWAY, N	.1 0885	4		LICENSING	There is a second s
DEP- No Longer REQUIR	ED	□Canc			Name of Contact	0 0000		lenhono	Number	
					MICHAEL F. SMI HEALTH & SAFE	TH, EN TY		8-445		
Name of Party and And				FACILITY II	VFORMATION					
Name of Facility Where Abatem	ent is Tak	ing Place (3	)		Type of Facility (4)			-		
TILLET HALL, BLDG#	4146				School (K-12)					
Street Address					Subchapter 8 (other th	nan K-12)				
LIVINGSTON CAMPUS					Other (i.e. private & c	commerci	al buildinga	homes		
LIVINGSTON CAMPUS					Sq. Feet: N/A	# of Flo		da Ac	etc.) <u>e:</u> 60+ yea	
City (5)	County (6)		Count	ty Code (7)		<u>ir of the</u>	<u>DIS.</u> 0 <u>DI</u>	uy. Age	e. ou+ yea	,
PISCATAWAY		LESEX		Use Only)	Current Use (prior if be	ina demo	lished). A			
			1 - Child	200 01111	and the sec (prior if De	ing demo	anoneu). A	CADEN		
Name of Manifester E.										
Name of Monitoring Firm Hired b	y Bldg. O	wner (8)	ASCM		Name of Contractor (9)					
AIC			000	98						
Street Address	_				GREENWOOD ABA	ATEME	NT CONS	ULTA	NTS, INC.	
3 TERRI LANE					Street Address					
S TEIRI LANE					F44 MAN					
City State 7's O I					511 MAIN STREET					
City, State, Zip Code					City State, ZipCode					
	8016				<b>BUTLER, NJ 07405</b>	;				
Project Manager for Monitoring F	irm	Telephone			Telephone Number		Lice	nse Nun	nher	
BRIAN R. KEARNEY		609-386	-8800					neo rian		
Scheduled Start Date (10)					973-492-0477		008	340		
05/17/2019				ion Date (11)	Name of OSHA Monitor					
		05/2			ENVIROVISION, IN	IC.				
Occupancy Status During Abat	ement (C	heck only c	ne)		Street Address					
Facility Closed/Vacated Duri	ng Entire	Period of A	bateme	nt	20-21 WARGARAW	ROAD	BLDG#	35E		
Abatement Performed Outsid	de of Nori	mal Facility	Hours -				,			
Describe:					City, State, Zip Code					
Other- Describe: Schedule:	: 5PM –	5AM (24 I	IOURS	8	FAIRLAWN, NJ 074	10				
WEEKENDS AS NEEDED)										
C										
Scope of Work (Check all that app	oly)									
<b>1771</b>					1	Full Co	ntainment	vith Neg	ative Pressu	
X≥ 3 sf or >3 If				Renovation		D Mini-E			,	
□≥ 160 sf or ≥ 260	lf		1	Demolition			bag Proced	dure / M	Iran & Cut	
					2	Non-Ex	(empted (*)	and Ma	n-Friable Pro	Idure
Location of Asbestos-Containing	Is Loca	ation Normal	y Used	Description of Ast	Destos Containing Material	A	mount		ment Type	uure
Material (ACM) in Facility (13)	Solely	by Maint./Cu	stodial	(ACM) (i.e. therm	al systems insulation, surfact		Specify SF			
	Staff?	(12) NO	NIA	VAT, or other mis	cell.)		r LF)	Remov	ve Repair Enca	Enclose
100.101	120	UNI	NA				2			
402,404	X			TSI			<9 LF	X		
							-J LI			4
	1									
Name of Reg. Waste Hauler	L		to Lie d							
See Hauler Below #1 & 2		NJDEP Was			Cubic Yards of Waste:	5 CY			stered Landfil	
							G.R.	0.W.S.	. North Lan	fill
Hauler #1) Greenwood Abatemer	t Consult	tants, Inc	Butler, N	NJ 07405		Disposa	al Date	Т	City, State	
NJDEP # 12561							Date		100 New For	Mill
Hauler #2) Newark Carting, Inc., NI DEP # 4500	Newark,	NJ 04509				05/2	0/2019		Rd. Morrisvi	
NJ DEP # 4509			NC			0512	0/2019	1	19067	
Completed by (Ditte T									215-736-170	
Completed by (Print or Type)	Title				Signature		Date			
RAYMOND C. PEDALING		NIOR PF		T	Raymond C. Pe	DI.I.		7, 201	19	
	MA	ANAGER			I cujmona O. Te	dalino	indy	., 20		
			_							

							C	Heck#:	)41	4			Print
PAID	)	NOT	IFICATI	ON OF A	New Jerse SBESTOS AC 8:60 an	ABATE	MENT ))	DE	G	E		V	B
Date of Notification (1) 5/1/2019			Name	e of Build	ing Owner/	Operator	(2)		MAY	1	A ar	110	
Agencies Notified Type Notification	n			Address		ngineei	rs/ NY Distri	ct / NJ Civ	il Wdr	ks' C	fice	119	
EPA Initial					oln Avenu	ie		ASI	BEST	) S C	V)NT1	57	
× DEP Amended Amendme	nt#			State, Zip	Code NJ 08846				LIC	EN	SING	30	<u>č:</u>
DOH Emergenc	y (includir	ng		of Conta		,		Teleph		mha	r		
DCA Cancellation							tracting Offic	e (732)					
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY II	FORMATI	ON	Type of Facility	v (4)					
Residential Property Street Address							School (K						
Street Address							Subchapt	er 8 (Other th . private & co	nan K-1	2)	uldinge	h	
City (5)							Square Feet						nes,
Middlesex							2500	# of Flo	ors		Bldg. 60	Age	
County (6) Middlesex			County (STATE	Code (7	() LY)		Current Use (P	rior if being o	lemolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (a	8)		M No.		1000 B	Residential	ontractor (0)					
TBD Street Address						Sky C	ontracting, L	LC					
Street Address						Street A	ddress Valley Road	Suito K					
City, State, Zip Code							ate, Zip Code	, Suite K					
Project Manager for Monitoring Firm						Wayne	e, New Jerse	ey 07470					
report manager for monitoring ritin			leleph	one No.		Telepho (973)	ne No. 928-5040		ense N 874	0.			
Start Date (10) 5/14/2019	Schedu	iled Co	mpletion	Date (1	)	Name of	f OSHA Monitor	r	074				
Accupancy Status During Abatement (Che	6/14/2						ontracting, L	LC					
Facility Closed/Vacated During Entire	Period of	Abato	ment			Street Ad 1385 \	<sup>ddress</sup> /alley Road,	Suite K					
Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hour	s		ŀ	City, Sta	te, Zip Code						
cope of Work (Check All That Apply)						Wayne	e, New Jerse	ey 07470					
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoli				××	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	Is	s Locat	ion				Non-Exempte	d (*) and Nor	n-Friab	le Pro	Abate		;
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	ly by	Art		ription of				-		pe	
TO BE ABATED In Facility (13)	Ma Cus	todial ( (12)	nce/ Staff?	Asbe (i.e	e. thermal s	ystems ir ng, VAT,	or	Amour (Specit SF or L	ý	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									late	ıre
Basement		Х		Pi	pe Insula	tion & F	ittings	20 LF		x			
Exterior	Exterior					ansite		1,200 \$	SF	x			
												_	
me of Registered Waste Hauler		N	JDEP W	aste	Cubic Ya	ards	Name of	Registered L	andfill				
rvice Transport Group, Inc.		Н	auler ID )990		of Waste		permanence in	a Enterpris		C			
y, State					Disposal	Date	City, State	e				-	
w Castle, Delaware					TBD		Waynes	sburg, Ohio	C				
w Castle, Delaware mpleted by edrag Sarcev	Title			1	1 Sin	ature	5	3, 5	Date				

 $^{\star}$  Do not use this form for asbestos licensure exempted activ  $\,$  es.

									L					PI	nt For
Date of Notification (1)	PAIII	靜	(P	ICATION ursuant	ate of New I OF ASB to NJAC 5072/25 f Building	ESTOS / 8:60 and 5087/2	ABATE 1 12:120 5180/	<b>0)</b> 599	2/5995/255		a transformed	<u>E</u> 3108		7 [ <u></u> 14/2	215
05-03-19					(1)T(1)		-	1000	mon Property	Gro	oup MAY	1	201	9	1000
Agencies Notified Typ	e Notification			Street A	ddress					L					_
EPA	Initial		F	. A. MANTA	ox 6120	4.				1	ASBESTO	DS U( <del>DENS</del>		OL &	
× DEP × DOL	Amended Amendment	# 10		- C	ite, Zip Co Iapolis, I		16		( network	romalike <sub>pilipia</sub>	ىي ( يىند مەرەخەرلار ئارايلارلاردۇرىيە			9.640.87.81.4	44.14
	Emergency	(including			f Contact	1020		2		Tel	ephone Nu	umber			
	justification) Cancellation			Sam F						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	17-640-2				
			L	FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Abate	ement is Takin	g Place (3	3)					Ту	pe of Facility (4)						
Street Address									School (K-12			40)			
Street Address One Riverside Square								$\mathbf{X}$	Subchapter 8 Other (i.e. pri etc.)				ildings	, horr	s,
City (5) Hackensack			111.56						juare Feet 59111	# o 2	f Floors		Bldg. / 32 yr		
County (6)				County (	Code (7)				Irrent Use (Prior		ing demoli		, . j.		
Bergen					USE ONLY)				ommercial		5 20110				
Name of Monitoring Firm Hire TRC Solutions, Inc.	d by Building	Owner (8)		ASCN	I No.				batement Contr e Environme						_
Street Address			-				Street			itter	oorp.				
1430 Broadway, 10th F	loor								ad Street						
City, State, Zip Code New York, NY 10018									, Zip Code It, NJ 07072						
Project Manager for Monitorin Arnel Javal	ig Firm			Telephor (212) 2	ne No. 221-782	2	Telephone No.         License No.           201-939-6565         00756								
Start Date (10) (2)03-13-18		Schedule (10)09-		9 Name of OSHA Monitor 9 Even-Air Inc.											
Occupancy Status During Aba	atement (Cheo						Street								_
Facility Closed/Vacated	During Entire	Period of /	Abaten	nent			10-5	9 Ja	ackson Aven	ue					
Abatement Performed O Other – Describe:									, Zip Code and City, NY	111	101				
Scope of Work (Check All Tha	at Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		× F	Renova Demoli	ation tion			×		Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure	-			re	
		Is	Locat	ion										emer	
Location of Asbestos-Containing Mate <u>TO BE ABATED</u> In Facility (13)		Use Ma	Normal d Sole intena todial 3 (12)	nce/ staff?		tos Cont thermal surfac		Mater s ins T, o		(5	mount Specify F or LF)	Remova		Encapsulate	Enclosure
		Yes	No	N/A										ate	ſe
Basement: Restr	room			x		C	aulkin	g			4SF	x			
1st Floor: Restro	oom			x		C	aulkin	g			12SF	x			
Roof: Entrance Cano	opy Roof			x		FI	ashing	g		:	360SF	x			
1st & 2nd Floo	ors			x		W	/all Ta	ır		6,2	220SF	x			
Name of Registered Waste H	auler			JDEP W		Cubic			Name of R	egiste	ered Landf	ill		-	_
ATC, Inc. / JBT (50071)				Hauler ID 4310	110.	of Was TBD			Minerva	Ente	erprises				
City, State Shirley, NY / Bronx, NY						Dispos TBD	al Date	7	City, State Waynest	ourg	, OH 446	588			
Completed by Richard Doran		Title Proje	ect Ma	anager		S	ignature	e	ALL	$\mathcal{L}$	10.03	) ) 5-03	-19		
				-			4-9	-	ACA	XZ	1 hours	-			

	AID	OTIFI	Sta	ate of New	Jersey STOS ABA	TEM		DEC	; E	[	W <sup>a</sup>		it Fo
Pate of Notification (1)		(Pt	irsuant	to NJAC 8:	60 and 12:	120)			v 1	A(	2010		
04/29/2019				f Building Ov n County			2) hools & Spe	∐ ∐  MA cial Services		-4 (	1013	1 3	
Agencies Notified Type Notifi	cation		Street A	ddress ast Ridge	wood Ave	2		ASBE	STOS	NOC	ITR(	. 8	<u>.</u>
× EPA Initial × DEP Amen × DOL Amen		T	City, Sta	ate, Zip Code	9				LICEN	SIN	G	u 1996)	- 11
Emerg	dment # gency (including	_	2	nus NJ 07 f Contact	652			Talashara					
DOH justific DCA Cance	ation) ellation			Thomas				Telephone 201-343-					
Name of Facility Where Abatement is	Taking Place (2)		FACI	LITY INFOR	RMATION	1.	Europe of Coolin						
Bergen County Academy Bui						r	Type of Facility	- RS					
Street Address	*				8		Subchapter	8 (Other than h					
304 Valley Boulevard							etc.)	private & comme	ercial bu			_	4
<sup>iity (5)</sup> Noodridge NJ 07075							Square Feet	# of Floors		Bldg	g. Ag	e	
ounty (6) Bergen				Code (7) USE ONLY)			Current Use (Pri Technical Sc		olished)				
lame of Monitoring Firm Hired by Bu TTI Environmental Inc.	ilding Owner (8)		ASCN	1 No.			f Abatement Co Enterprises L						
Btreet Address 1253 N Church St							<sup>ddress</sup> a Lane						
City, State, Zip Code Moorestown NJ 08057							te, Zip Code Park						
roject Manager for Monitoring Firm Michael R Stocku			elephor 85684	ne No. 08800			ne No. 42-6924	Licens 01129					
tart Date (10) 05/03/2019	Scheduleo 05/05/1		pletion [	Date (11)	100000000000000000000000000000000000000		OSHA Monitor						_
Occupancy Status During Abatement	(Check Only One	)					ddress					-	
Facility Closed/Vacated During I Abatement Performed Outside of	Entire Period of At f Normal Facility H	oatem Hours	ent				umberland A te, Zip Code	ve	1				
Other – Describe:					- Pa	aters	son NJ 07502	2					
Scope of Work (Check All That Apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Re	enovat emoliti					Mini-Enclosur Glovebag Pro				dure		
		.ocatio	200							100.11	10.000 0.000	n ıt	
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Solei itenan dial S (12)	y by ce/	(i.e. th	Descript s Containing ermal syste surfacing, other miscel	g Ma ems i VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)			Renair	,	Enclosure	
	Yes	No	N/A									1	Ø
Mary Ann's office			x		VAT & N	/last	ic	200 SF	×			- +	
		_								-		- +	
												- +	
ame of Registered Waste Hauler YV Enterprises LLC	<u> </u>	Ha	IDEP W auler ID 34140	No. d	Cubic Yards of Waste 10 cy	S		Registered Lan Carting Inc					
<sup>iity, State</sup> incoln Park NJ					Disposal Da		City, Stat Newarl	e « NJ 07105					-
Completed by Dorian Carpio	Title Manag	ger			Signat	ure	Paul		Date 04/29	9/20	19	-	

1

D&S Proj. #: 19-92 Date of Notification (1)	— PA)	(Purs		best C 8:6	NJ os Abatement 30 and 12:120)	D E C	EIVE 1 4 2019	
I     0     5     / [0     2     / [1     9       Agencies Notified     Type Notificat       □     EPA     □     Initial       □     DEP     Amendment #:       □     DOL     Image: Constraint of the second secon	ion Street A	ard Murry Address ate, Zip Code				ASBES	TOS CONTROL &	
DOH (including justification)	Name o	h Arlington, f Contact vard Murry	NJ 07031			Telephor	e Number	
		FAC	CILITY INFORM	ATIO	N			
Name of facility where abatement is Residential Street Address	s taking place (3)					Subch	4) I (K - 12) apter 8 (Other than (Private/Commercia /Homes, etc.	
							# of Floors	ldg. Age
City (5) North Arlington, NJ 07031	County (6) Bergen				unty Code (7) ate use only)		rior if being demolis	ed)
Name of Monitoring Firm Hired by E	3ldg. Owner (8)		ASCM No.		Name of Abatemen	t Contractor (9)		
N/A					D & S RESTOR	RATION, INC.		
Street Address					Street Address	· · · · ·		
City, State, Zip Code				_	20 California A			Difference in the second
City, State, Zip Code					City, State, Zip Code			
Project Manager for Monitoring Firm		Phone Numb	)er	_	Paterson, NJ 0 Telephone Number	7503	License Number	
,					973-345-8020	)	01169	
Start Date (10)	Sched, Com	Detion Date (1	1)	_	Name of OSHA Mor	nitor	4	
05/03/19	05/10/19		.,		D & S Restorat Street Address	tion, Inc.		
Occupancy Status During Abatemen					20 California A	venue		
Abatement performed outside					City, State, Zip Code	9		
Describe: Other-Describe:NORMAL He	OURS			-	Paterson, NJ 0	7503		
Scope of Work (check all that apply				-	Γ	Full Containment w	/negative pressure	
	Renovation Demolition					Mini-enclosure	e	
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location norm by maintenance staff(12)	/custodial			asbestos-containing	Amount (Specify S LF)	For o a	
-	Yes No	N/A					v i e r	p L
Basement			PIPE INSU	LAT	ION	12 ft		
			1					HHH
			]					HH
			1					后后
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506	1	ubic Yards of W 1/4 yd	Vaste		d Landfill , RESOURCE RE	COVERY	
City, State PATERSON, NJ 07503		Disposal D	Date		City, State	DA		
Completed by (Print or Type)	Title PRESIDENT	<u> </u>	Signature	00	HULLYTOWN	, РА К	Date 05/02/19	
				l				

UK 6206 PAJ	n OC		CATION	ate of New OF ASBE to NJAC 8	STOS	ABATE				G	E	1 1		 [i]			
Date of Notification (1) 05/01/2019 CHECK #0205		1	Name of	Building (	Owner/C	Operator	(2)	IU.			Annae (* 1919)	1					
Agencies Notified Type Notification			Street Ad 758 JE	ddress FFERS	ON A	/E				MAY	14	2019	)	E			
×     EPA     Initial       DEP     Amended       ×     DOL     Amendment #				te, Zip Co ISIDE P		IJ,070 <sup>-</sup>	010 ASBESTOS CONTROL &										
DOH justification) DCA Cancellation	ncluding			Contact	۲٦						ne Nu			-			
Name of Facility Where Abatement is Taking	Place (3	)	FACI	LITY INFO													
Street Address 758 JEFFERSON AVE							Sub	er (i.e.	er 8 (O		an K-1 mmerc	2) ial build	lings,	home			
City (5) CLIFFISIDE PARK NJ,07010							Square F 50X10		1 1 1 2 2 2	of Flo FL	ors		ldg. A 0 YE	ge AR१			
County (6) BERGEN			Code (7) JSE ONLY)			Current empty	Use (P	rior if b	eing d	emolis	hed)						
Name of Monitoring Firm Hired by Building C	wner (8)	<u>l</u>	ASCN	1 No.			of Abaten SOLUTI				CTIN	g inc					
Street Address			1				t Address CHURCH ST										
City, State, Zip Code				<b>k</b>			State, Zip Code MWOOD PARK,NJ 07407										
Project Manager for Monitoring Firm			Telephor	ne No.	1	Ephone No.         License           1 873 9418         01301											
Start Date (10) 05/02/2019	Schedule 05/03/2		pletion I	Date (11)			e of OSHA Monitor _ SOLUTIONS CONTRACTING INC										
Occupancy Status During Abatement (Check	Only Or	ie)				100 200 200 200 200 200 200 200 200 200	Address	IST									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: START 7:30 AM TO	al Facility					City, S	state, Zip C	Code	K.N.J	0740	7						
Scope of Work (Check All That Apply)									4.15						-		
$ \begin{array}{ c c c } \geq 3 \text{ sf or } \geq 3 \text{ lf} \\ \hline \times & \geq 160 \text{ sf or } \geq 260 \text{ lf} \end{array} $		tenova Demoliti					Mini-E Glove	nclosu bag Pr	ire ocedu	re		Pressu					
		Locati				L			d (*) and Non-Frial			iable Procedure Abater Typ					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	d Solel intenar todial S (12)	ly by nce/		tos Con therma surfa		Material (A s insulatio T, or					Removal	Repair	Encapsulate	Enclosure		
ATTIC	103	NO	X		VER	MICUI	LITE			45 S	F	x					
															_		
Name of Registered Waste Hauler		1.5616	JDEP W auler ID		of Wa	Yards iste				stered ENTR	Landfi	1					
ATLANTIC CARTING City, State						sal Date		City, St	ate								
PEN ARGYL ,PA 18072 Completed by	Title	SIDEI			TDB	Signatur		PEN	ARGY	Y PA		ate					
LUIS ARCILA			f	~	/	4	r	10	5/01/2	2019							

Pri t Form

		IOTIFI	St	ate of New I OF ASBE	Jerse	y ABATE	MENT													
IN CONJUNCTION WITH A NOTIFICATION CHECK 1	MUOAL			to NJAC 8				CH	EC	K# 1	776									
Date of Notification (1) 05/06/2019			Name o MAPL	f Building C EWOOD	Owner/C )     LL	Dperator _C	(2)	In	E	GE		1 E		1						
Agencies Notified Type Notifica	ion	Street Address																		
EPA Initial DEP Amende	d	-	City, State, Zip Code											H						
DOL Amendn	nent #	_ [	MAPLE SHADE NJ 08052										Layer	- Alberta da						
DOH justificat DCA Cancella	on)		LAUR	f Contact IE BALL				- Appendix - Lance -	A 8	ephone Nu 56-482-66 LICEN	mber 580 i SiNG	IOL &		dialescente a transference est						
Name of Facility Where Abatement is T	aking Place (3)	)	FAC	LITY INFO	RMAT	ON	Туре о	f Facility (4	+)											
PARK CROSSING APARTMEN	II HOMES							chool (K-12		anthan 16 d	2)									
2000 MAPLEWOOD DRIVE							10	ther (i.e. pr c.)	ivate	er than K-1 & commerc	2) ial buil	dings,	ome	₽S,						
City (5) MAPLE SHADE							Square 800	Feet	# o 1	f Floors	E	8ldg. Ag 50+								
County (6) CAMDEN				Code (7) USE ONLY)			Current RESI	t Use (Prio DENTIA	r if be L AP	ng demolis ARTMEN	hed) ITS		1	5						
Name of Monitoring Firm Hired by Build ACER ASSOC.	ing Owner (8)		ASCN	/ No.	a.	Name ASS	of Abate	ement Cont ENVIRC	tractor DNM	(9) ENTAL S	ERVI	CES	IC.	,						
Street Address 1012 INDUSTRIAL DRIVE			Street Address 570 CLEMS RUN																	
City, State, Zip Code WEST BERLIN NJ 08091							itate, Zip LICA H	Code HILL NJ (	0806	2		J.								
Project Manager for Monitoring Firm MATT DEPALMA			Telepho 856-8	ne No. 09-1202			none No. 304-46			License N 01145	10.									
Start Date (10) 05/07/2019	Schedule 05/08/2		mpletion Date (11) Name of OSHA Monitor EMSL																	
Occupancy Status During Abatement (C	heck Only One	e)					Address													
Facility Closed/Vacated During Em Abatement Performed Outside of N Other – Describe: UNITS VACAN	ire Period of A Iormal Facility T DURING AB	batem Hours ATEM	ent ENT			City, S	tate, Zip						( <u></u>							
Scope of Work (Check All That Apply)						GIN	NAMIN	ISON NJ	080	//			_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ANGEN AND	enova emoliti				Y	Mini-	Containme Enclosure ebag Proc		Negative I	Pressu	re								
						L	Non-	Exempted	(*) an	d Non-Frial	ole Pro	Abate	0.000							
Location of	N	Location	У		De	scription	of				-	Тур								
Asbestos-Containing Material (ACM <u>TO BE ABATED</u> In Facility (13)	Mair	d Solel ntenar odial S (12)	nce/	Asbesto (i.e. t	os Cont hermal surfa	aining N	laterial ( s insulati T, or	ACM) on,	(\$	mount Specify F or LF)	Remova	Repair	Enconculato	Enclosure						
	Yes	No	N/A										Þ							
2A WHITE BIRCH CT.			X	JC	DINT (	DINT COMPOUND 6 SF 3														
												-	_							
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL	SERVICES	H	JDEP W auler ID 03489	No.	Cubic of Wa 3	Yards ste				ered Landfil NDFILL										
City, State MULLICA HILL NJ						sal Date 3/2019		City, State WAYNE		RG, OH										
Completed by RON SWANSON	Title GENI	ERAL	_ MAN	AGER	S	Signature	Kurce	ebu	CMP		ate 5/06/	2019								

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Date of Notification (1)	PA	NOTII (I	ICATIO Pursuan	State of New N OF ASBES t to NJAC 8:	STOS ABAT 60 and 12:1	20	)	La construction of Distribution of the second			G		4 2	W 01	PIEL FOR
05/06/2019 Agencies Notified Type Notification			100 L 100 L 100	e Pollak Address											
Television of the second se			Street	Address						ASE	EST		CON		16
X     EPA     Initial       X     DEP     Amended       X     DOL     Amendment	#			tate, Zip Code ewood, NJ				4.7							And at an article of the second s
DOH Emergency (		]		of Contact	07040	_			Tele	phone	e Num	nber			
DCA Cancellation			participation and a second	Pollak											
Name of Facility Where Abatement is Taking House	g Place (	(3)	FAU	ILITY INFOR	MATION	Т	Type of Facility	(4)							
Street Address		1000				_	School (K Subchapte		Othor	thon	K 10				
							Other (i.e. etc.)	priva	ate &	comr	nercia	) I bui	ldings	, h	nes,
City (5) Maplewood							Square Feet N/A	1.03	# of F N/A	Floors	5		Bidg. /	Ag	
County (6) Essex			County (STATE	Code (7) USE ONLY)			Current Use (P House	rior if	being	g den	nolishe	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8	)	ASCI	M No.		e o	Abatement Co		ctor (§	9)				_	
Street Address					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Address			10.00			2	-	
City, State, Zip Code							sengren Ave	enue	•						
Project Manager for Monitoring Firm			<del></del> .		Toto	ow	ra, NJ								
			Telepho	one No.	1000000		one No. 45-8685		1.00	Licen )131	se No 1				
Start Date (10) 05/20/2019	Schedul		npletion	Date (11)			f OSHA Monitor Abatement, I							-	
Occupancy Status During Abatement (Check							ddress							_	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abaten	nent				sengren Ave	enue							
X Other – Describe: Occupied		y nour:					ite, Zip Code a, NJ 07512								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	1221														
<ul> <li>≥3 sf or ≥3 If</li> <li>≥160 sf or ≥260 If</li> </ul>		Renova Demolit				××	Full Containm Mini-Enclosur Glovebag Pro	re ocedu	re	_					
	Is	Locati	on		K.		Non-Exempte		and i	Non-H	riable	e Pro	Abate	em	nt
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashestos	Description	n o Ma	f terial (ACM)		A	ount	ł	_	Ту	pe	
TO BE ABATED In Facility		intenai todial S		(i.e. the	ermal system surfacing, V/	ns i	nsulation,		(Spe SF o	ecify		Ren	Re	L ICC	End
(13)		(12)	1	ot	her miscella	ne	ous)		0. 0	,		Removal	Repair	ionhoniare	Enclosure
Basement	Yes	No X	N/A	F	Pipe Insula	ati	00	-	80	15		v			
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Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W auler ID )996	No. of	ubic Yards Waste BD		Name of Fairlas	_			dfill				
City, State Totowa, NJ					isposal Date 3D		City, Stat Morrisv		PA						
Completed by Ned Joksimovic	Title Proje	ct Ma	nager		Signature	2	- All				Date 05/0		019	_	

13-	a la T	11											Р	nt Forr
CK 0618714	'Al		ICATION	tate of New N OF ASBE to NJAC 8	STO	ABATE		п	) <u>ec</u>	E	[	$\mathbb{V}$		
Date of Notification (1) 05/06/2019				of Building ( t Golden		/Operator	r (2)		III BAA	v 1	4 :	2019		IJ
Agencies Notified Type Notification			Street A						LI MA	11.	4 (	2019		
			Sheer	Address										g krof of th
X     EPA     Initial       X     DEP     Amended       X     DOL     Amendment		ŀ	City, Sta	ate, Zip Co	de				ASBES	TOS ( LICEN			1.8	
DOL Amendment		_		ren, NJ 0		,		to record	 	LIUCIV	Olly	<u>_</u>	ant status	1
DOH justification) DCA Cancellation				f Contact t Golden					Telephone	e Numb	er			
			FAC	ILITY INFO	RMA	TION								
Name of Facility Where Abatement is Takin House	g Place (3	3)					Тур	pe of Facility (4	)					
Street Address								School (K-12 Subchapter 8 Other (i.e. pri	(Other than		build	linas.	hor	·S.
City (5)							_	etc.)						
Woodbridge							N//		# of Floors N/A		N	ldg. A /A	ge	
County (6) Middlesex			(STATE	Code (7) USE ONLY)			Ho	rrent Use (Prior		nolisheo	j)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	M No.				batement Conti atement, Inc						
Street Address	12					Street 11 R		ress Ingren Aveni	ue					
City, State, Zip Code						City, S Toto		, Zip Code NJ					_	
Project Manager for Monitoring Firm			Telepho	ne No.		Telepi 973-		No. -8685	Licen 0131	nse No. 11				
Start Date (10) 05/16/2019	Schedule 05/17/2		npletion	Date (11)				SHA Monitor atement, Inc						_
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addi	ress						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Abaten / Hours	nent s			City, S	State,	ngren Avenu Zip Code	ae				-	_
-					-	Toto	wa,	NJ 07512						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×		Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure				9	
	ls	Locati	ion									Abate	me	
Location of	1	ormal d Sole	lly	AN		escription				-		Ту	pe	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	intena todial S (12)	nce/		therma surf	ntaining N al system acing, VA miscellar	s insi T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	
2nd floor		Х				VAT			600 SF		X			
											-			
Name of Registered Waste Hauler D&S Abatement, Inc.		H	JDEP W lauler ID		of Wa	224 C 200		Name of R Fairlass	egistered La Landfiell	ndfill				
City, State Totowa, NJ		2	0996			osal Date		City, State						
Completed by	Title				TBD			Morrisvill	ie, PA	D				
Ned Joksimovic	and the second second second	ect Ma	anager	8		Signature		TH		Date 05/0	6/2	019		

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012101	PAID		CATION	ate of New OF ASBE to NJAC 8	STOS /	ABATE		T		: C	ß	[]	V		1
Date of Notification (1) 05/06/2019			Name of Philip	f Building ( Labib	Owner/O	perator	(2)	a landariyana a landariyana a landariyana		MAY	( 1 /	4	2019		D
Agencies Notified Type Noti EPA Initia			Street A	ddress					hod 1	مىرى مەربى ئارىمۇمۇن			1700	<u></u>	i
× DEP Ame	nded ndment #			ite, Zip Coo rest, NJ (					A	SDEST L	ICEN	SIN	G	 	
X DOH justil	rgency (including ication) cellation		Name of Philip	f Contact Labib					Tele	phone I	Numbe	er			
Name of Facility Where Abatement	is Taking Place (3)		FACI	LITY INFO	RMATI	ON	Тур	pe of Facility (4	4)					_	_
House Street Address								School (K-12 Subchapter		r than k	(12)				
							×	Other (i.e. pl etc.)	rivate &	comme					S,
City (5) Demarest							N//		N/A			N/	dg. A ′A	ge	
County (6) Bergen				Code (7) USE ONLY)			1.121	rrent Use (Pric DUSC	r if bein	g demo	olished	)			
Name of Monitoring Firm Hired by E	Building Owner (8)		ASCN	/ No.				batement Con atement, In		(9)			_		
Street Address						Street 11 R		ress Ingren Aver	nue						
City, State, Zip Code						City, S Toto		Zip Code NJ							
Project Manager for Monitoring Firm	1		Telepho	ne No.		Telepi 973-		No. -8685		Licens 01311					
Start Date (10) 05/18/2019	Schedule 05/19/2		npletion	Date (11)			10.00	SHA Monitor atement, In	c.						
Occupancy Status During Abateme						Street		ress ngren Aver							
Facility Closed/Vacated During     Abatement Performed Outside     Other – Describe:					_	City, S	State,	Zip Code NJ 07512							
Scope of Work (Check All That App	ly)														
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enova emolit						Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					a	
Location of	243	Locati			Dec	scriptior			<u>( ) di id</u>				Abate Ty	eme	
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	Mai	d Sole ntena odial S (12)	nce/		tos Cont thermal surfac	aining M	Mater is ins AT, o	r	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	1		N 1.00								ate	e
Exterior		Х			S	Sidding	3	ŀ	200	00 SF	3	X		_	
												_	-	_	
Name of Registered Waste Hauler D&S Abatement, Inc.		F	IJDEP V lauler ID 0996		of Was TBD	Yards ste		Name of I Fairlass			Idfill				
City, State Totowa, NJ					Dispos TBD	sal Date	9	City, State Morrisv		Ą					
Completed by Ned Joksimovic	Title Projec	ct Ma	anager		S	lignatur	e	Th			Date 05/0	6/2	019		

Date of Notification (1)	State of New Je OTIFICATION OF ASBEST (Pursuant to NJAC 8:60 Name of Building Owne	OS ABATEMENT and 12:120)	DE	G	Г / 1	4 7	<u>V</u> E 2019	
Agencies Notified     Type Notification       Agencies Notified     Type Notification       Image: Image constraints     Image constraints       Image constraints <td>Street Address Part of Banding Owner Erbc Part Band City, State, Zip Code - Toms R.1 Name of Contact Part Joint</td> <td>Builder ( 4860</td> <td>Inc AS 28745 Telepho</td> <td>BEST L</td> <td>ICEN Marken</td> <td>CON</td> <td>ARÓL (</td> <td></td>	Street Address Part of Banding Owner Erbc Part Band City, State, Zip Code - Toms R.1 Name of Contact Part Joint	Builder ( 4860	Inc AS 28745 Telepho	BEST L	ICEN Marken	CON	ARÓL (	
Name of Facility Where Abatement is Taking Place (3) Rec & Level Street Address	FACILITY INFORMA	Type of Fa		52-	-68	54-	- /71	5
City (5) Toms River		U Subch	apter 8 (Other than (i.e. private & comm	nercial				
County (6) CCCC Name of Monitoring Firm Hired by Building Owner (8)	County Code (7) (STATE USE ONLI)	Current Use	(Prior if being demo		1	Bldg. /		
Street Address	ASCM No.	Name of Abatement ( Ani Ice) Street Address /212 Di 2	<u>Ahstement</u>	12	117 - [	1	:/(	
City, State, Zip Code Project Manager for Monitoring Firm	Telephone No.	City, State, Zip Code	.)	NTL Sig C	L ).	$\int$		
Start Date (10) 5/12/19 Scheduled Compl Cocupancy Status During Abatement (Check Only One)	A N N N N N N N N N N N N N N N N N N N	LEJ-J-JHE - L Name of OSHA Monito	916 Licens C	10	70			
<ul> <li>Facility Closed/Vacated During Entire Period of Abatement</li> <li>Abatement Performed Outside of Normal Facility Hours</li> <li>Other – Describe:</li></ul>		ty, State, Zip Code						
Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 If .2 ≥160 sf or ≥260 If Demolition		Glovebag Proce	nt with Negative Pr dure (*) and Non-Friable					
Lecation of Normally Asbestos-Conteining Materiai (ACM) TO BE ABATED Maintenance/	Asbestos Containing	on of Material (ACCD			Aba	temen ype		
In Facility Custodial Staff? (13) (12) Ves No N/	VAT, c other miscella	Sulation, surfacing	Amouni (Specify SF or LF)	Removul	Repair	Bnenpsulate	Enclosure	
Outsde	Siding		2500SF	7				
Name of Registered Waste Hauler <u>Anii MEUC</u> Sity, State <u>DC</u> ALICE <u>NJDEP T</u> Hauler TI ZCS4	D No. of Waste	Name of Regi	stered Landfill					
Der (Net ICC: N)   Der HT H(). The Resident. IB-41 (R-05-08)	I.5D Signature	1 1	Taci n Pr	- []z	/ [	4		

33-6-08) : ()

	Notification Initial Amended Amendment # Emergency (including Istification) encellation	State of New Jer THFICATION OF ASBEST (Pursuant to NJAC 3:60 a Name of Building Owner/ Jo Street Address City, State, Zip Code Eag Harbon Name of Confact Jo Sch	DS ABATEMENT and 12:120) Decrator (2) Sy Fix IJ EXC Box 583 Town Ship	Telepho	USZ30	OS CONTRO DENSING	
Street Address	s Taking Place (3)	FACILITY INFORMATI	ON Type of Facil	îŋ/ (4)		3 8365	
Cigr (5) Marmera			Subchan	ter 8 (Other than N 2. private & comm	ercial buildit	nes, homes, etc.)	
County (6) Cape Mic Name of Monitoring Firm Hirdd by Bui	Iding Due to	Dunty Code (7) TATE USE ONLIY ASCM No.	Current Lise (Pr	ior if being demoli	1-	ldg. Age	
Street Address City: State, Zip Code		Stra /2	Address Address 212 Di 211 State, Zip Code	MERICENT _	<u>Curlin</u> Tree	1 Degi / (	
Project Manager for Monitoring Firm Start Date (10) 5 / // // // // // // // // // // // //	Scheduled Completion	bhone No. Telej Date (11) Name	Address	License N	50)( 10 270		
Scope of Work (Check All That Apply)	nal Facility Hours	City, Si	ate. Zip Code				
□ ≥3 sf or ≥3 lf ⊇ ≥160 sf or ≥260 lf	C Renovation C Demolition	 	Full Containment w Mini-Enclosure Glovebag Procedure				
Location of Asbestos-Conwining Materiai (ACM) <u>TD BE ABATED</u> In Facility (13) GUF S. L	Is Location Normally Used Solely by Meintenance/ Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Mata (i.e. thermal systems insulatio VAT, or other miscellaneous	Non-Exempled (*) a ial (ACM) n, surfacing	Amouni (Specify F or LF)	Abatem Type	<u> </u>	
of Registered Waste Hauler		Cubic Yards of Waste	Name of Registered				
DE RATION ALL	Tide K Riesident.	Disposel Date <u>1.5.</u> ) Signature	City. States	PA Dan Paz Dance 1-	7/10		
(R-06-02)		= Do pot	13	1.7/	-/17		

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01,110	n PA	m	NOT	FICATIO	State of New Jers	ey SADATE	MENT						
1K.140	+ 10	UUU"		Pursuar	nt to NJAC 8:60 a	nd 12:12	20)		EP	C	₩	R	Tim
Date of Notification (1)	1			Name	of Building Owner	Onerato	r (2)	$ \square $	EC	E	UV	S	
4/30/2019					amin Hoffman	operato	1 (2)	K					
Agencies Notified	Type Notification	n			Address				MA	y 1,	1 2010		μU
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DEP	Amended			City, S	tate, Zip Code				100				<u> </u>
	Amendmer Emergency			Skill	man, NJ 08558	1	2		ASBES	IOS C		- 6	
DOH DOH	justification	)	'9		of Contact			Te	elephone	a designed and the second		<u>Interiore</u>	
DCA	Cancellatio	n			amin Hoffman				_				
Name of Facility Where	Abatement is Taki	na Place	(3)	FAC	CILITY INFORMAT	ION	-						
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Street Address							School (K-			( (0)			
							U Subchapter Other (i.e. )	private	& comme	<-12) ercial b	uildinas	IOM	les.
City (5)							etc.) Square Feet						
North Arlington							Square Feet	# 0	of Floors		Bldg. A	е	
County (6)				County	Code (7)		Current Use (Pri	or if be	ing demo	lished		2	
Somerset				(STATE	USE ONLY)		Sandin Obe (FII	SI II DE	ang demo	maned)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.	Name	of Abatement Cor	ntracto	r (9)				
							C Services Co		. (0)				
Street Address						Street	Address						
						1465	5 Route 23 Sou	uth, #	111				
City, State, Zip Code						and the second	tate, Zip Code					8 <u>12.011-</u>	
Droject Marco C. M.							ne, <mark>NJ 074</mark> 70						
Project Manager for Moni	toring Firm			Telepho	one No.		ione No.		License	Section 2001			
Start Date (10)		0.1			-	A STREET	750-0752		01253	3			
5/1/2019		5/2/20		mpletion	Date (11)		of OSHA Monitor						
Occupancy Status During	Abatement (Che						roVision Consu	ultant	S			_	
The second se							<sup>Address</sup> 1 Wagaraw Ro	ad					
Facility Closed/Vaca Abatement Performe	ed Outside of Norr	Period of nal Facilit	Abater	nent s		-	tate, Zip Code	Jau					
Other – Describe:							Lawn, NJ 074	10					
Scope of Work (Check All	That Apply)					i ai	Lawn, N3 074	10					
≥3 sf or ≥3 lf		P	Renova	ation						-			
⊇ ≥160 sf or ≥260 lf			Demoli			m	Full Containme Mini-Enclosure	ent witr e	1 Negative	e Press	sure		
						ξCC	Glovebag Proc Non-Exempted	edure	d Nov. To:				
		Is	s Locat	ion			i Non-Exempted	()an		able Pl	Abate		
Location	of		Norma	lly	Do	scription	of				Ty		
Asbestos-Containing N	Material (ACM)		ed Sole aintena		Asbestos Cont	aining M	aterial (ACM)	A	mount				
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(13)			(12)		other n	niscellane	eous)	51	or LF)	Remova	Repair	neii	losu
		Yes	No	N/A								lato	Ire
Baseme	nt			X	duo doto o	nacha	ataa duut						
24001110				~	glue dots o	aspe	SIUS DUCI	3	BOLF			_	
Name of Registered Waste			1000	JDEP W			Name of F	Registe	red Landf	fill			
G S C Services Corp				auler ID 036309		te	TRRF						
City, State			0	000008		al Date	City, State						
Wayne, NJ					Dispos		Tullytoy		4				×
Completed by		Title			S	/ gnature	/ //	, . /		Date		1	
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Date of Notification (1) 4/22/2019				of Buildin		/Operator	(2)	1 1		11 A 14		4-2	119	TΡ
Agancles Notified Type Notification			Streat	Addrese						ASPEST	The	A		#!
DEP Di Amended DOL Emergency	(including	à	Som	isis, Zip ersei, N	IJ							SINC III	)	1
DOH Justification)	1		1.000	of Contac n Sand	574 S				Tel	ephone N	umber			
			1	ILITY IN		rion								<u> </u>
Name of Facility Where Abelement is Takin Private	ig Place (	(3)						pe of Facility	2000000 D					
Sireal Address							6 7 7	School (K Subohapk Other (i.e. etc.)	ar 8 (Oth	er lhan K- E comman	12) cial by	lidingi	s, hon	108.
City (5) Somerael							8q	uare Fest	# 01	Floors		Bidg.	Age	
County (6) Somerset			County (STATE	Code (7) USE ONL	ท		Gu	rrant Use (P	for If beir	ng demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.				balemani Co		(9)				
Streat Address		-				GS	_	Barvicas C 1858	orp					
Cily, State, Zip Code					_			oute 23 Sc	wih, #1	11	_			
								Zip Code NJ 07470	Ľ.					
Project Manager for Monitoring Firm			Telepho	31 37.5		Telepho	0718			License I 01253	No,			
Slari Date (10) 4/22/2019	Schedul 4/23/2		mpiallon	Date (11	)	a state of the second		SHA Monitor Islan Cons						
Occupancy Status During Abatement (Chec	-21-10-0019 <b>-</b> 100007	01024				Streat A			ananno					
Facility Closed/Vacoled During Entire F     Abstemant Performed Outside of Norm     Other – Describe:	Period of a la Facility	Abater y Hour	menl ra			Cily, St	ele,	Zip Code	N TRAC				510-0-	
Scope of Work (Check All That Apply)						Fairt	184	m, NJ 074	10					
al a3 aíor ≿3 lí ⊇ a160 aíor a280 lí		Remov Remol				10.00	N G	ut Conisinm Ini-Enclosur Novebag Pro Ion-Exempte	e cedura					
		Local				in the second se		CIT-E ADITIQUE	or Jand	NOR-FIEL	JIS P/C	Abel	emeni	1
Location of Asbastos-Contalning Material (ACM) <u>IO BE ABATED</u> In Facility (13)	Use Ma	d Sola d Sola intena lodial (12)	ely by ince/ Stall7	Asbar (i.e	tos Coni thermai surfac	acription c laining Ma systems i cing, VAT	inau nau	liation.	(\$)	ount occily or LF)	Removal	Repair	G Encapsulate	Endosua
(/	Yes	Nø	N/A		durer n	niscellane	0015				BM	Ĩ.	ulate	a la
First Floor			X			VAT			80	0SF	X			
Name of Registered Weste Hauter			JDEP W	anic	Cuble	Veed								
G S C Services Corp		۱H	auter ID 1036309	No.	Cubic Vas			TRRP	Regialere	ad Landfill				
Cily, State Wayne, NJ					Dispos	al Date		City, Slat			8			
Completed by	Tille				1 81	gnalura		Tullyton	PA	Da	10			
Daniela Anlic	Owne	Br						-			22/2	019		

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CK1408 PA	ID	NOTI (	FICATIC Pursuai	ON OF AS	BESTO C 8:60	OS ABATE and 12:12	:0)	r ID		C	EI	V	7 [	r	
Date of Notification (1) 5/6/2019			Name Priva	of Building ate	g Owne	er/Operato	r (2)			MAY	14	201	0		UII
Agencies Notified Type Notification				Address			1			WI (*)		1.0			
X   EPA   Initial     DEP   Amended     X   DOL			Allen	State, Zip C Idale, N	J 0740	)1		40mm (41)		LiC	US UC DENSI	NG	101		
DOH justification)				of Contact & Donna		nanhv			Telep	phone	Numb	er			
				CILITY INF								_	-	-	
Name of Facility Where Abatement is Takin Private	g Place (	3)					Туре	e of Facility (4	4)			25.011		-	
Street Address							X	School (K-12 Subchapter Other (i.e. pr etc.)	8 (Other	than l	K-12) ercial b	buildi	ngs	iom	ıes,
City (5) Allendale							Squa	are Feet	# of F	loors		Blo	lg. /	e	
County (6) Bergen			County	Code (7)	0		Curr	ent Use (Prio	r if being	g demo	olished	)			
Name of Monitoring Firm Hired by Building (	Owner (8	)		M No.	·/	Name	of Ah:	atement Cont	ractor (0	2)				-	
		·				GS	C Se	rvices Cor		<i>'</i> )					
Street Address						Street 1465		ss te 23 Sout	th. #11	1					
City, State, Zip Code				er de la composición de la composición Esta composición de la		City, S	tate, Z	ip Code							
Project Manager for Monitoring Firm			Telepho	one No		Teleph		J 0470	- 11	icens	e Ne				
						973-				)1253	5				
Start Date (10) 5/16/2019	Schedul 5/19/2		npletion	Date (11)				HA Monitor Ion Consul	Itanta					1	
Occupancy Status During Abatement (Check						Street			liants					<u>.</u>	
Facility Closed/Vacated During Entire F	eriod of A	Abaten	nent					garaw Roa	ad						
Abatement Performed Outside of Norm Other – Describe:	al Facility	/ Hours	S					ip Code , NJ 0741(	n						
Scope of Work (Check All That Apply)						1 1 011 1	Lawin	, 110 07 410						1	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova Demolit				X	Mir Glo	l Containmer hi-Enclosure hvebag Proce h-Exempted	dure				dure		
		Locati												ent	t
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	Vormal d Sole intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cor therma surfa	escription ntaining M al systems acing, VAT miscelland	aterial insula Γ, or	(ACM) ition,	Amo (Spe SF or	ecify	Kentova	0	Repair	. Fncansulate	Enclosure
	Yes	No	N/A											to	Ø
Attic			X		Ve	ermiculit	е		700	SF	X				
							31		*			-		_	
													-	-	
Name of Registered Waste Hauler		10000	JDEP W auler ID		Cubic of Wa	Yards		Name of Re	egisterec	d Land	fill				
G S C Services Corp			036309		01 978	1318		TRRF							
City, State Wayne, NJ					Dispo	sal Date		City, State Tullytowr	ΡΔ		8			1 <del>277,</del>	
Completed by	Title				1	Signature			., i A		Date			3 <u>0</u>	
Daniela Antic	Owne	er				1//	10	/			5/6/2	019			

07 2019 03:45PM NJ Asbe	estos Control 609.633.0664	4 p	) 05/07/2019 age 1		CEI	V g
B & G proj. #: 2019-106		State of NJ ation of Asbestos A t to NJAC 8:60-7 a *** EMERGENCY	nd 12:120-7)	ford lips	MAY 14	2019
Date of Notification (1) 10151/10171/1119	Name of Building Owne Sera Smith	ir/Operator (2)			LICENSI	<u>16</u>
Agencies Notified Type Notificel	0100174201404				TV	1
DOL Amendr	ment City, State, Zip Code Maplewood, NJ C	07040	[	WAIVER A	19P7R07E	<u>.D</u>
Cancelle	Name of Contact			Telephon	e Number	
	Sara Smith	· · · · · · · · · · · · · · · · · · ·	(1999) (1)			
		LITY INFORMATION	000 million and a			
Name of facility where abatement is Sara Smith Street Address	s taking place (3)			Subch	4) I (K - 12) apter 8 (Other t Privete/Comme	
					Homas, etc.	Bidg ide
City (8) Maplewood	County (8) Essex		Code (7) use only)	Current Use (P		
Name of Monitoring Firm Hired by		ASCM No. IN	ame of Abatement C	residential		
Street Address City, State, Zip Code Project Manager for Monitoring Farr	1 Phone Numbe		reel Address 105 Ryerson Ro y, State, Zip Code Lincoln Park, N Jephone Number		License Num	
			(973)696-6869		00378	
Scheduled Start Date (10)	Sched. Completion Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ame of OSHA Monito B & G Restoration			
08/09/2019	05/10/2019			and the second	and the second second	and the second s
05/09/2019 Occupancy Status During Abatement XI Facility closed/vacated during Abatement performed outside Describer	entire period of abatement.	C	reet Address 105 Ryerson Ro. y, Stata, Zip Coda Lincoln Park, N.I		1.1	and the second second
Occupancy Status During Abatemen	entire period of abatemsni. of normal facility hours-		105 Ryerson Ro. y, Stata, Zip Coda Lincoln Park, NJ			
Occupancy Status During Abatement X Facility closed/vacated during Abatement performed outside Describe: Other-Describe: Scopa of Work (check all that apply Demoition	entire period of abstement, of normal facility hours- y) Renovation ≥160 af or ≥260 lf	Viral Full Min	105 Ryerson Ro. y, Stata, Zip Coda Lincoln Park, NJ	07035	Giovebag pr	
Occupancy Status During Abatemet Facility closed/vacated during Abatement performed outside Describe: Other-Describe: Scope of Work (check sil that apply Demoihlan Solar of abbates -containing material to be ebated in facility (13)	entire period of eleternant. of normal (polity hours- y) Renovation	Viral Full Min	105 Ryerson Ro. y, Stata, Zip Coda Lincoln Park, NJ p 8 out Containment winega Landosure	07035	Non-frieble	
Occupancy Status During Abatemet  Facility closed/vacated during Abatement performed outside Describe:  Other-Describe:  Scopa of Work (check sill that apply Demolition  X >2 af or >3 if Location of aabeatos-containing material to ba	entire period of eleternant. of normal (solitly hours- 2) Renovation ≥160 af or ≥260 if is location normally used solely, by mainten snos/custodiat staff(12)	Description of asb	105 Ryerson Ro. y, Stata, Zip Code Lincoln Park, NJ p 8 out Containment winega Landosure	07035	Non-frieble Por o	R R P
Occupancy Status During Abatemet Facility closed/vacated during Abatement performed outside Describe: Other-Describe: Scope of Work (check sil that apply Demoihlan Solar of abbates -containing material to be ebated in facility (13)	entire period of eleterment. of normal facility heam- y) Renovation 2150 of or 2260 if is location normally used solely by msinten pros/custodial staff(12) Yes No N/A	E wra Full Description of asburnatorial (ACM)	105 Ryerson Ro. y, Stata, Zip Code Lincoln Park, NJ p 8 out Containment winega Landosure	07035 Inve pressure [ Amount (Specify S LF)	Non-frieble	R R P
Occupancy Status During Abatemet Facility closed/vacated during Abatement performed outside Describe: Other-Describe: Scope of Work (check sil that apply Demoihlan Solar of abbates -containing material to be ebated in facility (13)	entire period of eleterment. of normal facility heam- y) Renovation 2150 of or 2260 if is location normally used solely by msinten pros/custodial staff(12) Yes No N/A	E wra Full Description of asburnatorial (ACM)	105 Ryerson Ro. y, Stata, Zip Code Lincoln Park, NJ p 8 out Containment winega Landosure	07035 Inve pressure [ Amount (Specify S LF)	Non-frieble	R R P
Occupancy Status During Abatemet X Facility closed/vacated during Abatement performed outside Describe: Other-Describe: Scope of Work (chook stil that apply Demoiltion X of abbates-containing material to be abated in facility (13) 2nd floor bathroom Regretered Wister Hauter B & G Restoration, Inc.	entire period of ebetement. of normal (solity heam- y) Renovation 2160 of or 2260 if is location normally used solely by maintenence/custodial staff(12) Yes No N/A Yes No N/A NJDEP Hauter ID# 19553	Description of asb material (ACM) duct (wrap & cut)	105 Ryerson Ro. y, Stata, Zip Coda Lincoln Park, NJ p 8 out Containment winega Landoaure	07035	Por S	R R P
Occupancy Status During Abatemet	entire period of ebetement. of normal (scility hours- 2150 of or 2260 lf is location normally used solarly by maintenence/custodial staff(12) Yes No N/A NJDEP Hauter ID# Cu 19583 (Disposel Da	Description of asb material (ACM) OUCT (Wrap & cut)	105 Ryerson Ro. y, Stata, Zip Code Lincoln Park, NJ p 8 out Containment winega Landoaure cotoa-containing	07035	Por S	R R P

B & G proj. #: 2019	-106	-	1000000	1000000000		bestos 8:60-7	Abatement and 12:120-7)	Check #	≠ 9279	
Date of Notification (1)		Name	e of Buildin	g Own	er/Operator (2)	i		IN E C	EIW	
10 15 1/10 17 1/11 19	<u>)</u>		ra Smith	53						
	otification nitial	Street	Address		11. 11.			MAY MAY	1 4 2019	TUT
			State, Zip							
	mendment	:    Ma	aplewoo	d, NJ	07040			ASBEST	OS CONTROL	
	ancellation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Contac	t				Telephone	Number	and a state of the second
	ancenation	Sa Sa	ara Smit	1						
				FAC	ILITY INFORM	ATION	l			
Name of facility where abate	ment is tak	ing place (	3)			14	1	Type of Facility (4		
Sara Smith									(K - 12)	
Street Address									pter 8 (Other that Private/Commerce	
								Bldgs./ł	lomes, etc.	
City (5)		County (6	5)			Cou	nty Code (7)	Square Feet	# of Floors	Bldg. Age
10.00 × 10.00			*)				te use only)	Current Use (Pri	or if being demo	hed)
Maplewood		Essex						residential		
Name of Monitoring Firm Hin	ed by Bldg	. Owner (8)	)		ASCM No.		Name of Abatement			
Quest Address		-					B & G Restorat	tion, Inc.		
Street Address							105 Ryerson F	Road		
City, State, Zip Code							City, State, Zip Code			
							Lincoln Park,	NJ 07035		
Project Manager for Monitorin	ıg Firm		Phone	Numb	er		Telephone Number (973)696-686	9	License Numbe 00378	
Scheduled Start Date (10)	1	Sched. Co	mpletion D	ate (1	1)		Name of OSHA Mon			
05/09/2019		05/10/2	019				B & G Restora Street Address	tion, Inc.		
Occupancy Status During Aba	atement (C	heck only o	one)				105 Ryerson R	Road		
Facility closed/vacated Abatement performed of Describe:				nt.			City, State, Zip Code			
Other-Describe:						=	Lincoln Park, N	NJ 07035		
Scope of Work (check all that		novation					vrap & cut ull Containment w/ne	gative pressure	Glovebag pro	dure
✗ > <u>3</u> sf or > <u>3</u> If	[] ≥16	0 sf or <u>&gt;</u> 260	) If				Aini-enclosure	E	Non-friable pr	cedure
Location of asbestos-containing material to be abated in facility (13)	by sta	ocation nor maintenan iff(12) /es					sbestos-containing	Amount (Specify SI LF)	v	E E n c c c L
2nd floor bathroom				×	duct (wra	p&c	ut)	12 sf	e X	
-					]					
Registered Waste Hauler B & G Restoration, Inc.		NJDEP H	lauler ID# 63	C	ubic Yards of V 1	Naste	Name of Registered Grand Central			
City, State Lincoln Park, NJ		-1		posal D 05	Date 5/10/2019		City, State Pen Argyl, PA			
Completed by (Print or Type) Gordana Luna		e cretary/T	reasure	-	Signature	(	Gordana Luna		Date 05/07/2019	

15. 02														Print	Form
05-124907 PA	ID		FICATIO		BEST	rsey DS ABATE and 12:12		т	D		C E		Ŋ	<u>U</u>	5
Date of Notification (1) 4/1/19				of Building Partners		er/Operator	r (2)			M	AY 1	4 2	201		削
Agencies Notified Type Notif	ication			Address ox 1517							- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	*)		_	
×   EPA   Initial     ×   DEP   Amer     ×   DOL   Amer				tate, Zip C				****		ASBE		CON		1.8	_
	dment # gency (including			and NJ (		2					An ( and a local days and	****		82-44-14 <sup>-1</sup> -400-14.1	
DOH justifi	cation) ellation			of Contact						ephone 1 6-794-4		r			
			FAC	ILITY INF	ORM	ATION			1						-
Name of Facility Where Abatement is 1601 Atlantic Avenue - Boiler	s Taking Place ( Room	(3)					Тур	oe of Facility (4							
Street Address 1601 Atlantic Avenue								School (K-12 Subchapter & Other (i.e. pr	3 (Oth			uildings	s, h	nes,	
City (5) Atlantic City								etc.) Jare Feet 00	# o	f Floors		Bldg. / 45+	Ag		-
County (6) Atlantic				Code (7) USE ONLY	o			rent Use (Prior fice Building		ng demo	lished)		_		
Name of Monitoring Firm Hired by Bu Health & Safety Services, Inc	ilding Owner (8)	)	ASCI	M No.				oatement Contr Huntbach			n Corp	).	-		
Street Address P. O. Box 365						Street 500 E		ess Izerne Stree	et, Ur	nid D			_		1
City, State, Zip Code Berlin, NJ 08009								Zip Code ohia, PA 191	24						
Project Manager for Monitoring Firm JamesProctor			Telepho 856-4	one No. 52-1311		Teleph 215-7		No. 8166		License 00646					
Start Date (10) 5/8/19	5/24/1	9	npletion	Date (11)				SHA Monitor above					_		
Occupancy Status During Abatement						Street	Addre	ess					-		1
Facility Closed/Vacated During B Abatement Performed Outside o Other – Describe: Open and uno	f Normal Facility	v Hours	3			City, St	tate,	Zip Code							-
Scope of Work (Check All That Apply	)													-	-
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova Demolii				×	M	ull Containmen lini-Enclosure lovebag Proce on-Exempted (	dure						
	ls	Locati	on						) and	I NON-FIL		Abate		nt	-
Location of	1	Normal d Sole	ly			Description					-	Ту	ype T	<b>—</b>	_
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Ma Ma	intenal todial 8 (12)	nce/		therm sur	ontaining M al systems facing, VAT miscelland	insu F, or	lation,	(S	nount pecify or LF)	Removal	Repair		Enclosure	
Poilor Doom	Yes	No	N/A										i		
Boiler Room	X				Bo	iler pack	ing		1(	) SF	X		H	-	-
														+	-
Name of Persistented Wester Linut		1	IDEEU	lants	0.1									I	]
Name of Registered Waste Hauler Waste Management of NJ		H	JDEP W auler ID 7273			ic Yards /aste		Name of Re	gister	ed Landf					
City, State Woodbine, NJ 08270		l				osal Date eeded		City, State Egg Harb	or To	ownship	o, NJ			-	1
Completed by Wayne Huntbach	Title Proje	ct Ma	nager			Signature		~~		0	Date 5/7/19				1
				Contraction of the second											-

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Date of Notification (1) 05 / 07	, .	10				ding Owner/Operator	r (2)		-1	20	<u> </u>	
	-	19			Accurate			1 1000	hes	67		
Agencies Notified Type No EPA Initia		n		1 P 122	eet Addres			1	CENS	ING	<u>·</u> <u>-</u>	. 0(
						n Avenue					• ~	ar wells of a
DOH Amer	ndment				y, State, Zij							
DCA Emer (NJAC 5:23-8) justifi	gency	(includ	ing			l, NJ 08701						
	cation)				me of Cont	act		Telephone Nu	mber			
	enation				'ahuda			908-875-52	200			
Name of Facility Where Abatement	ie Toki	na Dia		F	ACILITY	INFORMATION						
Residence	IS I dKI	ng Pla	ce (3	)			Type of Facility					
Street Address				_			School (K-	12)				
							Other (i.e.,	r 8 (Other than K-1 private and comm	2) ercial b	uildin	<i>c</i>	
City (5)						-	homes, etc	:.)		andin	2 1	
Lakewood							Square Feet	# of Floors	E	Bldg. A	÷ 7	
County (6)					unty Code	17) /OTATE LIGE ON LA	3000 sf	2		65		
Ocean					unty Code	(7)(STATE USE ONLY)		Prior if being demol	ished)			
Name of Monitoring Firm Hired by E	Building	Owner	r (8)	ASC	M No.	Name of All 1	Residence				2 10	
Guardian Contracting, Inc.		e mie	(0)	100	WIND.	Name of Abatem						
Street Address			100				ontracting, Inc.	•				
1889 Route 9, Unit 61						Street Address						
City, State, Zip Code						1889 Route S City, State, Zip C						
Toms River, NJ 08755												
Project Manager for Monitoring Firm	6		Te	elephon	e No	Telephone No.	New Jersey 08				_	
Nicholas Fernicola					9-9932	732-349-9932		License No.				
Start Date (10)	Sche	duled (			Date (11)	Name of OSHA M		00624				
05_ /17_ /19				22 /		E.M.S.L. Ana						
Occupancy Status During Abatemen						Street Address	Tyucai					
Facility Closed/Vacated During E	ntire Pe	eriod of	Aba	tement		1056 Stelton						
Abatement Performed Outside of	Norma	I Facili	tv Ho	urs - De	escribe	City, State, Zip Co	da				2 12	
Time of Abatement:AM	P	M/	PI	M	_AM		ode New Jersey 08	0.5.4				
Scope of Work (Check all that apply)			-			r iscalaway, i	vew Jersey 08	854				
						E Full Cont	ainment with Neg	gative Pressure				
⊠ ≥160 sf or ≥260 lf			enova	tion		☐ Mini-Encl Glovebag	losure					
						Non-Exer	mpted (*) and No	n-Friable Procedu	re			
Location of			s Loc Norm						-	atem	е — т е	Гуре
Asbestos-Containing Material (AC	(M	Use	ed So	lely by	Asha	Description of stos Containing Mat	f			-	7	1
TO BE ABATED		Ma	inten	ance/ I Staff?	(i.e	., thermal systems i	nsulation	Amount (Specify	Removal	Repair	5	Enclosure
IN Facility (13)		Cus	(12			surfacing, VAT,	or	SF or LF)	oval	=		Sur
\$ - Z		Yes	No	N/A		other miscellaned	ous)				ł	e
exterior						os siding		0000 -	-			1_
aundry room						os floor tile		3000 sf				
					aspesit	os noor tile		150 sf			]	
			_	-							]	
Name of Registered Waste Hauler					Alest-						]	
Guardian Contracting, Inc.			112	NJDEP Hauler I		Cubic Yards of Waste	Name of Regist	tered Landfill				
Dity, State				2022		5	T.R.R.F.					
Toms River, New Jersey						Disposal Date 05/22/19	City, State	D			-	
Completed By (Print or Type)	Title						Tullytown,	Pennsylvania				
Nicholas Fernicola	200000000	oject	Man	200-		Signature	$\wedge$	/ Dat	te	1		
SB-41	FI	oject	mdi	ayer			- tead	e	5/7	113	)	

CK3(65)	PAI	D	ΝΟΊ			ON		BES	Jersey STOS ABA 3:60 and 5:7		MENT		<u>G</u> E Ay 1	4	201	7 : Q	N-N	
Date of Notification (1)					Na	me c	of Building	g Ow	vner/Operator	(2)		ind here in the	111	-T.	201	<u>J</u>	-	
05 /	07 /	19	<u> </u>		1	Accu	urate Bu	uilde	ers		and the second	Acos	Dillo	54	2t			1
	Type Notific	ation			Str	eet A	Address				_	MGL/Le	LICE	VSIN	IG IG	⊆.	Ői	-
	Initial				7	42 (	Ocean A	Aver	nue			Contraction of the second s		*******			ar inn fan	1944 - Harrison (* 1945) 1946 - Harrison (* 1946)
	Amended Amendm	50 - Harrison I.			City	y, Sta	ate, Zip C	Code	1							-		
	Emergen			- a	L	ake	wood, N	NJ O	08701									
(NJAC 5:23-8)	justificati	on)		5	Na	me o	of Contact	t				Telephone	Numbe	er				
[	Cancella	tion			Y	ahu	uda					908-875	-5200					
					F	ACI	ILITY IN	FOR	RMATION									
Name of Facility Where Ab	atement is 1	Taking	g Place	e (3)						Ty	/pe of Facility	(4)						
Residence											School (K-12		01211405557					
Street Address						-					Subchapter i Other (i.e., p	8 (Other than rivate and cor	K-12)	al hu	ilding	76		
											homes, etc.)			a bu		9-		
City (5)										So	quare Feet	# of Floors	5	Blo	dg. A	g		
Lakewood										1.00	2500 sf	2			65			
County (6)					Co	ounty	y Code (7)	)(STA	ATE USE ONLY)	Cu	urrent Use (Pr	ior if being de	molish	ed)				_
Ocean										1.1	Residence							
Name of Monitoring Firm Hi		ding (	Owner	(8)	ASC	M N	lo.		me of Abatem									
Guardian Contracting	g, Inc.							0	Guardian Co	ontra	acting, Inc.							
Street Address								1.50%	eet Address									
1889 Route 9, Unit 61				_				1	889 Route	9, U	nit 61							
City, State, Zip Code	_								y, State, Zip C									
Toms River, NJ 08755									oms River,	Nev	w Jersey 08	755						
Project Manager for Monitor	ring Firm				lephor			Tel	ephone No.			License N	0.				-	
Nicholas Fernicola					732-34				32-349-993	- C		00624						
Start Date (10) 05 /17 /					letion [ 22/			100000000	me of OSHA N E.M.S.L. Ana			1						
Occupancy Status During A	batement (0	Check	only	one)				Stre	eet Address							-		-
Facility Closed/Vacated	During Entir	re Per	riod of	Abat	ement			1	056 Stelton	t								
Abatement Performed O	utside of No	ormal	Facilit	1223				City	, State, Zip C	ode								
Time of Abatement:		PN	//	PN	/l	A	M	Р	iscataway,	Nev	v Jersey 08	854						
Scope of Work (Check all th	at apply)					- 67												-
⊠ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			□ Re ⊠ De						☐ Mini-End Gloveba	closu ag Pr	ocedure							
									Non-Exe	empt	ed (*) and No	n-Friable Proc	cedure			_		
Location of				Loc Norm	ation									Aba	atem	er	Ту	pe
Asbestos-Containing Ma	terial (ACM	)	Use	ed So	lely by		Asbes	tos (	Description of Containing Ma	of ateria		Amount		Re	Re	[ i	1	Ш
TO BE ABATE		ć			ance/		(i.e.	, the	rmal systems	insu	ilation,	(Specify		Removal	Repair			Enclosure
IN Facility (13)			Cus	(12					urfacing, VAT		<b>`</b>	SF or LF	)	val				sure
(,			Yes	No		A		ou	ner miscenane	eous,	)							
exterior						a	asbesto	s si	ding			2500 st	-				1	
kitchen						a	asbesto	s dı	uct insulatio	on		20 lf					1	
						-						2011				-	+	
						-										-	1	
Name of Registered Waste I	laulas																	
Guardian Contracting					NJDEF Hauler 202	IDN	C. C	Cub Was 3	oic Yards of ste	N	lame of Regis T.R.R.F.	tered Landfill						
City, State					202				oosal Date	С	ity, State						-	
Toms River, New Jers	ey								5/22/19			Pennsylvar	nia					
Completed By (Print or Type	)	Title						-	Signature	1	$\overline{\Lambda}$		Date	1	1	-		_
Nicholas Fernicola		Pr	oject	Mai	nager							1	<	1	11	4		
ASB-41					-	-			21	1.	-the	7	1-2	11	11	<u> </u>		

LK=4820 PAID		TIFICATIO	ON OF AS	lew Jersey BESTOS ABATE C 8:60 and 12:12		DECE		015	<u> </u>	1
Date of Notification (1) -7 -19			ne of Build	ing Owner/Operato	f (2)	I AEMOTOS	CONT	- R(	-8-	
Agencies Notified Type Notificatio	n	Stre	et Addres			ANDMG 1	RD			
BPA     X Initia     DeP     Amended     Amendment     Emergency		City.	State, Zip			N.J	08	2	9	_
DOH justification		Nam	e of Conta	tom		Telephone Numb		74	8	_
			CHUTY IN	FORMATION	Type of Facilit					_
Name of Facility Where Abatement is Taki RES ID LN C	ng Place (	(3)	1		School (K-1	12) r 8 (Other than K-12 private & commercia	al buildi	ng:	P	
City (5) VENTNOK					1500	1		50	+	_
County (6) ATLANTIC		Cou	Inly Code E ONLY)	(7) (STATE		Prior if being demolis	hed)	_		_
Name of Monitoring Firm Hired by Building (8)	Owner	ASCN	í No.	KLE	nent Contractor ( WCO 1	9) EWC.				_
Street Address				Street Address 369	S. SPRI	JCE AVE				
City, State, Zip Code				City, State, Zip C MAP	Code		08	0	2	_
Project Manager for Monitoring Firm		Telephone	e No.		9-0472	License No.	37			_
5-12-19	5-2	moletion D. $7 - 19$	ate (11)	Name of OSHA	Monitor			=		_
Occupancy Status During Abatement (Che	eck only o	ne)		Street Address						
Facility Closed/Vacated During Entire P     Abatement Performed Outside of Norma     Other - Describe:	al Facility	Hours		City. State, Zip C	Code				_	
Scope of Work (Check all that apply)				Full Co	ntainment with N	egative Pressure				
⊇≥3 sf or ≥3 lf ∑≥160 sf or ≥260 lf		ovation notition		Mini-En	closure ag Procedure	Ion-Friable Procedu	re			
		cation	1				A	bati Ty	nent B	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Used S Mainte Cus St	mally Solety by enance/ todial aff? 12)	Asbe: (i.e	Description o stos Containing Ma thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Arnount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	NO N/A	ļ	TRAWSIT	FF	4000 SF .	X	_	-	
SIDING		-		THE FILL OF					_	-
	+-+							_	-	
			1		Name of Rec	gistered Landfill				
Name of Registered Waste Hauler KLDMCO_LNC		NJDEP Hauter		Cubic Yards of Waste	E	ACUA		_		_
City. State MAPLE SHADE	W.,	].		Disposal Date	City. State	SANITUILL	E	AL	Ţ	_
Title	8	RUIS	OR	Signature	ilon		7-1	19	_	_

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	30	-	

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K = 4820 PAI	D NOTIF (Pu	irsuant to NJAC	8:60 and 12:120	))	DEGI May	E I ∖ 14 20		D
DEP A M	lotification al ended	HiAddress TO City, State, Zip	Code Lidu	KNI A	VE	ENSING 226		
DE Em	endment # ergency (including tification) ncellation	Name of Conta S 4			Telephone Numbe			
Name of Facility Where Abateme	nt is Taking Place (3)	FACILITY IN	FORMATION	Type of Facility	2) 8 (Other than K-12)	)		
Street Address				Square Feet	rivate & commercia ) # of Floors	Bldg. A	a, L	-
County (6) CAPE Mb Name of Monitoring Firm Hired by		County Code USE ONLY) ASCM No.	Name of Abaten	Current Use (Pr VACM nent Contractor (9	))	hed)		_
(8) Name of Monitoring Plimin Hierd by (8) N / A Street Address			<u>KLEM</u> Street Address <u>369</u> S	SPRUC	·A			
City, State, Zip Code Project Manager for Monitoring P	im Te	elephone No.	City. State, Zip C <u>MAPCE</u> Telephone No. §56-77	SHAPE	N.J. OS	505Z	=	-
Start Date (10)	Scheduled Comp 5 - 27	-19	Name of OSHA	Monitor N/A.	- <u> </u>			-
Occupancy Status During Abates	g Entire Period of Aba	tement	Street Address City, State, Zip C	Sode				
Scope of Work (Check all that as $2^3$ sf or $\ge 3$ lf $2^{160}$ sf or $\ge 260$ lf	pply)	ation	Mini-En	ntainment with Ne Iclosure ag Procedure cempted (*) and N	egative Pressure on-Friable Procedu	re		
Location of Asbestos-Containing Material ( TO BE ABATED	ACM) Is Loca Used So Mainten Custo Staf	aliy letyby ance/ Asbe dial (i.e	Description of stos Containing Ma ., thermal systems surfacing, VAT	of aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Abat T: Remova	e	Enclosure
IN Facility (13)	(12 Yes N	0 N/A	other miscellane		1500 SF	X	ale	re
SIDING								_
Name of Registered Waste Haul		NJDEP Waste Hauter ID No. 12904	Cubic Yards of Waste 	C. M	gistered Landfill	). A		_
City, State MAPLE SHAD Completed By MiCHARZ KLEMM	E N.J		Signature	lith	DBINE	-7-19		_

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

Date of Notification (			Na	me of Buil	ling Owner / Operato	r (2)		<b>(</b> # 1974	_		
Agencies Notified	May 9, 2019		Sco	ott and Je	nnifer Wardell		IN F	CE	1	// T	S
Agencies Notified	Type Notification		Stre	eet Addres	S			<u>U la i</u>		5	=
EPA											-
								4			-
	57							MAY 14	é	119	1
	Initial			, State &					_		1
⊠рон	Amended		Ber	keley Hei	lhts, NJ						
DCA	Amendme						ASBI	ESTOS OC	)N	ROL	8
	Cancellati	on	Nan	ne of Con	act			Telephor	_	and the second	
			Sco	tt Wardel			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Color Sector Sec		-	Rimble .
			 F	ACILIT	INFORMATION	1			_		
Name of Facility Whe	re Abatement is Ta	king Place (3)			Type of Fa				_		
Residence						ol (K-12)					
Street Address						apter 8 (Other	than K-12)				
							& commercial bui	Idinac har		-4- 1	
					Square Fee	(i.e., private	a commercial bui			etc.)	_
City (5)							Floors	Bldg. Age			
Berkeley Heights					2,3 Current Lise		2 demetici II	6	0 ]	ars	
					Residence	e (Prior if being	demolished)				
County (6)		County Co	de (7)		Residence				_		
Inion		USE ONLY	/								
ame of Monitoring F	rm Hired by Buildin	g Owner (8)		ASC	No. Name of Al	atement Contra	actor (0)		_		
					Synatech, I	nc.	actor (9)				
treet Address					Street Addr				_		
the Obel 0 71 0 1					829 Radio I						
ity, State & Zip Code					City, State 8	Zip Code			-		
roject Manager for M	onitaria - El-				Little Egg H	larbor, NJ 080	087				
loject wanager for M	unitoring Firm	Т	elephone	Number	Telephone I	Number		Number			
cheduled Start Date	(10) Scher	duled Complet	tion Data	(11)	609-296-69			0081	7	-	
May 20, 20			ie 27, 20		Name of OS Synatech, I						
ccupancy Status Du	ing Abatement (Che	eck only one)			Street Addre				_		
Facility Close	d/Vacated During E	ntire Period of	Abatem	ent	829 Radio F						
Abatement Po	erformed Outside of	Normal Hour	e						_		
Other - Desc		Honnar Hour	5		City, State 8						
	ied During Abateme	4			Little Egg H	arbo <mark>r</mark> , NJ 080	87				
cope of Work (Check		ent							_		
-					Г	Full Containe	nent with Negative F	Droceuro			
$\ge$ 3 sf or $\ge$ 3 lf			Renovat	ion		Mini-Enclosu	a	lessule			
≥160 sf or ≥260	lf		Demoliti	on							
			0.025	16.02 <sup>m</sup>		Glovebag Pro					
Loca	tion of	Is I ocot	ion Norm	ally Used		NON-Exempte	ed(*) and Non-Friab				
	ing Material (ACM)	Solely h	y Mainte	nance or	Descrip Asbestos-C		A		ite	ent T	уре
TO BE	ABATED	Custo	odial Staf	f? (12)	Material		Amount (Spe				
	acility			1	(i.e., therma		SF or LF)		_		_
(1	3)				insulation, sur	facing, VAT					-
					or other misc			Re	;	nca	Enc
						,		Removal	-upu	sdt	sole
		Yes	No	N/A				val	-	Encapsulate	Enclosure
tchen		_	x		Mastic (on to	op of luan)	110 SF		_	0	Г
							110 5P	X			
								_			
me of Registered W	the life of										
	ste Hauler	NJDEP V Hauler ID		Cubic	ards of Waste	Name of Reg	istered Landfill			-	-
			429	3		Fairless Hills	5				
natech, Inc.		en a secondo en la seconda de la seconda		Dispos	I Date	City, State			_		
natech, Inc.											
natech, Inc. y, State				lune 0	2010						
natech, Inc. y, State :le Egg Harbor, NJ	Title			June 2		Morrisville, I					
natech, Inc. y, State tle Egg Harbor, NJ mpleted By ne Aloia	Title			Signatu			Date		_		

Date of Notification (1) 5/9/19 Agencies Notified Type Notification		NO	TIFICATIO (Pursuar Name Gary	of Building C	V Jersey ESTOS ABATE 3:60 and 12:12 Dwner/Operato /ate Home	:0)	and for	DEC	Y 1	4	2019		rint Fo
EPA     Initial       DEP     Amended       X     DOL       X     DOH       DCA     Cancellation	(including	9	City, S Barn	tate, Zip Coo egat NJ 0 of Contact				ASBES	11.1-1	1211	G G	8	
Name of Facility Where Abatement is Takin Gary Bahr Private Home Street Address City (5) Barnegat NJ 08005	ng Place (	(3)	FAC	ILITY INFO	RMATION	Sq	Other (i.e. etc.) uare Feet	12) er 8 (Other tha private & com # of Floo	nmercia	al bui	Bidg. /		es,
County (6) Ocean Name of Monitoring Firm Hired by Building	Owner (8	)	(STATE	Code (7) USE ONLY) M No.		Cu	)00+ rrent Use (Pr batement Co	ior if being de	molish		50+		
N/A Street Address City, State, Zip Code					Perr Street PO	Addi Box	o Inc ress					<del></del>	
Project Manager for Monitoring Firm Start Date (10)	<u>O had d</u>		Telepho		Wes Teleph 856-	t Be one 753	erlin NJ 08 No. -9800	Lice 007	nse No 727	).			
5/20/19 Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	5/24/1 k Only Or Period of	9 ne) Abat	completion cement urs	Date (11)	Sam Street	e Addr	SHA Monitor ress Zip Code						
Scope of Work (Check All That Apply) ⊇ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation			G	lini-Enclosur						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	ہ Use Ma	Norm d Sc inter	blely by hance/ al Staff?	(i.e. th	Description s Containing M ermal systems surfacing, VA other miscellan	of ateria insu F, or	al (ACM) Ilation,	Amount (Specify SF or LF	-	Removal	Abate Ty Repair	ient	Enclosure
basement	Yes	No	o N/A		Pipe Insulat	ion		200 LF				ate	re
					po mouidi			200 LF		x			
Name of Registered Waste Hauler United Roll Off City, State			NJDEP W Hauler ID 22459	No. d	Cubic Yards of Waste		Cape N	Registered La /lay County		lfill			
Elm NJ Completed by Anthony T Perna	Title Presi	den	nt	1.11	Disposal Date 5/24/19 Signature	Ċ	City, Stat Woodb	e ine NJ 082	70 Date 5/9			_	

														2	rint Forr
CKIIZI PA	DD '		FICATIO	t to NJAC	ESTOS AE 8:60 and 1	12:12	0)	T		r C	Ľ		V		
Date of Notification (1) 05/09/2019				of Building r Propert	Owner/Op	erato	r (2)			MAY	7 ]	4	2019		U
Agencies Notified Type Notification				Address Radar Wa	ay				Ļ	SBEST	08	201	VTRC		The second secon
DEP Amended	#			ate, Zip Co n Falls, N	ode JJ 07724						ICEN				
∠ DOH     DCA     Cancellation			Name o	of Contact Salimber						elephone 08-413-					
					ORMATION	N			9	00-413-	-422	1		-	
Name of Facility Where Abatement is Takin Building 2535 Block 101.03 Lot 4	g Place (3	)					Тур	e of Facility							
Street Address One Radar Way								School (K Subchapte Other (i.e.	er 8 (Otl	her than	K-12)	buil	dinan	k	
City (5)							Squ	etc.) are Feet		of Floors			aings, Bidg. A		ies,
Tinton Falls													nug. r	.9	
County (6) Monmouth			County (STATE	Code (7) USE ONLY)		_		ent Use (P cant Build		eing dem	olishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		vame Osiy	of Ab	atement Co	-	r (9)				T	
Street Address						Street		ess Street, #	£261					-	
City, State, Zip Code					C	City, S	tate, i	Zip Code Ile, PA 19							
Project Manager for Monitoring Firm			Telepho	ne No.	Т	eleph	none l			Licens 01373					
Start Date (10) 05/20/2019	Schedule 05/21/2		mpletion	Date (11)				HA Monitor r Laborat		Global	Inc				
Occupancy Status During Abatement (Chec	000000000000000000000000000000000000000				S	Street	Addre	ss					11		
<ul> <li>Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:</li> </ul>	Period of A al Facility	bater Hour	nent s		С	City, S	tate, 2	st Cary S Zip Code						Ц.	
Scope of Work (Check All That Apply)					- F	Kichi	mon	d, VA 232	220						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	processo of the local division of the local	enova emolii				×	Mi Gl	III Containn ni-Enclosu ovebag Pro on-Exempte	re ocedure					9	
1		Locat ormal											Abate Ty	n n	t
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	User Maii	l Sole	ly by		Descri os Contain thermal sys surfacing other miso	ing M stems g, VA	lateria insul T, or	ation,	(5	Specify F or LF)		Remova	Repair		Enclosure
	Yes	No	N/A									IE.		1	Pe
Building 2535		Х		VAT	w/mastic	c dou	uble	layer	4	00SF	٤	ζ			
Building 2535		Х		5	Sink und	erco	ating	)		4SF	>	ζ		_	
Building 2535		Х			Window	Gla	zing			6SF	Ş	ζ			
Building 2535		Х			Roofing t		ayers			20SF		2			
Name of Registered Waste Hauler Century Waste Services LLC		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	JDEP W auler ID	57660 5782	Cubic Yar of Waste	rds	- 1	Name of Fairles	1996		dfill				
City. State Elizabeth, NJ					Disposal [	Date		City, Star Morrisv		A					
Completed by Carol Bradford	Title Presid	lent				ature Acc		Fral			Date 05/0	9/2	019		

											Pri	t Forr
CK3020PAI	D NC		ATION O	of New Jers F ASBESTO NJAC 8:60 a	S ABATE			EGE	] []	JE		
Date of Notification (1) 5-8-2019				uilding Owner /iew Condo				MAY 1	4 20	)19		U
Agencies Notified Type Notification			treet Add	lress easant Ave	nue			ASBESTOS	CON	I ROL	8	
EPA Initial DEP Amended x DOL Amendment	#			, Zip Code ity, NJ 070	87		1	LICE	N2INC	2		
DOH     Emergency (     justification)		N	lame of C Arthur F	Contact				Telephone Num 201-947-100				
DCA Cancellation				TY INFORMA	TION			I				
Name of Facility Where Abatement is Takin Residential	g Place (3)					Туре	e of Facility (4) School (K-12)					
Street Address							Subchapter 8	(Other than K-12 vate & commercia	) al buildi	ngs, h	on	s,
City (5)						Squ	etc.) are Feet	# of Floors		ig. Ag	e	
Union City, NJ 07087 County (6)		To	County Co	ode (7)		200 Curr		6 if being demolish	75 ed)	) <del>†</del> 		
Hudson		6	STATE US	SE ONLY)			atement Cont					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				al Services, LL	C			
Street Address						t Addr Virgi	<sub>ess</sub> nia Avenue					
City, State, Zip Code							Zip Code ity, NJ 0730	04				
Project Manager for Monitoring Firm			Felephon	e No.	Telep	phone		License N 01174	0.			
Start Date (10)	Schedule		pletion D	ate (11)	Nam	e of O	SHA Monitor		6			
5-8-2019 Occupancy Status During Abatement (Che	5-8-201 ck Only On					en El		al Services, LL				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A	batem	ient		City,	State,	inia Avenue Zip Code City, NJ 073					
Scope of Work (Check All That Apply)												
X  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				XX	Mini-Enclosure Glovebag Proc				9	
		Locati						()		Abate Ty	m	t ,
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	ed Sole iintena todial \$ (12)	ly by nce/	s	Description Containing rmal syste urfacing, \ her miscell	Mater ms ins VAT, o	r r	Amount (Specify SF or LF)	Removal	Repair	Lincabonian	Enclosure
	Yes	No	N/A		Pipe Insu	latio		20 LF	X		-	-
Basement		X			ipe insu	iatioi	1	20 21	-			
				lasta L C	ubic Yards	e	Name of	Registered Landf	ill		L.	
Name of Registered Waste Hauler Green Environmental Services,		H	NJDEP W Hauler ID 1034889	No. o	ubic Yards f Waste	5		s Landfill				
City, State Jersey City, NJ					isposal Da -8-2019	ate	City, Stat Morrisv	ille, PA				
Completed by Liliana Serrano	Title	ce Ma	nager	i	Signat	ture	wille		Date 5-8-20	)19		

CIL # 4821 PAIL		FICATI	ON OF AS	lew Jersey BESTOS ABATEM C 8:60 and 12:12		DECE MAY 1		₩   019	
Date of Notification (1) 5-8-19		Nar		IRBAUGH	DEVE	LOPTRS			
Agencies Notified Type Notification	n	Stre	et Address	18 GLAS	SBORD	-RD LICEN	CON. ISING	fict	
DEP Amended	t #	City	, State, Zip		*	T LA ZTI	0	80'	2
DOH justification	j -	Nan	ne of Conta	ict	FCIO	Telephone Num			
				FORMATION		1			_
Name of Facility Where Abatement is Tak RESIDEN	ing Place (3) CE					12) r 8 (Other than K-1)			
					homes, etc				
City (5) AVALON	1				Square Feet	# of Floors	6	ig. Ag	
COUNTY (6) CAPE MAY			unty Code E ONLY)	(7) (STATE		Prior if being demoli	shed)		
Name of Monitoring Firm Hired by Building (8)	Owner	ASCA	No.	Name of Abatem					
Street Address				Street Address 369		ZUCE AU	-		
City, State, Zip Code				City, State, Zip C	ode				=
D in the sector Manitoring Firm	T Te	elephone	No	Telephone No.	LE 2 HI	ADE M.	5 (	280	16
Project Manager for Monitoring Firm				856 779		0	13	11	_
Start Date (10) Sch	eduled Comp	-10	ate (11)	Name of OSHA N	Aonitor	4			
Occupancy Status During Abatement (Ch				Street Address					
Abatement Performed Outside of Norm  Other - Describe:	al Facility Ho	urs		City, State, Zip Co	ode				
Scope of Work (Check all that apply)				🗌 Full Con	tainment with Ne	egative Pressure			
⊇≥3 sf or ≥3 lf ≥160 sf or ≥260 lf					g Procedure	on-Friable Procedu	re		
	Is Local Norma						A	batem Typ∈	nt
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Used Sole Maintena Custod Staff (12)	nce/ ial		Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneou	isulation, or	Amount (Specify SF or LF)	Removal	Repair	Enclosure
	Yes No	N/A				20000-		-	+
SIDING		X	<u> </u>	RAWSITE		2500 SE	X	-+	+
				-			++	-	
Name of Registered Waşte Hauler KLEMCO INC		NIDEP 1 tauler IC		Cubic Yards of Waste	_ C.		1. U	<u>A</u>	
City, State MAPLE SHADE	W.J			Disposal Date	City, State	DBINE	N	.T.	
Completed By Titk	SUPER	2			20m		-8-	19	

AS8-41

CIK " 4821				ECEN	$\mathbb{W}$		
PAID NOTIFR	rsuant to NJAC	8:60 and 12:120	/	MAY I A	119		and the second s
Date of Notification (1)	Name of Buildin	NELAND	S CONS	RUCTION	101.8	= =	
Agencies Notified Type Notification	Street Address	300 1-	T" ST.	and the second se		= =	
D-PA Amended	City, State, Zip	Code	CITY N	.J. 082	243		
Amendment *	Name of Conta	ISLE		Telephone Number			
DOH Cancellation	FACILITY IN	EANIC					-
Name of Facility Where Abatement is Taking Place (3)	FACILITIE		Type of Facility (4	)			
Name of Facility Where Abateline IDEALCE			Subchapter 8	(Other than K-12) rate & commercial bu	ildings,		
Street Address	1/1/-		homes, etc.) Square Feet		Bidg. Ag	e —	-
City (5) SEA ISLE C	154		1500 Current like (Prio	r if being demolished	DO	=	-
County (6)	County Code USE ONLY)		VA	CHAIT_		=	=
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abater	Ment Contractor (9)	INC		_	_
(8) NAME OF MONITORING FITTIN THE COLOR OF COMPANY		Street Address	V-III	LCE AUF			
Street Address		City. State. Zip	Code		080		
City, State, Zip Code		MAI	PLE SHE	TLicense No.	000	2	-
Project Manager for Monitoring Firm Te	elephone No.	Telephone No. 856-77	9-0472	_013	11	= ==	=
Scheduled Comp	pletion Date (11)	Name of OSHA	Monitor N/L	4			=
Start Date (10)	1-17	Street Address	1	•			_
Occupancy Status During Abatement (Check only one Pacility Closed/Vacated During Entire Period of Aba	stement	City, State, Zip	Code			_	
Abatement Performed Outside of the							=
C Other - Describe: Scope of Work (Check all that apply)		MODEF	ontainment with Neg	gative Pressure			
Renov Renov	vation lition		bag Procedure Exempted (*) and No	on-Friable Procedure	Abate	e ent	-
2160 st or 2200 ii	ation				Ty		-
Norm Used Sc	olely by	Description bestos Containing N	laterial (ACM)	Amount (Specify		Enca	Enc
Location of Mainter Asbestos-Containing Material (ACM) TO BE ABATED Sta	odial (i	.e., thermal system	T. or	SF or LF)	Remova	Encapsulate	Enclosure
TO BE ABATED Sta IN Facility (13)		other miscellar	reous)		₽	le	
	NO NIA .	TRANS	ITE	22505E	X		-
SIDING	X =	TICHUY					+
					++	_	
	NJDEP Waste	Cubic Yards	1926	istered Landfill			
Name of Registered Waste Hauler	Hauler ID No.	of Waste		C.M.U.A.		= ==	
KLEMCO DIC.		Disposal Date	City. State	OBINE 1	V.J	=	
City. State MATPLE SHIDE MI. J	08036	Signature	-	- S-	9-1	L	
Completed By	P.	- Ma					

. ... liconsum exempted activities

NO CK	١	OTIF	ICAT (Purs	ION OF A	New Jersey SBESTOS AB JAC 8:60 and 5	ATEMENT			n n n				
Date of Notification (1) /	19	_		ame of Build PSE&G /	ling Owner/Operato	or (2) #1904-5470 Ch	eck# MAY	1 4 201 <b>9</b>					
Agencies Notified     Type Not       ☑ EPA     ☐ Initial       ☑ DOLWD     ☑ Amen				reet Address 4000 Hadle	s ey Road		ASBESTO	S CONTRO	8				
	dment #1			ty, State, Zip			انین اینیا استوادم می انتخابیان سی وارد با این ا	200000					
	ency (inclu	uding		South Plai									
(NJAC 5:23-8) justific			10000	me of Conta	2223		Telephone Nur	nber	1				
Cance	llation		H	Harry Tuck	ker		609-337-03	61					
			F	FACILITY	NFORMATION								
Name of Facility Where Abatement i		lace (3	)			Type of Facility	(4)						
PSE&G- Hunters GlenSubsta	ation					School (K-12							
Street Address						- Subchapter	8 (Other than K-1)	2)					
68 Dey Road						homes, etc.)	rivate and comme	ercial building					
City (5)						Square Feet	# of Floors	Bldg. Ag	-				
Plainsboro, NJ						oquare r cor	# 01110013	Didg. At					
County (6)			C	ounty Code (	(7)(STATE USE ONLY)	Current Lice (Dr	ior if being demoli	(abad)	_				
Middlesex					() (OTATE ODE ONE I)	Substation	ior ir being demoli	sned)					
Name of Monitoring Firm Hired by Bu	uilding Owr	ler (8)	LASC	M No.	Nome of Abelon				-				
Health & Safety Services	inding Own		100	AVI NO.		ent Contractor (9)							
Street Address					AbateTech,	Inc.			-				
PO Box 365			Street Address										
City, State, Zip Code			30 Maple Ave. PO Box 25										
Berlin, NJ 08009		City, State, Zip Code											
		Lumberton, NJ 08048											
Project Manager for Monitoring Firm Jim Proctor			elephon		Telephone No.		License No.		-				
				04-8850	609-265-210	7	00529						
Start Date (10)	Schedule				Name of OSHA N								
/ /9			24 /	19	EMSL Analy	tical							
Occupancy Status During Abatement					Street Address				-				
Facility Closed/Vacated During Ent	tire Period	of Abat	ement		200 Route 13	30 North							
Abatement Performed Outside of N Time of Abatement:AM	Iormal Fac	ility Ho	urs - De	escribe	City, State, Zip C	ode			-				
	Pivi/	P/	/!	_AM	Cinnaminsor	n, NJ 08077							
cope of Work (Check all that apply)													
] ≥3 sf or ≥3 lf ⊈ ≥160 sf or ≥260 lf		Renova Demolii			☐ Mini-Enc ☐ Gloveba	tainment with Nega closure g Procedure empted (*) and Non		re					
		Is Loca						Abatemei	Ty				
Location of Asbestos-Containing Material (ACM		Norm sed So			Description of	of			-				
TO BE ABATED		Aainten		Asbes	stos Containing Ma	iterial (ACM)	Amount	Repair					
IN Facility	C	ustodia		(1.0.	surfacing, VAT,	, or	(Specify SF or LF)	ova					
(13)	-	(12		-	other miscellane	ous)							
nroughout	Ye								+				
ib/Shower Area				Sheetro Wall Ma			6,000 SF						
ethroom #2				_			200 LF		1				
throom Walls #2 & #3				Window			7 SF		1				
me of Registered Waste Hauler				Wall Ma			52 LF		111				
Veolia ES Technical Solutions			IJDEP lauler l	Waste D No.	Cubic Yards of Waste	Name of Registe			00000				
y, State				0806313	40		less Landfille						
J, State Flanders, NJ			0		Disposal Date	City, State			_				
14114013, 110			/		5/24/19	Morrisville, I	PA 19067						
mpleted By (Print or Type)	Title												

UK 0204 P	AII	Not	IFICATIC (Pursuar	N OF AS	lew Jerse BESTOS C 8:60 ar	ABATE	0)	IT		<u>e</u> C May		V	E	int Eo
Date of Notification (1) 4/29/2019 CHECK #0204			Name	of Buildin	g Owner/	Operator	(2)	lu,	i tol	MAi	-14	2019		U
Agencies Notified Type Notification			1997 / See 1996 1996	Address	ave			San Juli Jan Yamuu II	AS	BESTO	S CON	VTRO	18	
DEP Amended X DOL Amendment	t #	8	City, S	tate, Zip (		03		look.	******************************		IN 211	G		The end of the later of the
DOH justification) DCA Cancellation		1	Name	of Contac A HENS	t				Tel	ephone N	umber			
					FORMAT	ION								
Name of Facility Where Abatement is Takin	ig Place (	3)					Тур	e of Facility	(4)					
Street Address 70 Potomac ave							×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than K- & commer	12) cial bui	ldings	, hoi	es,
City (5) PATERSON,NJ 07503							1000	etc.) Jare Feet X100	# of 1F	f Floors L		Bldg. A		3
County (6) BERGEN			County (STATE	Code (7) USE ONL	n		Cur	rent Use (Pr CUPAID	ior if bei	ng demoli				
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name ALL	of Ab SOL	utement Co	ntractor	(9) RACTIN	GIN	2		-
Street Address						Street	Addr							
City, State, Zip Code								Zip Code	NJ 07	407				$\neg$
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201 8	onel	No.	,	License I 01301	No.			-
Start Date (10) 04/29/2019	Schedule 04/30/2			Date (11)		Name	of OS	SHA Monitor			GIN			-
Occupancy Status During Abatement (Check						Street	Addre				0 1110			-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: START 4:30 AM TO	al Facility	Hour	ment rs			City, St	ate, 2	Zip Code	NLOZ	407				_
Scope of Work (Check All That Apply)							100	JU FARK	,NJ 07-	407				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enovi emoli				×	M	ull Containm ini-Enclosure lovebag Proc on-Exempted	e cedure					
	2333	Locat							- ( ) und	110111110		Abate	mei	
Location of Asbestos-Containing Material (ACM)		lorma d Sole	illy ely by	Achor		cription		1/4010			-	Ту	pe	
TO BE ABATED In Facility (13)		ntena odial (12)	Staff?				insul , or	lation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A								_		ite	e 
BASEMENT			X		FLO	OR TIL	.E		35	50sf	X			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Y	ards		Name of F	Register	ed   andfil				
ATLANTIC CARTING			lauler ID		of Was TDB			GRAND						
City, State PEN ARGYL ,PA 18072					Disposa TDB	al Date		City, State PEN AF	GYL F	PA, 1807	72			
Completed by UIS ARCILA	Title PRES	IDE	NT		Si	gnature M	6	4	zi	(4) 202-22	ate 1/29/2	2019		

OK 11253 PA		) <sup>N</sup>	OTIF	ICATI (Pursi	ON OF A	SBESTOS AB	ATEMENT :16)		1	<u>[</u>			n n n
Date of Notification (1) 5 / 3	/ 1	19						C BENL					
							/ Job #19	02-5443 C	sheck	#112	53	2	 S.
		n					÷	و و والمعالية من معالم من ما المحمد	LICEN	SIN	3		<b>440</b>
DOLWD Ame													
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DCA Emer		includ	ling										
				1				and the second second second					
				F	ACILITY	NEORMATION		0.0.10	11000			-	
Name of Facility Where Abatement	is Takin	ng Pla	ace (3)			In orthantion	Type of Facility	(1)		-		-	
Boyd Tower Raritan Station													
Street Address							Subchapter	8 (Other than	K-12)				
77 Thmpson Street							Other (i.e., p	private and co	mmerci	al bu	ilding	3	
City (5)		-							-	1.01		-	
Raritan, NJ 08869							oquare reet	# 01 F1001	5	BIC	ig. A	ç	
County (6)				Co	unty Code (	7)(STATE USE ONI YI	Current Lise (Pr	ior if being de	molich	(bad)		-	
Passaic	5         /         19         International growther operator (2)         / Job #1902-8443. Check #11253. G           endoes Notified         Transit         / Job #1902-8443. Check #11253. G         -           endoes Notified         Transit         / Job #1902-8443. Check #11253. G         -           DOLWD         Amended         One Penn Plaza East         -         -           DOLWD         Amended         One Penn Plaza East         -         -           DCA         Cancellation         Newark, NJ 07105         Telephone Number         -           MAC 6238)         Cancellation         Russell Samaroo         973-491-7000         -           me of Facility Where Abstement is Taking Place (3)         -         FACILITY INFORMATION         -           me of Facility Where Abstement is Taking Place (3)         -         -         Bido At         -           Moyd Tower Raritan Station         -         -         Bido At         -         -           10         County Code (7)(STATE USE ONL?)         Current Use (Priort Bidg At         -         -           11         Environmental         Street Address         Street Address         -         -         -           12         Coloretoron         ASCM No.         Name of Abstemen												
	uilding (	Owne	r (8)	ASC	M No.	Name of Abatem							
TTI Environmental				000	03	2252							
Street Address				I								-	
1253 N. Church Street						30 Maple Ave	e. PO Box 25						
City, State, Zip Code												-	
Moorestown, NJ 08057													
Project Manager for Monitoring Firm			Tel	ephone	No.			License N	0		-	-	
Jim Guilardi	A 14 ( 14 )		8	56-84	0-8800	609-265-2107	,		0.				
Start Date (10)4 /30 /19 /	V. Contraction of the second s											-	
Occupancy Status During Abatement							ICal						
Facility Closed/Vacated During En	tire Peri	iod of	Abate	ment			A						
Abatement Performed Outside of	Normal I	Facili	tv Hou	rs - De	scribe								
Time of Abatement:AM	PM	//	PM		AM								
Scope of Work (Check all that apply)						westmone, ne	5 00 108				_		
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$						Mini-Encl	osure Procedure						
		Is	Locat	tion	1		npled () and Non	-Friable Proc	1				
		1	Norma	lly		Description of			-	1			-
	M)				Asbes	tos Containing Mat	erial (ACM)						Enc
IN Facility		Cus		Staff?	(1.8.				IOVe				losu
(13)	-		1	1	4	other miscellaneo	ous)	SF OF LF)	1	-			Ire
First Floor		2000			Floorfil	0.00							
Second Floor				-						-		-	
								740 SF	De la composición de la composicinde la composición de la composición de la composic	3 [			
					Pipe Fiti	tngs	and the second s	46 total	D	<u>م)</u> [			
Name of Registered Marte Hart							<u> </u>	$(1+1)^{2} \ll (1+1)^{2} + 1$		] [			
AbateTech, Inc.			H	auler ID	No.		<ul> <li>Construction and Construction</li> </ul>					1	
City, State				18750				anum					
Lumberton, NJ	23 of or ≥3 if 2160 sf or ≥260 if												
Completed By (Print or Type)	Title					Signature	N	1	Date			-	
Gwendolyn Trumbetti	Abatement Performed Outside of Normal Facility Hours - Describe       City. State. Zip Code         Firme of Abatement:      AMPM/AM       City. State. Zip Code         Westmont, NJ 08108      AM												
SB-41							7 V	and set in some	1				

K11254	PATT	Ñ	NOT		CITA	N OF A	New Jersey SBESTOS ABA AC 8:60 and 5:1	(1997) - The Contract of Contr	DE	C E	[	$\mathbb{V}$	
Date of Notification (1) 5 /	7 /	19			1		ng Owner/Operator / Job #1905-54			AAY 1	Λ (	201	
								TT CHECK #112		AAI '	4 4	201	
	Type Notific:	ation				et Address							
	⊠ Initial □ Amendeo	4					Plaza East		ASBI	ESTOS	CON	TR	L&
⊠ DHSS	Amended	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			City,	State, Zip	Code			LICEN	ISING	G	. ي سرادها
	Emergen		cludin	- a	Ne	ewark, N.	J 07105-2246						
(NJAC 5:23-8)	justificatio				Nam	e of Conta	ct		Telephone N	lumber			
	Cancellat	tion			Ge	erald Obe	ert		973-477-9	9931			
					FA	CILITY	NFORMATION						
Name of Facility Where Ab	atement is T	Taking	Place	(3)				Type of Facility (	(4)				
Hoboken Terminal								School (K-12	ee.				1
Street Address								Subchapter 8	(Other than K				
1 Hudson Place								Other (i.e., pr	ivate and com	mercial b	uildin	gs,	
City (5)								homes, etc.)	4 - 6 -				
Hoboken, NJ								Square Feet	# of Floors	В	lldg. A	\ge	
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Line (Dri	ar if baing dam	oliohod)			
Hudson						inty Code (	I (STATE USE UNLY)	Current Use (Prid	or it being dem	iolished)			
Name of Monitoring Firm H	ing of here Desiled	1		(0)	1001								
and the second		ing Ov	wner (	(8)	ASCN	I NO.		ent Contractor (9)					
McCabe Environmen	tal						AbateTech, I	nc.					
Street Address							Street Address						
464 Valley Brook AVe	enue #3A						30 Maple Ave					10	
City, State, Zip Code							City, State, Zip Co	ode					
Lyndhurst, NJ 07071							Lumberton, N	VJ 08048					
Project Manager for Monito	ring Firm			Tele	ephone	No.	Telephone No.		License No.				
Jarred Panecki				7	32-552	2-9615	609-265-2107		00529				
Start Date (10)	S	chedul	led C	omple	etion Da	ate (11)	Name of OSHA M	lonitor		here and the second	0000000		-
_5_/_8_/_	19	5	/	9	/	19	EMSL Analyt	ical					
Occupancy Status During A	batement (C	Check of	only o	ne)			Street Address						
Facility Closed/Vacated	Service Service Services		000 000 <b>0</b> 00 000		ment		200 Route 13	0 North					
Abatement Performed O						scribe	City, State, Zip Co						
Time of Abatement:						AM	Cinnaminson						
Scope of Work (Check all th	at apply)						onnannison	, 145 00077					-
scope of work (offect all th	at apply)						Full Cont	ainment with Nega	ative Pressure				
$3 \ge 3 \text{ sf or } \ge 3 \text{ lf}$			Rei				Mini-Enc	losure					
] ≥160 sf or ≥260 lf		L	] Der	moliti	on		Glovebag	g Procedure mpted (*) and Non	-Friable Proce	dure			
			Is	Loca	tion	1			Thable Troop	1	atem	ont	
Location of				lorma			Description o	f			1	-	ype
Asbestos-Containing Ma					ely by		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE	D			ntena odial	nce/ Staff?	(i.e	., thermal systems i		(Specify	VOU	air	aps	losu
IN Facility (13)			0401	(12)	otant		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		ula	JILE
(10)			Yes	No	N/A	1	other misoenariet					te	
ong Hall						Plaster	Debris Clean Up		10 SF			E	
			-	1000	+	i lastel	Debits Olean Op		10.01			-	-
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		Г										Г	
amo of Desistant Marstal	Hauler			_	JDEP	Naste	Cubic Yards of	Name of Registe	ered Landfill			<u> </u>	-
ame of Registered Waste I					lauler II	D No.	Waste	Fairless Lar					
ame of Registered Waste I AbateTech, Inc.					18750	)	4		02833655				
AbateTech, Inc.							Dianacal Data						
AbateTech, Inc. ty, State							Disposal Date	City, State	DA				
AbateTech, Inc. ty, State Lumberton, NJ							5/9/19	City, State Morrisville,					
AbateTech, Inc. ty, State	)	Title				inator				Date 5-7			

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Date of Notification (1)	10 /	19	)		1.000	e of Buildir E&G /	ng Owner/Operator ( Job #	(2) 1905-5476	MAY 4 ; Check#	2019		Ľ	1
Agencies Notified EPA DOLWD DHSS DCA	Type Notific Initial	d nent#	<u>1</u>	a.	40 City,	et Address 00 Hadley State, Zip uth Plain	Code		ASBESTOS CON LICENSING		L &	+->	
(NJAC 5:23-8)	justificat	ion)		5		e of Contac son Dona			Telephone Numb 908-442-9747				
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking	a Place	e (3)				Type of Facility	(4)				
PSE&G- Ironbound								School (K-1					
Street Address			12 Ca						8 (Other than K-12)				
340 Chestnut Street	t							homes, etc.	rivate and commerce	cial du	illaing	js,	
City (5)	-							Square Feet	# of Floors	BI	dg. A	ge	
Newark, NJ								÷					
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Essex								Substation	, , , , , , , , , , , , , , , , , , ,				
Name of Monitoring Firm I	Hired by Build	ding (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Serv	•			•			AbateTech, I						
Street Address		2000					Street Address						
PO Box 365							30 Maple Ave	. PO Box 25					
City, State, Zip Code							City, State, Zip Co						
Berlin, NJ 08009							Lumberton, N	IJ 08048					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
James Proctor				6	09-704	-8850	609-265-2107		00529				
Start Date (10) 5_ /13_ /		e		S. 10		nte (11) 19	Name of OSHA M EMSL Analyti						
Occupancy Status During	Abatement (	Check	only	one)		and the second secon	Street Address						
Facility Closed/Vacated			Contractor Contra	our text mail to be an	ement		200 Route 13	0 North					
Abatement Performed							City, State, Zip Co	de		-		_	
Time of Abatement:	AM	PN	Λ/	_PN		AM	Cinnaminson						
Scope of Work (Check all	that apply)						L					-	
☐ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			□ Re ⊠ De				Mini-Encl Glovebag	Procedure					
			In	Loca	tion	1		npreu () and No	n-Friable Procedure	T	atem	ant	ivna
Location o	of		١	lorma	ally		Description o	f				_	ype
Asbestos-Containing M	laterial (ACM	1)			ely by ance/		stos Containing Mat	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility					Staff?	(I.e	., thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	Ĩ	usdi	osur
(13)				(12)	1	4	other miscellaned		,	-		late	Ø
			Yes	No	N/A								
See Attached						See Att	ached		See Attached	$\boxtimes$		E	
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Name of Registered Waste			-	1.18	JDEP I lauler II		Cubic Yards of Waste	Name of Regis					
Environmental Trans	sport Grou	p, IN	<i>c</i> .		00069		40		irless Landfille				
City, State						and the second	Disposal Date	City, State					
Flanders, NJ							6/28/19	Morrisville	, PA 19067			- 0	
Completed By (Print or Typ	197	Title				l	Signature	N	Dat			-	
Gwendolyn Trumbet	ti	0	perati	ons	Coord	inator	-T( ~	VA	5	-10	-1	0	
ASB-41		-						V V			4	-	

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ALL ADO	DATTN	TIFICAT	State of New Jers ION OF ASBESTO	SABATE	MENT	At	729	
-VE dovi	FAID	(Pursua	ant to NJAC 8:60 a	and 12:12	0)	H (		
Date of Notification (1)		Nam	e of Building Owne				<del>, 6  </del>	
S-2-19 Agencies Notified Type N	lotification	Chan	TEB91	NIL	LIAMS			
		Suee	Address			BUE .MI	AY 14 2	19
DEP Ar	itial mended	City,	State, Zip Code	1949				
	mendment # mergency (including	- /11	OBRIST	ou,	NN	L ASBES	STOS CON	301.8
	stification)	Name	of Contact			Telephone Nu		
			CILITY INFORMA	TION			a caracteria	50000y
Name of Facility Where Abateme	nt is Taking Place (3)			non	Type of Facility	(4)		
Street Address	1				School (K-1			
		~	-		Subchapter	8 (Other than K-1 private & commerc	2) ial buildings	omec
City (5)					etc.) Square Feet			
1401919151	ou N:	1			1,200	# of Floors ர	Bidg. A	
County (6)		Count	y Code (7)		Current Use (Pri	or if being demolis	hed)	-
Name of Monitoring Firm Hired by	Building Quere (0)		E USE ONLY)		BE RE	SIDENT	TAL-	
I monitoring rinn Filled by	Duliung Owner (8)	ASC	CM No.	Name	of Abatement Cor	tractor (9)		
Street Address					NAGO Address	CO her .		
010 01 0 0					9-LaFe	ay the	51	
City, State, Zip Code				City, St	ate, Zip Code	1-0-0	\$	200
Project Manager for Monitoring Fir	m	Toloph	and Ma		EWAR	and the second se	1071	US
a a a a a a a a a a a a a a a a a a a		Teleph	ione No.	GI3	one No. -491-02	License N	°. 140	
Start Date (10)	Scheduled (	Completion	n Date (11)		of OSHA Monitor	77010	10	
5-1419	6-	13-						
Occupancy Status During Abateme				Street A	Address			·
Facility Closed/Vacated Durin Abatement Performed Outside	g Entire Period of Aba e of Normal Facility Ho	ement urs		City Ct				
Other – Describe:		uro		City, Sta	ate, Zip Code			
Scope of Work (Check All That App	oly)							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation			Full Containme	nt with Negative P	ressure	
	L Dem	olition		X	Mini-Enclosure Glovebag Proce		1035010	
			1			(*) and Non-Friabl	e Procedure	
Location of	is Loc Norn						Abater	
Asbestos-Containing Material (A	ACM) Used So	olely by	Des Asbestos Cont	scription o aining Ma	of	A	Тур	
TO BE ABATED	Mainter Custodia		(i.e. thermal	systems i	nsulation.	Amount (Specify		' <u>5</u>
(13)	(12	?)		niscellane		SF or LF)	Repair	Enclosure
	Yes No	N/A					<u>a</u> <u>-</u>	Ire
BASEMENT	X		RIPE	INSI	JATION	GOLF	V	
					0	0001	$\wedge$	· +
								· +
Name of Registered Waste Hauler		NJDEP W		Yards	Name of Re	egistered Landfill		
NEW AAK CAA	TING INC	Hauler ID	No. of Was	te	15 A residue de la companya de la	BETHLEH	EM. LA	P,
MEU AAK CAR City, State IPOBOX 5670; N		0 . ~	in C Dispose	al Date	City State			
	EWARK N	107	103		2835 -	APPLEBUI	TERB	١.
COMPLETED BY CAPLOS COMES	Title	N: Ola	T Sig	gnature	1 1		-2-1	2 St
		of crain		-	In/	5	, -2-1	

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Date of Notification (1)	000	)						· /// )]	MAN .			4	$\Box \Box \Box$
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		ication	1		a procession				ASBESTOS CO	NTR	OL 8	<u>ئ</u>	and the second se
		ed							LICENSI	VG	~~~~		I. S
⊠ DHSS			¥										aller.
DCA	Emerge	ency (i	ncludir	ng									
(NJAC 5:23-8)									Telephone Num	ber			
	Cancell	ation			A	lex Layso	n		484-370-319	6			
					F.	ACILITY I	NFORMATION						
			ng Plac	æ (3)				Type of Facility	(4)				
PSE&G- Runnemed	e Substati	ion											
Street Address											wildin	<b>a</b> 4	
	ad									Gial L	andin	9.	
City (5)								Square Feet	# of Floors	E	ldg. A	g	
Glendora													
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Gloucester								Substation					
Name of Monitoring Firm H	lired by Bui	Iding (	Owner	(8)	ASC	A No.	Name of Abateme	ent Contractor (9)					
Health & Safety Serv	vices						An experience and the second second	. 533					
Street Address							Street Address						
PO Box 365							30 Maple Ave	e. PO Box 25					
City, State, Zip Code			1000										
							and the second						
	oring Firm			Te	lephone	No			License No		1000		
James Proctor	Number 1         NADE of Sol and 5:16         Marrier of Subling Coner/Operator (2)         Marrier (2)         Marrie												
Start Date (10)	NOTIFICATION OF ASBESTOS ABATEMENT (Purusant to NAC 45:09 and 5:16)           Date of Notification (1)         Name of Building Owner/Operator (2)         MAY         1         2015           State of Notification (1)         State of Notification         Name of Building Owner/Operator (2)         MAY         1         2016           State of Notification (1)         Type Notification         State Address         ASBESTOS CONTROL & UCRNING												
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ame of Registered Waste Hauler AZTECH MANAGEMENT, INC. Hauler ID No. ity, State Contclair, NJ 07042 MJDEP Waste Hauler ID No. 17040 Mame of Registered Landfill Tri - State Disposal Date 6/17/19 Signature Cubic Yards of Waste 1.5 Disposal Date 6/17/19 Signature City, State Bronx, NY, 10474 Date 5/9/2019	A 1/ 1/ 1 1/1			State	of New	Jersey		[	Cheel	k # 100	
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LIDOR     INERFORMENT     Number     Contact     Palaghond     Number     LUCENSING       1 JOCA     I JERREGENERT     Miguel Hernandez     Palaghond     Number     LUCENSING       Name of Facility Mices Abstement is Taking Place (3)     Proof Facility (4)     Jishool (5-12)     Jishool (5-12)       Street Address     Street Address     Proof Facility (4)     Jishool (5-12)     Jishool (5-12)       City     Dounty     Dounty Code (7)     Output Code (7)     Durant Use (Frior if Deing Gamolishe       City     Dounty     Dounty Code (7)     Durant Use (Frior if Deing Gamolishe       Street Address     Street Address     Street Address	[X]DOL	[]Amended									
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PACILITY INFORMATION           Name of Facility Where Abstement is Taking Place (3)         PACILITY INFORMATION           Miguel Harnandez         Pace of Facility (4)           Street Address         Pace of Facility (4)           City         Dounty         Dounty (2006 (7))           Paterson         Passaic         Name of Renitoring Firm hired by Building ASCM No.         Name of Renitoring Firm hired by Building ASCM No.           Name of Renitoring Firm hired by Building ASCM No.         Name of Renitoring Firm hired by Building ASCM No.         Name of Renitoring Firm hired by Building ASCM No.           Street Address         Street Address         Street Address         Street Address           Street Manager for Monitoring Firm Relephone Number (973) 744-8800         DO371         Mont Clair, NJ 07042           Scheduled Start Date (10) Scheduled Start Date (10) Month Day Year         Scheduled of Monitor         N/A           Month Day Year         Mame of GBUA Monitor         N/A           Scheduled Start Date (10) Month Day Year         Scheduled of Monitor         N/A           Month Day Year         Month Day Year         N/A           Month Day Year         Mame of GBUA Monitor         N/A           Scheduled Start Date (10) Month Day Year         Month Day Year         N/A           Month Day Year         Month Day Year         N/A	L IDCA	[ ]Cancella	tion	Migue	ыт не	rnandez	Ĩ				A ADMINISTRATION
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Miguel Hernandez         Street Address         City         Paterson         Passaic         Street Address         City         Paterson         Passaic         Street Address         Schedule Start Date (10)         Schedus	Name of Facility Whe	re Abatement	is Taki	ing Place	(3)	INFORMATION	Through The				
Street Address     [ ] Subhapters 8 (Other than K-12)       City     Dounty     County Code (7)       Paterson     Passaic       Name of Abatement Contractor (9)       Assect Matterson     Passaic       Organ (8)     Name of Abatement Contractor (9)       Astronom NA     Street Address       Street Address     S6 Christopher St.       City, State, Sip Code     Street Address       Schedulad Start Date (10)     Sched. Completion Date (11)       Of Jab State Date (10)     Sched. Completion Date (11)       Of Jab State Date Contractor (12)     Od 71       Month Day Year     Month Day Year       Month Day Year     Month Day Year       Schedular Describe: Sched Completion Date (11)     Name of Abatement with Negative Pressure (2)       (1) Abatement Performation States     Containment with Negative Pressure (2)       (1) Abatement Performation States     Containment with Negative Pressure (2)       (1) Abatement Context (12)     Tame of Abatement (13)       Month Day Year     Month Day Year       Booge of Work (Check all that apply)     Schedular State Schedular (13)       Material (200)     Containment with Negative Pressure (2)       (13)     Tame of Abatement (2)       Material (201)     Tame of Abatement (2)       (1) Schedular (2)     Name of Abatement (2)       (1	Miguel Hernand	dez		-	(-7		11				
City     Dounty	Street Address						[]Schoo	ol (K-12)			
clab     clab <td>Street Address</td> <td>8 S</td> <td></td> <td></td> <td></td> <td></td> <td>[X]Other</td> <td>(i.e., priva</td> <td>te &amp; c</td> <td>n K-12) commer-</td> <td></td>	Street Address	8 S					[X]Other	(i.e., priva	te & c	n K-12) commer-	
County     Current Use     File       Paterson     Passaic     Name of Monitoring Firm hired by Building     ASCM No.     Name of Abstement Contractor (9)     Name of Matsement Contractor (9)     Name of Matsement Contractor (9)       Street Address     Street Address     Street Address     Street Address     Street Address       Scheduled Start Date (10)     Sched. Completion Date (11)     N/A     (973) 744-8800     00371       Scheduled Start Date (10)     Sched. Completion Date (11)     N/A     N/A     (973) 744-8800     00371       Scheduled Start Date (10)     Sched. Completion Date (11)     N/A     N/A     N/A     N/A       Occompany fitts place Address     North Day Year     N/A     Street Address     N/A       Cocompany fitts place Address     Lity, State, Sip Code     U0371     Street Address     Street Address       Scheduled Start Date (10)     Of Ad 19     N/A     N/A     Street Address     Street Address       Scheduled Start Date (10)     Scheduled Start Date (10)     Scheduled Start Date (10)     North Day Year     Scheduled Start Date (10)     North Day Year       Scheduled Start Date (10)     Scheduled Start Date (11)     North Day Year     North Day Year     No							cial	buildings, h	omes,	etc.)	
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Part of Monitoring Firm hired by Building ASCM No.     Durner Use (Prior if being demolishe)       Avgar (0)     NAA       Street Address     Street Address       City, State, Zip Code     Street Address       Decomparer for Monitoring Firm Felephone Number     Street Address       Scheduld Start Date (10)     Sched. Completion Date (11)       Of 14     19       Mont Colair, NJ 07042     Telephone Number       Scheduld Start Date (10)     Sched. Completion Date (11)       Of 2     19       Mot Data     Name of OSIA Monitor       Marker of Monitoring Firm Felephone Number     (973) 744-8800       Of A 14     19       Mot Data     Name of OSIA Monitor       My/A     Name of OSIA Monitor       Matemant Check only one)     Scheduld Start Date (10)       Of Astemant     Doing Abatemant (Check only one)       Of Astemant (1) Pati Data Mont Colair Scher Occupancy Descripts       Scope of Work (Check all that apply)       [X]> Start Chiang Brocedure       [1]>10 BS ABARED       Abatesia       Abatesia       (13)       Yee No A/A       Yee No A/A       Abatesia       (13)       Yee No A/A       Yee No A/A       A Street I.S       Yee No A/A       A Starent	-		county								
Name of Monitoring Firm hired by Building ASCM No.         Name of Abatament Contractor (9)           N/A         AZTECH MANAGEMENT, Inc.           Street Address         Street Address           Gity, State, Zip Code         City, State, Zip Code           Project Manager for Monitoring Firm         Felephone Number           N/A         Of 14 19           Month Day Year         Normal Factoring Monitor           Occupancy Bitus During Abatement Contractor (9)         N/A           Optimite Constanting Abatement Contractor (9)         N/A           Street Address         Biteet Address           Scope of Work (Check all Uning Abatement Contractor (9)         N/A           Optimite During Abatement Work Check only one)         N/A           Street Address         Street Address           Scope of Work (Check all that apply)         Street Address           (13)         Location of Abatement (13)           Abstement (13)         Normally Used (13)           Street Manager for Material (Aca)         Street Address           (13)         Location of Abatement (1 Normally Used (1 Nor	Paterson		Passa	lic	(5	TATE USE ONLY)	Current Use	(Prior if be:	ing de	molishe	3)
AZTECH MANAGEMENT, INC.     AZTECH MANAGEMENT, INC.       Street Address     Street Address       Street Address     Street Address       Street Address     Street Address       Street Address     Street Address       Street Manager for Monitoring Firm     Relephone Number       N/A     Scheduld Start Date (10)     Sched. Completion Date (11)       Scheduld Start Date (10)     Sched. Completion Date (11)     NA       Scheduld Start Date (10)     Sched. Completion Date (11)     Name of SGRA Monitor       Month Day     Year       Occupancy Status During Abatement (Check only one)     N/A       Stabatement     Sched. Completion Pate (11)       I Johnson Porfismed Outside of Normal Facility     Street Address       Scope of Work (Check all that apply)     I Jean Sched Sched Procedure       [ 1] Sched S or >3 1f     [X]Renovation       [ 1] Sched Sched Sched Sched Procedure     [ ] Non-Friable Procedure       [ 1] Sched Sched Sched Sched Sched Procedure     [ ] Non-Friable Procedure       [ 1] Sched Sched Sched Sched Sched Sched Sched Sched Procedure     [ ] Non-Friable Procedure       [ 1] Sched Sched Sched Sched Sched Sched Sched Procedure     [ ] Non-Friable Procedure       [ 1] Sched Sched Sched Sched Sched Sched Sched Sched Sched Procedure     [ ] Non-Friable Procedure       [ 1] Sched Sch	Name of Monitoring Fi								132		18 - M
Street Address     Street Address     Street Address     Street Address       City, State, Zip Code     Street Address     Street Address       Project Manager for Monitoring Firm     Pelephone Number     N/A       Scheduled Start Date (10)     Sched. Completion Date (11)     Nase of OSEA Monitor     O0371       Of     12     19     Of     14     19       Month     Day Year     Month     Day Year       Occupancy Status During Abatesent (Check only one)     Street Address     Street Address       (X)Satility Closed/Vacated During Entire Period     Street Address     Street Address       Cocupancy Status During Abatesent (Check only one)     Street Address     Street Address       (X)Satility Closed/Vacated During Entire Period     Street Address     Street Address       Scope of Work (Check all that apply)     [ ] Pull Containent with Negative Pressure     [X] Mini-Enclosure       [ 1] State Color Scoling     Solely     Description of     Anount       State (12)     State (12)     Oc other miscellaneous)     Set of Color Scolely       State (12)     State (12)     Set other miscellaneous)     Set of Color Scolely       State (12)     State (12)     Set other miscellaneous)     Set of Coler       State (12)     Ves N/A     Pipe Insulation     Ize State       State (12) <td>Owner (8)</td> <td>tim nilled by</td> <td>BUIIGIN</td> <td>g ASCM No</td> <td>o.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Owner (8)	tim nilled by	BUIIGIN	g ASCM No	o.						
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City, State, žip Code       City, State, žip Code         Project Manager for Monitoring Firm       Telephone Number       N/A       City, State, žip Code         Scheduled Start Date (10)       Sched. Completion Date (11)       New Scheduled Start Date (10)       Sched. Completion Date (11)       New Scheduled Start Date (10)       Sched. Completion Date (11)       New Scheduled Start Date (10)       Sched. Completion Date (11)       New Scheduled Start Date (10)       Sched. Completion Date (11)       New Scheduled Start Date (10)       New Scheduled Start Date (10)       Scheduled Start Date (10)       Scheduled Start Date (10)       Scheduled Start Date (11)       New Scheduled Start Date (10)       New Scheduled Start Date (10)       New Scheduled Start Date (11)       New Scheduled Start Date (10)       New Scheduled Start Date (11)       New Scheduled S								t.			
Project Manager for Monitoring Firm     Telephone Number N/A     Montclair, NJ 07042       Scheduled Start Date (10) 06 12 19 06 12 19 06 14 19 Month Day Year Month Day Year Material (ACM) Material (ACM)	City, State, Zip Code	9				11	1.00	<i>u</i> .			
Project Manager for Monitoring Firm     Pelephone Number N/A     relephone Number (973)744-8800     License Number 00371       Scheduled Start Date (10)     Sched. Completion Date (11)     N/A     Name of OSHA Monitor     00371       06     12     19     06     14     19       Month     Day     Year     N/A     N/A       Scheduled Start Date (10)     Oct 14     19     N/A       Month     Day     Year       Scouppany Status During Abatement (Check colly one)     Street Address       (1) Jother - Describe: aCOTHours Descripts     Street Address       Scoope of Work (Check all that apply)     [] Full Containment with Negative Pressure [] Non-Friable Procedure       [] Iother - Describe: aCOTHours Descripts     Description of Asbestos-Containing     Amount       Material (ACM)     Solely     Description of Start (12)     Amount       No BE ABARTED (13)     Isoff (12)     Description of Start (12)     Amount       N/A     Street Indexes     Street Indexes     Street Indexes       Material (ACM)     Street     Street Indexes     Street Indexes       [] Non-Friable Procedure     [] Specify     N/A     Street Indexes       Street Indexes     Street Indexes     Street Indexes     Street Indexes       [] Non Street Indexes     Street Indexes     Street								040			
N/A     Constant Date (10)     Sched. Completion Date (11)     N/A     Description Date (11)     Name of OSRA Monitor     D0371       Scheduled Start Date (10)     06     14     19     Noth     Day     Year     N/A       Month     Day     Year     Month     Day     Year     N/A       Scheduled Start Date (10)     06     14     19     N/A       Month     Day     Year     N/A       Scheduled Start Date (10)     06     14     19       Month     Day     Year     N/A       Scheduled Start Date (10)     Ot 14     19       Month     Day     Year     N/A       Scheduled Start Date (10)     Ot 14     19       Month     Day     Year     Year       (X) Facility     Conceptony Descripts     Street Address       Scope of Work (Check all that apply)     [ ] Description of     Amount       [ ] 2540 sor 250 lf     [ ] Demolition     Non-Frible Procedure       Location of     Normally     Description of     Amount       Asbestos-Containing     Material (ACM)     (Specify     N B P P J       (13)     Staff (12)     Normally     Description of     Amount       Azet D     In Pacility     K M N/A     SF or <td>Project Manager for M</td> <td>onitoring Fi</td> <td>mmol</td> <td>enhone Nu</td> <td>mbor</td> <td></td> <td></td> <td>042</td> <td></td> <td></td> <td></td>	Project Manager for M	onitoring Fi	mmol	enhone Nu	mbor			042			
06     12     19     06     14     19     Mark       Month     Day     Year     Year       Occupancy Status During Abatement (Check only one)     N/A       [] Jabatement Performed Outside of Normal Facility Hours - Describe: <u>softhours Descripts</u> Street Address       Scope of Work (Check all that apply)     [] Jchar - Describe: <u>softhours Descripts</u> Street Address       Scope of Work (Check all that apply)     [] Jeul Containment with Negative Pressure [] Non-Friable Procedure     Mark Nonthours       Mark Location of Asbestos-Containing Material (ACM)     [] Jeul Containment with Negative Pressure [X] Glovabag Procedure     Material (ACM)       Mark Location of Asbestos-Containing Material (ACM)     Isomerally Solely By Main- Location of Asbestos-Containing Material (ACM)     Description of Asbestos-Containing Material (ACM)     Amount (Act, thermal systems insulation, surfacing, VAT, (13)     Amount By Main- Leance/ (13)     R     R     N       Basement     K     Pipe Insulation     L20 LF     K     K       Ame of Registered Waste Hauler NODEP Waste AZTECH MANAGEEMENT, INC.     NODEP Waste Haule In No. 17040     Name of Registered Landfill     Tri - State       Mark Mank Minut     President     Signature Material (AM)     State Stronx, NY, 10474     State Stronx, NY, 10474			N/	A							
Month     Day     Year       Occupancy Status During Abatement (Check only one) of Abatement Outside of Normal Facility Hours - Describe: address     Street Address       [X] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours - Describe: address     Street Address       [X] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours - Describe: address     Street Address       [X] Statement Performed Outside of Normal Facility Hours - Describe: address of the Occupancy Descripts     I JFull Containment with Negative Pressure [X] Mini-Enclosure       [X] State or >3 if [ 1] Enclosure     [X] Renovation [ 1] State     [] IFull Containment with Negative Pressure [ X] Mini-Enclosure       [X] Adversal (Ack) Material (Ack) Material (Ack) In Facility (13)     Is an interment Performed Outside Procedure [ ] Non-Friable Procedure     Abatement : performed [ ] Non-Friable Procedure       [ ] Adversal (Ack) Material (Ack) In Facility (13)     Is aff (12) No extend (Ack) In Facility (13)     Description of Abatement (Ack) In Facility (13)     Amount Is an or other miscellaneous)     Image: State State In State       Adversal (Ack) In Facility In Facility     Image: State No In Facility     NDEP Waste In State     Pipe Insulation     I20 LF       Adversal     X     Pipe Insulation     I20 LF     Image: State Insulation     Image: State Insulation       Adversal     NDEP Waste Info (Action Info (12)     State Info (17)     Image: State Info (17)     Image: State I		Service and the service of the servi	I. Compl	etion Date	∋ (11)	Name of OSHA M	Ionitor				
Occupancy Status During Abatement (Check only one)     street Address       [X] Facility Closed/Waated During Entire Period of Abatement     street Address       [] JAbatement Performed Outside of Normal Facility Hours - Describe: doffMours Descripts     street Address       [] Joher - Describe: doffMours Descripts     Stope of Work (Check all that apply)     [] JFull Containment with Negative Pressure       [X] Saf or >3 if [] 2560 sf or >260 if     [] Ibmolition     [] Full Containment with Negative Pressure       [X] Saf or >3 if [] Location of Asbestos-Containing     Is Location of Material (ACM)     Isolely Statef (12)       [] Abatement     Is Location, surfacing, Waterial (ACM)     Solely Statef (12)       [] Abatement     K       [] Ibmolitity (13)     Staff (12)       [] Abatement     K       [] Yes     No <n a<="" td="">       [] Amount     K       [] Staff (12)     or other miscellaneous)       [] Ame of Registered Waste Hauler     NUDEP Waste ITO 40       [] Amauler ID No.     Staff (12)       [] Ame of Registered Waste Hauler     Subset I.5       [] To 40     Disposal Date ITO 40       [] Signative Ontclair, NJ 07042     President</n>		Ū	To	.4 19		N/A					
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Hours - Describe:       Control - contro - control - control - control - control - control - control - con		formed Outside	of No.								
Scope of Work (Check all that apply)       [X] ≥3 sf or ≥3 lf       [X] Renovation       []Full Containment with Negative Pressure         [X] ≥3 sf or ≥3 lf       []Demolition       [X] Mini-Enclosure       [X] Mini-Enclosure         Location of       Is       []Normally       Description of       Amount       R       R       N         Asbestos-Containing       Normally       Used       Description of       Amount       R       R       N       C       L       C       L       C       L       C       L       C       L       C       L       C       L       C       L       R       N       N       C       L       R       N       C       L       R       N       N       C       L       R       N       C       L       C       L       C       L       R       N       N       C       L       R       N       C       L       N       C       L       R       N       N       C       L       R       N       N       N       L       R       N       N       L       R       L       L       R       L       L       L       R       L       L       L       R       S	Hours - Descri	be:«OffHours	Descrit	ota	10000	City, State, Z	ip Code				-
[X] >3 sf or >3 lf       [X] Renovation       [ JFull Containment with Negative Pressure         [X] >100 sf or >200 lf       [ I] Demolition       [ JFull Containment with Negative Pressure         [X] >100 sf or >200 lf       [ I] Demolition       [ X] Mini-Enclosure         Location of       Is       [ I] Non-Friable Procedure         Location of       Normally       Description of       Amount         Material (ACM)       Solely       Basestos-Containing       Amount       R       R       C         Material (ACM)       Solely       By Main-       Custodial       (i.e., thermal systems       Is       Is       Solely       Solely       Solely       Solely       Issuestion, surfacing, VAT, or other miscellaneous)       Is       Is </td <td></td> <td></td> <td></td> <td>Descript»</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				Descript»							
I j>100 sf or >260 lf       I Nemovition       [X]Mini-Enclosure         Location of       I ocation       I Glovebag Procedure         Location of       Normally       Description of       Abotement : pe         Material (ACM)       Used       Solely       Material (ACM)       Abotement : pe         Material (ACM)       Used       Solely       Material (ACM)       (Specify M E C A C A S S C A C A S S C A C A S S C A C A	Scope of Work (Check a	all that appl	у)								
[1]2160 sf or 2260 lf       I Demolition       [X]Glovebag Procedure         Location of       Is       []Non-Friable Procedure         Location of       Normally       Description of       Amount       R       R       No       No         Material (ACM)       Used       Solely       Material (ACM)       Amount       R       R       No       No         TO BE ABARED       By Main-       tenance/       (i.e., thermal systems       SF or       No       N         (13)       Yes       No       N/A       or other miscellaneous)       IF)       IF)       N       R       R       N       R       N       R       N       R       N       R       N       R       N       R       N       R       N       N       R       N       N       R       N       R       N       R       N       R       N       R       N       R       N       R       N       N       R       N       R       N       R       N       R       N       R       N       N       R       N       N       R       N       N       R       N       R       N       R       N       N       R	[X]>3 sf or >3	3 lf	1.1	Benovati -		[]Full C	ontainment w	ith Negative 1	Pressu	ıre	
Is       Is       About the second se											
Location of Asbestos-Containing Material (ACM)       Location Asbestos-Containing Material (ACM)       Description of Asbestos-Containing Material (ACM)       Amount (Specify Material (Specify SF or Custodial Staff (12)       R E       L E       C       Custodial S       Staff (12)       N/A       Pipe Insulation       120 LF       X       I       R E       L E       E         Basement       I       X       Pipe Insulation       120 LF       X       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I			T	Te			방법 구매 같은 것이 같은 것이 같이 많이				
Material (ACM)     Oused Solely     Absets-co-containing Material (ACM)     Amount (Specify     R M E     R M     N C       In Facility (13)     In Facility (13) <td< td=""><td></td><td></td><td>Lo</td><td>cation</td><td></td><td>Description</td><td>of</td><td></td><td>Aba</td><td></td><td>r pe</td></td<>			Lo	cation		Description	of		Aba		r pe
Internal (ACM)     Solely Main- tenance/ (13)     Solely Material (ACM)     (Specify SF or bright or systems     E f a c c c c c c c c a systems       In Facility (13)     In Facility (13)     In Facility Staff (12)     In Facility or other miscellaneous)     (Specify SF or b r a systems     SF or b r a systems     SF or b r a systems     If b r a systems       Basement     Yes     No     N/A     VAR     If b r a systems     If b r a systems     If b r a systems       Basement     X     Pipe Insulation     120 LF     X     If r a systems     If r a systems       ame of Registered Waste Hauler     NJDEP Waste     Cubic Yards     Name of Registered Landfill     If r a systems       AZTECH MANAGEMENT, INC.     Hauler ID No.     Of Waste 1.5     If r a state     If r a state       ity, state     Disposal Date     City, State     State     Bronx, NY, 10474       Ompleted By (Print or Type)     Title     Signature     A state       Onstantine Vivian     Fresident     Signature     A state			1	Used	1	Asbestos-Conta	aining	Amount		DN	e N
In Facility (13) The second									M	ECA	CL
Staff (12)     or other miscellaneous)     A     I     U     U       Basement     X     Pipe Insulation     120 LF     X     E       ame of Registered Waste Hauler     NJDEP Waste     Cubic Yards     Name of Registered Landfill     Image: Cubic Yards       AZTECH MANAGEMENT, INC.     NJDEP Waste     Cubic Yards     Name of Registered Landfill     Image: Cubic Yards       AZTECH MANAGEMENT, INC.     NJDEP Waste     Cubic Yards     Name of Registered Landfill     Image: Cubic Yards       AZTECH MANAGEMENT, INC.     NJDEP Waste     Cubic Yards     Name of Registered Landfill     Image: Cubic Yards       AZTECH MANAGEMENT, INC.     NJDEP Waste     Cubic Yards     Name of Registered Landfill     Image: Cubic Yards       AZTECH MANAGEMENT, NJ 07042     Disposal Date     City, State     Image: Cubic Yards     Image: Cubic Yards       Ontclair, NJ 07042     Disposal Date     City, State     Image: Cubic Yards     Image: Cubic Yards     Image: Cubic Yards       Onnstantine Vivian     Title     Signature     Image: Cubic Yards     Image: Cubic Yards     Image: Cubic Yards       Onstantine Vivian     Title     Signature     Image: Cubic Yards     Image: Cubic Yards     Image: Cubic Yards		Y			ins	ulation, surfac	systems ling, VAT.			AP	0
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ame of Registered Waste Hauler AZTECH MANAGEMENT, INC. Hauler ID No. ity, State Contclair, NJ 07042 MJDEP Waste Hauler ID No. 17040 Mame of Registered Landfill Tri - State Disposal Date 6/17/19 Signature Cubic Yards of Waste 1.5 Disposal Date 6/17/19 Signature City, State Bronx, NY, 10474 Date 5/9/2019	Basement		162		Dime	Thomas		200		ىل •	
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Date of Notification (1 05/09/2019	)	IJ		Name o	of Building awn Boa	Owner/	Operator (2)		MAY 1Che	ck(N9	. 14	IJ	$\parallel$
Agencies Notified          EPA         DEP         DOL         DOH         DCA	Type Notification           Type Notification           Initial           Amended           Amendment #           Emergency (i justification)           Cancellation			37-01 City, St Fair La	Address Fair Law ate, Zip C awn, Nev of Contact enko	ode v Jersey			BESTOS CC LICENSI Telephone Nur 201-794-5500	NTRO NG	Watershill		
Name of Facility When	e Abatement is Takir	ng Place (3)		FAC	ILITY INF	ORMAT	ON Type of Fac	cility (4)			_		
Thomas Jefferson N Street Address 35-01 Morlot Avenu City (5)	liddle School						School	(K-12) ipter 8 (Other tha .e. private & com	nmercial buildin			812	
Fair Lawn, New Jers	sey 07410						20,000	2	# of Floors 2	50	ig. A +	3	
County (6) Bergen					Code (7) USE ONL Y	0	Current Use	e (Prior if being d Middle Sch					
Name of Monitoring Fi Omega Environmen	rm Hired by Building tal Services Inc.	Owner (8)		ASC	VI No.		Name of Aba Lilich Corpo	atement Contrac oration	tor (9)			-	
Street Address 280 Huyler Street							Street Addre 246 Union						
City, State, Zip Code South Hackensack,	New Jersey 07606	;					City, State, Z Totowa, Ne	Zip Code w Jersey 0751	12				
Project Manager for Mo Stan Blackman	onitoring Firm			Telepho 201-48	ne No 9-8700		Telephone N 973-225-84		License No 01104	).			
Start Date (10) 05/23/2019		Scheduled C 05/25/201	omple 9	etion Da	ite (11)		Name of OS Iris Environ	HA Monitor mental Labora	tories, LLC				
Occupancy Status Dur Facility Closed/Vac Abatement Perform Other – Describe: Scope of Work (Check	ated During Entire P ned Outside of Norm	eriod of Abat	emer	nt			Street Addre 2333 Route City, State, Z Union, NJ C	22 West					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			iovatio nolitio					I Containment w ni-Enclosure ove Bag Procedu n-Exempted (*) a	ure / Limited Co	ntainm	ent a	-ent	4
Locatio			mally	/		1	Description of		Amount (Specify SF of LF)		bate Tyj	ent	
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED	Mainte Custod	enand	ce/	Asbe the	rmal syst	taining Materia ems insulation VAT, or er miscellaneor	, surfacing,		Remova	Repair	Encapsulate	Enclosure
1st Floor Girls I	_ocker Room		No X	N/A		TSI In	sulation & Fi	ttings	20-25 LF	X		ate	e
												_	
Name of Registered Wa	aste Hauler		Ha	DEP W uler ID 8724		Cubic V of Was 3		Name of Regis				_	
City, State Totowa, New Jersey						05/25/	<b>`</b>	City, State Morrisville, P	A				
Completed by Adriana Olejarova		Title Presic	lent			Si	gnature -	1021	Date 05/	e '09/20 <i>'</i>	19		
ASB-41 (R-06-08)						1	()						

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Date of Notification (1) 05.09.2019			Nam	e of Build eph Hov	ing Owne	r/Operato	DE (2)	/		MA	Y 1	4	20	1	制
Agencies Notified Type Notifica	tion			et Address	Sector a reserve to a										lenge
EPA Initial									A	SBES	TOS	co	NTI	)L &	
X     DEP     Amende       X     DOL     Amendm				State, Zip							LICE	NSIN	IG.	ananita min	
	ncy (includin	g	1	own, N.											
DCA justificati	on) tion			e of Conta					Teleph	none Ni	umbe	r			
Name of Facility Where Abatement is Ta	king Diasa	(0)		CILITY IN		TION					- Article				
Private House	King Place	(3)					Тур	e of Facility	(4)						
Street Address							H	School (K- Subchapte	·12) er 8 (Other th	han K.	12)				
City (5)							×	Other (i.e. etc.)	private & co	ommero	cial bu	ilding	gs, ł	mes,	
City (5) Milltown							Sqt 163	are Feet	# of Flo	ors		Bldg 190	-		
County (6) Middlesex			Count (STAT)	y Code (7 E USE ONL	)		Cur	rent Use (Pr	ior if being o	lemolis					_
Name of Monitoring Firm Hired by Buildir	ng Owner (8	)		CM No.			Re	sidence							
N/A	0 - 11101 (0	,	ASC	JAN INU.		Spes	of Ab	atement Co ntracting L	ntractor (9)	- 20				313	
Street Address						Street	Addre	ess				,			_
City, State, Zip Code								line Ave							
						City, St	tate, i	Zip Code d Park NJ	07404						1
Project Manager for Monitoring Firm			Teleph	one No.		Teleph				ense N					
Start Date (10)						973-8				383	10.				
05.19.2019	Schedule 05.20.2	ed Cor	npletion	Date (11	)			HA Monitor							-
Occupancy Status During Abatement (Ch						Spes Street A	_	tracting L	LC						
Facility Closed/Vacated During Entire	Period of	hatam	nent			and the second		ne Ave							
Abatement Performed Outside of No.	rmal Facility	Hours	1					ip Code							-
Scope of Work (Check All That Apply)						Wood	llanc	Park NJ	07424					A. 1995 - 17	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enova emoliti				×	Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	edure						
		Locatio						Zxempteu	() and Non	-Filabl			eme	t	
Location of Asbestos-Containing Material (ACM)	Used	ormall	v bv	Ashaa	Des	cription o	f					Ту	/pe		
TO BE ABATED In Facility		ntenan odial Si		(i.e.	thermal	aining Ma systems i	nsula	(ACM)	Amount (Specify		ת		E E	0	
(13)		(12)	1		surfac other m	ing, VAT, iscellaned	or ous)		SF or LF		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A				,				val	Ť	ulate	sure	
Basement Area			Х	T	SI Pipes	s and Fi	itting	IS	100LF		X				
Jame of Registered Market											-				
Name of Registered Waste Hauler			DEP Wa		Cubic Y of Wast			Name of Re		ndfill				-	
City, State			38075		1	0		Fearless	Landfill						
Voodland Park, NJ					Disposa TBD	I Date		City, State				-			
Completed by	Title				and the second second	nature		Morrisville	e, PA	6					
Branislav Pavlov	project	man	ager			nature	X			Date 05.0	)9.20	)19	ī		

10 2019 02:59PM NJ Asbestos Ca ,HHSD		OTIFIC		NJAC 8:	Sensey TOS All		R	MAY 1	0	<u>V</u> 019	
Date of Notification (1) 05/10/2019		11	Vama of E	Building Ov angé Boa	vner/Op	erator (2)	hail	10 DAY	INCON		
Agencies Notified Type Notification			Street Add 179 Eagl	e Rock A	venus			LICE	NBIN	G	aganta T
D EPA III initial E DEP D Amended E DOL Amendent # E Emergency (i				ange, Nev		y 07452	÷ .	TV			
DOH justification	наааны ,		Name of C Robert C	algi	-			lephone Numb 3-269-3400	er 2058(		
Name of Facility Where Abatement is Takin West Orange High School	g Piace (3)		PAGIL	TYINFOR	MATIO	N I Type of Facil					_
Street Address 51 Contarti Avenue						E School ( Subchsp Other (.e	K-12) ter 8 (Olher Ihan 5. privete & comm	K-12) arelal building	s, home	s, etc.	)
City (5) West Qrange, New Jersey 07052						Square Feet 20.000	#c 3	of Floors	Bidg 50+	Aşe	
County (6) Essex			County C (STATE U		_	Current Use	(Prior if being der High School	nelished)			
Name of Monitoring Firm Hirad by Building AHERA Consultants Inc.	Creiner (8)		ASCM	Nc.		Name of Aba Lilich Corpo	tement Contracto ration	r (8)			
Street Address PØ Box 385						Street Addres 246 Union E	Boulevard				
City, Slats, Zip Code Oceanville, New Jarsey 08231-0385							W Jersey 07512	in and the			
Project Mansger for Monitoring Firm John Smoyer		1	Telephon 201-489	-8700		Telephone N 973-225-84 Name of OS	00	Citoriae No Citoria	•		
Start Date (10) 05/13/2019	05/14/20	019	eletion Dat	e (11)		Iris Environ	mental Laborat	ories, LLC			
Occupancy Status During Abatement (Cha Facility Closed/Vacated During Entire F Abatement Performed Outside of Non Other - Describe;	de to boire	ateme	int I			2333 Route City, State, 2 Union, NJ (	22 West				
Bcope of Work (Check All That Apply) (2) 23 sf or 23 ff 2 2160 sf or 2260 lf		teneva Jemoli					i Containment wi ni-Enclosure ove Bag Procedu n-Exempted (*) s	re / Limited Co	ntainm	ent 6.7 Iuta	ren.
		Loca Normá						Amount (Specify		batern Type	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Me	d Sol	ely by ance/ Staff?	Asber	atos Cor mai aysi	Description of training Mater Lone Insulatio VAT, or Priscellance	tal (ACM) (I.e. n, sunfàcing,	SF of LF)	Ramoval	Repair	Encapsulate
3rd Floor Hellway Adj. to Room 430	Yes 0	No X	NIA		Celling	Plester	(OAM)	<9 SF	X.	$\left  \right $	
			1								— ·
									-		
Name of Registered Weste Hauter			NJDEP V Haular ID 18724		Cubic of Wa		Neme of Reg Fairlosa La	Isterad Landfill ndfill			L l
City, Siste Totowa, New Jerssy					06/1	Av2019	Cky, State Morrisville, I	PA			
Completed by Adriana Olejarova	Title	reside	171			19th	JQ.	2 0	nte 6/10/2	019	

C.0010		NO	TIFICA1 (Pursu	State TON OF	ASBESTO	SABAT		)		) <u>E</u>	<b>C</b> [	2	ł		t
Date of Notification (1) 05/01/2019 CHECK #0210				Name of Building Owner/Operator (2)						L N	IAY -	14	<del>20'</del>	⊢	
	Type Notification			Street Address 23 FLEEWOOD RD						ACDI	EETO	2001	1-1-1-1-	N 0	
DEP Amende	Amended				City, State, Zip Code				ASBESTOS CONT LICENSING					JL &	
DOL     Amendment #     Emergency (including				DUMONT, NJ 07628											
DOH justificati DCA Cancella		Name of Contact Telephone Number											-		
Name of Facility Where Abatement is Ta	king Place	e (3)	FA	ACILITY	INFORMA	TION									-
Street Address	J	. (0)					Typ	pe of Facility							
23 FLEEWOOD RD	£		2011		1		X	School (K Subchapt Other (i.e.	er 8 (Oth	er than I	K-12) ercial t	uilding		2000	
City (5) DUMONT,NJ 07628							Squ	Jare Feet		f Floors		Bldg		mes,	
County (6)				County Code (7)						L 50		50 \	(E/	٢S	
BERGEN Name of Monitoring Firm Hired by Building Owner (8)				(STATE USE ONLY)				Current Use (Prior if being demolished) 0CCUPIED							
			AS	ASCM No.			of Abatement Contractor (9) SOLUTIONS CONTRACTING INC								
Street Address				Street Address					SS						_
City, State, Zip Code						24 CHURCH ST City, State, Zip Code									
Project Manager for Monitoring Firm						ELMV	NOC	DD PARK	(,NJ 07-	407					
							Telephone No. License No. 201 873 9418 01301								-
Start Date (10)         Scheduled Comp           05/27/2019         05/28/2019				pletion Date (11) Name			of OSHA Monitor SOLUTIONS CONTRACTING INC								_
Occupancy Status During Abatement (Che						Street A			CONTR	RACTIN	NG IN	C			
Facility Closed/Vacated During Entire Period of Abatemer Abatement Performed Outside of Normal Facility Hours				ent			24 CHURCH ST								
Other - Describe: START 7:30 AM TO 3:30 PM				City, State, Zip Code ELMWOOD PAR					K N.I 07407						-
cope of Work (Check All That Apply)									,140 07-	+07					-
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf		Renova Demoli		1			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Locat					110	II-LXEIIIple(			able Pr	Abateme			+
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Normally Used Solely by Maintenance/						(1010			-	Туре			-
		todial s (12)	nce/ Staff?	aff? (i.e. thermal sy surfacir			systems insulation, ng, VAT, or scellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure	
basement	Yes	No	N/A								Removal	T	Ilate	ure	
Dasement			X		FLOO	OR TILE	Ξ		155	SF	X				
me of Pogiators 111															
<sup>me</sup> of Registered Waste Hauler LANTIC CARTING			JDEP Wauler ID		Cubic Ya			Name of R			1			_	
r, State N ARGYL ,PA 18072					TDB Disposal	Date /	7	GRAND City, State	CENT	RAL					
ANGIL, PA 180/2					TDB	//		PEN AR	GVI PI	1807	72				
npleted by	Title					nature			0.51	, 1007	2				

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

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- 1001 -	OTIFICATION (Pursuant	OF ASB	Jersey ESTOS ABAT 8:60 and 12:1	20)	ECEIV	
Date of Notification (1)     S/10/19       Agency Notified     Type Notification       DEP     Damended       DEP     Amended       Amendment #     Emergency (including justification)	ng Nan	7S. 4 eet Address , State, Zip ( T ne of Contac	LiDGEW	HOLDEN	ASBESTOS CONTR LICENSING	
DCA □ Cancellation Name of Facility Where Abatement is Taking Pla TS. HEATHER HoL3 Street Address	FA	Anie	ORMATION	Type of Facility	- 2017 10	
City (5) RDGEWOOD County (6)	Cou		) (STATE USE	Z Other (i.e. pr homes, etc.) Square Feet Z 100. Current Use (Pr	ivate & commercial building # of Floots Bldg. A 2 I 5 rior if being demolished)	
BENGEN. Name of Monitoring Firm Hired by Building Owne (8) Street Address			Best Rei Street Address	ment Contractor (S moval In	c	
City, State, Zip Code Project Manager for Monitoring Firm	Telephone N	io.	City. State, Zip C	ack, N.J		
5/2:/19 Occupancy Status During Abatement (Check onl D Facility Closed/Vacated During Entire Period of D Abatement Performed Outside of Normal Facility D Other - Describe: 8:00 AH TO 5	hy one) of Abatement lity Hours		Street Address 280 H City, State, Zip (	Environm uyler St Code	ental ,N.J. 07606	
Scope of Work (Check all that apply) □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf		Renovation Demolition	2 Mini D Glov	-Enclosure rebag Procedure	Negative Pressure	ubateme
Location of Asbestos-Containing Material (ACM) <u>TO RE ABATED</u> IN Facility (13)	Is Location Normally Used Solely b Maintenance/ Custodial Staff? (12)	(Asbe	Description stos Containing M , thermal systems surfacing, VA other miscelian	atorial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Encapsulate Rophir
BASEMENT	Yes No N	THERP	NAL SYSTEM	ISULATION	130 LF	
Name of Registered Waste Hauler Best Removal Inc City, State	NJDEP Was ID No. 1710		Cubic Yards of Waste 3. C. J Disposal Date	Name of Regis	Stered Landis AND COUNTY LAN	DFIL
Hackensack, N.J. 07 Completed by Title J. MALORANO Est:	imator	r asbestos i	5 22/19 Signature	NEW BUR	<u>6H, PA. 17241</u> <u>Date</u> <u>S/1</u>	<u> </u>
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09 2019 04:07PM NJ Asbes	tos Con	trol 609.	633.066	RECE 4		D 05/09/20 page 1		η E C	EI	VE	M
KADSD BEGproj. #: 2019-111				State of N ton of Astesto to NUAC 6:60- ""Emergen		nd 12:120-7)		MAY	22DAY		
Date of Notification (1)	- 1 I		A Shine and a second	Operator (2)				AGDEOT	CENSIN	G	
0151/0191/1191		ark Ridge		District		1	-	1		4	
Agencies Notified Type Notification		ct Address		52					$\mathbb{N}$		
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DOH I		ne of Canta						Telephone N	umber	10000	Concentration
Cancellati	00					۲		1			
		Robert W	and the second se					<u> </u>			
			FACIL	ITY INFORMATK	N		1.20.0			Constant of the	
Name of facility where obstement is I							Тур	e of Facility (4)	K - 12)		
Park Ridge High School (NC	N-Sub B	»		MC In the second		Subchapter 8 (Other than					
Street Address		han a strange						vela/Comn	na télai		
2 Park Avenue							Sq	and the second se	Floors	BIE	i ige
City (5)	County	y (6)				y Code (7)			2	50	ars
Park Ridge	Berg	(AD		(1	State	use only)		urrent Lisa (Prio	it being de	bertellem;	(
Name of Monitoring Firm Hired by B	-		-	ASCM No.	1 TR	ame of Abstemen	S Cont	shool			
Karl & Associates	og. Owner	10)		n/a	11	B & G Restor					
Street Address					4 3	ireat Address					
P.Q. Box 645						105 Ryerson	Road		· · · · · · · · · · · · · · · · · · ·		
City, State, Zip Code					6	ity. State, Zip Cod Lincoln Park		7096			
Shillington, PA 19607	east of the second	1 m	ne Numb			elephone Number		ALC: NO.	Ticansa Nu	mber	
Project Manager for Monitoring Firm Michael Krisher			)-B56-77		11.	(973)696-68	169	·	0037		-
Bcheduled Start Date (10)	ISchool	Completio	a Date (11		417	Name of OSHA M					
05/10/2019	and a second second	0/2019		1		B & G Restor	ation,	Inc.			-
Occupancy Status During Abatement			the second		-  `	105 Ryerson	Road		. *		
Facility closed/vacated during			nent,		lk	City, State, Zip Co	THE OWNER WHEN THE OWNER				
Abatament performed outside	of normal f	acility hour				t te e de <b>R</b> eade		-A4C			
Qther-Describe: Start WOIK	FIGAY 4.	00 pm			Ш	LincolnPark,	NJ UI	030			: =
Scope of Work (check all that apply				-	7 Fu	Il Contsinment w	nanth		Gioveba	omosciu	
Demolition	Renovatio					ini-ençlósure	11e-Maray			ole proced	
	≥160 sf or	n normally i	and sole	4					P	RR	E
Location of sebestos-containing		mance/cuel		Description		bestos-containing		Amount	a 14	e e m p	;   n
meterial to be ebated in facility (13)			L.	material (AG	(M)		3	(Specify Sf LF)		o a I	I L
	Yes	No	NIA		-		-			8 r.	-
2nd Picor classrooms - A wing		x				soft from 7 roo		245 sqft 280 sqft	COLUMN TWO IS NOT THE OWNER.		╶┽┼╞╸
lower level classrooms A wir		×		ALL LIANGOUNT		n non e room		544 HUIL			TE
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				,							
Registered Waste Hauler		EP Heuler 19563	D#	Suble Yards of W	botie	Grand Cent	ral La	ndall			
B& G Restaration Inc.	[		Disposal	Contraction of the local division of the loc	Contration of the local division of the loca	City, State					
B & G Restoration, Inc.				ALACINC .		Company Ramer -R					
City, State Lincoln Park, NJ				11-21/2019	_	Pens Argyl,			Date		Distance of the local division of the
City, State	Title Secreta	ary/Treas	05/	Signature		Pens Argyl, Gordana Sur			Date 05/09/	2019	

B & G proj. #:	2019-411	32	(F	Notific Pursuan	State ation of Ask to NJAC a ***Emen	esto: :60-7	Abatement and 12:120-7)		Check #	9282			8
Date of Notification	(1)	LIN	and of Ruild	ling Owne	r/Operator (2)			<u> </u>			- Meldinger		
10 15 1/10 19		11	ame of Build Park Ridg						nE	GEI		E	m
Agencies Notified	Type Notificatio		reet Addres										
EPA	X Initial		2 Park Av	/enue					III M	AY 1 4 2	19		IJ
DEP		Ci	ty, State, Zi	p Code									
X DOL	Amendm	ient	Park Rid	ge, NJ (	7656			-	ACDI	TOTOS CON		2	
X DOH		Na	me of Conta	act			999 - Balandar I. (* 1995) 1997 - Balandar I. (* 1997)			NUMBENSING			
DCA	Cancellat	tion	Robert V	Vright					201-573	-6000			
				FACI	LITY INFORM	ATION	1				i Andria da		
Name of facility wh	ere abatement is	taking pla	ce (3)				1						
Park Ridge Hi										•	×	12)	
Street Address	<u>g </u>		- /				Subchapter 8 (Other						
2 Park Avenu	e								Bldgs./H	omes, etc.		g. Age	
	-	Coun	ty (6)			Cou	nty Code (7)	Squar	e Feet #	of Floors 2		year	
City (5)			uy (0)				te use only)	Curre	nt Use (Pric	or if being dem	-	-	
Park Ridge		Ber	gen				school						_
Name of Monitorin		Bidg. Owne	r (8)		ASCM No.		Name of Abatement						
Karl & Assoc	lates				n/a		B & G Restoration, Inc.						_
Street Address P.O. Box 64	5						Street Address 105 Ryerson Road						
City, State, Zip Cod							City, State, Zip Code						
Shillington, F	PA 19607						Lincoln Park, NJ 07035						
Project Manager for	r Monitoring Firm		1.000	ne Numb			Telephone Number License Nur (973)696-6869 00378						
Michael Kris	her			)-856-77			Name of OSHA Monitor						
Scheduled Start Da	ate (10)	Sched	. Completion	n Date (1'	1)		B & G Restora		D.				
05/10/2019		05/2	20/2019				Street Address						
Occupancy Status							105 Ryerson F	Road			_		
Facility close	d/vacated during	entire perio	od of abaten	nent. S-			City, State, Zip Code	9					
Describe: W	erformed outside eekend work be: start work	only Friday 4	00 pm				LincolnPark, N	J 0703	5				
Scope of Work (ch			.00 pm			-					: ==	<u>()</u>	
		Renovatio	n				- - ull Containment w/ne	egative pr	essure	Glovebag pr	edu	ire	
>3 sf or >3 lf		>160 sf or				10.000	Mini-enclosure	•	X	] Non-friable		dure	
		_	n normally u	sed solely	/			1		R	R	E	E
Location of asbestos-col	· · · · · · · · · · · · · · · · · · ·	by mainte staff(12)	enance/custo	odial			asbestos-containing		Amount (Specify SF	e m	e p	n c	n
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2nd Floor classro			X				sqft from 7 room		245 sqft 280 sqft	X	+	H	H
lower level clas	srooms-A wir		X						00 041		1	日	
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Registered Waste I B & G Restora			EP Hauler II 19563	D# C	ubic Yards of 6	Waste	Name of Registere Grand Central				N. Services	2	
City, State Lincoln Park,				Disposal Disposad Dis	Date 1-21/2019		City, State Pens Argyl, P				<b>Benchman</b>	y.	
Completed by (Prir	nt or Type)	Title		rer	Signature	Gordana Luna Date 05/09/201				1)			
	Gordana Luna Secretary/Treasurer						-						

y 10     2019     2019     2019     2019     1     Image: state of the state	y 10 2019 02:57PM NJ Asbe	etos Control	509 533 050		CEIVED 05/10/20	19 02:59PM	6 8 8 3 <b>3</b>	
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EPA       EVEN Address         Dep       Initial         Dep       Amendment         ED OH       Canceleon         DoA       Canceleon         Name of Destings       Canceleon         DoA       Canceleon         Name of Destings       Canceleon         DoA       Canceleon         Name of Destings       Canceleon         Street Address       Canceleon         DoY       Canceleon         Street Address       Control (%)		Jord	an Rosenbe	irg		. Lig	LICENSING	
DSP       Ended       Initial       Chr. State 26 Octs       Englewood, NJ 07631         ED DOL       Cancelsen       Name of Content       Telephone Number         DOL       Cancelsen       Precisive Content       Telephone Number         DOL       Cancelsen       Precisive Content       Telephone Number         Doca       Cancelsen       Precisive Content       Telephone Number         Precisive Content       Is able parts       Englewood, NJ 07631       MAN         Name of facility where shortherg       Precisive Contents       Is able parts       Englewood, RD         Street Addises       Documpt (R)       Documpt (R)       Englewood, RD       Englewood, RD         Street Addises       Documpt (R)       Bengen       Englewood, RD       Englewood, RD         Street Addises       Documpt (R)       ASCAN No.       Name of Addises       Englewood, RD         Street Addises       Documpt (R)       ASCAN No.       Street Addises       Documpt (R)       Englewood, RD         Street Addises       Documpt (R)       ASCAN No.       Name of Addises       Documpt (R)       Street Addises         Distate Data Report (R)       Bochadues of Precision (R)       ASCAN No.       Street Addises       Documpt (R)       Documpt (R)       Documpt (R)<		on Street A	dd reas			B J		
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EDOH       Cancel lacon       Name of Center       Camilo Cablight         PACLUTY INFORMATION       PACLUTY INFORMATION         Nerve of facility where abatement is taking place (3)       Jordan Rogenberg       Type of Facily (4)         Jordan Rogenberg       Subcharger 6()       Subcharger 6()       12)         Strest Address       Subcharger 6()       Subcharger 6()       12)         Strest Address       Subcharger 6()       Subcharger 6()       Subcharger 6()         Othy (6)       County (6)       Subcharger 6()       Subcharger 6()         Name of Montering Film Ninet by Badg, Owner (6)       ASCA No.       Name of Acotesing Film Strest Address         Name of Montering Film Ninet by Badg, Owner (6)       ASCA No.       Name of Acotesing Film Strest Address         Strest Address       Strest Address       Uncer Fact Read       Strest Address         Oby, Strest Zp Code       Strest Address       Uncer Fact Read       Strest Address         Oby, Strest Zp Code       Strest Address       Uncer Fact Read       Strest Address         Obstrest Control (Chack orly ong)       Strest Address       Uncer Fact Read       Strest Address         Obstrest Control (Chack orly ong)       Strest Address       Uncer Fact Read       Strest Address         Obstrest Control (Chack orly ong)       Str		City, St	ate, Zip Code		1 11/10/11/20	THE PARTY		
DCA       Cancel lateon       Cancel lateon       Cancel lateon       Cancel lateon         Propert Cancel lateon       FaceLitry INFORMATION       FaceLitry INFORMATION         Nerve of facelity whate abatoments is latiding place (3)       Jordan Rogenberg       Type of Facelity (4)       School (K - 12)         Street Address       County (8)       Bound (K - 12)       Bubble (Anterna, abatoment) is latiding place (3)       Type of Facelity (4)         Oby (8)       Dourity (8)       Bergen       County Code (7)       County (6)       Bound (K - 12)         Butter of Monitoring Plim Mind by Badg, Comar (8)       Bergen       ASCAI No.       Name of Abatomic Control (R) (8)       Be of Restruction, Inc.         Street Address       Color (P Monitoring Plim Mind by Badg, Comar (8)       ASCAI No.       Name of Calcebraic Control (R) (8)         Street Address       Color (P Monitoring Plim Mind by Badg, Comar (8)       ASCAI No.       Name of Calcebraic Control (R) (8)         Street Address       Color (P Monitoring Plim Mind by Badg, Comar (8)       Be & C Restruction, Inc.       Street Address         Color (P Monitoring Plim Mind by Badg (10)       DS144/2019       Street Address       Lincoln Park, NJ 07035         Consent Street Badge (10)       Street Address       Lincoln Park, NJ 07035       Street Address       Lincoln Park, NJ 07035         Consent Stree	E DOL Amendr	nant Eng	lewood, NJ	07631	I WANGER		<u>_</u>	
DCA       Camilo Cablera         PACILITY INFORMATION         Name of facility where abatement is tableg place (3)       Uppe of Facility (6)         Jordan Rosenberg       Street Address         Sinel Address       Sinel Address         Digs Address       Digs Address         Digs Address	DOH _	Name o	Contact					
PACILITY INFORMATION         Neme of facility what abatament is taking place (3)         Jordan Rosenberg         Street Addisse         Street Addisse         Otby (6)         Dourity (6)         Englewood         Bengen         Name of Manager (Chartstrain Bigge Advectage end Manager (Chartstrain end Edd) end Edd (Chartstrain end Edd)		Non Cor	alla Cabra-	40		Telepho	ne Numbei	
Nerve of facility where debatment is taking place (3)         Jordan Rogenberg         Street Address         Street Address         City (5)       County (6)         Englewood       Bengen         Name of Manager Roman State Data Street Address       School (K-12)         Street Address       School (K-12)         Street Address       School (K-12)         Name of Montaing Pirm Hand by Edg. Ownar (8)       ASCM No.         Street Address       School (K-12)         School (K-12)       School (K-12)         School (K-12)       School (K-12)         School (Min Bolies (13) <td></td> <td></td> <td>nuo Cadiera</td> <td>3</td> <td></td> <td>  </td> <td></td> <td></td>			nuo Cadiera	3				
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Disy. State, Zip Close     Disy. State, Zip Close       Project Manager for Monitoring Firm     Phone Number       Display State, Zip Close     Lincoln Park, NJ 07035       Schedulad Start Dete (10)     Biched. Dompletion Date (11)       D5/13/2019     D5/14/2019       Company Status During Abatement (Check only one)     Display (11)       Display Coded/uscal     Display Coded/uscal       Company Status During Abatement (Check only one)     Display Coded/uscal       Description of asserties:     Display Coded/uscal       Cotise-Obscience     Display Coded/uscal       Display Coded/uscal     Display Code       Display Code     Display Code <td< td=""><td></td><td></td><td></td><td>(4) (4)</td><td>105 Evarena</td><td>Bond</td><td></td><td></td></td<>				(4) (4)	105 Evarena	Bond		
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asbestos-conteining material to be sbated in facility (13)     by Mainterfança/custodisi biaff(12)     Description of asbestos-containing material (ACM)     Ameuni (Specify SF or LF)     m     a     n     n       Kitchen     Image: Specify SF or LF)		the second se		/	and many of the solid		Non-Frieble proci	UP8
Instantial to be seated in facility (13)     Yas     No     N/A     Description of meloperial-contributing     Attaching (Specify SF or b)     m     p     n       Kitchen     2     pipe (wrap & cut)     30 H     200 If     200 If     200 If     200 If       Basemant     2     pipe (wrap & cut)     30 H     200 If     200 If     200 If       Repartmed Waste Hauler     NDEP Hawer ID#     Cubb Yards of Waste     200 If     200 If       Repartmed Waste Hauler     NDEP Hawer ID#     Cubb Yards of Waste     Secretary/Treasurer       Disposed Date     City, State     City, State       Lincoin Park, NJ     Disposed Date     City, State       Gordania Lung     Secretary/Treasurer     Signature       Signature     Signature	esti settos-pontainina	by meintenance	custodisi	1				
Kitchen     X     Pipe (wrap & cut)     30 H       Basemiant     X     Pipe (wrap & cut)     30 H       Basemiant     X     Pipe (wrap & cut)     200 H       Repartmed Waste Hauler     NDEP Heater IDE     Cubic Yards of Waste       B & G Restoration, Inc.     NDEP Heater IDE     Cubic Yards of Waste       Lincoln Park, NJ     Disposel Date     Cit/14/2019       Completed by (Print of Type)     Title     Signature       Gordania Lung     Secretary/Treesurer     Signature			-	material (J	n or medestos-containing ACM)			G R
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Assessment     i x pipe (wrap & cut)     200 if       Repetered Weste Heuler     200 if       B & G Restoration, inc.     NUDEP Heuler IDE       Cary, State     19563       Liftcoin Park, NJ     Disposed Date       Completed by (Print of Type)     Title       Secretary/Treasurer     Signature       Signature     Disposed Date       Completed by (Print of Type)     Title				Dine faura	2 0.12)			P
Repetered Wester Heuler     NJDEP Heuler IDE     Cubb Yards of Wester     Name of Registered Landel       B & G Restoration, Inc.     NJDEP Heuler IDE     Cubb Yards of Wester     Name of Registered Landel       Chy, State     Image: Cubb Yards of Wester     Same of Registered Landel       Lincoin Park, NJ     Disposed Date     City, State       Completed by (Print of Type)     Title     Signature       Gordana Lung     Secretary/Treasurer     Signature	Basement			Pipe (wran	& cut)		THE R. LEWIS CO., LANSING MICH.	
Repertanced Waste Hauler     NJDEP Hewler IDE     Cubic Yards of Waste     Nsmo of Registered Landse       B & G Restoration, Inc.     19583     Cubic Yards of Waste     Grand Central Landse       Chy, State     19583     Disposel Date     Civ, State       Lincoln Park, NJ     Oisposel Date     Civ, State       Completed by (Print of Type)     Title     Signature       Gordania Lung     Secretary/Treasurer     Signature						1 200 11		$\Box, \Box$
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B & G Restoration, Inc.     19563     Club Face of Veale o								
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Lincoln Park, NJ Completed by (Print or Type) Gordana Luna Secretary/Treasurer City, State Pen Argyl, PA Date O5/10/2019	City, State			3	Grand Centra	Landse	And a state of the	
Completed by (Print or Type) Gordana Luna Secretary/Treasurer Signature Gudena Secretary 05/10/2019	Lincoln Park, NJ		Disposel D	144/2010	City, State	Contraction of the second second		
Gordana Luna Secretary/Treasurer Gudana Sumo Data 05/10/2019	Completed by (Print or Type)	Title		THE R. LEWIS CO., LANSING MICH.	and the second se			-
[]	Gondana Luna		asurar		Gerdana Leven			
	and a shirt but the second	1	a landa	· · · · · ·			1,05/10/2019	Rectification in the second

В& G proj. #: 2019-112	- (P	ursuan	State of Nation of Asbesto The NJAC 8:60-7 TEMERGEN	s Abatement 7 and 1 <del>2:1</del> 20-7)	Check #	9284	
Date of Notification (1)          0       5       1       0       1       9         Agencies Notified       Type Notification	Name of Buildi Jordan Ro	senber			DE	CEI	En
EPA       DEP       Model       Model       Model       Amendme	City, State, Zip	Code	07631			AY 1 422	19 H
DOH Cancellati	on Camilo C	abrera				NUMBERISIN	
		FACI	LITY INFORMATION	N			
Name of facility where abatement is Jordan Rosenberg	taking place (3)				Type of Facility (4		n K-12)
Street Address				2	Other (F Bldgs./H	Private/Comme lomes, etc.	
City (5)	County (6)		Cou	unty Code (7)	Square reet #	FOI FIOOIS	Didg. Age
Englewood	Bergen			ate use only)	Current Use (Prie residential	lished)	
Name of Monitoring Firm Hired by Bl	dg. Owner (8)		ASCM No.	Name of Abatement C			
Street Address				B & G Restoration	on, Inc.		
Street Address				105 Ryerson Ro	oad		
City, State, Zip Code				City, State, Zip Code Lincoln Park, N			
Project Manager for Monitoring Firm	Phon	ne Numbe	er	Telephone Number (973)696-6869		License Numl 00378	r
Scheduled Start Date (10)	Sched. Completion	Date (11	i)	Name of OSHA Monit			1 <del>21.200.000.000.00000000000000000000000</del>
05/13/2019	05/14/2019			B & G Restorati			
Occupancy Status During Abatement	(Check only one)			105 Ryerson Ro	bad		
Facility closed/vacated during e Abatement performed outside o Describe:				City, State, Zip Code			
Other-Describe:				Lincoln Park, N.	J 07035		
Scope of Work (check all that apply)				wrap & cut	_		
>3 sf or >3 lf	Renovation 160 sf or ≥260 lf		X	Full Containment w/neg Mini-enclosure	ative pressure	Glovebag pi Non-friable	ocedure
ashestos_containing	Is location normally use by maintenance/custod staff(12) Yes No			asbestos-containing	Amount (Specify SF LF)	v	R E E n C E n C L E I C L
Kitchen		X	pipe (wrap & c	ut)	30 lf	e	
Basement		X	pipe (wrap & cu		200 lf	X	
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	≠   Ci	ubic Yards of Waste 3	Name of Registered Grand Central		[	
City, State Lincoln Park, NJ	Di	sposal D 05	5/14/2019	City, State Pen Argyl, PA	1990 (		
	Title Secretary/Treasure	er	Signature	Gerdana Luna		Date 05/10/20	)

B & G proj. #: _2	F81 019-109		(1	Notific Pursuar	State ation of Ast Lto NJAC & E MLE R	oesto 3:60-7	s Abatement and 12 120-7)	Ehegt	# 9281 1	A		
Date of Notification (1)		1	Name of Buil	ding Own	er/Operator (2)	)			A CONTRACTOR OF THE OWNER OF THE			
1 <u>0 15 1/10 19 1/1</u>			Morris - L	Jnion Jo	inture Com	missi	on Board of Educ	ation)	1 / 2019	IUI	l	
Agencies Notified Ty	pe Notificati	on S	Street Addres	SS						1		
	Initial		340 Cen		nue							
	] Amendr		ity, State, Z New Pro		e, NJ 07974			ASBES	ICENSING	belahirenbaharen	l	
X DOH	7		ame of Cont	tact		21		Telephon	e Number			
	Cancella		Erick Ha	ammerd	ahl			908-46	64-7425			
1000-000-000-000-000-000-000-000-000-00				FAC	ILITY INFORM	ATION	1					
Name of facility where a	abatement is	taking pla	ace (3)					Type of Facility (		-		
Morris - Union Joi	inture, De	velopme	ental Lear	ning Cei	nter ( NON S	Sub 8	3)		I (K - 12) apter 8 (Other tha	K 12)		
Street Address								Private/Commerc				
340 Central Aven	nue								Homes, etc. # of Floors	3ldg. Age		
City (5)		Cou	nty (6)		a la star a construir se construi	Cou	inty Code (7)	oquare r cer	# 01110013			
New Providence									rior if being demol	hed)		
Name of Monitoring Firr	m Hired by E	Ida, Own	er (8)		ASCM No.	L	Name of Abatement	school (non : Contractor (9)	SUD 8)	-		
		<b>.</b>	(-)		n/a		B & G Restora					
Street Address						Street Address						
						105 Ryerson Road City, State, Zip Code						
City, State, Zip Code							Lincoln Park,					
Project Manager for Mon	nitoring Firm		Pho	one Numb	er	-	Telephone Number		License Numbe	hilling		
							(973)696-686		00378			
Scheduled Start Date (10	0)	Schee	d. Completio	n Date (1	1)	_	Name of OSHA Mor B & G Restora					
05/10/2019		06/	30/2019				Street Address			-	-	
Occupancy Status Durin							105 Ryerson F			-	_	
Facility closed/vac Abatement perform	-	· · · · · · · · · · · · · · · · · · ·					City, State, Zip Code	)				
Describe: Other-Describe: S	start work	5:00 pm	1			_	Lincoln Park, I	NJ 07035				
Scope of Work (check a										<u></u>		
Demolition	X	Renovatio	on			D F	Full Containment w/ne	gative pressure [	Glovebag proc	dure		
✗ > <u>3</u> sf or > <u>3</u> If		2160 sf or	-				Mini-enclosure		Non-friable pr			
Location of asbestos-containing	na		n normally u enance/cust				abaataa aastalalaa	Amount	e	1 11 1	E	
material to be		staff(12)	1	1	material		sbestos-containing	(Specify S LF)	For o		n c	
abated in facility (	bated in facility (13) Yes No N/A								v e	P	L	
Room A110A								12 sf				
Room A113	VAT & m					astic		12 sf		내님뷰		
										计计论	-	
Registered Waste Hauler         NJDEP Hauler ID#         Cubic Yards of Waster           B & G Restoration, Inc.         19563         2						Waste		d Landfill entral Landfill				
City, State     Disposal Date     City, State       Lincoln Park, NJ     05/10/19 - 06/30/19     City, State									<u>_</u>			
Lincoln Park, NJ     05/10/19 - 06/30/7       Completed by (Print or Type)     Title       Gordana Luna     Secretary/Treasurer							Gordana Luna		Date 05/09/2019			

					REC	CEIVI	ED 05/09/2019	04:11PM		laga nawanal	
May 09 2019 04:09	PM NJ Asbe	stos Cor	-	PNotific	State		Abatement		and the second division of the second divisio	D	
					EMER			Check+	ADLAP I		
Date of Notification	(1)		Inne of Bull	Idine Chur	er/Operator (2)	-			OS CONTROL,		
10 15 1/10 19	1/11 (91	11"					on Board of Educa	1 1	ICENSING	-	
Agencies Nokfled	Type Notificat	on a	treet Addres		inture com	111881	on Board of Educa	liion	4		
DEP	X Initial		340 Cen	itral Ave	nue	Net Market				,	
DOI.	Amendr	ment   C	New Pro		, NJ 07974			WARD :	10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
R DOH			ame of Con	lact				Telephone	Number .		
DCA	LI Cancella	ation	Erick Ha	ammerd	ahl		14	908-46	4-7425		
				FAC	LITY INFORM	AT/ON		000-40		NACE Distances	
Name of factily wi	ere abatement i	e taking pi	kčas (3)				1	Type of Facility (4	1		
Morris - Unior			5-2518-000-0-18-X		ntor ( NON )	0	. 1	School	(K - 12)		
Street Address		- Chapting			/		pter 5 (Other then K	-12			
340 Central A	Venue							Bidgs./	-rivate/Commercial formes, atc.		
and the second se										eg ga	
City (B)		Con	ily (8)				nly Code (7)			and Distances	
New Provide	nçe	Mo	rria			(State use only) Current Use (Prior if being demo school (non sub 8)				bd)	
Name of Montarin	g Firm Hired by I	Bidg. Own	or (8)	1	ASCM No.		Name of Abatement (				
					n/a	1	B & G Restorati				
Street Address					A second of the sources,		Street Address				
							105 Ryerson R	bad		_	
City, State, Zip Cod	8		and the second of				City. State. Zip Code Lincoln Park, N	1 07005			
Project Manager for	r Monitoring Finm	)	Ph	ons Numb	er		(973)696-6869		License Number 00378	-	
Scheduled Start Pa	te (10)	Bcher	. Completio	Pass (1			Name of OSHA Monif			and theread	
05/10/2019	99 (1-1)		30/2019	an evergep (1	14	1	B & G Restorati	on, Inc.	•		
				Contraction of the law	Commission of A Color		Street Address			and presented	
Occupancy Status   Facility closes				mant			105 Ryarson Ro	ad		-	
Abstement of	soformed outside	of normal	feelling hour	8- 8-			City, Stats, Zip Code				
Describe: Other-Descri	be: Stan Work	o:uu pm		wite a second			Lincoln Park, N	07035			
Scope of Work (ch						- 11		· · · · · · · · · · · · · · · · · · ·			
Demotition		Renovatio	n				ull Containment w/neg	ative pressure	Glovebag prodedu	LATIE	
2 >3 af or >3 if		≥160 af or	<u>&gt;</u> 260 If				fini-enclosure		Non-friable proce		
Location of		Is location	n normaliy i	used soleh	¥		aa	1	INIR	117	
asbestos-cor material to be		staff(12)	inance/cust		Description	on of a	spesios-containing	Amount (Essella) St	e e m p	E	
abated in fac		Yes	No	N/A	material (	(ACM)		(Specify Si LF)		C	
Room A110A					NAT P			1	e r.		
Room A113	•			X	VAT & ma		and the second	12 sf 12 sf			
								140 81		╊╺┼╞┽	
						Contact of the				F #	
B & G Restora	tion, inc.		EP Hauler II 19563		ubic Yarda of	Wanta	Nama of Registered			Lana delementation	
City, State Lincoln Park, I	College Internet Contractor			Disposal D 05/10	Dete 0/19 - 06/30/	/19	City, State Pan Argyle,	tral Landfill	*		
Completed by (Prin	t or Type)	Title	<del></del> !	***	Signature	A DESCRIPTION OF			Date	ren Kennen	
Gordana Luna	Completed by (Print or Type) Title Secretary/Treasurer						General General Date 05/09/2019				

•	NO	TIFICATION		ESTOS ABATTEMENT	)		Che	ck #	1660	
Date of Notification (1)	(Purs	suant to 1	NJAC 8:6	0-7 and 12:120-	-7)		- @	(P)	ΠΠ	
5/7/2019		Name of	Buildir	ng Owner/Operat	or (2)		- 6			日
		LILLC	la Day	7						-
	tification	Street .	Address				MAV	1 4	204	1
[]EPA [X]Ini	tial						MAY	Ιá	20	
L IDEF		City, St	tate, Zi	p Code						
[X]DOL []Ame	nded tification			n,NJ,07039	•	AS	BEST			La
[X]DOH	CITICACION	Name of				Landona activity of the sector	LI	CENS	ING	-
[]DCA []EME	RGENCY		a Day		Telej	phone Number			10000	_
[]Can	cellation				1					
Nono of Training		E	ACILITY	INFORMATION						
Name of Facility Where Abate Linda Day	ment is Taki	ng Place	(3)		Type of Fa	cility (4)				_
Linda Day						ol (K-12)				
Street Address					[]Subc	hapter 8 (Oth	er th	an K-	12)	
e <sup>ll</sup>					[] [X]Othe	r (i.e., priv	rate &	COMM	er-	
					Cia	1 buildings,	homes	, etc	:.)	
City	County		le co	unter Code (7)	Square Fee	t # of Flo	ors	Bldg	. Age	
Tissingst				unty Code (7) TATE USE ONLY)						
Livingston	Essex				Current Use	e (Prior if b	eing d	lemol	ished	i —
Name of Monitoring Firm hired	by Building	J ASCM N	· .	Name of Thete	II month On i					
Owner (8) N/A				Name of Abate	Ment Contrac					
Street Address						NT, Inc.				
				Street Addres						
ity, State, Zip Code				11	stopher S	St.				
,				City, State,						-
Project Manager for Monitoring				Montclai		042				
Jeet Handger for Homitoring		ephone Nu	mber	Telephone Num		þ	Licens	e Nur	nber	
abodulad about 2	N/			(973)744	-8800	1	003	71		
cheduled Start Date (10) S 05 20 19	Sched. Compl								1	
Month Day Year	a second s	22 19		N/A						
ccupancy Status During Abatem	ent (Check	ay Yes		Chroat 244						
[X]Facility Closed/Vacated of Abatement	d During Ent	ire Perio	d	Street Address	1					
[ ]Abatement Performed Out	tside of Nor	mal Facil	i tar							
Hours - Describe:«OffHe	Ours Descrip	+ >>		City, State, Z	ip Code					
[ ]other - Describe: «Other	: Occupancy	Descript»								
cope of Work (Check all that	apply)			l						
[X]≥3 sf or ≥3 lf	[X]	Renovatio	on	[]Full C	ontainment w	ith Negative	Press	ure		
[] <u>&gt;</u> 160 sf or <u>&gt;</u> 260 lf		Demolitic		[X]Mini-E [X]Gloveb	ag Procedure					
		Is		[]Non-Fr	iable Proced	ure				
Location of		cation		Description	of		Aba	ateme	nt T	y a
Asbestos-Containing Material (ACM)	τ	rmally Jsed		Asbestos-Conta	aining	Amount	R	R	E N	
TO BE ABATED		Dlely Main-		Material (A	CM)	(Specify	E M	E	C A	
In Facility		nance/ todial	inst	(i.e., thermal ulation, surfac	systems	SF or	0	PA	Pros	
(13)	Staf	f (12)	0	r other miscell	aneous)	LF)	A	I R	U	
asement	Yes	No N/A	Dir	7			L		L	
			The	Insulatio	n	70 LF	X			
ne of Registered Waste Hauler										
AZTECH MANAGEMENT, I	NJDE	IP Waste er ID No.	Cubi	c Yards		stered Landf:	ill			
	NC. 170	040	of W	aste 1.0	Tri - S					
y, State			Disp	osal Date	City, State					
ntclair, NJ 07042						NY, 10474	1			
plated pro (pairs)			05.	23.19		,				
make the same t	itle			Signature	1	Le F	Date			
P	resident	E C		1/	tot -	1/. 1	5/7/2	019		
Crestview Hill Rd				_1 Cinc	1 COULINE	1/Ma				

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		NOT	IFICAT	FION C	ASBE	ATOS ABATEMEN	rr [		presentation of the local data		- copy contra		
Date of Notification	n (1)	(Purs	Name	of Bi	C 8:60	7 and 12:120 Owner/Operat	Eor	x r (2)	-In E	<u>;</u> C	E		¥ E F
5/8/2019					usso	onner, opera		- (2)			Constant Constant		
Agencies Notified	Type Notif	ication	Stre	et Add	ireee	12.			<u>   n </u>			ø	
[ ]EPA	[X] Initia		1 Sere		41632					MAY	( 1	4 20	)1 [[
[]DEP		Eication	Citar	Chai	te, Zip	Qu la	-				00.02		
	[]Amende	ed			te, Zip t,NJ,				AS	BES	ros-	CONT	R L&
[X]DOL	Notif	fication				A						ISING	
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[]DCA	[]Cancel			m Ri	1550			ŀ					
	[]]000000	11001011		FAC		INFORMATION						<del></del>	
Name of Facility Whe	ere Abatemen	nt is Taki	ing Pl					Type of Facil	Lity (4)				
Jim Russo								[]School					
Street Address							_		pter 8 (Ot	her t	chan	K-12)	)
Street Address									(i.e., pri puildings,				-
								Square Feet	# of Fl			dg. A	
City		County				unty Code (7)		Square rece		0010	ľ	.ug. 11	9
Summit					(SI	ATE USE ONLY	)	Current Use	(Prior if )	being	der	nolish	ne )
Name of Monitoring F Owner (8)	'irm hired h	y Buildin	ng AS	CM No	•S	Name of Abatement Contractor (9)							
N/A					AZTECH	Μ	ANAGEMENT	, Inc.					
Street Address					Street Addre		-						
					86 Chri	s	topher St	•					
City, State, Zip Cod	e					City, State,		77					
						Montcla	i	r, NJ 070	42				
Project Manager for	Monitoring		lephor	ne Num	ber	Telephone Nu						Numbe	er
		N,	/A (973)74					-8800		00	)37	1	
Scheduled Start Date	· · · · · · · · · · · · · · · · · · ·	hed. Comp		n Date	(11)	Name of OSHA Monitor							
5-17-19		5-20-19	-			N/A							
Month Day Ye Occupancy Status Dur			Day only	Yea	r	Street Addre		,					
[X]Facility Clos	ed/Vacated	During Er	ntire	Period	4								
of Abatement [ ]Abatement Per		side of No	ormal	Facili	itv	City, State,	7	in Code					
Hours - Descr	ibe:«OffHou	irs Descri	pt»			city, state,	4	ip code					
[]other - Descr			Desc:	ript»									
Scope of Work (Check	all that a	pply)				ווידו		Containment wi	th Negatia	D Dr	0001	-	
[X]≥3 sf or			X]Reno					Inclosure	an neguti		6336		
[ ] <u>&gt;</u> 160 sf o	r <u>&gt;</u> 260 lf	[	]Demo	olitio	n			bag Procedure ciable Procedu	70				
		-	Is		•	2 311011					Aba	temen	
Location Asbestos-Cont			locatio	ly		Descripti Asbestos-Co			Amount		R	1.000	EE
Material (			Used Solely	Y		Material			(Specif		R E M	A	CC
TO BE ABA In Facili	and the second se	t	y Mair enance	e/	1 4	(i.e., therma		2014년 2014년 2014년 - Control 18	SF or		0 V	P A	A L P O S S
(13)	LLY		ustodi aff (1			sulation, sur or other misc			LF)		AL	Đ	S S U U L R
		No	N/A	1						-		. <u>E</u>	
Attic	X	verm	iculite			120SI	4	X					
Name of Registered Wa		DEP Wauler			oic Yards Waste 1.5		Name of Regi		dfil	1			
17040								Tri - S	Late				
City, State						posal Date		City, State					
Montclair, NJ 07042					5	-21-19	~	Bronx, 1	NY, 104	174			
Completed By (Print o	or Type) T	itle				Signatur	eit		1/.	D-	te		<u> </u>
Constantine Vi		reside	nt			1	500	Marthe	14.	1	/8/2	019	
							x1	Woulfu,	MUL1				
150 Ashland Rd					$\sim$		( 7						

		19,	Astat	e of New	Jersey	~ In_	ECEIV		n
L501	16 N		TION	of Asb	ESTOS ABAT 8:60 and 12:1		- MAY 1 / 2019	ALL INTERACTORY	U
Date of Notification (1)					Owner/Operator		MA! 1.4 (1113		ing (15)
5/8/19	• • •			to the second	HJR BR			. 1	arran
Agency Notified	Type Notification		Street	Address		, A	ASBESTOS CONTROL	- ×	
CI EPA	D'Initial						AJENONO	a steres	a an
E DEP E DOL	C Amended Amendment#			tate, Zip C		.15	7150		
-	C Emergency (includ	ing	Nor	of Contact	Rock.	NJ. 1	Telephone Number		
DCA	justification)				BRAWER		1 relephone wataber	•	-
	1				DRMATION	?		2	-
Name of Facility Where	Abatement is Taking PE	iče (3)	CPIG4			Type of Facility	(4)		
	ETHUR BRAN								
Street Address	CIHUIC ISICH					C School (K-1)	2) 8 (Other than K-12)		
Gueer Paraless	1.0					D'Other (i.e. p	rivate & commercial building	1 5,	
City (5)				1	, .	homes, etc. Souare Feet		ge	
	LEN ROCK		i		·*			4	
1						2200.		4	0
County (6)	GEN.	۰.	ONLY		(STATE USE		Fior if being demolished) SIDENCE		
Name of Monitoring Firm		er Lason	M No.		Name of Abatem				
(8)			W NO.	1	Best Ren	•			
Street Address					Street Address	ioval in	c		~~
			3 - 6		450 Sout	h Dima-	C+		
City, State, Zip Code					City. State, Zip C		31	-	
••••••	~				Hackensa		07601		
Project Manager for Mon	storing Firm	Teleph	one No.		Telephone No.		License No.		
					L'ETCORARE INJ.				
	1				201-329-	-7444 -	00388		
Start Date (10)	Scheduled C	ompletion	ate (11)					3	
Start Date (10) 5/17/19		ompletion,D			201-329- Name of OSHA M Omega F		00388		
Start Date (10)		ompletion,D	ate (11)		201-329- Name of OSHA M Omega E Street Address	Aonitor Invironm	00388 ental		
Start Date (10) S/17/19 Occupancy Status During D Facility Closed/Vacate	g Abatement (Check on	ompletion,D 5 / 1 8 / 1 hy one)	ate (11) / 9		201-329- Name of OSHA M Omega H Street Address 280 Hu	Aonitor Invironm	00388 ental		
Start Date (10) S/17/19 Occupancy Status During D Facility Closed/Vacate	g Abatement (Check on	ompletion,D 5 / 1 8 / 1 hy one)	ate (11) / 9		201-329- Name of OSHA M Omega E Street Address 280 Hu City, State, Zip C	Monitor Environm Lyler St ode	00388 ental	 	
Start Date (10) S / 17 / 19 Occupancy Status During D Facility Closed/Vacate D Abatement Performed C Other – Describe: E	g Abatement (Check on od During Entire Period Outside of Normal Fac 3:32AM To	ompletion,D 5 / 1 8 / 1 hy one)	ate (11) / 9		201-329- Name of OSHA M Omega E Street Address 280 Hu City, State, Zip C	Monitor Environm Lyler St ode	00388 ental	· -=	
Start Date (10) S / 1 7 / 1 9 Occupancy Status During G Facility Closed/Vacate Abatement Performed Clother – Describe: E Scope of Work (Check al	g Abatement (Check on od During Entire Period Outside of Normal Fac 3:32AM To	ompletion,D 5 / 1 8 / 1 hy one)	ate (11) 19 		201-329- Name of OSHA II Omega H Street Address 280 Hu City, State, Zip C S. Hac	Aonitor Invironm Lyler St ode Kensack	00388 ental		
Start Date (10) S 17/19 Occupancy Status During G Facility Closed/Vacate Abatement Performed Clother – Describe: E Scope of Work (Check al Cl 2 3 sf or 2 3 lf	g Abatement (Check on od During Entire Period Outside of Normal Fac 3:32AM To	ompletion,D 5 / 1 8 / 1 hy one)	ate (11) 19 tt 21-	ovation	201-329- Name of OSHA II Omega E Street Address 280 Hu City, State, Zip C S. Hac I Fut C	Aonitor Invironm Lyler St ode kensack Containment with Enclosure	00388 ental ,N.J. 07606	 	
Start Date (10) S / 1 7 / 1 9 Occupancy Status During G Facility Closed/Vacate Abatement Performed Clother – Describe: E Scope of Work (Check al	g Abatement (Check on od During Entire Period Outside of Normal Fac 3:32AM To	ompletion, D 5 / 1 8 / 1 hy one)	ate (11) 19 	ovation	201-329- Name of OSHA II Omega E Street Address 280 Hu City, State, Zip C S. Hac D Fut C D Fut C D Fut C	Aonitor Invironm Iyler St ode Kensack Containment with Enclosure bag Procedure	00388 ental ,N.J. 07606	=  	
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Start Date (19) S / 17 / 19 Occupancy Status During □ Facility Closed/Vacate □ Abatement Performed □ Other - Describe: & Scope of Work (Check at □ ≥ 3 sf or ≥ 3 if □ ≥ 150 sf or ≥ 250 if Locatic Asbestos-Containin <u>TO BE AR</u> 	g Abatement (Check on ad During Entire Period of Outside of Normal Fac 3: 32 AM To B that apply) on of g Material (ACM) <u>BATED</u> RRY ) 	ompletion, D 5 / 1 & / ty one) of Abatement is Loca Norma Used Sol Mainten (12) Yes No NJDEP ID No. 1 7	ate (11) / 9 Ht 2/1- D-Ren D Ren D Ren div tion aliy ely by ince/ dial ? Waste H 7109	ovation notition (i.e.,	201-329- Name of OSHA II Omega E Street Address 280 Hu City, State, Zip C S. Hac Description of the Full C 2 Mini- 2 Glove I Non- Description of the mais systems surfacing, VAT other miscellane Add S/STEM II Cubic Yards of Waste 3 /20/ Disposal Date 5/20//	Nonitor Invironm Nyler St ode kensack Containment with Enclosure bag Procedure Exempted (") an of torial (ACM) insulation, or OUS) USU (ATION) Name of Regis CUMBERL City, State	$\begin{array}{c c} 00388\\ \hline \\ ental\\ \hline \\ , N.J. 07606\\ \hline \\ \hline \\ negative Pressure\\ \hline \\ \hline \\ d Non-Friable Procedure\\ \hline \\ \hline \\ Arnournt (Specify SF or LF)\\ \hline \\ \hline \\ \hline \\ \hline \\ SF or LF)\\ \hline \\ \hline \\ \hline \\ \hline \\ \hline \\ \hline \\ \\ \hline \\ \hline \\ \hline \\$	Barranual D	Ropalr .

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Project #	-t	NOTIF (P	ursuant	te of New OF ASBE to NJAC 8	8:60 and 1	12:120)		Check#	4618, MAT	1 4	-20	<del>19</del>
Date of Notification (1)			Name of	f Building (	Owner/Op	erator (2	2)				the block of	
05/07/2019			ResiPr					AS	BEST			30
Agencies Notified Type Notification	1		Street A	ddress					L1(	CENS	SING	P102076
EPA Initial DEP Amended		F	City Sta	te, Zip Co	de				+			
DOL Amendmer		_		n, NJ 0								
DOH Emergency		F		Contact				Telephone N	lumber	1. A. C. C.		-
DOH justification DCA Cancellatio				lo Loor								
Name of Facility Where Abatement is Taki	na Place (	3)	FACI	LITY INFO	ORMATIO		Type of Facilit	v (A)			-	_
Residence	ng Flace (	5)			33	1.	NAME OF TAXABLE PARTY	Charles and				
Street Address							School (H Subchap	ter 8 (Other than K	-12)			
							Other (i.e etc.)	e. private & comme	rcial bu	ildings	, home	s,
City (5)							Square Feet	# of Floors		Bldg. /	Age	-
Irvington, NJ 07111												
County (6)				Code (7) USE ONLY)			Current Use (I	Prior if being demo	lished)			
ESSEX Name of Monitoring Firm Hired by Building	Owner /8		ASCN	100		Name o	f Abatement C	Contractor (9)	4.			_
	,	6					estoration					
Street Address			1		1	Street A						-
					7	2 Bro	okside Rd					
City, State, Zip Code							ate, Zip Code					
			<b>T</b> -1- (				lph, NJ 07		Ma			_
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho 7303	one No. 3-2550	License 01358				
Start Date (10)	Schedu	ed Cor	npletion	Date (11)			5-2550 f OSHA Monit					_
05/17/2019	05/20/			()			estoration					
Occupancy Status During Abatement (Che					:	Street A	ddress					_
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor							okside Rd					
Abatement Performed Outside of Nor Other – Describe: 3.30 PM	mal Facilit	y Hour	S				ate, Zip Code					
Scope of Work (Check All That Apply)					—  F	kando	lph, NJ 07	869				_
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova Demoli					Full Contair Mini-Enclos Glovebag P		e Press	ure		
								ted (*) and Non-Fr	iable Pr			_
		s Locat									tement ype	8
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	ely by	Asheet		ription o	of aterial (ACM)	Amount			T	Γ
TO BE ABATED		aintena stodial			thermal sy	ystems	insulation,	(Specify	Rei	Re	Encapsulate	Enc
In Facility (13)		(12)			surfacir other mis			SF or LF)	Remova	Repair	psul	Enciosure
a construction of the second se	Yes	No	N/A								ate	ſe
Basement area		x	1	TSI				60 LF	×	:		
		1								1		
		-	-							-	-	-
		-								-	-	-
Name of Registered Waste Hauler			JDEP W	/aste	Cubic Y	ards	Name	of Registered Land	lfill			
Nick Restoration LLC		H	auler ID	No.	of Waste			D.W.S	6-43-786-7			
City, State		10	03378	2	TBD Disposa		City, S					
Randolph, NJ	<i>•</i>				TBD			own, Pa				
Completed by	Title				1	nature	1		Date			-
Nikica Mrda	Pres	ident				NU	uci l	lung 1	05/07/	2019	9	

no cv	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)								E		7		
Date of Notification (1) 05/07/2019			Name o Eddie	of Building Pierson	Owner/C	Operator (2)			MCheck# /	4630	19	-	丌
Agencies Notified Type Notification			Street A	Address				1					
		-	City Ct	ata Zia C	a da			AS	BESTOS C				
Image: DEP     Image: Amended       Image: DOL     Amendment #_				ate, Zip Co Holly, Ne		ey 08060	land a state of the state of th	196300-007	LIVEN	211,6,77	הרייעראינערערייין איז	manan	l
☑     Emergency (in justification)       ☑     DOH       ☑     DCA       ☑     Cancellation	cluding	ľ		of Contact Pierson				Tel	ephone Num	ber			
Name of Facility Where Abatement is Takin	a Diago (2	I	FAC	ILITY INF	ORMATI	Dial division	P. 74	1					
Private Residence	g Place (3	)				Type of Faci							
Street Address						□ School ( □ Subchap ⊠Other (i.e.	pter 8 (Other			s, hom	nes, etc		
City (5) Mount Holly, New Jersey 08060						Square Feet 4000		# of 2	Floors		ldg. Aç 0+		
County (6) Burlington				Code (7) USE ONLY	)	Current Use	(Prior if being Private				÷		
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name of Abatement Contractor (9) Lilich Corporation					-		
Street Address					Street Address 246 Union Boulevard								
City, State, Zip Code					City, State, Zip Code Totowa, New Jersey 07512								
Project Manager for Monitoring Firm Anthony Valentine			Telepho	ne No		Telephone No.         License No.           973-225-8400         01104					1.000		
Start Date (10) 05/13/2019 Canceled	Schedule 05/15/20	ed Cor 019	npletion Cancele	Date (11) ed		Name of OSH Iris Environr		orator	ies, LLC				
Occupancy Status During Abatement (Chec	k Only On	e)				Street Addres							
<ul> <li>Facility Closed/Vacated During Entire</li> <li>Abatement Performed Outside of Nor</li> <li>Other – Describe:</li> </ul>	Period of mal Facilit	Abate y Hou	ement rs			2333 Route	p Code						
Scope of Work (Check All That Apply)						Union, NJ 07083							
$\boxtimes \geq 3 \text{ sf or } \geq 3 \text{ lf}$	X R	enova	tion								0		
□ ≥160 sf or ≥260 lf		emolit				<ul> <li>Full Containment with Negative I</li> <li>Mini-Enclosure</li> <li>Glove Bag Procedure / Limited (</li> <li>Non-Exempted (*) and Non-Frial</li> </ul>				ontain	ment ¿	"ent	t
	ls	Locat	ion								Abater	ent	
Location of		lorma d Sole				scription of				_	Тур	Т	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Mai	intena odial S	nce/		thermal	aining Material systems insula		(S	mount pecify	Re	71	7	Ē
In Facility (13)	Oust	(12)	Juni			cing, VAT, or niscellaneous)		SF	or LF)	Remova	Repair		Enclosure
del Souri	Yes	No	N/A							a			re
Basement			X	Pipe/Ell	bow Ins	sulation			10 LF	Х		-	
Basement			Х	Duct In	sulatio	n			32 SF	Х		-	
Name of Registered Waste Hauler Lilich Corporation	H	Hauler ID No. of Wa			Waste		e of Registered Landfill						
City, State Totowa, New Jersey 07512		Disposal Date City, State Morrisville, PA											
Completed by Adriana Olejarova	siden	t		S	ignature	RD.		Dat 05		2019		_	

<sup>-</sup>	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												
Date of Notification (1) 05/02/2019	1) Name of Building Owner/Op Eddie Pierson							MAY 44	2019	)	U		
Agencies Notified Type Notification								ASBESTOS CO	NTRO	DL			
☑     DEP     □     Amended       ☑     DOL     Amendment #	Amended     Amendment #     Emergency (including     justification)					City, State, Zip Code Mount Holly, New Jersey 08060 Name of Contact Eddie Pierson							
Name of Facility Where Abatement is Taking F		I Type of Fac	cility (4)	L		_		_					
Street Address					[	□ School □ Subcha	(K-12) apter 8 (Other	than K-12) mmercial buildings,	homes	s, e	.)		
City (5) Mount Holly, New Jersey 08060						Square Fee 4000	et	# of Floors 2	Bldg 50+	g. A	e		
County (6) Burlington			County C STATE U	ode (7) SE ONLY)	(	Current Us		g demolished) Residence					
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.		Name of Ab Lilich Corp	patement Cont poration	ractor (9)					
Street Address			1			Street Addr 246 Union	ress Boulevard						
City, State, Zip Code							City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Telephone No Anthony Valentine						Telephone No.         License No.           973-225-8400         01104							
	d Con )19	npletion [	Date (11)	1	Name of OSHA Monitor Iris Environmental Laboratories, LLC								
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire R		Street Address 2333 Route 22 West											
Abatement Performed Outside of Norm Other – Describe:	y Hou	ours City, State, Zip Code Union, NJ 07083											
Scope of Work (Check All That Apply) ⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enova emolit					Mini-Enclosure Glove Bag Pro	ent with Negative Pr bocedure / <i>Limited Co</i> i (*) and Non-Friabl	ontainr	nei	&Ten	t	
		mally Description of						/	Aba -	ment pe			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> ',In Facility (13)	d Sole intena	elý by ince/ Staff?		tos Conta thermal s surfaci	cription of ining Mate systems ins ing, VAT, o iscellaneou	sulation,	Amount (Specify SF or LF)	Removal	керан	Encapsulate	Enclosure		
Basement	Yes	NO	X	Pipe/Ell	bow Ins	ulation		10 LF	X		-		
sement			X	Duct Insulati				32 SF					
Name of Registered Waste Hauler			NJDEP V Hauler ID 18724		Cubic of Was 3	ste	Name of Fairless	Registered Landfill		<u> </u>	<u> </u>		
Lilich Corporation					1								
Lilich Corporation City, State Totowa, New Jersey 07512					Dispos 05/15/2	al Date	City, Sta Morrisv	te ille, PA					

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Chiuti			NOTIF (F	ICATIG	tate of Ne N OF ASE t to NJAC	BESTOS	ABATEN		ECI	E	VE				
Date of Notification (1) 05/07/2019						Name of Building Owner/Operator (2) State of NJ, Department of Military and Vereian's Affairs Check # 1.									
Agencies Notified	Type Notification			Street Address 101 Eggerts Crossing Road											
DEP DOL	Amended     Amendmen			ate, Zip Co nceville, I		rsey 086	ASBESTOS CONTROL & LICENSING								
DOH DCA	Emergency justification Cancellatior		of Contact Youssef,		. Mgr/Bis	smark Const. Corp.	Telephone Number 973-412-9223 x 33								
Name of Facility Where A	Abatement is Takir	ng Place (3	3)	FAC	Type of Facility (4)										
New Jersey National Guard Armory Street Address 550 Route 57						Other than K-12 te & commerc		s ⊰tc.)							
City (5) Port Murray, New Jers	sey 07865					1		Guare Feet # of Floors 15,000 2			Bldg. Ag 55+				
County (6) Warren					Code (7) USE ONLY	)		Current Use (Prior Nationa	f being demoli I Guard Arm	shed) ory					
Name of Monitoring Firm Whitman	Hired by Building	Owner (8)		ASC	M No.			e of Abatement Contractor (9) h Corporation							
Street Address 7 Pleasant Hill Road								Address nion Boulevard				-			
City, State, Zip Code Cranbury, New Jersey 08512								ate, Zip Code a, New Jersey							
Project Manager for Monitoring Firm Kevin Loveley					one No 90-5858			bhone No.         License No.           225-8400         01104							
Start Date (10) 05/28/2019						ne of OSHA Monitor Environmental Laboratories, LLC									
Occupancy Status During Abatement (Check Only One)					Street Address 2333 Route 22 West										
Facility Closed/Vacated During Entire Period of Abatem     Abatement Performed Outside of Normal Facility Hour     Other – Describe: <u>Occupied</u>				ent s				State, Zip Code n, NJ 07083							
Scope of Work (Check Al □≥3 sf or ≥3 lf ⊠≥160 sf or ≥260 lf	I That Apply)		enovati emolitio	on E				<ul> <li>Full Containment with Negative Pressure</li> <li>Mini-Enclosure</li> <li>Tent/Glove Bag Procedure</li> <li>Non-Exempted (*) and Non-Friable Procedure</li> </ul>							
	Is Local										Abater Typ	311 - ACC - 14			
Location Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	Material (ACM)	Use Ma	d Sole intena	ely by ince/ Staff?	Asbe (i.	estos Co e. therma surf	escription ntaining I al system acing, V/ miscella	Material (ACM) is insulation, AT, or	Amo unt (Spec ify SF or LF)	Removal		Enclosure			
Above Plaster Ceiling	in Latrines	Yes	No X	N/A	Pipe Ins (Wrap &			lbows & Joints 4		LF X		-			
Entrance to Latrines			Х		Fire Do	ors (Re		Intact &	5 (e	a)					
					Package	ed)									
Name of Registered Was	te Hauler		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	JDEP V		Cubic		Name of Re	gistered Landf	ill					
Lilich Corporation City, State			F	lauler ID 18724	No.	Dispos	Yds sal Date	Fairless Lan							
Totowa, New Jersey Completed by				06/15	ignature	Morrisville,		ate							
Adriana Olejarova		Title President						p) Up		05/07/	2019				

CH147D Date of Notification (1) 05/07/2019	TD	Cate of New Persey ICAT OF ASBESTOS (BATEMENT Ursent to NAC 360 and 12:120) Name of Building Owner Operator (2) Mater Dei Prep								V 019		D	
Agencies Notified Type Not	ification	ddress urch Stre											
I DOL Am	l ended endment # ergency (including		City, Sta	ate, Zip Co own, Nev	de	y 07748					8		
🗵 DOH jusi	ification)			f Contact uyre c/o	Straigh	t Edge Cons	st	elephone Number 32-223-7859					
			FACI	LITY INFO	ORMATI								
Name of Facility Where Abateme Mater Dei Prep	ent is Taking Place (3)					Type of Fa							
Street Address 538 Church Street					K-12) ercial buildings, homes, є								
City (5) Middletown, New Jersey 0774	48					Square Fee 20,000	et	# of Floors Bldg. A 2 50+				( <u></u>	
County (6) Monmouth			County ( (STATE L	Code (7) USE ONLY)	1.) <u></u>	Current Use (Prior if being demolished) Private School							
Name of Monitoring Firm Hired b RAMM Environmental Service	y Building Owner (8) es Inc.		ASCM	I No.		Name of Ab Lilich Corp	atement Con oration	tractor	(9)			9 <del>5</del>	_
Street Address 77 Nottingham Road						Street Addre 246 Union		1					
City, State, Zip Code Fair Lawn, New Jersey 07410							Zip Code ew Jersey 0	7512			1	2	
Project Manager for Monitoring F Rodger Headrick		Telephor 201-475			Telephone No.         License No.           973-225-8400         01104								
Start Date (10)         Scheduled Completion Date (11)           05/17/2019         05/25/2019						Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abaten	-					Street Address 2333 Route 22 West							
Abatement Performed Outside of Normal Facility Hours     Other – Describe:Occupied				t City, State, Zip Code Union, NJ 07083								1	
Scope of Work (Check All That A													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		<ul> <li>Renovation</li> <li>Demolition</li> </ul>					<ul> <li>Full Containment with Negative Pressure</li> <li>Mini-Enclosure</li> <li>Glove Bag Procedure / Limited Containment &amp;</li> <li>Non-Exempted (*) and Non-Friable Procedure</li> </ul>						
	Locati	on						Amount (Specify	1	bate	ent		
Location of Asbestos-Containing Material	ormall i Sole		Achor		Description of ntaining Material (ACM) (i.e.			SF of LF)		Тур			
TO BE ABATED In Facility (13)				ther	mal syst	tems insulation, surfacing, VAT, or er miscellaneous)					Repair	Encapsulate	Enclosure
× - /	Yes	No	N/A							Removal	=	Ilate	ure
Classroom 324		Х				Glue Dots			50 SF	Х	<u> </u>	_	
Classroom 325		Х				Glue Dots			50 SF	Х			
Classroom 324		Х				Fume Hood			1 (ea)	Х			
Name of Registered Waste Haule	r	N		aste	Cubic	Varde	Name of F	Penieto	red Landfill				
			NJDEP Waste Cubic V Hauler ID No. of Was 18724 10										
City, State Totowa, New Jersey					Dispos 05/25	al Date	City, State Morrisvill	e, PA					
Completed by Adriana Olejarova	Title Pres					Signature Date 05/072019							

ASB-41 (R-06-08)